

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>7-28-10</i>
---------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1011044</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>8-6-10</i>	
2. DATE SIGNED BY DIRECTOR <i>Cleared 8/5/10, letter attached.</i>	<input type="checkbox"/> FOIA DATE DUE _____	<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.				
3.				
4.				

RECEIVED

JUL 28 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

July 26, 2010

TO: Alicia Jacobs, Deputy Director;

My name is Janice Lindham, I'm writing in reference to medicare. I am 44 yrs. Old. I have ben sick for the last year or so. But for the last 6 months. I have ben in and out of the hospital. I have hyperthroid, uncontrollable high blood pressure, low hemoglobin, very low iron and I am a Anemia. I had a blood transfusion on May 01, 2010. In the hospital I was giving a Depot shot. To stop some of the bleedings. But if only made me worst. I have ben bleeding since May 01, 2010. DPH and Dr. Very bad at times.

I am unemployed at this time. Don't have any health insurance. I am very weak. Need some medical attention. The hospital bills are billing up for much in the thousands. I was told that I need to see two different Specialist but; don't have the money. I really need to see them so I can get better. It's an Emergency. I know; I will need another blood transfusion. I don't get some help soon. I can't get any medicare or help. I want to ask you could you please help me. It's there any kind of medical help with medicare; could I get. First Choice or anything. No; don't have any kids under 19 yrs. Old. I need some help. I am pleading for help. I am so weak and I get some one calls me for a job; couldnt go right now. I am too sick. I need to get better so; can work. I can barely use my left arm. And I am left handed. I need help. My telephone # is (843) 409-3002. I got your name and address off of the Computer. Thanks for your time. I had no other choice, but to write you - Thanks
Alicia Lindham

August 5, 2010

Janice Windham
4132 E. National Cemetary Road, Lot S
Florence, South Carolina 29506

Dear Ms. Windham:

Thank you for contacting the State Department of Health and Human Services, the agency that administers the Medicaid program in South Carolina. To qualify for full 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
- Non-US citizen qualifying for payment of an emergency service only

As you are aware, your Medicaid coverage under our *Low Income Families* program ended February 1, 2009, because "you no longer have a child under age 19 living in your home." You may wish to apply for limited coverage through our *Family Planning* program which offers services such as birth control, pap smears, lab work and other services directly related to family planning. If you wish to apply, please complete the enclosed Medicaid application and submit it to this address: Florence County DHHS, 2685 S. Irby Street, Florence, SC 29505. If you have questions about this process, please call (843) 673-1761.

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.

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"

Janice Windham

Page 2

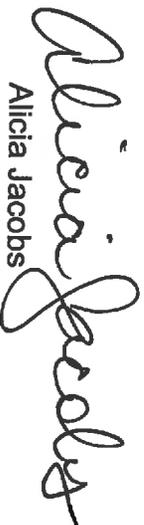
through the *SC Health Insurance Pool*. To find out more about the insurance pool coverage and rates, please call Blue Cross/Blue Shield of SC at 1-800-868-2500, Ext. 46401.

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 Denise Epps in Constituent Services at (803) 898-2505.

We hope this information is helpful.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Deputy Director

AJ/jgjl
Enclosures