

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

**ACTION REFERRAL**

<b>TO</b>	<b>DATE</b>
<i>James</i>	8/10/09

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  100495	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>3/17/09</u>
2. DATE SIGNED BY DIRECTOR  <i>Copy: Bryan + Emma ref. # 0325 cleared 3/14/09, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action

<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>
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FAX COVER SHEET



Log  
8325

Closed 12/31/08

S. C. SENATE

PHONE: 803-212-6008

FAX # (803) 212-6011

DATE:

March 10, 2009

TO:

Brian Kost/Jennifer Dabbs

FROM:

Debbie Barthe for Senator Tom Davis

FAX NUMBER:

255-8235

PAGES:

3

MESSAGE:

Brian/Jennifer

Sen. Tom Davis - (803) 212-6008

Please review the following letter from Ms. Ezell. Are there any options for her with Medicaid? Please give me a call. Thanks.

Debbie

on the way. I sincerely hope that I can live to see these children grow, and

they get to know me. I really need my Medicaid reinstated if only temporarily

for this surgery. Thank you for your time, Rhonda Louise Ezelle

March 10, 2009  
Rhonda Ezelle

**Hilton Head Regional OB GYN Partners, L.L.C.**

35 Bill Fries Dr Suite H  
Hilton Head Island, SC 29926  
(843)681-4977

December 08, 2008

Re: Rhonda Ezelle DOB: 04/08/1962  
4921 Bluffton Parkway #718  
Bluffton, SC 29910

**To Whom It May Concern:**

This letter is in regards to a patient that is being seen in my office. She was referred to my office for RLQ pain. After examination I determined that a Laparotomy with a possible right oophorectomy was needed due to a cystic RLQ mass.

If you have any questions please feel free to contact my office at 843-681-4977.

Best Regards,



Glenn Neil Love MD

Dear Attorney and Congressperson for South Carolina, Tom Davis : PLEASE HELP !!!!

I don't know where else to turn. I am a loyal voter, and I was Marine for 14 years.

I desperately need my Medicaid reinstated if only for a month for my surgery (ies).

I have written and spoken to all in the Medicaid offices, so I'm counting on you, please.

From: Rhonda Louise Ezelle 12-17-2008

4921 Bluffton Parkway # 718 Bluffton, SC 29910 (843) 301-6930

Re: Request for Temporary Reinstatement of Medicaid for Surgery

Rhonda Ezelle DOB : 4/8/1962, SS# 259-21-7888

Dear Director, PLEASE HELP !!!!

I hope you can please grant me a temporary reinstatement of Medicaid for my needed surgery. I have chronic, severe pain . (Please see medical notes.)

As you can read, I need surgery now. This is also complicated by the fact that I have a deep vein thrombosis causing me to be on Disability. I had Medicaid, and it was cut, so I was told to write this appeal letter.

If I don't have the surgery paid by Medicaid now, I might soon be in the emergency room where the costs would be much greater. Also, I would be at a greater medical risk. I receive Disability, but it is just enough to survive, not enough to pay for any surgery. I can't afford to wait until

2010 when I can be eligible for Medicaid.

I am a grandmother of two baby grandchildren, with another grandchild on the way. I sincerely hope that I can live to see these children grow, and they get to know me. I really need my Medicaid reinstated if only temporarily for this surgery. Thank you for your time, Rhonda Louise Ezelle



# MEDICAID ELIGIBILITY DECISION

PAGE: 3 OF 3

HH NUMBER: 101271386

ACT TYPE: MAINTENANC

ACT DATE: 07/29/08

RCP NUMBER: 8780890069

CORRECT RCP NUMBER:

PROT PER DATE:

ACTUAL ELIGIBILITY DATES

**MEDICAID**

---BENEFIT DATES---	--MEDICAID+QMB DATES--	SERVICE REASON	REASON
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BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
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01/01/2008 09/01/2008	\$93
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1. **Introduction**  
 2. **Background**  
 3. **Methodology**  
 4. **Results**  
 5. **Discussion**  
 6. **Conclusion**  
 7. **References**  
 8. **Appendix**  
 9. **Figure 1**  
 10. **Figure 2**  
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UPDATED: USER ID: \_\_\_\_\_ DATE: \_\_\_\_\_  
SYSTEM ID: ELD4000 DATE: 07/29/08

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/10/09  
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 11/17/08 END: PAGE: 0001

NAME: EZEILLE RHONDA L HH NAME: EZEILLE RHONDA L

RCP NUMBER: 8780890069 HH NUMBER: 101271386 ACTION TYPE: MAINTENANC

SSN: 259217888 VC: V APL STATUS: ACTION DATE: 11/18/08

PRIMARY INDIVIDUAL: APL CO: 07 WORKER ID: CJAME LOCATION: 001

4921 BLUFFTON PARKWAY # 718 SSCN: 259217888A RRN:

RACE: 01 SEX: F MARITAL STATUS: S

TPL: Y RSP: 0 RELATION: SELF

DOB: 04/08/1962 DOD:

BLUFFTON L SC 29910-9523 DOB: 04/08/1962 DOD:

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	JS12
-	40160035	01/01/2008	09/01/2008	80	50	FULL	N	N	.00	JS12
-	60160034	12/01/2007	01/01/2008	32	50		N		.00	JS12

UPDATED: USER ID: CJAME DATE: 11/18/08 SYSTEM ID: SVE3000 DATE: 07/01/08  
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

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

**ACTION REFERRAL**

TO <b>Jacobs</b>	DATE <b>12-19-08</b>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOC NUMBER <b>J00325</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <b>Cleaved 12/31/08 after attached.</b>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <b>1-5-09</b>
	<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
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**RECEIVED**

DEC 19 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

From: Rhoda Louise Ezelle

12-08-2008

4921 Bluffton Parkway # 718

Bluffton, SC 29910

Re: Request for Temporary Reinstatement of Medicaid for Surgery

Rhonda Ezelle DOB : 4/8/1962, SS# 259-21-7888

State Director Ema Forkner

Beaufort Director Catherine James and Bluffton Director

Dear Director, PLEASE HELP !!!!!

