

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

**ACTION REFERRAL**

<b>TO</b> <i>Ries</i>	<b>DATE</b> <i>4-19-07</i>
--------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
<b>1. LOG NUMBER</b>  000668	<input type="checkbox"/> Prepare reply for the Director's signature <b>DATE DUE</b> _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature <b>DATE DUE</b> <i>4-30-07</i> <input type="checkbox"/> FOIA <b>DATE DUE</b> _____ <input type="checkbox"/> Necessary Action		
<b>2. DATE SIGNED BY DIRECTOR</b>			
<i>Cleared 5/1/07 letter attached.</i>			

<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			

JAMES E. CLYBURN  
5TH DISTRICT, SOUTH CAROLINA

VICE CHAIR  
HOUSE DEMOCRATIC CAUCUS

DEMOCRATIC STEERING COMMITTEE

CONGRESSIONAL BLACK CAUCUS



COMMITTEE:  
APPROPRIATIONS

SUBCOMMITTEES:  
ENERGY AND WATER DEVELOPMENT  
TRANSPORTATION, TREASURY  
AND INDEPENDENT AGENCIES

LEGISLATIVE BRANCH

www.house.gov/clyburn/  
E-mail: jeclyburn@mail.house.gov

Congress of the United States  
House of Representatives  
Washington, DC 20515-4006

April 17, 2007

RECEIVED

APR 19 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

*Log-Ries*  
"Approp. Sign."

Mr. Robert Kerr  
Director  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202

RE: Mr. Bertie Haselden  
SS# 251-82-4206

Dear Mr. Kerr:

In an effort to be of service to the above referenced constituent, I am forwarding the enclosed information to you for review. Any assistance you may be able to provide in this matter would be greatly appreciated.

Ms. Haselden stated that she is \$4.00 over the limit for Medicaid eligibility, and is wanting to know is there a waiver program or any other program that she might be eligible for.

If you need any additional information, please contact Kenneth Barnes of my Florence office at (843) 662-1212. You may direct your response to that office at P.O. Box 6286, Florence, S.C. 29502.

With kindest regards, I am,

Sincerely,

*James E. Clyburn*

James E. Clyburn  
Member of Congress

JEC: kb

2135 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20518-4006  
(202) 225-3315  
(202) 225-2313 FAX

1703 GERVAIS STREET  
COLUMBIA, SC 29201  
(803) 799-1100  
(803) 799-9060 FAX

181 EAST EVANS STREET  
FLORENCE, SC 29506  
(843) 662-1212  
(843) 662-8474 FAX

8833 OLD HIGHWAY 6  
SAVTEE, SC 29142  
(803) 854-4700  
(803) 854-4900 FAX

437 AMELIA STREET  
ORANGEBURG, SC 29115  
(803) 533-1000  
1st & 3rd MONDAYS

21 NORTH MAIN STREET  
SUMTER, SC 29150  
(803) 436-2500  
2ND & 4TH MONDAYS

JAMES E. CLYBURN  
5TH DISTRICT, SOUTH CAROLINA

VICE CHAIR  
HOUSE DEMOCRATIC CAUCUS

DEMOCRATIC STEERING COMMITTEE  
CONGRESSIONAL BLACK CAUCUS



COMMITTEE:  
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ENERGY AND WATER DEVELOPMENT  
TRANSPORTATION, TREASURY  
AND INDEPENDENT AGENCIES

LEGISLATIVE BRANCH

www.house.gov/clbyurn/  
E-mail: jclbyurn@mail.house.gov

## Congress of the United States

House of Representatives

Washington, DC 20515-4006

Florence Office  
Post Office Box 6286  
Florence, SC 29502

Ph.(843) 662-1212 - Fax (843) 662-8474

Dear Congressman Clyburn:

In response to my request for assistance, you have informed me that the Privacy Act of 1974 requires you have my authorization in writing to inquire into this matter on my behalf.

I hereby authorize you to obtain necessary information for the purpose of assisting me from:

Medicare / Medicaid

May 24, 1949

Date of Birth

Name of Agency

Bertie Ella Haselden

251-82-4206

Social Security Number

Print Name in Full

Bertie E. Haselden

04-04-07

Date

Signature in Writing

P.O. Box 1302

Current Mailing Address

Marion

SC

29571

State

Zip Code

City

843-275-0168

Area Code & Phone Number

Marion

County in Which You Live

Briefly State Your Request Below:

