

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2-24-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER  <i>101358</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  <i>Cleared 3/4/10 letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-8-10</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.			

Office of Senator Paul Campbell Jr.  
Post Office Box 142, 604 Gressette Bldg.  
Columbia, SC 29202  
(803) 212-6016 Phone, (803) 212-6019 Fax

# Fax

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To: Bryan Kost

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From: Carol DuBose

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Fax: 803-255-8235

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Pages: 3-includes cover sheet

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Re: Ada Henthorn

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Date: 2-24-10

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☐ Urgent    ☒ For Review    ☐ Please Comment    ☒ Please Reply    ☐ Please Recycle

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Bryan.....

Thank you for your assistance in this matter.

Carol DuBose

*Do not leave a phone # for  
Mr. Henthorn.*

0000000000

12:53:43 p.m. 02-24-2010

2/3

RESPECTFULLY REFERRED

NOT ACKNOWLEDGED

Asst. KAREN JONES ADMINISTRATIVE  
AT WHITE OAK HOME

Dear Sir:

I need Nursing Home assistance, wife qualifying for extra help for the past three years, and now Karen Jones 843-797-8282 said she is not wife off Medicaid! If I do not pay her 200.00 per month why would she need that money? because she is the one who verification of life's documents. She Jones is denying Medicaid for wife of 74 yrs old, wife needs retirement & Social Security like she has had in the past years! please review and I need your feedback, as a senior and a government retirement employee I need your HELP! at once. I suspect fraud, investigation is needed. I am all at at under WH care.



Oval G. Handborn  
220 Wilberry Ln.  
Georgetown, SC 29445

P.S.

Sharon M.

Carol Handborn

Not Blett

0000000000

12:54:05 p.m. 02-24-2010

3/3



ADA HENTHORN  
DOB 09/05/1935  
Medicaid Member Number: 3708018104

**Aetna** PDP

K ESSENTIALS MEMBER SINCE 2008 BY

IRIS 618502 RSPCN 09/7/2008

SSN# 353825

SSN# (80840)

ID MED05AD

NAME ADA E HENTHORN

Medicare

CMS- 50810 043

Medicare



HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

ADA E HENTHORN

ENDORSE CLAIM NUMBER

171-30-4427-B

300001070

SEX FEMALE

OFFERED DATE

09-01-2000

HOSPITAL (PART A) 09-01-2005  
MEDICAL (PART B)

IRIS 100  
DATE

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/24/10  
 MEDSPROD MEMBER PERIOD START: 01/21/10 END: ACTION: PAGE: 0001

NAME: HENTHORN ADA HH NAME: HENTHORN ADA  
 RCP NUMBER: 3780610764 HH NUMBER: 101129793 ACTION TYPE: MAINTENANCE  
 SSN: 276-32-6402 VC: V APL STATUS: ACTION DATE: 01/22/10  
 PRIMARY INDIVIDUAL: APL CO: 10  
 9285 MEDICAL PLAZA DRIVE WORKER ID: KAREJ LOCATION: 058  
 SSCN: 271304427B RRN:

RACE: 01 SEX: F MARITAL STATUS: M  
 TPL: Y RSP: 1 RELATION: SELF  
 N CHARLESTON SC 29406-  
 CORRECT RCP NUMBER: \_\_\_\_\_  
 DOB: 09/05/1935 DOD:  
 LIV ARRANGEMENT: NFCL INCOME TRUST:  
 PROVIDER: WHITE OAK MANOR-CHAS

					BENEFITS		QMB		RETRO		% OF POV		SPONSOR	
BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	IND	IND	LEVEL				
S	NUMBER	ELIG	ELIG											
-	40096188	06/01/2008	01/01/2010	10	10	FULL	Y	N	N	.17			0802	
-	40096188	05/01/2008	06/01/2008	10	10	FULL	N	N	N	.17			0802	
-	99598657	08/01/2007	05/01/2008	15	10	FULL	Y	N	N	.16			1000	
-	99598657	06/01/2007	08/01/2007	15	10	FULL	N	N	N	.16			1000	

UPDATED: USER ID: KAREJ DATE: 01/22/10 SYSTEM ID: TTR1004 DATE: 12/22/09  
 ME900063 RECIPIENT RECORD FOUND  
 PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV  
 PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

March 4, 2010

Mr. Orval G. Henthorn  
220 Wildberry Lane  
Goose Creek, South Carolina 29445

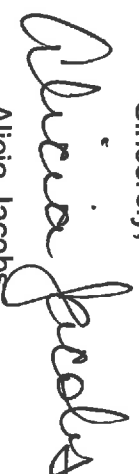
Dear Mr. Henthorn:

Senator Paul G. Campbell, Jr., asked our agency to assist you with questions concerning Medicaid eligibility for your wife, Mrs. Ada Henthorn. Good customer service is very important to us, and I regret your unpleasant experience during our eligibility determination process.

Our records indicate Mrs. Ada Henthorn applied for Medicaid coverage through our Nursing Home program on January 21, 2010. We cannot make an eligibility decision until we receive verification of a lump sum payment from a settlement she received on April 24, 2009. Ms. Elizabeth Bahadori, Medicaid Supervisor in Charleston County, requested this information from Attorney Hughey on February 8, 2010. Please contact Ms. Bahadori at (843) 740-5969 if you have questions regarding the requested documentation. Once this information is received, you will be notified of the Medicaid eligibility decision.

If you have any questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707. We hope this information is helpful.

Sincerely,

  
Alicia Jacobs  
Deputy Director

AJ/r/c



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

March 4, 2010

The Honorable Paul G. Campbell, Jr.  
Member, South Carolina Senate  
District No. 44 – Berkeley County  
Post Office Box 142  
604 Gressette Building  
Columbia, South Carolina 29202

Dear Senator Campbell:

Thank you for contacting this agency on behalf of Mr. Orval Henthorn regarding Medicaid eligibility for his wife, Mrs. Ada Henthorn. Good customer service is very important to us, and I regret his unpleasant experience during our eligibility process.

A member of our staff has been in direct contact with Mr. Henthorn and we were pleased to address his questions regarding the Medicaid program. He was also given contact information for a staff member in our Constituent Services Division if there are additional questions or concerns.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/jlc