

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

ACTION REFERRAL

TO <i>Singleton Morrison</i>	DATE <i>9-24-08</i>
---------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100173</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Per Rick H. need to extend until 10/10/08</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-3-08</i> DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.	<i>Cleared 10/8/08; letter attached. Response letter signed by Kevin Rogers</i>		
2.			
3.			
4.			

JIM DEMINT
SOUTH CAROLINA

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.jim@senate.gov

United States Senate

COMMITTEE:
COMMERCE, SCIENCE AND
TRANSPORTATION

ENERGY AND NATURAL RESOURCES
FOREIGN RELATIONS
JOINT ECONOMIC

RECEIVED

SEP 24 2008

OFFICE OF SENATOR JIM DEMINT
1901 MAIN STREET, SUITE 1475
COLUMBIA, SC 29201
PHONE: (803) 771-6112 FAX: (803) 771-6455

FACSIMILE TRANSMITTAL SHEET

Department of Health & Human Services
OFFICE OF THE DIRECTOR

TO:

Ms. Emma Forkner - Director

COMPANY:

South Carolina Department of Health and Human Services

DATE:

September 24, 2008

FAX NUMBER:

NO. OF PAGES, INCLUDING COVER:

803-255-8235

4

PHONE NUMBER:

SENDER'S PHONE NUMBER:

803-896-2500

(803) 771-6112

RE:

SENDER'S FAX NUMBER:

Dr. Bill Whitley - Tax Identification Number

(803) 771-6455

LUKE BYARS

KELLY LONG

RYAN DAWKINS

IAN HEADLEY

JEAN MOORE

KATI YOUMANS

CANDICE BOATWRIGHT

TIM LOLLIS

NOTES/COMMENTS:

Hello Ms. Forkner.

Mr. Bill Whitley has contacted our office regarding an issue he is having with his personal tax identification number being used for his practice tax identification number instead of his corporate tax identification number. The following information was provided to us by Dr. Whitley. Please let me know if I can be of additional assistance. I look forward to hearing back.

Thank you for your assistance.

Candice Boatwright

803-771-6112

Candice_Boatwright@demint.senate.gov

COMMUNICATION
112 CURTIS HOUSE
209 BARR BAY FRONT
CHARLESTON, SC 29004
(803) 737-4005

COMMUNICATIONS
305 NORTON SENATE STRAIGHT
SUITE 100
CHARLESTON, SC 29001
(803) 253-0966

COMMUNICATIONS
1804 MAIN FRONT
SUITE 1475
COLUMBIA, SC 29001
09/24/2008 12:02PM

JIM DEMINT
SOUTH CAROLINA

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION

CHAIRMAN, SENATE STEERING COMMITTEE

ENERGY AND NATURAL RESOURCES

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WASHINGTON, DC 20510

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JOINT ECONOMIC

United States Senate

September 24, 2008

Ms. Emma Forkner

Director

South Carolina Department of Health and Human Services

PO Box 8206

Columbia, SC 29202-8206

Dear Friend,

I am writing on behalf of my constituent, Mr. Bill Whitley, about his request for assistance with his tax identification number. Enclosed is a copy of his letter for your review.

I would greatly appreciate your addressing the questions and concerns mentioned in Mr. Whitley's correspondence, with respect to governing rules and regulations. I have assured Bill that I would write to emphasize my interest in his case and to help obtain a reply from your office.

Thank you for your help. Please feel free to call Candice of my staff at 803-771-6112 if you have any questions or need additional information. I look forward to your prompt reply to our Columbia office.

Sincerely,



Jim Demint
United States Senator

CHARLESTON
112 CURTUM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

09/24/2008 12:02PM

JIM DEMINT
SOUTH CAROLINA

CHAIRMAN, SENATE STEERING COMMITTEE

United States Senate

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demint@senate.gov

COMMITTEE:
COMMERCE, SCIENCE AND
TRANSPORTATION
ENERGY AND NATURAL RESOURCES
FOREIGN RELATIONS
JOINT ECONOMIC

PRIVACY ACT RELEASE FORM

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I do hereby authorize do hereby authorize

Senator Jim Demint and/or his staff to access the information necessary to assist me.

