

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

ACTION REFERRAL

TO <i>Jones</i>	DATE 3/10/09
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DIRECTOR'S USE ONLY	ACTION REQUESTED
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 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Copy: Bryan + Emma Ref. # 0325 Closed 3/14/09, 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.			

FAX COVER SHEET



Log
0325
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

Sen. Tom Davis - (803) 212-6008

MESSAGE:

Brian/Jennifer

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

A handwritten signature in cursive script, appearing to read "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: Rhoda 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.

2010 when I was on Disability 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



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: EZELLE RHONDA L HH NAME: EZELLE RHONDA L

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

SSN: 259-21-7888 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:

BLUFFTON L SC 29910-9523 RACE: 01 SEX: F MARITAL STATUS: S
TPL: Y RSP: 0 RELATION: SELF
DOB: 04/08/1962 DOD:

CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	OMB	RETRO	% OF	POV	SPONSOR
S NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL
40160035	01/01/2008	09/01/2008	80	50	FULL	N	N	.00 JS12
60160034	12/01/2007	01/01/2008	32	50		N	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 <i>Jacobs</i>	DATE <i>12-19-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>J00325</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 12/31/08 after attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-5-09</i> DATE DUE _____ <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
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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:

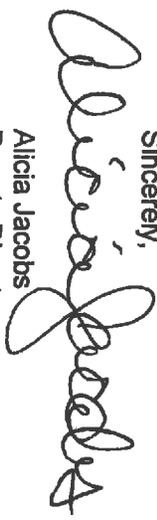
Thank you for contacting our agency regarding Medicaid eligibility and your healthcare needs.

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 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/ol
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 that reads "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