

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

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>10/31/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>GC0336</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Checked 11/21/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11/7/06</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.			<i>7</i>
2.			
3.			
4.			

JIM DEMINT
SOUTH CAROLINA

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION

DEPUTY MAJORITY WHIP

ENVIRONMENT AND PUBLIC WORKS

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510

(202) 224-6121

demint.senate.gov

United States Senate

SPECIAL COMMITTEE ON AGING

JOINT ECONOMIC COMMITTEE

October 30, 2006

RECEIVED

OCT 31 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
Department Of Health And Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Kerr,

I am writing to refer a matter involving my constituent, Barbara J. Fielder, and her request for assistance with a Medicaid issue. Enclosed is a copy of her letter for your review.

I would greatly appreciate your responding directly to Ms. Fielder about this issue. I have informed Ms. Fielder that I would refer her to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards.

Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOMS HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 721-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

JIM DEMINT
SOUTH CAROLINA

DEPUTY MAJORITY WHIP

340 RUSSELL SQUARE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
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United States Senate

COMMITTEES
COMMERCE, SCIENCE AND
TRANSPORTATION

ENVIRONMENT AND PUBLIC WORKS
SPECIAL COMMITTEE ON AGING
JOINT ECONOMIC COMMITTEE

Privacy Act Release Form

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, Barbara J. Fieldner, do hereby authorize Senator Jim Demint and/or his staff to access the information necessary to assist me.

Signature:

Barbara J. Fieldner

Address:

1011 Morrisig Court Apt 220
SPokane, WA 99206

Telephone:

864-583-7651

Social Security Number:

258-46-4969

Brief explanation of situation: Proc circulation in your legs.

In need of prosthetic shoe to
step in at night to prevent
blood clots from forming and
Medicaid denied my of having one.

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes No

If Yes, which Member? _____

CHARLESTON
112 CLAYTON HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 777-4525

GREENVILLE
105 NORTH SIMONS STREET
SUITE 109
GREENVILLE, SC 29601
(864) 231-5366

COLUMBIA
1901 MADON STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6455
SF / Mr J

SPARTANBURG Housing Authority

Dr. John C. Bull Apartments
101 Marion Ave. Spartanburg, SC 29306
Telephone 864-598-6100 Fax 864-598-6101

FAX MEMO

TO:

Barbara

Fax #: 864-271-8901

FROM:

Beverly Taylor

DATE:

~~2/22/04~~ 9/29/04

Number of Pages including cover sheet:

3

Comments:

Thanks for your help with
this matter. I appreciate
anything you can do. I am
sending you a copy of the
cross hearst she is seeing.

Thank you
Beverly Taylor

If you need anything please
call.

EQUAL HOUSING OPPORTUNITY

SPRINKLE PROSTHETICS

183 S. Pine St. • Suite A
SPARTANBURG, SC 29302
Phone 864-591-2242
Toll Free 866-477-5347
Fax 864-591-2037
JEFF SPRINKLE
CERTIFIED PROSTHETIC ORTHOTIST
APC #1703

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06
MEDSPROD MEMBER PERIOD START: 04/09/06 END: PAGE: 0001
RECIPIENT INFORMATION ACTION:

NAME: FIELDER BARBARA J HH NAME: FIELDER BARBARA J
RCP NUMBER: 1421014001 HH NUMBER: 100038942 ACTION TYPE: MAINTENANCE
SSN: 250-46-4969 VC: V APL STATUS: ACTION DATE: 05/22/02
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: KFIELD LOCATION: 003

P O BOX 74 SSCN: 250464969A RRN:
RACE: 02 SEX: F MARITAL STATUS: W

SPARTANBURG TPL INSURANCE: RELATION: SELF

CORRECT RCP NUMBER: SC 29304- DOB: 06/24/1931 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF POV	CHIP			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
-	14210140	01/01/1999		32	10		Y		.80	
-		06/01/1998		01/01/1999	32				.80	

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: IEV7110 DATE: 01/04/03
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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

November 21, 2006

Ms. Barbara J. Fielder
Post Office Box 74
Spartanburg, South Carolina 29306

Dear Ms. Fielder:

I am writing you today at the request of United States Senator Jim DeMint. We received a letter from Senator DeMint on your behalf stating that Medicaid had denied you prosthetic shoes. We welcome the opportunity to be of assistance.

The Department of Health and Human Services (DHHS) has reviewed your request and found that you have both Medicare and Medicaid coverage. Medicaid is always the payer of last resort. Once your claim has been filed to Medicare, Medicaid will need a copy of the Explanation of Benefits (EOB) information from Medicare to determine if Medicaid would be able to pay secondary on the claim.

Program staff contacted Sprinkle Prosthetics to obtain additional information regarding your claim. We learned that your prescription from your physician was written for a bi-lateral rigid sleeve, not a prosthetic shoe. Medicaid covers various pneumatic compressors and compression stockings. Sprinkle Prosthetics indicated that they are not a Durable Medical Equipment (DME) provider and would be unable to provide pneumatic compressors and compression stockings to you. Should you decide that you would like to obtain these items, you need to contact a DME provider in your area to determine if one of these items is suitable based on your physician's prescription. Please remember that if it is necessary to bill Medicaid as a secondary payer, Medicare must be billed first since Medicaid is always the payer of last resort.

If you have any questions or if we can be of further assistance, please contact Ms. Stephanie Hinton, DME Team Leader, at (803) 898-2878.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/gam