

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

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>8-25-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101092</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.			



AUG 23 2011

RECEIVED

AUG 25 2011

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Robert M. Kerr:

Re: Kermis Corbett	Business Manager
P.O. Box 291082	DOB: 12/03/1971
Columbia, SC 29229	SSN: 250-47-7067
LICENSE NO.: None	UPIN: None
MEDICARE PROVIDER NO.: None	MEDICAID PROVIDER NO.: None
SANCTION AUTHORITY: 1128(a)(1)	NPI: None
OI File Number 4-04-40816-9	

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, Investigations Analyst, Office of Investigations, Office of Inspector General, Suite 210, 7175 Security Boulevard, Baltimore, Maryland 21244. Mrs. Pettit may be reached on (410) 281-3063.

Sincerely,

Peter Clark
Exclusions Director
Office of Investigations



AUG 23 2011

RECEIVED

AUG 25 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck
Medicaid Director
Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29209-8206

Dear Anthony Keck:

Re: Kermis Corbett
P.O. Box 291082
Columbia, SC 29229
LICENSE NO.: None
MEDICARE PROVIDER NO.: None
SANCTION AUTHORITY: 1128(a)(1)
OI File Number 4-04-40816-9

Business Manager
DOB: 12/03/1971
SSN: 250-47-7067
UPIN: None
MEDICAID PROVIDER NO.: None
NPI: None

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, Investigations Analyst, Office of Investigations, Office of Inspector General, Suite 210, 7175 Security Boulevard, Baltimore, Maryland 21244. Mrs. Pettit may be reached on (410) 281-3063.

Sincerely,

Peter Clark
Exclusions Director
Office of Investigations