


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>1-4-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101245</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck Cleared 1/13/12, letters attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-13-12</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.			
2.			
3.			
4.			

DAVID L. THOMAS
SENATOR, GREENVILLE COUNTY
SENATORIAL DISTRICT NO. 8

GREENVILLE ADDRESS:
23 WADE HAMPTON BLVD.
GREENVILLE, SC 29609
(864) 271-6371

SENATE ADDRESS:
SUITE 410, GRESSETTE BUILDING
P. O. BOX 142
COLUMBIA, SC 29202
(803) 212-6240



COMMITTEES:
BANKING AND INSURANCE, CHAIRMAN
CORRECTIONS AND PENOLOGY
GENERAL
FINANCE
MEDICAL AFFAIRS

RECEIVED

JAN 03 2012

December 19, 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. James D'Alessio
BlueCross/Blue Shield
1-20 at Alpine Road
Mail Code AX212
Columbia, SC 29219

Re: Joseph E. Bradshaw

Dear James:

I need your help on a truly sad and tragic case of my friend Joseph Eric Bradshaw, whose address and phone number are as shown below. Mr. Bradshaw is married to Joe Lynn Bradshaw who is employed with Wal-Mart in Taylors. Mrs. Bradshaw is insured with BlueCross/BlueShield through her employment (see copy of insurance card attached).

Mr. Bradshaw is a paraplegic having had both his legs amputated because of the progression of a degenerative bone disease called "osteogenesis imperfecta". He was diagnosed with this disease in 1993 and it is believed to be a condition which he has had from birth. Mr. Bradshaw has an income from Social Security in the amount of \$900.00 per month and his wife has an income of \$1,500.00 per month from her employment with Wal-Mart.

More surgeries are going to be required including jaw surgery on both his upper and lower jaws. He has just completed shoulder surgery. Multiple surgeries have produced a condition which makes blood clots form and Mr. Bradshaw must receive daily shots of Lovenox. The cost for these shots is \$2,953.54, of which Mr. Bradshaw is required to pay \$517.29 per month (see attached copy of prescription bill).

The Bradshaw's do not qualify for food stamps as they have been told that Mrs. Bradshaw makes too much money. In essence, their financial condition is extreme as their rent is increasing next month and the future surgery on Mr. Bradshaw's jaw is looming.

Mr. James D'Alessio
December 19, 2011
Page Two

Mr. and Mrs. Bradshaw have both signed a HIPPA release so that I may be able to discuss these medical issues with you. Mr. Bradshaw has attempted to get signed onto Medicaid at least a half dozen times but was told each time that he did not qualify; however, he was also told that if he and Mrs. Bradshaw were to be divorced, then he would qualify. I presume this is because of their combined incomes.

Given such a hardship as the Bradshaw's are facing, I would ask that you put your very best analyst on this case to see if, either by way of hardship or by way of a special exemption, the \$517.29 out-of-pocket expense could somehow be covered in whole or in part by BlueCross/BlueShield.

I am also copying Mr. Keck and Senator DeMint's office to determine if Mr. Bradshaw could qualify for Medicaid.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'D. Thomas', with a long horizontal line extending from the end of the signature.

