

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

ACTION REFERRAL

TO <i>Singleton / FOIA</i>	DATE <i>7/18/11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center"><i>101037</i></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <p><i>C: Director Keck</i></p> <p><i>Cleared 8/5/11, letter attached.</i></p>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7/28/11</i> <input type="checkbox"/> Necessary Action

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

RECEIVED

JUL 13 2011

SCDHHS
Office of General Counsel

MCNAIR
ATTORNEYS

July 13, 2011

Ariail Burnside Kirk

akirk@mcnair.net
T (803) 799-9800
F (803) 753-3278

Via Email: hepfer@scdhhs.gov and U.S. Mail

Richard G. Hepfer, Esquire
Deputy General Counsel
SC DHHS
1801 Main Street, 6th Floor
Columbia, SC 29201

Re: Freedom of Information Request

Dear Mr. Hepfer:

I am writing pursuant to the South Carolina Freedom of Information Act, S.C. Code Ann. §§ 30-4-10, et seq. (1976), to request copies of the following documents:

- 1) a copy of any and all "repeated attempts to obtain ownership and controlling interest information from" John Reese and/or Mobile Dental Care referenced in the document attached hereto as Exhibit 1.
- 2) The November 2010 fax confirmation for the fax referenced in Exhibit 1.
- 3) The return mail green card for the certified mail of November 10, 2010 referenced in Exhibit 1.
- 4) All correspondence received from Dr. George K. Camp, III referenced in Exhibit 1.
- 5) All documents discussing the distinction between "termination" and "deactivation".
- 6) Documents sufficient to evidence what SCDHHS considers to be "complete ownership and control information that is required by the federal regulations applicable to Medicaid". See Exhibit 1.
- 7) All documents supporting SCDHHS' statement that Dr. Reese has "ignored all attempts to collect this information." See Exhibit 1.
- 8) The correspondence dated May 23, 2011 from Dr. Reese providing the

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1221 Main Street
Suite 1600
Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

information related to the April 27, 2011 review referenced in Exhibit 1.

- 9) All documents supporting the statement that "deactivation of the provider number is not the equivalent of termination as a provider."
- 10) All ownership and disclosure forms ever received for Provider #:ZA9562.

To the extent that this request may seek any documents containing Protected Health Information ("PHI"), we request that any PHI be redacted. I will be pleased to reimburse the Department for the cost of copies of newly requested documents. Please call my office when the documents are ready, and I will send a courier to retrieve them.

Very truly yours,



Ariail Burnside Kirk

ABK:dh

Attachment: Exhibit 1

cc: Bruce D. Carter, Esquire

Via Email: CARTERBD@scdhhs.gov and U.S. Mail

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JUL 18 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR



June 28, 2011

CERTIFIED MAIL

Mobile Dental Care
Care of John E. Reese, III, DMD
P.O. Box 11804
Rock Hill, South Carolina 29731

Provider #: ZA9562
NPI #: 1003016437

Dear Dr. Reese:

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency responsible for the administration of the State Plan for Medical Assistance (Medicaid) in South Carolina. In administering the Medicaid program, SCDHHS must comply with federal and state laws and regulations related to the Medicaid program. The South Carolina Medicaid program requires the disclosure of ownership and related information from all providers other than an individual practitioner or a group of practitioners or a fiscal agent in accordance with Sections 1124, 1902(a)(38) and 1902(a)(39) of the Social Security Act. Provision of this information is a condition of participation and enrollment as a Medicaid provider and a condition for contract renewal of a provider. Failure to provide the required information results in mandatory termination of the provider agreement.

SCDHHS has made repeated attempts to obtain ownership and controlling interest information from you for Mobile Dental Care (provider ID # ZA9562). This information was first requested in November 2010 by facsimile and certified mail in conjunction with your assumption of ownership of the provider. You were also informed of SCDHHS' attempts to contact the prior owner. By your letter to Valerie S. Pack, SCDHHS Division of Program Integrity, you indicated you would forward an updated Disclosure of Ownership form for Mobile Dental once you assumed sole ownership of this practice.

In February 2011, SCDHHS was informed by Dr. George K. Camp III that his ownership interest in Mobile Dental Care was transferred to you on January 21, 2011. In a letter dated February 10, 2011, you informed SCDHHS that you had assumed complete ownership of Mobile Dental Care, effective August 16, 2010. At the same time, you requested that SCDHHS deactivate the Medicaid group number for Mobile Dental. However, you did not request termination of the provider nor did you provide the complete ownership and control information that is required by the federal regulations applicable to Medicaid.

EXHIBIT

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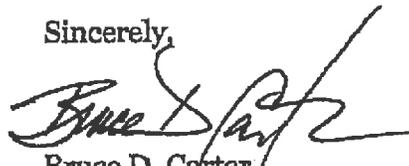
Mobile Dental Care
Care of John E. Reese, III, DMD
Page 2
June 28, 2011

On April 27, 2011, SCDHHS Program Integrity reviewers were at your office to obtain records associated with a review of Mobile Dental Care's 2009 and 2010 claims' submissions. During this on-site review, you were provided with the Ownership Disclosure forms and requested to provide the information to SCDHHS. That information has never been received by SCDHHS.

You have ignored all attempts to collect this information. In accordance with the provisions of Title 42 Code of Federal Regulations, Section 455.416, SCDHHS is terminating Mobile Dental Care as a South Carolina Medicaid program provider effective seven (7) days from the date of this letter. This means that no claims submitted by Mobile Dental are eligible to be paid. This termination action will be reported to CMS and other State Medicaid agencies. Continued failure to comply with Medicaid program regulations and requirements may result in sanctions up to and including exclusion of Mobile Dental, its owners, and any other provider practices owned by these individuals. Your voluntary deactivation of Mobile Dental Care's Medicaid number has no bearing on this situation as a deactivation of the provider number is not the equivalent of termination as a provider.

You have the right to appeal this action in accordance with SCDHHS regulations, which may be found at 27 S.C. Regulations section 126-150 et seq. Direct any appeal to the Office of Hearings and Appeals, South Carolina Department of Health and Human Services, P.O. Box 8206, Columbia, SC 29202-8206. Filing an appeal will not postpone the effective date of the termination.

Sincerely,



Bruce D. Carter
Assistant General Counsel

BDC/ssm



August 5, 2011

Ms. Ariail Burnside Kirk
McNair Law Firm, P.A.
Post Office Box 11390
Columbia, SC 29211

Re: 4th FOIA Regarding John E. Reese, DMD and Others

Dear Ms. Kirk:

Enclosed are the responses to your fourth FOIA, regarding this matter.

Our cost for producing this information is twenty-one and no hundredths dollars (\$21.00). These documents are true and accurate copies of information kept in the normal course of Department business. Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

We have been through a lot of information on these cases, and as always in these large FOIA requests there is the possibility that we have overlooked documents that you would see as responsive. Since you represent Dr. Reese, we do not have a problem with your reviewing all of the files we have, even those that contain PHI of Dr. Reese's patient. We would isolate the PHI of individuals who were not Dr. Reese's patients.

If you would like to arrange a time to review and tab for copying the documents in the files, please give us a few days notice and we will set up a space here for you. If there are any questions, please do not hesitate to contact me at (803) 898-2791.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

Enclosure

cc: Bruce Carter, Office of General Counsel
Lynette Wilson, Receivables (w/o enclosure)