


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh</i>	DATE <i>12-18-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001272</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

Washington, D.C. 20201

DEC 1 5 2009

**RECEIVED**

DEC 1 8 2009

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

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

Re: Stephen D. Knezevich  
2927 S. Legacy Park Boulevard  
Ft. Mill, SC 29707-8771  
NPI #: N/A  
Sanction Authority: 1128(b)(4)  
OI File Number: L-00-40343-9

Registered Nurse  
License #: NC - 200274, TX - 632535  
SSN: 561-92-7934  
DOB: 08/16/1953  
UPIN: N/A  
Medicare/Medicaid Provider #: N/A

Effective with the date of this notice, we are restoring the subject practitioner's eligibility to participate in the Medicare, Medicaid, and all Federal health care programs.

The subject is eligible to participate in the Medicaid program unless you have taken an action under your own authorities, independent from our action under section 1128(b)(4). If you have not taken an independent action under your own authorities, pursuant to regulations at 42 C.F.R. 1001.3005(a)(1), you are hereby requested to reinstate the subject as a provider of items and services covered under the title XIX and title XX programs effective with the date of this notice.

You should be aware, however, that the subject's license remains invalid in the State of Texas.

Any questions regarding this action should be directed to me at Suite 210, 7175 Security Boulevard, Baltimore, MD 21244. My telephone number is (410) 281-3062.

Sincerely,

William J. Hughes  
Reviewing Official  
Health Care Program Exclusions  
Office of Counsel to the Inspector General