

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2-7-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000342</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-16-11</i>	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 2/16/11, letter attached.</i>	<input type="checkbox"/> Necessary Action		

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
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RECEIVED

FEB 07 2011

February 3, 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Anthony E. Keck,

I hope that this letter finds you well. However, I regret to inform you of a problem within your Beaufort offices.

First, let me start out by giving you a little background on the situation. In the year 2007, I only had one insurance company and I was pregnant, so I applied for Medicaid as a secondary insurance to cover the costs of my delivery. I was told that I would have coverage until 6 weeks after the delivery, but the child would be covered until proved ineligible. This was processed in Greenville, SC and took about a week or 2 before I received all of the information about Medicaid and my case worker. Everything was set and running smoothly. In 2008 after my delivery, all was paid for, there were no problems at all, and I thanked them for everything; they were great!

Now in 2008, I journeyed back to what I call my hometown of Beaufort, SC (because I was a military child) to let my parents experience the joys of being grandparents for the very first time. I was not here to stay, but while still on maternity leave from my job in Greenville, I applied to an attractive job here in Beaufort and was called in the very next morning. I was immediately hired, so I decided to stay for a while. Over the next 2 years, I realized that this job was not the career that I had been searching for and I decided to go back to school (April 29, 2010).

So, now that I have given you a little bit of background, let me tell you where I ran into my first problem. Near the end of 2009, I received a Medicaid Renewal form with my name on it. I, thinking that I no longer had Medicaid, tried to contact the persons' name on the form only to find out *a month* later that she no longer worked for Medicaid and had been gone for months. So, I threw the form away because I simply thought it was a mistake-I had insurance through my job. A few months later (Jan 2010), I received a notice stating that my SON had been dropped from Medicaid due to no response from the renewal form. I had no clue that the form was for my son because his name was not on the form anywhere, only mine. So I called the now newly listed caseworker, Talia Greene, and asked her what I should do. She told me that if she received the form by that Friday, which would have been Feb. 5, 2010, she would still take the application. So, I thanked her and ran down to the office to pick up the form. I brought the form back the very next day. That day was either the 2nd or the 3rd of February, because I talked to Ms, Greene on that Mon or Tues. So, I thought that everything was ok until about another month later when I got the entire form back in the mail with a brand new form attached to it. It was the New Medicaid Account form (not sure if that's the actual name), not a renewal. So, I called Ms. Greene and asked her why I had received a brand new form, as well as the old form back in the mail. She wasn't sure, so she looked in the system and told me that, "When someone tried to put it in, the system had already closed my account." At this point, I asked her why she told me that I would still be able to renew, when she knew that the system closed accounts on a certain scheduled date. If you recall, I didn't even wait until the date she gave me, I turned it in the very next day. So, without complaining, I sucked it up and completed the brand new

application and turned it in (March 2010). People make mistakes, so it wasn't too much of a problem.

It was then April of 2010. I was waiting and waiting, because at that point, my 2 year old son was completely without insurance and if you know anything about 2 year olds-they need it. Days later, I received a phone call from a new case worker, a Ms. Brenda Cardonough (?). (I'm not sure of the spelling of her last name because I hadn't received anything in writing from this office since the 1st caseworker.) She called to tell me that she needed current pay stubs from me because she had pay stubs from the month prior. I politely explained to her that those were from the month preceding the application. However, she still needed the current stubs and I did have them, so I took them, once again, by her office. Knowing the history with the amount of time that goes by before hearing from that office, I placed her name, Medicaid and the date on the outside of the envelope. Surprisingly, I heard back from her in just a week or 2, but it wasn't good news. She called me to let me know that my application had been denied due to my income exceeding the limit for a single mother with 1 child. However, I informed her that I had just left my job to go back to school. She explained to me that I would now have to do the entire application over again due to the income change. With this, I had to write a letter stating why I now needed Medicaid for myself and for my child. I asked her if she could please mail the application to me because I would be out of town for 2/3 weeks and she politely said, "Yes." So, it was back to the starting point again.

Now, it was the last week in May, I was back at home, and noticed that I had never received anything from the office. So I went by, picked up a copy of the application (again), and completed it (again). I submitted **another** new application for Medicaid for myself and for my son. I walked the application back into the office with the case worker's name/Medicaid/ the date on the outside. It was the first week of JUNE 2010. I was SURE of this because on the 15th, I was travelling to New York to stay with family for a while and had to make sure it was done prior to me leaving, in hopes that everything would be completely done and processed upon my return at the end of July. Before I left for NY, I went to the doctor for a problem that I was having. This was June 10/11 followed by a CT scan on the 14th. I knew that I would possibly be going to the doctor for this problem before leaving for this trip, so on the Medicaid application, I *believe* I put Beaufort Memorial Hospital down for the 3 month retroactive coverage, but don't quote me on that, they will have to check the application. But, I did put YES for needing the 3 month retroactive pay.