Signature

Jim Demint

Address

1168 Patter Park

Telephone

Orangeburg SC 29118
Home 803-531 0833 office 803 531 6004

Social Security Number

458-72-1488

Date of Birth

4-4-43

Brief explanation of situation:

The SC Dept. of Health & Human Services is using my personal S.S # (458-72-1488) instead of my Corp Tax ID # (84-067-5282) to assign taxes. I need an amended 1099 form to get this corrected with HHS and the IRS -

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes No

If Yes, which Member? _____

*William M. Whiting, D.C.
1724 1/2 Highway Street
Orangeburg, SC 29118 843*

Return to

CHARLESTON

112 CUSTOM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4575

GREENVILLE

105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 235-5566

COLUMBIA

1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-4470

09/24/2008 12:02PM

CB: HHS2

ATLANTA IRS CENTER

458-72-1488
50065-5057

WHIT A012 09/15/2008

Explanation Section

How to Review This Section 1. Compare your records with the records we received under Information Reported to IRS.

2. Review the Reasons for the Changes to see why we changed your return.
3. Proceed to Changes to Your Return to see how your new tax was calculated.
4. Once you have fully reviewed the Explanation Section, please complete and return the Response Form in the envelope provided.



007515

Information Reported to IRS that differs from the amounts shown on your return

This section tells you specifically what income information IRS has received about you from others (including your employers, banks, mortgage holders, etc.). The information listed below does not match the information you listed on your tax return. Use this table to compare the data IRS has received from others to the information you listed on your tax return to understand where the discrepancy, or difference, occurred. To assist you in reviewing your income amounts, the table may include both reported and unreported amounts from the same payer.

If this information is correct, your tax increase is \$ 10,193 plus all applicable penalties, interest and payment adjustments such as federal tax withholding, excess social security tax withheld, etc. If you pay in full by October 15, 2008, you'll owe \$ 13,345.

Account Information	Amount Reported to IRS by Others	Amount Included on Your Return	Difference
GRSS RECEIPTS MEDICAL #001 SSN: [REDACTED] Form 1099-MISC ACCT: 100619 SC DEPT. OF HEALTH AND HUMAN SERVICE P.O. BOX 8206 COLUMBIA SC 292028206	\$ 36,506	\$ 0	\$ 36,506
GRSS RECEIPTS MEDICAL Total	\$ -36,506	\$ 0	\$ 36,506



{EX05}

RECEIVED

SEP 25 2008

SCDHHS
Office of General Counsel

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR
ACTION REFERRAL

TO <i>Singleton Morrison</i>	DATE <i>9-24-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100173</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-3-08</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<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. <i>Kiri Boyan</i>	<i>✓</i>		
2.			
3.			
4.			

Log 000 173



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 8, 2008

William H. Whitley, D.O.
1168 Putter Path
Orangeburg, South Carolina 29118

Dear Dr. Whitley:

Through Senator DeMint's Office, the Department received your enclosed inquiry about income reported to your personal Social Security Number (SSN). The matter was referred to this Office for a response. This resulted from billing under your National Provider Identification (NPI) Number, which you provided us via the enclosed CMS letter. The letter ties the NPI Number to your individual Medicaid Provider number (T00816). Under your past instructions to us, T00816 is reportable by form 1099-MISC, not to your corporate number, but to your individual SSN. See your enclosed enrollment form.

Similar issues have come up in the past, and providers have asked the Department to "reverse" the information returns, 1099-MISC. Whenever we have inquired of the IRS about the propriety of doing that, we have been informed that it would not be appropriate for the Department to attempt to change the information we reported. As explained to us, this is because all that exists, as an accounting trail, are the documents showing that claims were made and payments sent to the payee shown on the 1099-MISC. We also imagine that the IRS might be concerned that an unscrupulous taxpayer could try to minimize income or avoid reporting one (1) of two (2) potentially taxable events.

