

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

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>3-8-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1000376</i>	<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 (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

MAR 04 2010

Washington, D.C. 20201

RECEIVED

MAR 08 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Robert M. Kerr
Medicaid Director
Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29209-8206

Dear Mr. Kerr:

Re: Georgeann Boulos-Pludowski	Pharmacist
1237 Cental Avenue	DOB: 01/20/1958
Ocean City, NJ 08226	SSN: 157-58-1465
Medicare #: Unknown	Medicaid #: Unknown
UPIN: None	NPI #: None
Authority: 1128(b)(4)	License #: 28RI01824800 (NJ), RP037871R (PA)
OI File Number: 2-04-40282-9	RP006768 (SC)

Effective with the date of this notice, the subject has been reinstated as a provider of services covered under the title XVIII (Medicare) program.

Pursuant to Federal regulations at 42 CFR 1001.3003(b), you are hereby requested to reinstate the subject as a provider of services covered under the title XIX (Medicaid) program. This action makes Federal matching funds available for payments made to the subject for services rendered after the effective date of reinstatement under title XIX. However, if the State has imposed a sanction under its own authority independent from our action under section 1128, reinstatement to the title XIX program is not mandatory.

If Any questions regarding this action should be directed to Joann M. Francis, Exclusions Staff, Office of Inspector General, Ste. 210, 7175 Security Boulevard, Baltimore, MD 21244. Ms. Francis may be reached at (410) 281-3069.

Sincerely,

Maureen R. Byer

Maureen R. Byer
Director
Exclusions Staff
Office of Investigations



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Dear Mr. Kerr:

Re: Georgeann Boulos-Pludowski	Pharmacist
1237 Cental Avenue	DOB: 01/20/1958
Ocean City, NJ 08226	SSN: 157-58-1465
Medicare #: Unknown	Medicaid #: Unknown
UPIN: None	NPI #: None
Authority: 1128(b)(4)	License #: 28RI01824800 (NJ), RP037871R (PA)
OI File Number: 2-04-40282-9	RP006768 (SC)

Effective with the date of this notice, the subject has been reinstated as a provider of services covered under the title XVIII (Medicare) program.

You are hereby requested to reinstate the subject as a provider of services covered under the title XX program for covered services rendered after the effective date of this reinstatement to the title XX program. However, if the State has imposed a sanction under its own authority independent from our action under section 1128, reinstatement to the title XX program is not mandatory.

Any questions regarding this action should be directed to Joann M. Francis, Exclusions Staff, Office of Inspector General, Ste. 210, 7175 Security Boulevard, Baltimore, MD 21244. Ms. Francis may be reached at (410) 281-3069.

Sincerely,

Maureen R. Byer

Maureen R. Byer
Director
Exclusions Staff
Office of Investigations