

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>10-14-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000113</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cleared 11/7/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-24-13</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.			

RECEIVED

OCT 10 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

TERRI L. WOODWARD
220 COLLEGE DRIVE
GAFFNEY, SC 29340

October 7, 2013

Dear Mr. Keck:

I am enclosing a letter to the U.S. Department of Health and Human Services regarding some unresolved difficulties regarding my experience with South Carolina Medicaid.

I realize Medicaid is a participatory program conducted by the federal government as well as various state governments.

Thank you for your prompt attention.

Sincerely,

A handwritten signature in cursive script that reads "Terri Woodward".

Terri L. Woodward

TERRI L. WOODWARD
220 COLLEGE DRIVE
GAFFNEY, SC 29340

Secretary Kathleen Sabelius
U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

October 7, 2013

Dear Secretary Sebelius:

My husband, Steven M. Woodward is on disability and Medicaid. He has a serious heart condition as well as diabetes and without Medicaid, his medications alone would total more than \$13 or \$14,000 per year.

I have been on Medicaid as well as our 18-year old son who has just started college, but still lives in our home. Our son, Hunter, cannot work even part-time due to his college schedule. His classes begin at 9:00 a.m. on some days and do not end until 8:00 at night. He lives with us, attends school down the road from our house at Limestone College.

I received a Medicaid Recertification letter just before September 5, 2013. I quickly sent the information they requested.

On September 16, 2013, I received a letter from the Spartanburg County DHHS. Enclosed, please find a copy of the referenced letter.

As you can see from the letter, there were no changes made to our son's benefits. However, there were significant changes made to mine. My benefits were changed from regular Medicaid to Family Planning benefits. Under normal circumstances, Family Planning benefits would be useful. However, I am 58 years old.

I called Ashia Woodruff, the person listed on the letter. She informed me my benefits were being changed due to the fact that our son was now 18 and attending college full time. I explained that he still lived in our home and was totally dependent on his dad and me.

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According to Ms. Woodruff, his benefits will also be dropped when he turns 19. However, she could not adequately explain why my benefits were going to change, even though nothing had changed with the exception of our son starting college.

I have also enclosed a letter entitled: Certificate of Creditable Coverage which arrived via mail the day after the letter from Spartanburg arrived.

The caseworker listed on the second letter, Corletta P. Byaers, has always been the caseworker assigned to us. I called her for over two weeks. Her voice mail was full. I sent a letter to her, also enclosed, but again she did not ever respond.

I realize Medicaid is a combination federal/state program. However, I have exhausted all efforts to get Medicaid to explain to me how I do not qualify for Medicaid, but, at the same time, do qualify for Family Planning.

I was referred to an orthopedic surgeon by my family doctor in early September. The appointment was made for October 10, 2013. Even though this condition has existed for months, SC Medicaid has indicated that it is simply too bad and they will not cover the orthopedic surgeon's appointment or any resulting orthopedic surgery required.

I am a small business owner and their decision will have an extremely negative impact on my business, my ability to continue working as well as potentially force me to also apply for disability. I would rather operate my 13-year old business.

One of the representatives did inform me that many changes were being made, even though SC made the insane decision not to expand Medicaid as part of the ACA.

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Any help would be appreciated.

Sincerely,

Terri L. Woodward

CHANGE IN BENEFITS NOTICE

SPARTANBURG COUNTY DHHS
1000 N. PINE STREET - SUITE 23
PINWOOD SHOPPING CENTER
Spartanburg SC 29303-3170

Date: 09/16/2013

Worker Name:

ASHIA WOODRUFF

Telephone: 864 576-4886

HH #: 100719867

0001 0000013

Single-Piece



TERRI L WOODWARD
220 COLLEGE DR
GAFFNEY SC 29340

0510001010

Benefits will change for some individuals on the dates listed or remain the same for others listed below. You will continue to receive benefits based on the information listed in the "Change in Benefits" column. The descriptions of "Change in Benefits" are listed on the back of this notice.

<u>Name</u>	<u>Beneficiary ID#</u>	<u>Change in Benefits</u>	<u>Change Date</u>
TERRI L. WOODWARD	7532979202	FROM: HEALTHY CONNECTIONS TO: FAMILY PLANNING	10/01/2013
HUNTER S. WOODWARD	7532979204	NO CHANGE IN BENEFITS	10/01/2013

The following Reason(s)/Policy Manual Reference(s) applies only to those members experiencing a change in benefits.

Your Medicaid eligibility period has ended. 205.06.02
You may be eligible in another coverage group. 101.04.01

If there are other members not listed on this notice, please call your worker.

Fair Hearing

If you feel that this is taken in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days of the date of this letter to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a hearing before the effective date, your benefits will continue until a final decision is made by the hearing officer. However, if the hearing officer does not rule in your favor, you will be required to pay back any benefits you received while your case was being reviewed.

You must tell your caseworker within 10 days if your address changes.

YOU WILL RECEIVE A REVIEW FORM IN THE MAIL EVERY 12 MONTHS (SOMETIMES SOONER). WHEN YOU RECEIVE THE REVIEW FORM, YOU MUST COMPLETE AND RETURN IT OR YOUR MEDICAID WILL STOP.