I need help to either receive medicare or medicaid. I have been denied twice and I am enclosing the denial letter. Due to all the specialists I have to see, I can't because I can not afford to pay them. Also there are numerous surgeries I still need but can not go forward due to lack

of back

2135 RAVENHURST HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4006  
(202) 225-3315  
(202) 225-2313 FAX

1703 GERARD STREET  
COLUMBIA, SC 29201  
(803) 799-1100  
(803) 799-9060 FAX

181 EAST EVANS STREET  
FLORENCE, SC 29506  
(843) 662-1212  
(843) 662-8474 FAX

8833 OLD HIGHWAY 6  
SAVATEE, SC 29142  
(803) 864-4700  
(803) 864-4900 FAX

437 AMELIA STREET  
ORANGEBURG, SC 29116  
(803) 533-1000  
1ST & 3RD MONDAYS

21 NORTH MAIN STREET  
SUMTER, SC 29150  
(803) 436-2500  
2ND & 4TH MONDAYS

APR 09 2007

of medical coverage. If you need names of doctors and their numbers please call me. I do appreciate any help you give me trying to get the medical coverage through. I am only over \$4,00 of the limit stated by medicaid. I am not eligible for medicare until March 2008.

843-275-0168

Thank You,  
Bontia Thasden



6668 ✓  
**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Robert M. Kerr  
Director

Ms. Bertie E. Haselden  
P. O. Box 1302  
Marion, South Carolina 29571

May 1, 2007

Dear Ms. Haselden:

Congressman James Clyburn asked our agency to review your Medicaid eligibility in light of your current medical condition and healthcare needs.

Medicaid eligibility is based on federal and State requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. Unfortunately, as you are aware, your coverage under Medicaid's Aged, Blind or Disabled program ended effective December 1, 2006, because your monthly income exceeds allowable limits for this program. Our staff carefully reviewed your most recent application to see if you might be eligible under another Medicaid program, but we regret to inform you that at this time you do not qualify for coverage.

Since you are scheduled to begin Medicare coverage in March 2008, we have enclosed an application for Medicaid's Specified Low Income Beneficiaries (SLMB) program. Once you are enrolled in Medicare, based on your current income, it appears you may qualify for this program. The SLMB program would pay your monthly Medicare Part B premium. If you wish to apply, please complete the enclosed application in January 2008 and mail it to the Marion County Medicaid Office, Post Office Box 1837, Mullins, South Carolina 29571, Attn: Ms. Peggy Isreal, Supervisor. Be sure to indicate on the application when your Medicare coverage is expected to begin. If you have any questions, please contact Ms. Isreal at (843) 423-5417.

In an effort to assist with your healthcare needs, we are enclosing materials on several programs that can provide assistance to South Carolina residents with their medical and prescription medication needs. We hope this information is helpful.

Sincerely,

Gary Ries  
Deputy Director

GR/jodi



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

May 1, 2007

The Honorable James E. Clyburn  
House Majority Whip  
United States House of Representatives  
P. O. Box 6286  
Florence, South Carolina 29502

Dear Congressman Clyburn:

Thank you for bringing your concerns over the healthcare needs and Medicaid eligibility of Ms. Bertie E. Haselden to the attention of our agency.

We have been in direct contact with Ms. Haselden and we were pleased to address her eligibility questions and provide her with all available information on programs that may assist in meeting her medical and healthcare needs. We also provided her with information on how to apply for Medicaid's Specified Low Income Beneficiaries (SLMB) program, which she may qualify for when her Medicare coverage begins. The SLMB program pays the monthly Medicare Part B premium for those that are eligible.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary Ries".

Gary Ries  
Deputy Director

GR/jodl

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 HH NAME: BERTIE E HASELDEN DATES-FROM: 12 / 2005 THRU: \_\_\_\_ / \_\_\_\_ PAGE: 2 OF 3  
 BG NUMBER: 89060033 CATEGORY: ABD HH NUMBER: 101095938  
 BG: D BGP: D WKR: DEBBB DEBBIE BROWN ACTION TYPE: MAINTENANCE  
 ACTION DATE: 01/30/06  
 COUNTABLE BG MEMBERS: 1  
 COUNTABLE INCOME: 0.00 COUNTABLE RESOURCES: 0.00  
 INCOME LIMIT: 798.00 RESOURCE LIMIT: 4000.00  
 POV-LVL: +.00 % HLTH INS PREM: 0.00  
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
 MEETS NON-FINANCIAL? (Y/N): N ACT ON DECISION COMPLETE? (Y/N): Y  
 MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 01/30/06  
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 01/31/07  
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_\_\_\_  
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:  
 071 You do not meet policy rules of age or disability.  
 031 Since Social Security denied your disability, we must accept their decision  
 ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -  
 APPEAL REQUEST DATE: \_\_\_\_ COUNTY DECISION UPHELD? (Y/N): -  
 UPDATED: USER ID: BARNE DATE: 01/30/06 SYSTEM ID: ELD3000 DATE: 01/30/06  
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND  
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