Obviously, that is not what is going on in your case. Nevertheless, we have been informed that the proper way to correct this is for the payee to "nominee" the money to another entity's number by completing a 1099 and a 1096 (the transmittal). You will probably want to contact Provider Enrollment, at 1-888 549-0820 to prevent this from happening for the 2008 tax year.

You will certainly want to obtain the advice of your accountant about this matter. I would be happy to answer any questions regarding this letter. You may contact me at (803) 898-2812.

Sincerely,

Kevin L. Rogers
Kevin L. Rogers
Bureau Chief

Enclosures

cc: Candice Boatwright
Office of Senator DeMint

JIM DEMINT
SOUTH CAROLINA

CHAIRMAN, SENATE STEERING COMMITTEE

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510

(202) 224-6121

demint.senate.gov

United States Senate

ENERGY AND NATURAL RESOURCES

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JOINT ECONOMIC

September 24, 2008

RECEIVED

SEP 25 2008

SCDHHS
Office of General Counsel

Ms. Emma Forkner
Director
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

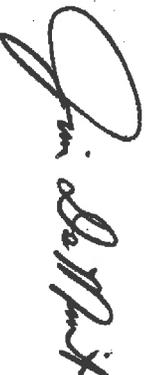
Dear Friend,

I am writing on behalf of my constituent, Mr. Bill Whitley, about his request for assistance with his tax identification number. Enclosed is a copy of his letter for your review.

I would greatly appreciate your addressing the questions and concerns mentioned in Mr. Whitley's correspondence, with respect to governing rules and regulations. I have assured Bill that I would write to emphasize my interest in his case and to help obtain a reply from your office.

Thank you for your help. Please feel free to call Candice of my staff at 803-771-6112 if you have any questions or need additional information. I look forward to your prompt reply to our Columbia office.

Sincerely,



Jim DeMint
United States Senator

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200 EAST BAY STREET
CHARLESTON, SC 29401
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COLUMBIA
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SUITE 1475
COLUMBIA, SC 29201
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09/24/2008 12:02PM

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JOINT ECONOMIC

United States Senate

PRIVACY ACT RELEASE FORM

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I do hereby authorize do hereby authorize

Senator Jim Demint and/or his staff to access the information necessary to assist me.

Signature

WA Whitney

Address

1168 Puffer Pass

Telephone

ORANGEburg SC 29118

Social Security Number

Home 803-531 0833 office 803 531 6004

Date of Birth

4-4-43

Brief explanation of situation:

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Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes No

If Yes, which Member?

Whitney D.D.
1724 Highway 506
Orangeburg, SC 29118-9435

Return to



CHARLESTON
112 CUSTOM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4325

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 776-6470

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SEP 25 2008

09/24/2008 12:02PM

ATLANTA IRS CENTER

458-72-1498
50065-5057

WHIT A012 09/15/2008

Explanation Section

How to Review This Section 1. Compare your records with the records we received under Information Reported to IRS.

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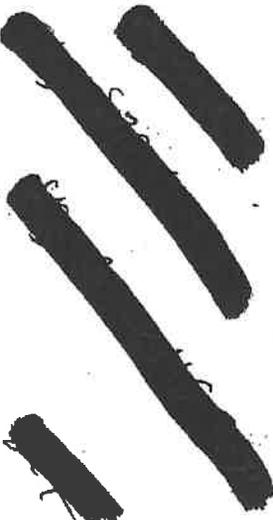
007513

1. Information Reported to IRS that differs from the amounts shown on your return.

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If this information is correct, your tax increase is \$ 10,193. Plus all applicable penalties, interest and payment adjustments such as federal tax withholding, excess social security tax withheld, etc. If you pay in full by October 15, 2008, you'll owe \$ 13,545.

