

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

**ACTION REFERRAL**

TO <i>Hutto</i>	DATE <i>4-18-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000361</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Lynch</i> <i>Cleared 5/16/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-30-14</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.			

Congress of the United States  
House of Representatives  
Washington, DC 20515-4001

RECEIVED

APR 15 REC'D

April 1, 2014

Ms. Elizabeth "Beth" Hutto  
Deputy Director for Eligibility, Enrollment & Member Service  
South Carolina Healthy Connections Medicaid  
P.O. Box 8206  
Columbia, SC 29202

RECEIVED

APR 18 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Foster, Graydon (07/30/2008)  
Foster, Hyland (01/30/2012)

Dear Ms. Hutto,

I am writing on behalf of Brandy Foster regarding the status of her children's medical insurance coverage. Please see the enclosed privacy release form for further explanation. Any assistance in providing Mrs. Foster with an update would be greatly appreciated. If you need any additional information, please call Kendra Smith of my staff, 843-352-7572.

Thank you and take care.

Sincerely,



Mark Sanford  
MS/ks

Enclosure

RECEIVED  
RECEIVED  
APR 15 2014

APR 15 2014  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

# Office of Congressman Mark Sanford

## PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act

Name: BRANDY FOSTER Date of Birth: 9/27/79

Address: 845 AFFIRMATION BLVD

City: Charleston State: SC Zip: 29412

Home Phone: (843) 870 4248 Other Phone: (870) 3283

Email: FOSTERSTYLE @ GMAIL . COM

Social Security Number / V.A Number / Alien Number : 213-90-6825

Please provide the appropriate identification number relating to the assistance you are seeking.

Have you contacted any other elected official regarding this case? Yes/No  If so, please list:

Please describe the specific information you are requesting or the exact nature of the problem you are experiencing. Send copies of any relevant information. (DO NOT SEND ORIGINALS.) Use extra paper if necessary.

Basically I was not eligible to secure health coverage through healthcare.gov for my children. they said its because they might be eligible for medicare. Healthy Connections (se medicare) cannot give me any info about coverage for the children.

Note: The Privacy Act requires the completion of this form in order for [Congressman Sanford] or his representative to receive information on behalf of his constituents. I hereby authorize Congressman Sanford or his representative to receive information on my behalf and or to discuss my records with the agency involved.

SIGNATURE: Brandy Foster Date: 01/09/14

Children Names

Graydon Foster - 7.30.2008, Hyland Foster 1.30.2012

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-4001**

OFFICIAL BUSINESS  
PRINTED ON RECYCLED PAPER

**RECEIVED**  
*[Signature]*  
M.C.

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Ms. Elizabeth "Beth" Hutto  
South Carolina Healthy Connections Medicaid  
P.O. Box 8206  
Columbia, SC 29202



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Log # 361



Nikki Haley - GOVERNOR  
Anthony Keck - DIRECTOR  
P.O. Box 8206 Columbia, SC 29202  
www.scdhhs.gov

May 16, 2014

The Honorable Mark Sanford  
United States House of Representatives  
Post office Box 1538  
Beaufort, South Carolina 29901

Dear Congressman Sanford:

Thank you for contacting our Agency on behalf of Ms. Brandy Foster regarding Medicaid benefits for her children.

Ms. Foster indicates that she was unable to obtain health insurance for her children at Healthcare.gov because they are potentially eligible for Healthy Connections Medicaid. Children who are eligible for Medicaid or the Children Health Insurance Program (CHIP) are considered to have health insurance coverage available. Healthy Connections Medicaid has a program that covers children up to age 19 if the family's income is within certain income limits. Ms. Carolyn Roach in our Office of Member Relations has been in direct contact with Mr. and Mrs. David Foster regarding the Healthy Connections Medicaid application process. It could take up to forty-five (45) days from the date the application is received for a decision. As of the date of this letter, the Foster application is not yet completed. Mr. Foster informed Ms. Roach that he would apply on-line at [www.apply.scdhhs.gov](http://www.apply.scdhhs.gov). Ms. Roach will monitor the processing of this application once it is submitted. If there are questions, please contact Ms. Roach at (803) 898-3967.

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

Sincerely,

A handwritten signature in black ink that reads "Beth Hutto".

Beth Hutto  
Deputy Director for Eligibility, Enrollment &  
Member Services

BH:j