I would love to say that when I returned home, I had something or anything, for that matter, from the Medicaid office-but I can't! There was nothing in my stack of mail, so yes, I called my case worker. When I called, I couldn't get in touch with her, so I politely left a message for her to call me in regards to my application status. When I didn't hear back from her, I called the supervisor listed on the website, Ms. Catherine James. Ms. James politely told me that she was not the supervisor over that office, but she could look in the system for me. When she looked in the system, there had been NO TRACE of a new application. I, at this point, was outraged! I was sure not to take my frustrations out on Ms. James, because I knew that she had nothing to do with the situation. The last note in the system was the denial of my application due to the income limit. So, I thanked her for her help and told her that I'd wait a little longer for Brenda to return my call. This was at the end of July 2010.

It was August of 2010, 6 months after my son's insurance had been cut off and several applications later. About the 2nd or 3rd week of this month, I received a call from Brenda C., stating that since my application was stamped received on JULY 1, 2010 (overly emphasized), my coverage would be retroactive for that date and start on October 1, 2010. Having previously worked in Customer Service, I knew that being rude to this case worker would not be smart and quite frankly, it was not in my nature. So, I of course, politely told her that I dropped the application off to the office the first week of June, not July. Then I went on to tell her why it could not have been July; because I wasn't there in Beaufort. I asked her to please check on that by looking at the envelope that I dropped it off in or the letter that I typed within the application with the date on it. She would see the correct date. I also explained to her at this time, that I had a CT scan done, at the hospital, on the 14 of June and only had it done because I was told that Medicaid's retroactive coverage would cover it. She emphasized that, that was the date the letter had been stamped and so, that was the date received. This to me was clearly the work of someone forcing her to tell me something other than the truth due to a mix up within their office. If you remember, when I called Ms. James to verify the application had been processed, she said there had been no new application submitted and that was the END of July. Which means IF it were stamped received on July 1, 2010, it would have been in the system when I called at that same month and already processed. It had been about 8 weeks since I had dropped the application off when I spoke to Ms. James and about 11 weeks before hearing from Brenda. My application had been sitting on someone's desk for about 11 weeks unattended, and instead of just telling me that, they decided to try to sell me an alternate story that they knew was not true.

Three weeks later, in September, I received a call from Brenda stating that the application was received in June and that it was an office error. I was SO very thankful and let out an enormous sigh of relief! That's all I wanted to hear. She apologized and told me that they were changing the date and that the hospital bill for the CT scan would be paid. That, again, was in September 2010.

I would love to end this letter on that positive note, but the story does not end there. I am just getting to the part that made me angry enough to write this letter. Ms. Forkner, I have perfect credit. I don't do credit cards & the only debt I have is from student loans that I regularly pay towards-on time. I usually do not have a problem with anyone until they try to mess with my money or my credit.

Although my son and I finally received Medicaid coverage starting on November 1, 2010, on the 5th of November, I received a COLLECTION NOTICE from Beaufort Memorial Hospital's collection agency. Then, on November 15, 2010 I received another collection letter from the Beaufort Medical Imaging's collection agency! I could not believe this! It was like someone was telling the Beaufort Medicaid office not to do anything on my account for over a YEAR now! It took an entire year to get my son renewed and 7 months to add myself to Medicaid! So, of course, I tried calling Medicaid and they told me that it had been changed. I told the hospital and the collection agency and they placed me on an insurance hold on Nov 19, 2010. Since then, I was told that Brenda was no longer with the Medicaid office and that I needed to contact Brenda's supervisor, Ms. Evette Williams. Ms. James told me that she sent Ms. Williams an email to catch her up to speed. That took place in November 2010.

The reason that I am writing you, aside from the obvious problems I have been having, is that Ms. James and I tried to contact the supervisor (Evette Williams) and finally got in contact with her on Jan 5, 2011. She was not planning to call me and told me that she had never even heard of me before. Although Ms. Catherine James had emailed her about me 2 months prior and after I had left her at least 2 messages during that time, she had never heard of me... That was very hard for me to hear. I simply told her about the date change situation, in short, and asked her if she could help me to get it changed. She, unlike the others, was completely disrespectful! She was rude, condescending and she treated me like I hadn't been waiting long enough! I was shocked! She told me that the date would be changed, and to NOT call her back for at least a week and that it would take 5-7 business days and hung up! I understood the 5-7 Standard business day situation, but if she hadn't heard of me before, was this her normal everyday personality? Was she always so rude? The only thing that I needed was to get the hospital bill paid. Just 1 hospital visit for 1 test. The Beaufort office has been sitting on this process for OVER a YEAR and hasn't paid this bill for going on 8 months now.