Certificate of Creditable Coverage

CHEROKEE COUNTY DHHS
P. O. Box 89
Gaffney SC 29342-0000

Date: 09/16/2013

Worker Name:

COLETTA P. BYERS

B.G.#: 42254266

HH #: 100719867

Name of Group Health Plan: Medicaid

TERRI L WOODWARD
220 COLLEGE DR
GAFFNEY SC 29340

IMPORTANT

This certificate provides information about prior coverage for the individual(s) listed. If you enroll in another health plan, you may need to give them a copy of this certificate. **Keep this certificate in a safe place.**

Beneficiary Name:
TERRI L. WOODWARD
Beneficiary ID#
7532979202

COVERAGE PERIODS:
APR12 - SEP13

Colette
487
2521
F111

well vista

1-800-765-0059

med
city

~~487-2792~~

If there are other members not listed on this notice, please call your worker.

SOUTH CAROLINA HEALTH INSURANCE SERVICES

Inpatient Hospital
Well Child Care
Family Planning
Laboratory and X-Ray
Home Health
Targeted Case Management
Home and Community Based Waivers
Evaluation/Counseling/Education for Special Needs
Non-emergency Transportation to Medical Appointments

Outpatient Hospital
Vision Care
Durable Medical Equipment
Ambulance Transportation
Rehabilitative Therapies
Long-term Care/Nursing Home Facilities
Residential Treatment Facility

Physician Visits
Dental
Prescription Drugs
Hospice
Mental Health
Alcohol and Other Substance Abuse

*FOR FURTHER INFORMATION REGARDING THIS NOTICE OR SERVICE DESCRIPTIONS AND LIMITATIONS CALL 1-888-549-0820.
8:00 a.m. - 6:00 p.m. (This is a free call) Or write to: S.C. Department of Health and Human Services, P.O. Box 100147,
Columbia, S.C. 29202-9181

TERRI L. WOODWARD
220 COLLEGE DRIVE
GAFFNEY, SC 29340

September 5, 2013

I am in receipt of your Medicaid Eligibility Checklist and have enclosed it with the information you requested.

Our son, Hunter, is 18 and graduated from high school in June. He is now attending Limestone College.

I am self-employed and have enclosed copies of our tax forms.

Sincerely,

Terri L. Woodward

**TERRI WOODWARD
220 COLLEGE DRIVE
GAFFNEY, SC 29340**

September 26, 2013

Dear Ms. Byers:

I have received two letters from different departments of Health and Human services. I have enclosed both for your information and reference.

The letter from Spartanburg appears to indicate I am being dropped from the Healthy Connections Program. The letter from you is listed as a Certificate of Creditable Coverage.

The letter from Spartanburg appears to be changing my regular Medicaid benefits to a Family Planning policy. I am sure that is useful to many people. However, I am 58 years old.

My husband, Steven M. Woodward is 58, on SSI and Medicaid. He has no income with the exception of his SSI. My son, Hunter Woodward is in college and is also on Medicaid and my understanding is he will be eligible until he turns 19.

As you know, our income has been significantly limited. Steve and I both have some significant medical conditions. I have been referred to an orthopedic surgeon who accepts Medicaid for a serious knee injury. My family doctor has been looking for a surgeon who accepts Medicaid for about two weeks. He finally found one and gave me a referral yesterday.

If Medicaid is going to end, I will not be able to afford this appointment and possibly the surgery I will probably need. Not getting it will have a significant impact on our income.

I have tried for days to reach you and it appears your voice mail is full and will not accept any messages.

I am not sure why I am being dropped when my income has been just about non-existent all summer long and at the first sign of a serious medical problem.

Unless I can get some very clear and simple explanations as to why my coverage is being pulled, I want to appeal it.

I would appreciate anything you can do to help me.

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My phone numbers are: 864-487-0271 and 864-488-2470 (after 1:00 p.m.).

Sincerely,

Terri Woodward

Terri L. Woodward
229 College Drive
Gaffney, SC 29340

RECEIVED

OCT 10 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attn: Mr. Anthony Kerk

S.C. Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

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GREENVILLE SC 296

08 OCT 2013 PM 4 L



Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 > Columbia, SC 29202

www.scdhhs.gov

November 7, 2013

Log Letter 143

Ms. Terri Woodward
220 College Drive
Gaffney, SC 29340

Dear Ms. Woodward:

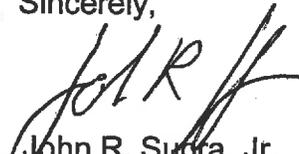
Thank you for contacting our Agency regarding your recent experience with your local Medicaid office. Good customer service is important to us and we regret any difficulty you may have faced when trying to obtain information regarding your case.

To qualify for Medicaid, an individual must meet certain federal requirements. Your eligibility under our Low Income Families category was scheduled to end effective November 1, 2013 because you do not have a child under 18 attending a secondary school. Your letter stated that you were currently disabled; taking that into consideration, your case will remain open until we are able to make a disability determination. In order to make a determination, a request was made by the Cherokee County Medicaid Office for you to return additional information. I am aware that Ms. Carolyn Roach in our Office of Member Relations has been in direct contact with you to confirm that you received the request for additional information and that you understood the importance of providing the information.

If you have any questions regarding the eligibility process, please contact Ms. Roach and she will be happy to assist you. Ms. Roach can be reached 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,



John R. Supra, Jr.
Deputy Director

JRS:j

