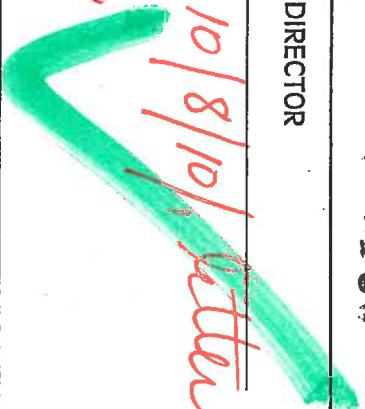


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hebbs</i>	DATE <i>10-1-10</i>
--------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100156</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/8/10, letter attached,</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-12-10</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 LIEUTENANT GOVERNOR
ANDRÉ BAUER

P. O. Box 142
Columbia, South Carolina 29201
(803) 734-2080 Phone
(803) 734-2082 Fax

RECEIVED
OCT 01 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

FAX

Date:

To:

Bryan Kost - DHHS

FAX Number:

255-8235

From:

Bonnie Heddy

Pages:

4

Message:

Thanks for always
being so helpful

9-28-10

St Andrew Daniel
State House 1st Floor
P.O. Box 142
Cala, SC 29402

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OCT 01 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr Daniel,

My name is Stephanie Jacobs.

I am writing to you in hopes you
maybe could help me. I am
a Cancer Patient. I wait three
Chemo 3 mo & 35 Radiation Treatments.

My short cancer was supposedly
gone. I 2 months it came back -
to the time I have had 2

Surgeries - (nose) & 5 months of 2
Chemo's Existing & Taxol.

I received notification that

will send
12-13-10

my Calera payment would increase
from 163.⁰⁰ to 336.⁶⁷ - 9-1-10 - then
another increase to 461.⁷⁹ - 10-1-10.

I was let go from my job 6-09.
I live a disability! I have

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

so hospital bills and medical expenses
for Doug and Dr Viatt. I have
got to go to MDC for radiation. They
say I can't get an extension on
Cobra. I'm too young for Medicare
and Medicare I think I'm not
qualified. I can't seem to find
that answer. Without insurance - (especially)
I'm damned. I have fought - I had
have to stay alive. I had
help. I wrote Mr Obama - I
don't see him from him.
I need a pill to find some
help.

Stephanie Arnold
910 Veterans Rd
Cala, Sc 29209

VETERANS Rd
DANIEL SCOTT
PO'S 6665
776-6433 803 1794 cell

since my surgery I no longer can
spit. That is why I am writing.
I pray you will call on with
me with some answers. Or a starting

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OCT 01 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Flue. My time is ticking down.
Thank you in advance for your
time.

Stephanie Jordan

P.S. I'm sure I mispelled a lot of
thing - sorry. I can't think straight

Sincerely

Group Benefits with: FERGUSON ENTERPRISES, INC.
Coverage: Medical: Employee; Dental: Employee; Vision: Employee

78797 - 0081842



STEPHANIE A. FOWLER
910 VETERANS ROAD
COLUMBIA SC 29209-2332

Date: 08/19/10
Account ID#: NC-29105178
If you call Ceridian, please enter
the numbers only when prompted
to enter your Account ID#.

YOUR SUBSIDIZED RATE PERIOD ENDS ON 09/13/10.

Period of Coverage	Premium	Amount Paid	Amount Due	Date Due	Grace Period Ends
09/01/10 to 09/13/10	70.33	0.00	70.33	09/01/10	10/01/10
09/14/10 to 09/30/10	266.34	0.00	266.34	09/14/10	10/14/10

THIS INVOICE REFLECTS A RECENT PREMIUM OR COVERAGE CHANGE.
PLEASE SEE REVERSE FOR IMPORTANT BILLING AND CLAIM INFORMATION.

Coverage will be cancelled if your premium payment is not made on or before each grace period ending date shown above. If coverage is cancelled for non-payment of premium, reinstatement of coverage is not allowed. No partial payments will be accepted. Acceptance of payments by Ceridian, as collection agent for the employer, is without prejudice and with reservation of all rights. Please see reverse for important information regarding eligibility, premium billing and payment requirements, as well as continued certification for the COBRA premium reduction.

MAKE CHECKS PAYABLE TO: Ceridian COBRA Services

Ceridian COBRA Services: P.O. Box 534099 St. Petersburg, FL 33747

➡ Please cut at the line below and return the lower portion with your payment

RECEIVED

OCT 01 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ceridian COBRA Services
3201 34th Street South
St. Petersburg, FL 33711-3828
800-877-7994

OCT 01 2010

RECEIVED

Department of Health & Human Services
OFFICE OF THE DIRECTOR

September 14, 2010

MS. STEPHANIE FOWLER
910 VETERANS ROAD
COLUMBIA, SC 29209

ID: NC-29105178

RE: Group benefits continuation rights with
FERGUSON ENTERPRISES, INC.