I hope you can please grant me a temporary reinstatement of Medicaid for my needed surgery. I have chronic, severe pain . (Please see medical notes.)

As you can read, I need surgery now. This is also complicated by the fact that I have a deep vein thrombosis causing me to be on Disability. I had Medicaid, and it was cut, so I was told to write this appeal letter.

If I don't have the surgery paid by Medicaid now, I might soon be in the emergency room where the costs would be much greater. Also, I would be at a greater medical risk. I receive Disability , but it is just enough to survive, not enough to pay for any surgery. I cannot afford to wait until 2010 when I will be eligible for Medicare.

I am a grandmother of two baby grandchildren, with another grandchild on the way. I sincerely hope that I can live to see these children grow, and they get to know me. I really need my Medicaid reinstated if only temporarily for this surgery. Thank you for your time, Rhonda Louise Ezelle







Log # 1325 ✓

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

Mark Sanford  
Governor

Emma Fortner  
Director

December 31, 2008

Ms. Rhonda Louise Ezelle  
4921 Bluffton Parkway # 718  
Bluffton, South Carolina 29910

Dear Ms. Ezelle:

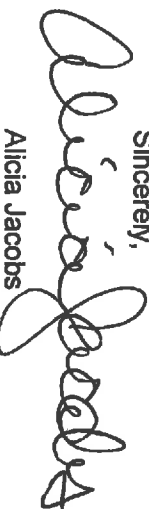
Thank you for contacting our agency regarding Medicaid eligibility and your healthcare needs.

Our records indicate that your Medicaid coverage through the Supplemental Security Income program ended September 1, 2008 due to the amount of your Social Security disability check. If you would like to appeal this decision, please contact the Charleston Social Security Administration Office of Adjudication and Hearings at (843) 727-4511. Their mailing address is 3875 Faber Place Drive, Suite 300, North Charleston, SC 29405.

Enclosed is an overview and application for Medicaid's Home and Community Based Services (HCBS) waiver program. HCBS covers individuals with monthly income under \$1,911 who need the level of care provided by a nursing home, who choose to reside at home. These individuals receive services to help them remain in their home. This program also provides assistance with prescriptions and other medical services. If you choose to apply, please complete the application and return it to the Beaufort County Medicaid Office.

An alternate health insurance option through AugeoBenefits offers a variety of health insurance plans from top-rated insurance carriers. You may wish to look over the enclosed brochure and contact them at 1-866-273-5613 or visit their website at [www.augeobenefits.com/sc](http://www.augeobenefits.com/sc) to see if they can assist you.

We have enclosed information on financial and prescription assistance programs that may be helpful. We have also enclosed information on the Medically Indigent Assistance Program (MIAP) that may be able to assist residents of South Carolina that meet income guidelines with their hospital bills. Please call the contact number on each for more information. If you have additional questions, please contact Ms. Jennifer Lynch at (803) 898-3965 or toll-free at 1-888-549-0820, Ext. 3965, and she will be happy to assist you.

Sincerely,  
  
Alicia Jacobs  
Deputy Director

AJ/o1  
Enclosures



Log # 0495 ✓

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

Mark Sanford  
Governor

Emma Forkner  
Director

March 16, 2009

The Honorable Tom Davis  
Member, South Carolina Senate  
District No. 46 – Beaufort County  
602 Gressette Building  
Columbia, South Carolina 29201

Dear Senator Davis:

Thank you for contacting our agency on behalf of Ms. Rhoda Ezelle regarding Medicaid eligibility and her healthcare needs. We were unable to reach Ms. Ezelle at the phone number she provided.

In December 2008, we mailed Ms. Ezelle information regarding Medicaid eligibility and information on other programs and organizations that can assist residents in South Carolina with their prescription medications and healthcare needs. In response to your request, we have provided written correspondence to her again and provided a contact name and telephone number in case she still has questions regarding Medicaid coverage.

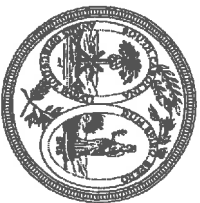
Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/jcl



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

Mark Sanford  
Governor

Emma Forkner  
Director

March 13, 2009

Ms. Rhonda Louise Ezelle  
4921 Bluffton Parkway # 718  
Bluffton, South Carolina 29910

Dear Ms. Ezelle:

Senator Tom Davis contacted our agency on your behalf regarding Medicaid eligibility and your healthcare needs.

Hopefully you received our earlier letter of December 31, 2009. We enclosed an overview and application for Medicaid's Home and Community Based Services (HCBS) waiver program.

Our records indicate that your Medicaid coverage through the Supplemental Security Income program ended September 1, 2008 due to the amount of your Social Security disability check. If you have any questions regarding this decision, please contact the Charleston Social Security Administration Office at (843) 573-3600.

We also provided information on financial and prescription assistance programs that may be helpful. If you have additional questions, please contact Ms. Jennifer Lynch at (803) 898-3965 and she will be happy to assist you.

Sincerely,

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

Alicia Jacobs  
Deputy Director

AJ/cl  
Enclosures