


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  CC0336	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleved 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.			
2.			
3.			
4.			

**JIM DEMINT**  
SOUTH CAROLINA

COMMITTEES:  
COMMERCE, SCIENCE AND  
TRANSPORTATION

DEPUTY MAJORITY WHIP

340 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-6121  
demint.senate.gov

## United States Senate

October 30, 2006

ENVIRONMENT AND PUBLIC WORKS  
SPECIAL COMMITTEE ON AGING  
JOINT ECONOMIC COMMITTEE

**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

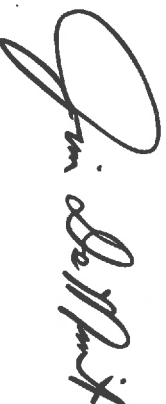
Dear Mr. Kerr,

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

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SOUTH CAROLINA

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### 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. Fielder, do hereby authorize Senator Jim DeMint and/or his staff to access the information necessary to assist me.

Signature:

Barbara J. Fielder

Address:

1911 Morris Circle Apt 320  
Spartanburg, SC 29306

Telephone:

864-583-7651

Social Security Number:

258-46-4969

Brief explanation of situation: Pro circulation in your legs.

In need of prosthetic objects.  
Step in at night to prevent  
blood clots from forming, and  
Medicaid denied me of having any.

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) 727-4323

GREENVILLE  
100 NORTH SIMPSON STREET  
SUITE 109  
GREENVILLE, SC 29601  
(864) 231-5366

COLUMBIA  
1901 MADISON STREET  
SUITE 1675  
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 #: 864-271-8961

**FROM:**

**Beverly Taylor**

DATE:

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

Number of pages including cover sheet:

10

**Comments:**

Thanks for your help with  
this matter. I appreciate  
everything you can do. I am  
sending you a copy of the  
Press Herald. He is very.

Make for  
Dunlop Angus

If you need anything, please call.

## EQUAL HOUSING OPPORTUNITY

1000/ 000 0000

## 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 ORTHOTICIST  
APC #1763

EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/31/06  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 04/09/06 END: PAGE: 0001

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: KFELD LOCATION: 003

SSCN: 250464969A RRN:

P O BOX 74 RACE: 02 SEX: F MARITAL STATUS: W

TPL INSURANCE: RELATION: SELF

SPARTANBURG SC 29304- DOB: 06/24/1931 DOD:

CORRECT RCP NUMBER: 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 red 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