I have now contacted Ms. Williams, The supervisor 3 times. The 2nd time was two weeks after she told me that it would be done in 5-7 business days and again on Jan 31, three weeks after that, and five weeks after the first contact. The 2nd time she rushed me off the phone and hung up after yelling at me that it wasn't done. I haven't heard from her since. The 3rd time I just left a message on her answering machine. I am very upset that it is taking this long to change a date in a computer. I don't call very often, to make sure I am not calling too much, but I also call enough to make sure they remember, but it does not seem to be making a difference. Any day now, there will be 2 collection agencies taking my account off of the insurance hold assuming that I was making the whole story up, because they too have been waiting for 5 of the 8 months for the effective date on my Medicaid account to change. This will ruin my otherwise PERFECT CREDIT! I am a young, 27-year old woman whom would like to buy a house and a car one day, whom would like to get approved for loans and co-sign for my children's purchases. This action, or simple lack of, will surely ruin those experiences in life for me. I have just worked too hard for that to happen.

So, my question to you, Mr. Keck, is, who do I need to talk to before these collection agencies destroy my life-long, hard earned work? Since I have already spoken to the authorities in my Beaufort office, I am coming to you. Please, help me. I currently do not have the money to pay these bills. I will be so thankful to just have this taken care of as quickly as possible. My phone number is (843)263-3828 if you have any questions.

Thank you,



Margaret Gilliard

Anthony E. Keck
Department of Health & Human Services
PO Box 8206
Columbia, SC 29202-8206

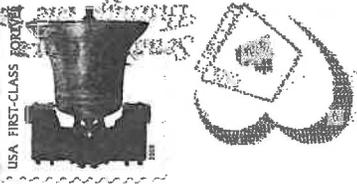
Department of Health & Human Services
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FEB 07 2011

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Margaret Gilliard
96 Little Capers Rd.
Beaufort, SC 29907

SAVANNAH GA 313
04 FEB 2011 PM 1 L



USA FIRST-CLASS PERMIT



JEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/07/11
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 09/09/10 END: PAGE: 0001

NAME: GILLIARD MARGARET HH NAME: GILLIARD MARGARET
RCP NUMBER: 4780805705 HH NUMBER: 101226739 ACTION TYPE: MAINTENANCE
SSN: 409-53-9425 VC: V APL STATUS: ACTION DATE: 08/12/10
PRIMARY INDIVIDUAL: APL CO: 07 WORKER ID: BCARD LOCATION: 004
96 LITTLE CAPERS RD SSCN: RRN:

BEAUFORT SC 29907-
CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	
-	91325052	07/01/2010	59	30	FULL	N	N	N	.32	0700
-	89911568	04/01/2008	02/01/2009	55	30	LIMITED	N	N	.00	2302
-	29854390	11/01/2007	04/01/2008	87	30	FULL	N	Y	1.03	2302

UPDATED: USER ID: DPHEL DATE: 11/13/07 SYSTEM ID: TTR1001 DATE: 11/16/07
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

Log No. 342

February 16, 2011

Ms. Margaret Gilliard
96 Little Capers Road
Beaufort, South Carolina 29907

Dear Ms. Gilliard:

Thank you for writing this agency regarding issues you encountered during the Medicaid application process and your request for retroactive eligibility.

We appreciate you bringing your concerns to our attention. Customer service is very important to us and we truly apologize for any stress or inconvenience this process may have caused you. The Regional Administrator who oversees our Beaufort county Medicaid office has been notified of this situation and will take appropriate action as necessary.

I am pleased to inform you that you were approved for retroactive Medicaid for the month of June 2010. The attached *Verification of Retroactive Medicaid* form should be presented to any medical providers that you received services from during June 2010. If the provider accepts retroactive Medicaid, they should submit claims for covered services to Medicaid for payment immediately.

Again, thank you for bringing your concerns to our attention. If you have additional questions or need further assistance, please contact Jenny Lynch in Constituent Services at (803) 898-3965. I hope this information is helpful.

Sincerely,



Alicia Jacobs
Deputy Director

AJ/jgl
Enclosures