David L. Thomas

DLT/cpg

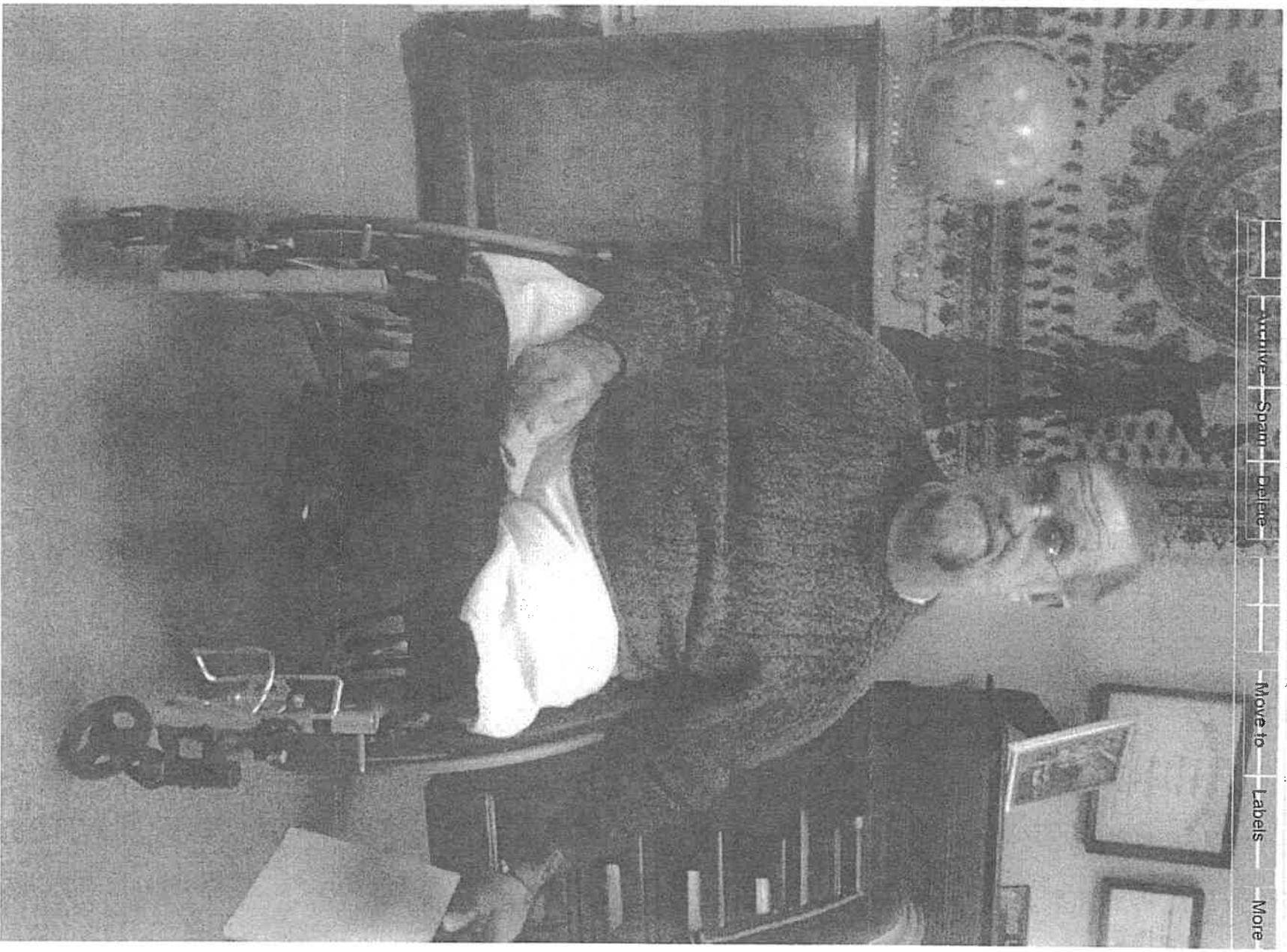
cc: Mr. and Mrs. Eric Bradshaw (Phone 864-293-5249)

4551 Old Spartanburg Road
Apartment 40
Taylors, South Carolina 29687

Anthony Keck

SC Dept. of Health and Human Services
Medicaid Division
Post Office Box 8206
Columbia, South Carolina 29202

Hon. Jim DeMint
105 N. Spring Street, Suite 109
Greenville, South Carolina 29601



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BRADSHAW
JOSEPH E

Page No : 1 of 3
Signature Required Y
12/14/2011 01:31:05 PM ...