Dear Ms. STEPHANIE FOWLER:

This is to advise you that your Medical/HMO and Dental and Vision coverage as a continuant under the above group health care plan(s) will expire on 12/13/10, when you will have reached the maximum period allowed under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Manager,
Ceridian COBRA Services

ATTN Cobra ID #
727-865-3648

Next Tues. 9^{am}

OFFICE OF LIEUTENANT GOVERNOR
ANDRÉ BAUER

P. O. Box 142
Columbia, South Carolina 29201
(803) 734-2080 Phone
(803) 734-2082 Fax

RECEIVED

SEP 30 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FAX

Date:

To: **BRYAN KOST, DHHS**

FAX Number: **255-8235**

From: **BONNIE HEDDY**

Pages: **3**

Message: **ADDITIONAL INFO**

Group Benefits with: FERGUSON ENTERPRISES, INC.
Coverage: Medical:Employee;Dental:Employee;Vision:Employee

76797 - 0081642



STEPHANIE A. FOWLER
910 VETERANS ROAD
COLUMBIA SC 29209-2332

Date: 08/19/10
Account ID#: NC-29105178
If you call Ceridian, please enter
the numbers only when prompted
to enter your Account ID#.

YOUR SUBSIDIZED RATE PERIOD ENDS ON 09/13/10.

Period of Coverage	Premium	Amount Paid	Amount Due	Date Due	Grace Period Ends
09/01/10 to 09/13/10	70.33	0.00	70.33	09/01/10	10/01/10
09/14/10 to 09/30/10	266.34	0.00	266.34	09/14/10	10/14/10

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PLEASE SEE REVERSE FOR IMPORTANT BILLING AND CLAIM INFORMATION.

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MAKE CHECKS PAYABLE TO: Ceridian COBRA Services

Ceridian COBRA Services, P.O. Box 534099 St. Petersburg, FL 33747

Please print at the line below and return the lower portion with your payment.

Unltd 88751
Per- 163
70 336 67 91-10
467.22 101-10

Ceridian COBRA Services
3201 34th Street South
St. Petersburg, FL 33711-3828
800-877-7994

September 14, 2010

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910 VETERANS ROAD
COLUMBIA, SC 29209

ID: NC-29105178

RE: Group benefits continuation rights with
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Dear Ms. STEPHANIE FOWLER:

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Manager,
Ceridian COBRA Services

ID#

ATTN: Cobra

727-865-3648

Next Tues. 9^{am}
09/30/2010 11:05AM

South Carolina Department of
Health & Human Services



Emma Forkner • Director
Mark Sanford • Governor

0156 ✓

October 8, 2010

Stephanie Fowler
910 Veterans Road
Columbia, South Carolina 29209

Dear Ms. Fowler:

Lieutenant Governor Andre Bauer's office contacted this agency on your behalf regarding Medicaid eligibility and your healthcare needs. Your letter mentions that your COBRA insurance will end on December 13, 2010. I hope to provide you with information on other health insurance options.

To qualify for Medicaid benefits, an individual must meet certain state and federal financial guidelines, non-financial requirements, and fit into one of the categories listed below:

- Individual receiving cash assistance such as Supplemental Security Income (SSI)
- Individual age 65 or older, blind or disabled (as defined by the Social Security Administration)
- Child under age 19
- Pregnant woman
- Family with a dependent child(ren)
- Woman diagnosed and found in need of treatment for breast and/or cervical cancer
- Woman qualifying for family planning services only

If you are interested in applying for Medicaid coverage, you may print an application from our website: www.scdhhs.gov and mail it to our Richland County Medicaid Office: PO Box 128, State Park, SC 29147. You may also apply in person at 3220 Two Notch Road, Columbia, SC 29204. Their phone number is (803) 714-7562.

The Federal Government recently passed the *Affordable Care Act* that will make substantive changes to Medicaid's eligibility requirements; however, these changes will not take place until calendar year 2014. Already in place this year is the new "Pre-Existing Condition Insurance Plan" overseen by the US Department of Health and Human Services. To find out more about this plan or to apply for its coverage, please call 1-866-717-5826.


Jeanne Fowler
Page 2

At the state level, the South Carolina Department of Insurance offers health insurance coverage to residents with pre-existing medical conditions who are considered "high risk" through the *SC Health Insurance Pool*. To find out more about the insurance pool coverage and rates, please call Blue Cross/Blue Shield of SC at 1-800-868-2500, Ext. 46401.

An alternate health insurance option called *Augeo Benefits* offers a variety of health insurance plans from top-rated insurance carriers at *affordable* rates. These plans include major medical, basic medical, critical illness, dental, accidental and term life insurance. Some plans are available regardless of pre-existing conditions. To inquire about their affordable insurance premium rates, please call 1-866-273-5613.

Enclosed is information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions and daily living expenses. If you have additional questions or concerns about the Medicaid program, please contact Jenny Lynch in Constituent Services at (803) 898-3965.

We hope this information is helpful.

Sincerely,

Alicia Jacobs
Deputy Director

AJ/jgl
Enclosures