*Barry!*  
*this lady is*  
*\$4 over income*  
*of*

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 12 / 2006 THRU: /

PAGE: 2 OF 3

HH NAME: BERTIE E HASELDEN HH NUMBER: 101095938  
BG NUMBER: 39454546 CATEGORY: ABD ACTION TYPE: MAINTENANCE

BG: D BGP: D WKR: PGORE PEGGY WARD ACTION DATE: 12/06/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 826.00 COUNTABLE RESOURCES: 419.08  
INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00

POV-LVL: +1.01 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 12/06/06

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 12/06/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -

APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -

UPDATED: USER ID: PGORE DATE: 12/06/06 SYSTEM ID: ELD3000 DATE: 12/06/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

ADELDO1 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 HH NAME: BERTIE E HASELDEN DATES-FROM: 04 / 2007 THRU: \_\_\_\_ / \_\_\_\_ PAGE: 2 OF 3  
 BG NUMBER: 09570008 CATEGORY: ABD HH NUMBER: 101095938  
 BG: D BGP: D WKR: PCORE PEGGY WARD ACTION TYPE: MAINTENANCE  
 COUNTABLE BG MEMBERS: 1 ACTION DATE: 04/02/07  
 COUNTABLE INCOME: 855.00 COUNTABLE RESOURCES: 0.00  
 INCOME LIMIT: 851.00 RESOURCE LIMIT: 4000.00  
 PCV-LVL: +1.00 % HLTH INS PREM: 0.00  
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y  
 MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 04/02/07  
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 04/02/08  
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_\_\_\_\_  
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:  
 051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -  
 APPEAL REQUEST DATE: \_\_\_\_\_ COUNTY DECISION UPHELD? (Y/N): -  
 UPDATED: USER ID: PGORE DATE: 04/02/07 SYSTEM ID: ELD3000 DATE: 04/02/07  
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND  
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDEL001 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 HH NAME: BERTIE E HASELDEN PAGE: 2 OF 3  
 BG NUMBER: 19371807 DATES-FROM: 09 / 2006 THRU: / HH NUMBER: 101095938  
 BG: C BGP: C WKR: BARNE CATEGORY: ABD ACTION TYPE: MAINTENANCE  
 COUNTABLE BG MEMBERS: 1 GERRI KELLY ACTION DATE: 09/22/06  
 COUNTABLE INCOME: COUNTABLE RESOURCES:  
 INCOME LIMIT: 817.00 RESOURCE LIMIT: 0.00  
 POV-LVL: +.00 % HLTH INS PREM: 0.00  
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
 MEETS NON-FINANCIAL? (Y/N): - ACT ON DECISION COMPLETE? (Y/N): Y  
 MEETS INCOME? (Y/N): - DECISION ACCEPTED DATE: 09/22/06  
 MEETS RESOURCES? (Y/N): - NEXT REVIEW DATE:  
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:  
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:

S99 You will continue to be eligible in another coverage group.  
 ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -  
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -  
 UPDATED: USER ID: DATE: SYSTEM ID: SDX1000 DATE: 09/22/06  
 ME9000115 BUDGET GROUP PERIOD INFORMATION FOUND  
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEELD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:  
 HH NAME: BERTIE E HASELDEN DATES-FROM: 10 / 2006 THRU: / PAGE: 2 OF 3  
 BG NUMBER: 19371810 HH NUMBER: 101095938  
 BG: C BGP: C WKR: CUWKR CATEGORY: SSI ACTION TYPE: MAINTENANCE  
 COUNTABLE BG MEMBERS: 1 ACTION DATE: 10/22/06  
 COUNTABLE INCOME: COUNTABLE RESOURCES: 0.00  
 INCOME LIMIT: 603.00 RESOURCE LIMIT: 2000.00  
 POV-LVL: +.00 % HLTH INS PREM: 0.00  
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00  
 MEETS NON-FINANCIAL? (Y/N): - ACT ON DECISION COMPLETE? (Y/N): Y  
 MEETS INCOME? (Y/N): - DECISION ACCEPTED DATE: 10/22/06  
 MEETS RESOURCES? (Y/N): - NEXT REVIEW DATE:  
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: 10/22/06  
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:  
 S93 Your Medicaid eligibility period has ended.