1224

Drop Off: 12/13/2011 2:42:09 PM
Ready By: 12/14/2011 12:40:53 PM

Priority: Will Pickup

BRADSHAW
JOSEPH E
4551 OLD SPARTANBURG RD APT 40
TAYLORS, SC 29687
(864)293-5249
12/14/2011 (864)292-2014
RX: 7433122 REF = 6
MER

OC# 056 927 427 176 297 242 107 659 238
TOTAL: \$517.29



Walmart Pharmacy
3027 WADE HAMPTON BLVD.
(864)292-2014
12/14/2011 NEW
4551 OLD SPARTANBURG RD APT 40 TAYLORS, SC 29
Rx #: 7433122 Ref # 6 QTY: 24 DAW: 0 DS: 30
EDMONDS, PHILLIP
ENOXAPARIN 120MG/0.8ML INJ
NABP: 4216594
Patient Pay \$ 517.29

Walmart Pharmacy
3027 WADE HAMPTON BLVD.
(864)292-2014
12/14/2011 NEW
4551 OLD SPARTANBURG RD APT 40 TAYLORS, SC 29
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ENOXAPARIN 120MG/0.8ML INJ
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Patient Pay \$ 517.29

\$2953.54

\$2953.54



JO L BRADSHAW

Identification Number
WMW05396036W

Group No. **080906**

RxGRP: **WALMARTRX**

Plan Codes **021/521**


RxBIN: **610014**



www.blueadvantagearkansas.com
Customer Service: 1-866-823-3790
Medical Prenotification: 1-866-823-3790
Behavioral Health: 1-877-709-8822
Provider Locator: 1-800-810-2583
Life with Baby: 1-888-859-8836
Medco*: 1-800-887-8194
Ask Mayo Clinic*: 1-800-418-0758
Delta Dental*: 1-800-462-5410
*Contracts directly with group.

BlueAdvantage Administrators of Arkansas
P.O. Box 1460
Little Rock, AR 72203-1460
BlueAdvantage Administrators of Arkansas, an
Independent licensee of the Blue Cross and Blue
Shield Association, provides administrative claims
payment services only and does not assume any
financial risk or obligation with respect to claims.

Pharmacy benefits administrator
D7 005

BlueAdvantage  **Administrators of Arkansas**

Hospitals or physicians: File claims with local BlueCross and/or BlueShield Plan.
Medical Services: You may prenotify your admission by calling the Medical Prenotification number prior to any scheduled or nonemergency hospital admission.
Behavioral Health Services: You may prenotify your behavioral health services by calling the Behavioral Health number.
Associates: To find a PPO Provider in your service area or when traveling, call the Provider Locator number.

medco

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(HIPPA Compliant)

Patient Name: Joseph E. Bradshaw Date of Birth: 8-19-1959
Social Security No.: 251-170650

The following health provider is authorized to provide medical records and disclose patient identifiable health information: Group 080906

Name: BCBS FD-WNW05396036W Phone: _____

Address: _____ Fax: _____

The above named health provider is authorized to discuss my medical treatment and health information with my attorneys, David L. Thomas, Esq. The above named health provider is NOT authorized to discuss my medical treatment or health information with _____ INSURANCE COMPANY.

The scope of the health information to be provided or disclosed is as follows:

All medical records for all dates of service for all medical conditions and treatment from the above named health care provider; as well as all medical records for all dates of service for all medical conditions and treatment from other health care providers and facilities. All billing records regarding the referenced incident. All medical release authorizations, notes, memoranda, correspondence, claim forms, reports and insurance documents regarding the referenced incident.

The health information is authorized to be provided to:

David L. Thomas, Esquire
Moore, Taylor & Thomas, P.A.
23 Wade Hampton Boulevard
Greenville, South Carolina 29609
(864) 271-6371

My attorneys are authorized to act on my behalf regarding all insurance and legal matters. The patient identifiable health information received pursuant to this release authorization is to be used for the following purpose:

No-fault (PIP) insurance claims, liability claims, underinsured motorist claims, workers' compensation claims and all other insurance or legal matters related to my injuries or health condition.

RIGHT TO REVOCATION: I have the right to revoke this release authorization at any time. The revocation must be in writing and be delivered to David L. Thomas, Esquire. The revocation will not apply to records and information that have already been provided.

EXPIRATION: Unless earlier revoked, this authorization will expire upon the termination of the representation by David L. Thomas, Esq.

PATIENT RIGHTS: I have the right to inspect or copy the information to be disclosed, to inspect and amend my medical records, and to an accounting of the use of disclosure of my health information to any third party, as provided in CRF 164.528.

