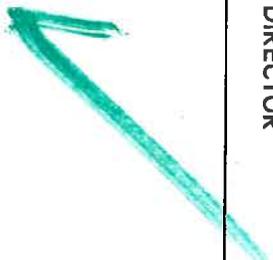


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Single form</i>	<i>5-6-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000574	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office Of Inspector General

Washington, D.C. 20201

RECEIVED

APR 30 2008

MAY 05 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Director
Department of Health and Human Services
P O Box 8206
Columbia, SC 29202-8206

Dear Assistant Secretary:

Re: Emeka Cotton	Employee/Anderson County
2022 Bolt Drive	DOB: 04/18/1979
Anderson, SC 29621	SSN: 152-82-4996
LICENSE #: N/A	UPIN: N/A
MEDICARE PROVIDER NO.: N/A	MEDICAID PROVIDER NO.: N/A
SANCTION AUTHORITY: 1128(a)(1)	
OI FILE NO.: 4-08-40059-9	

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX program as of the effective date of this action.

Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the Special Agent in Charge for Investigations if you receive any such claim.

Sincerely,

Maureen R. Byer
Director
Exclusions Staff
Office of Investigations