

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>5/29/08</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>000619</i>		1   Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>G. Willis</i>		1   Prepare reply for appropriate signature DATE DUE _____	
		1   FOIA DATE DUE _____	
		<input checked="" type="checkbox"/> Necessary Action	
<i>2 letters 1 for X &amp; 1 for XIX</i>			

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



MAY 27 2008

RECEIVED

MAY 29 2008

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: Myra Pinckney  
953 Beehive Road  
Awendaw, SC 29429  
SANCTION AUTHORITY: 1128(b)(4)  
OI File No. 4-04-40620-9

Nurse  
DOB: 03/04/1967  
SSN: 249-47-3151  
LICENSE NO: 57209

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.

If you have any questions about this reinstatement, please contact Kathy Pettit, Investigative Analyst, Office of Investigations, Room N2-01-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone number for that office is (410) 786-5198.

Sincerely,

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

MAY 27 2008

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MAY 29 2008

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: Myra Pinckney  
953 Beehive Road  
Awendaw, SC 29429  
SANCTON AUTHORITY: 1128(b)(4)  
OI File No. 4-04-40620-9

Nurse  
DOB: 03/04/1967  
SSN: 249-47-3151  
LICENSE NO: 57209

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 you have any questions about this reinstatement, please contact Kathy Pettit, Investigative Analyst, Office of Investigations, Room N2-01-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. The telephone number for that office is (410) 786-5198.

Sincerely,

Maureen R. Byer  
Director  
Exclusions Staff  
Office of Investigations