RE-DISCLOSURE: I understand that there is a potential for unauthorized re-disclosure of the information and that the re-disclosure information may not be protected by federal confidentiality rules.

PHOTOCOPIES OF THIS RELEASE ARE VALID AND MAY BE USED IN LIEU OF THE ORIGINAL.

DATE: 12/16/2011 BY: Joseph E. Bradshaw

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(HIPPA Compliant)

Patient Name: Joseph E. Bradshaw Date of Birth: 8/19/1957
Social Security No.: _____

The following health provider is authorized to provide medical records and disclose patient identifiable health information:

Name: BCBS Group 080906
BCBS-ID WNW 053966 Phone: 361
Address: _____ Fax: _____

The above named health provider is authorized to discuss my medical treatment and health information with my attorneys, David L. Thomas, Esq. The above named health provider is NOT authorized to discuss my medical treatment or health information with _____ INSURANCE COMPANY.

The scope of the health information to be provided or disclosed is as follows:

All medical records for all dates of service for all medical conditions and treatment from the above named health care provider, as well as all medical records for all dates of service for all medical conditions and treatment from other health care providers and facilities. All billing records regarding the referenced incident. All medical release authorizations, notes, memoranda, correspondence, claim forms, reports and insurance documents regarding the referenced incident.

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PHOTOCOPIES OF THIS RELEASE ARE VALID AND MAY BE USED IN LIEU OF THE ORIGINAL.

DATE: 12/19/2011 BY: Joseph E. Bradshaw

SENATOR DAVID L. THOMAS
THE SENATE OF SOUTH CAROLINA
POST OFFICE BOX 142
COLUMBIA, SOUTH CAROLINA 29202

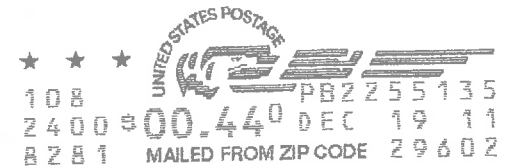


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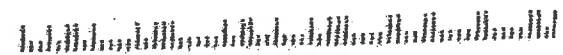
JAN 03 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck
SC Dept. of Health and Human Services
Medicaid Division
Post Office Box 8206
Columbia, South Carolina 29202



292028206 B044



Log # 245 ✓

January 13, 2012

The Honorable David L. Thomas
South Carolina State Senate
District 8 – Greenville Counties
Post Office Box 142
Columbia, South Carolina 29202

Dear Senator Thomas:

Thank you for contacting this agency on behalf of Mr. Eric Bradshaw regarding Medicaid eligibility and his healthcare needs.

We have been in direct contact with Mr. Bradshaw regarding Medicaid eligibility and the rules and regulations governing the program. It appears that Mr. and Mrs. Bradshaw's combined monthly income exceeds the allowable limit of \$1,226 for our Aged, Blind or Disabled program. We mailed him information on other programs and organizations that can assist residents in South Carolina with their healthcare and prescription needs.

Thank you for your continued interest and support of the South Carolina *Healthy Connections* Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,



Anthony E. Keck
Director

AEK/si

Log # 245 ✓

January 13, 2012

Mr. Eric Bradshaw
4551 Old Spartanburg Road
Apartment 40
Taylors, South Carolina 29687

Dear Mr. Bradshaw:

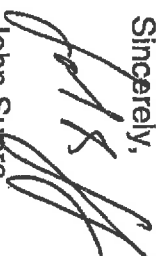
Senator David Thomas contacted this agency on your behalf regarding Medicaid eligibility and your healthcare needs.

Based on the information we received, it appears your family income is over the allowable limit of \$1,226 for a couple through our Aged, Blind or Disabled program. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses.

An alternate health insurance option through Augco Benefits offers a variety of health insurance plans from top-rated insurance carriers. You may wish to look over the enclosed brochure and contact them at 1-866-273-5613 to see if they can be of assistance. Also enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare services, prescriptions and inpatient hospitalization.

If you have additional questions about the Medicaid program, please contact Jenny Lynch at (803) 898-3965. I hope this information is helpful.

Sincerely,


John Supra
Deputy Director

JS/I
Enclosures