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -  
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -  
 UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 10/22/06  
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND  
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP  
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

# Medicaid Programs / Other Resources Check List

Log # 06068

Legislator/Inquirer: Congressman Clyburn

Constituent: Bertie E. Haselden

SS#: 251-82-4206

PROBLEM/ISSUE		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Upset because SSA income now coming in and places her \$4.00 over limit for ABD		1	\$905	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON:		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBWS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP			LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>
4/23/07	Got file, research MEDS, and verify the income; also see where denied ABD in past + now income			MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>
4/23/07				MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
4/24/07	Finally made contact w/ Ms. Haselden			Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
	She had been denied SS disability 3 times, also ABD twice for income, she does not meet LOC for NH/HCBS or any waiver program. Got lump sum SSA payment found eligible for disability March 2006, will qualify for Medicare in March 2008. Draft letters + enclosures, including SLMB application to go with letter			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>
				Pregnant Women/Infants	<input type="checkbox"/>		
				SILVERxCARD	<input type="checkbox"/>		
				SLMB	<input type="checkbox"/>		
				SSI	<input type="checkbox"/>		
				TEFRA	<input type="checkbox"/>		
				Working Disabled	<input type="checkbox"/>		

<b>LEGISLATIVE LOG #</b>	0668
<b>LEGISLATOR/INQUIRER</b>	Congressman James E. Clyburn
<b>CONSTITUENT</b>	Bertie Haselden
<b>SSN</b>	251-82-4206
<b>BC ASSIGNED LOG</b>	Jacobs
<b>DATE REC'D BY AGENCY</b>	4/19/2007
<b>DATE DRAFT DUE GR</b>	4/27/2007
<b>LOG LETTER DUE DATE</b>	4/30/2007
<b>DATE REFERRED TO BC</b>	4/20/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	4/20/2007	Jan	8-2502	To Jacobs
	4/23/2007	Jenny	8-3965	To Bob
	4/25/2007	Jenny	8-3965	To Mark
	4/25/2007	Jenny	8-3965	To Alicia

# CHECKLIST

Family Size	
Income/Resources	
<b>Other Resources:</b>	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

# Programs:

ABD (32)	
Foster Children (31,60)	
General Hospital (14)	
HCBWS (15)	
LIF (59)	
MBCCP (71)	
Nursing Home (10)	
OSS (85,86)	
PHC (88)	
Pregnant Women & Infants (12,87)	
QMB (90)	
SILVERxCARD (92)	
SLMB (48,52)	
SSI (80)	
TEFRA (57)	
Transitional (11)	
Working Disabled (40)	

AEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
 MEDSPROD UNEARNED INCOME DETAIL ACTION:  
 NAME: HASELDEN BERTIE E PERIOD START: 04/02/2007 END:  
 NUMBER: 9780340071 HH NAME: HASELDEN BERTIE E  
 SSN: 251-82-4206 HH NUMBER: 101095938 ACTION TYPE: MAINTENANCE  
 STATUS: ACTION DATE: 04/02/2007

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA  
 ADDRESS

DATE APPLIED FOR: 09/22/2006  
 END DATE:

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
905.00	01/03/2007	MONTHLY
905.00	01/01/2007	MONTHLY
876.00	11/03/2006	MONTHLY
0.00	10/03/2006	MONTHLY

UPDATED: USER ID: DATE: SYSTEM ID: SDX1000 DATE: 09/22/06  
 INCOME RECORD FOUND  
 PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT  
 PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

JEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/23/07  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 04/02/07 END: PAGE: 0001

NAME: HASELDEN BERTIE E HH NAME: HASELDEN BERTIE E  
RCP NUMBER: 9780340071 HH NUMBER: 101095938 ACTION TYPE: MAINTENANCE  
SSN: 251-82-4206 VC: V APL STATUS: ACTION DATE: 04/02/07  
PRIMARY INDIVIDUAL: APL CO: 34 WORKER ID: PGORE LOCATION: 001  
PO BX 1302 SSCN: 251824206A RRN:

MARION SC 29571-1302 RACE: 08 SEX: F MARITAL STATUS: S  
CORRECT RCP NUMBER: DOB: 05/24/1949 RELATION: SELF  
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
-	19371810	10/01/2005	12/01/2006	80	50	FULL	N	N	.00	
-	19371807	09/01/2005	10/01/2005	32	50		N		.00	

UPDATED: USER ID: DATE: SYSTEM ID: TTR1001 DATE: 09/22/06  
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

58 TR: 843-275-0168

Not eligible for Medicare until March 2008

Twice turned down ABD 2006

How called  
3x 4/23 - 4/24  
not messages  
not not meet disability  
2nd over income 2006

then a 3rd over income 12007

QI - Medicare March

1 year  
Arthritis  
Stomach