

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

ACTION REFERRAL

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

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

JAMES E. CLYBURN
5TH DISTRICT, SOUTH CAROLINA

VICE CHAIR
HOUSE DEMOCRATIC CAUCUS

DEMOCRATIC STEERING COMMITTEE

CONGRESSIONAL BLACK CAUCUS



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

COMMITTEE:
APPROPRIATIONS

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

LEGISLATIVE BRANCH

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

April 17, 2007

RECEIVED

APR 19 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Log-Ries
"Approp. Sign."

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 RAUBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4006
(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) 662-9474 FAX

8833 OLD HIGHWAY 6
SAWTEE, 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



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

COMMITTEE:
APPROPRIATIONS
SUBCOMMITTEES:
ENERGY AND WATER DEVELOPMENT
TRANSPORTATION, TREASURY
AND INDEPENDENT AGENCIES
LEGISLATIVE BRANCH
www.house.gov/clcyburn/
E-mail: jclcyburn@mail.house.gov

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:

Name of Agency Medicare / Medicaid Date of Birth May 24, 1949

Print Name in Full Bertie Ella Haselden Social Security Number 251-82-4206

Signature in Writing Bertie E Haselden Date 04-04-07

P.O. Box 1302 Current Mailing Address

City Marion State SC Zip Code 29571

Area Code & Phone Number 843-275-0168 County in Which You Live Marion

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

back

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21 NORTH MAIN STREET
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(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.

Thank You.

Bonita Haskins

843-275-0168



State of South Carolina
Department of Health and Human Services

668

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/jodl



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 blue 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:

DATES-FROM: 12 / 2005 THRU: ___ / ___

PAGE: 2 OF 3
HH NUMBER: 101095938

HH NAME: BERTIE E HASELDEN

ACTION TYPE: MAINTENANCE

BG NUMBER: 89060033

ACTION DATE: 01/30/06

BG: D BGP: D WKR: DEBBB DEBBIE BROWN

COUNTABLE BG MEMBERS: 1
COUNTABLE INCOME: 0.00
INCOME LIMIT: 798.00

COUNTABLE RESOURCES: 0.00
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 PF10->MENU PF13->FIELD HELP

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

*Sorry,
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

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

DATES-FROM: 04 / 2007 THRU: ___ / ___

PAGE: 2 OF 3

HH NAME: BERTIE E HASELDEN CATEGORY: ABD HH NUMBER: 101095938

BG NUMBER: 09570008 WKR: PGORE PEGGY WARD ACTION TYPE: MAINTENANCE
ACTION DATE: 04/02/07

COUNTABLE BG MEMBERS: 1

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:

DATES-FROM: 09 / 2006 THRU: ___ / ___

HH NAME: BERTIE E HASELDEN

PAGE: 2 OF 3

BG NUMBER: 19371807

HH NUMBER: 101095938

BG: C BGP: C WKR: BARNE GERRI KELLY

ACTION TYPE: MAINTENANCE
ACTION DATE: 09/22/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME:

817.00

COUNTABLE RESOURCES:

0.00

INCOME LIMIT:

817.00

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): -

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

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: 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 CENTRAL WORKER 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 # 0668

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	Finally made contact w/ Ms. Haselden		MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>	
4/24/07	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		Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	
			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"/>			

LEGISLATIVE LOG #	0668	
LEGISLATOR/INQUIRER	Congressman James E. Clyburn	
CONSTITUENT	Bertie Haselden	
SSN	251-82-4206	
BC ASSIGNED LOG	Jacobs	
DATE REC'D BY AGENCY	4/19/2007	LOG LETTER DUE DATE 4/30/2007
DATE DRAFT DUE GR	4/27/2007	DATE REFERRED TO BC 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	
Other Resources:	
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: HH NAME: HASELDEN BERTIE E
NUMBER: 9780340071 HH NUMBER: 101095938 ACTION TYPE: MAINTENANCE
SSN: 251-82-4206 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: LTV ARRANGEMENT: HOME INCOME TRUST:
DOD: DOD: RELATION: SELF
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	CHIP
S NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND
						LEVEL	NUMBER
19371810	10/01/2005	12/01/2006	80	50	FULL	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

How called
3x 4/23 - 4/24
left messages
Twice turned down ABD 2006
yet not meet disability
2nd over income 2006
then a 3rd over income | 2007

1 year
Arthritis
Spanish
Abi - Medicare March