Account Information	Amount Reported to IRS by Others	Amount Included on Your Return	Difference
GROSS RECEIPTS MEDICAL #001 SSN: [REDACTED] Form 1099-MISC ACCT: T0061e SC DEPT. OF HEALTH AND HUMAN SERVICE P.O. BOX 8206 COLUMBIA SC 292028206	\$ 36,506	\$ 0	\$ 36,506
GROSS RECEIPTS MEDICAL TOTAL	\$ -36,506	\$ 0	\$ 36,506



{EX05}

CMS
Center for Medicare & Medicaid Services

FOX
Systems, Inc.

NPI Enumerator

000457

William H Whitley DO
Attn: Debra L Clark
1724 Village Park Dr
Orangeburg, SC, 29118-2426

Date: July 16, 2006

Subject: National Provider Identifier

A request for a National Provider Identifier for William H Whitley DO was recently submitted, and you were listed as the contact person. This is to inform you that the request was successfully processed and the following NPI has been assigned: 1093733719.

Please verify that the following information is correct:

Practice Location: 1724 Village Park Dr
Orangeburg, SC 29118-2426

Other Identification Numbers:
MEDICAID F00816 SC
MEDICARE A018380281 SC
UPIN A01838

Provider Taxonomies: 207D00000X Family Practice 0371 SC

If you have any questions about this identifier you may:

- 1.) Refer to the NPI website (<https://nppes.cms.hhs.gov>), or
- 2.) Contact the NPI Enumerator at:

NPI Enumerator
PO Box 6059
PARGO, MD 58108-6059
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTX)
customerservice@npienumerator.com

Please note: The information provided in the NPI application may be shared with and used by others only in accordance with the privacy notice to which you agreed at the time of application. In addition, you agreed to keep the NPPES updated with any changes to data listed on the provider's application form within 30 days of the effective date of the change. If you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.

6296504

Medical Enrollment Data
Individual Physician or Osteopath

JUL 22 NEW

AUG 04 NEW

42030174

Medical Billing Provider No. 210

SOCIETY

PROVIDER'S NAME

WILLIAM H WHITELY

WHITELY WILLIAM H

Mailing Address

Name in **ITALIC CAPITALS** must be completed or this form will be returned to you.

5. In Care of, Attention, Building Name, etc.

THE REG ID NAL MEDICAL CENTER

7. NUMBER AND STREET, P.O. BOX OR ROUTE NO.

3000 ST MATTHEWS RD

Standard Items are for Agency use only and no information should be entered by the Medicaid provider.

9. CITY

DANFELBURG

10. STATE

SC

11. ZIP

29115

Payment Address (if different from mailing address)

6. In Care of, Attention, Building Name, etc.

Items marked with an asterisk (*) should be completed based on the codes listed on the attachment to this form.

8. Number and Street, PO Box or Route No.

12. City

13. State

14. Zip

6840

15. COUNTY * 16. TELEPHONE (INCL. AREA CODE)

35 (803) 533-2200

17. PROVIDER NO.

000

18. LICENSE NO.

7081

19. IRS EMP. ID NO. -OR- 20. SOC. SEC. NO.

07-26-94 452721485

21. Medicare ID No.

22. LICENSE NO.

7081

23. LICENSE ISSUE DATE 24. LICENSE STATE *

07-26-94 SC

25. DENTIST

N

26. SPECIALTY

12

27. PRIMARY SPECIALTY *

12

28. Secondary Specialty

30. Group Numbers

400615

If a member of a P.A., enter ID number assigned by Medicaid.

33. CLIA

Number

Cert. Type *

PLEASE ATTACH A COPY OF THE HCFA CERTIFICATION LETTER.

Effective Date

Expiration Date

ATTENTION: A statistically valid random sampling technique with extrapolation may be used for determining overpayments/underpayments to medical providers.

Verify License # by phone SC
med 854015

ATTENTION: ALL PROVIDERS MUST SIGN THE PROVIDER AGREEMENT ON THE REVERSE SIDE OF THIS FORM. SERVICES ARE PROVIDED TO CHILDREN UNDER 21 AND/OR PREGNANT WOMEN, SECTION B ON THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED.