

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

**ACTION REFERRAL**

TO <i>WalDROP</i>	DATE <i>12-8-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>000239</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  <i>Ce: Mr. Keck, Giese</i> <i>Closed 11/3/12, see attached e-mail.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-19-11</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
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To: Anthony Keck  
Director of South Carolina Department  
of Health and Human Services

**RECEIVED**

December 1, 2011

DEC 06 2011

From: Charlie Brisben

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Subject: Medicare Reform

Mr. Keck, first let me thank you and Governor Haley for your time and interests in the opinions and input from the disability Resource Center concerning the urgent need for Medicare reform. I heard you speak at the seminar at Trident Technical College, and I agree with you when you said the answer to Medicare reform is not raising taxes to increase income for the Medicare expenditure. I believe the biggest problem is how Medicare decides how to allocate their funds and to whom. It's mostly common sense; if the people spending the money would just spend it like it was the money in their personal bank account, you will see enormous savings in funds being allocated. I could give you plenty of examples, but I know you are a busy man, so I am only including (1). I am a quadriplegic and I asked Medicare last month to help me buy a push wheelchair for \$2,000. They told me I could not have money for the push chair, but they would give me \$23,000 for an electric chair. The reason was because the current policy states you have to wait 5 years to be eligible for another chair. I have only had my push chair for 4 years and 8 months and it had been over 5 years since I got an electric chair, so they would pay for the electric chair. I don't know about you, but if it was my money, I would much rather spend \$2,000 than \$23,000.

I know you get sick and tired of hearing all the complaints, and no one has, or wants to give solutions to correcting Medicares many issues, or the ridiculous allocations of available funds. I really feel for you, because you sure have your work cut out.

Instead of complaining, I would like to offer you with some solutions or plans to get Medicare headed in the right direction. As you know there is not one answer that can solve the many diverse problems with the current system; but remember, how do you eat an elephant - one bite at a time. I am going list a couple of thoughts that might help you in getting started in the right direction to improving the current system.

- (1) Define the problem as you see it. I personally see it as managing the funds available to Medicare, and how they are being allocated to consumers while staying within a budget.
- (2) Define your goal. I personally see it as reforming Medicare to be as efficient as possible in effectively allocating funds to those who truly need them, and to do so while remaining in your budget spectrum.
- (3) Start with small changes that will be the most effective. Remember, people are afraid of change, so be selective on what you change as to make the most of the available funds to achieve your goal.
- (4) I suggest to keep all changes, and all policies as simple and straight forward as possible. They should be extremely user friendly and understandable to the consumer, and

especially understandable to the employees of Medicare.

- (5) Pay very close attention to policy and goal contradictions. For example, you said: "we want to keep people out of old folks homes or assisted living facilities because it cost much more for them to stay there, than in their own homes". Yet Medicare turns around and cuts attendant home health care hours by 14 hours per pay period (over \$205.00). It's hard enough to find a honest reliable home care attendant as it was. Now Medicare cuts their pay??? and the budget for other **critical organizations such as HASCI (Head and Spinal Cord Injury Center)**. Without HASCI, Over 50% of people with head and spinal cord injuries would not make it, and end up in old folk homes or assisted living facilities. The same goes for the **dRRC (disability Resource Center)**. Our main goal is to help people stay out of these costly facilities and function at their own homes. These are the types of conflicts in interest and contradictions in current policy that I am talking about.

- (6) Do not be so concerned about the employment of personnel in Health Care Facilities. Let the market sort them out for you. If they are doing a good job they will stay in business. If they are not, they will go under, which is a huge financial advantage for Medicare. The unemployed will turn to the home health care attendants program which is in high demand already. Everyone wins!

I would first start by reviewing Medicare policies and simply use good judgment on what the funds are being allocated to. Ask yourself is this really needed and is it reasonable, (if you are not sure what it is, or what it does, don't hesitate to ask someone who knows before making a decision). For example, a few years ago, someone made a decision that everyone who uses a catheter should only be allowed one per day. Catheters must be totally sterile or you will get a bladder infection. This means a \$175.00 trip to your urologist or you will be in the hospital in 3 days. My guess is whoever made this decision (1) did not know what a catheter is, or (2) asked a urologist if 1 catheter a day would be sufficient. At any rate, this policy change suggested by the urologists or doctors cost Medicare millions, and was very profitable to urologists and hospitals !! It was corrected within a year or two. Point being, do not be gullible, listen to both the consumer and doctor before you make your policy change (if necessary). Unfortunately, everyone is not honest, and for the medical profession, its all about the money. After gathering the facts, if you have any doubt, just ask yourself, if this was my money, in my wallet, what would I do. I think you will find this will help you make 99% of you decisions (Correctly). I believe by making good, understandable, educated, and fair judgment changes on current policy, you will be able to correct a huge amount of bogus spending, and satisfy many legitimate consumer complaints. Unfortunately, this will not be enough to balance the budget.

Here is where it gets very tricky. From a political stand point, no one wants to raise taxes to help fund Medicare. It would not go over well with the voters. Unfortunately, our current President has absolutely no understanding of basic economics, finance, or management of the American taxpayers dollars. However, he knows not to piss off the majority of voters. Therefore, his cuts mostly concern and have the worst affect on people with disabilities, the elderly and the poor, (most who are on Medicare and / or Medicaid). Our President has butchered both, which makes it very difficult to concentrate only on reforming one, when they supplement each other in many instances. OK enough complaining, and back to Medicare

reform. In my opinion, regardless of how many changes you make to South Carolina Medicare policies to make them as efficient and affordable as possible for the consumers; Medicare is still going to need increased revenue to operate effectively. (Do not panic, I am not suggesting tax increases). Any improvements you can make will be a positive step in the right direction and greatly appreciated!!

\*\*\* Remember there are many ways to to increase revenue without raising taxes. \*\*\*

I have an idea I would like to run by you. I call it "Meter Maids for Medicare Funding and Reform".

**IT WILL MAKE EVERYONE HAPPY (Consumers, Federal and State Government) !!!**

Just here me out. Just as you, I am bombarded with complaints and no solutions. Let me start by listing the top 5 complaints, and then I will tell you how to solve all of them and make everyone happy. Please understand that I realize some of these issues are Federal and some are State. Just as Medicaid, and Social Security is Federal, and Medicare is State, the beauty is everyone wins with this plan.

First, let me list the top 5 complaints:

- 1) Handicap Parking- "There is never a space available, and the people parking in the spots do not have handicap license plates or tags hanging from their mirrors". "Why do they never get tickets"?
- 2) Prescription Drugs- "I can not afford my co-pay for my medications due to the cuts in Medicare".
- 3) Medical attention- "I cannot afford my co-payment to see my doctor due to cuts in Medicare / Medicaid".
- 4) Attendant Care- "I can not find someone honest and reliable for an attendant due to the Medicare cuts in attendant pay".
- 5) Social Security and Disability payments- "There has not been a cost of living increase in over 3 years; therefore, I can not afford to buy groceries, pay bills and outrageous gas prices". (Our current President states: "there has not been a increase in the cost of living in the past 3 years"). I personally do not know what planet he has been living on, but apparently its not Earth!

I have thought about these complaints, and solutions for them, for more hours than I can count. I know raising taxes is not an option. I have come to the conclusion that reducing unnecessary spending of Medicare funds, and revising bad or contradictory policies, will not be enough to solve the financial problem alone. I t will help tremendously, but increasing Medicares funding is the only way to correct the problem. Reducing unnecessary spending, and revising bad policies can be done internally from the State level, and this is where it must start. Increasing funding will take some work, but I think I have a way to make everyone happy without raising taxes. Now lets examine the top 5 complaints and put a solution next to each. Then we can implement a plan to solve all 5 complaints at once and balance Medicares budget .

- 1) Handicap Parking- The problem here is simple, and straight forward. The people who are violating the laws are not being held accountable for their actions. I have discussed this problem of lack of enforcement with many police officers, and they all say the same thing. "We simply do not have time to waste on parking violations". " We are more concerned with theft, drugs and driving violations and other serious crimes". The police officers answers to this question gave me the idea for (Meter Maids for Medicare Funding and Reform). It was very clear that the police have absolutely no desire to write parking tickets for parking violations, and especially Handicap parking violations ( due to the question if the driver is actually handicap or not). Answer- violations must be addressed and fined to the full extent of the law. Let me finish explaining the next 4 complaints and then I will explain how to correct them all.
- 2) Prescription Drugs- people simply can not afford their co-payments due to cuts in Medicare. Answer more funds are needed for Medicare..
- 3) Medical attention- people simply can not afford their co-payments due to cuts in Medicare. Answer: more funds are needed for Medicare.
- 4) Attendant Care- people simply can not find home health care attendants because of cuts in salaries due to Medicare cuts in funding. Answer more funds are needed for Medicare to assist in home health care programs .
- 5) Social Security and Disability Payments- The Federal Government is in debt and simply does not have the money to give cost of living increases, (mostly because of idiotic and ridiculous management of our tax funds. This is why we all find ourselves (State and Federal, in quite a pickle!). As you can see, everything boils down to money management and funding cuts. This is why money management and increased revenue is critical for the survival of Medicare and Medicaid.

#### SOLUTION:

A fine for parking in a Handicap Parking space ranges from \$150.00 to \$300.00. There are 46 counties in South Carolina. Determine how many Handicap Parking spaces there are in each county and hire Meter Maids to patrol them. You could assign each person 75 spaces to patrol in a centrally located area. (In small Counties this number may need to be adjusted). They could work 4 or 8 hour shifts, whatever you choose or they feel comfortable working. They will only be monitoring (**The Handicap Parking Spaces**). For example, in Charleston County alone, I would guess you could hire 40 to 60 people to be Meter Maids. The only qualifications they would need are to be able to read and write, and take a picture with a cell phone. They simply put a ticket on the car, take a picture of the license plate and the violation and send the ticket to the Highway Department or a billing service, which will more than likely have to be set up. The ticket and a picture of the violation is then mailed to the owner of the car. There will be very minimal court disputes over the fine with a picture sent to the parking violator. Do the math, if you had 50 Meter Maids in Charleston County alone, and each only wrote 10 tickets a day, at \$150.00, that is \$75,000 of revenue per day. You could pay the Meter Maids \$15.00 per hour for 8 hours a day and this would cost \$6,000 a day in pay role. The beauty is you reduce unemployment and they would be paying in State and Federal taxes. This is a profit form Charleston County alone of \$ 69,000 per day which could go straight to Medicare

funding. With 46 Counties in this program, I estimate Medicare could raise \$250,000 per day. Now I know there would be many other expenses to be added in such as accounting, supplies, training and others, but the profit would be enormous for Medicare either way. This additional revenue should then be allocated to Medicare reform and non-profit organizations which help people on Medicare to stay out of costly living facilities.

Pros:

- 1) You reduce unemployment, you can hire handicap or non handicap personnel, (or a mix).
- 2) You will make leaps and bounds in the Handicap parking problem.
- 3) You will have increased revenue for Medical Attention for people with Medicare.
- 4) You will have increased revenue for the Home Attendant Care programs to help people stay out of assisted living care facilities.
- 5) You will generate additional funds for critical programs such as the disability Resource Center and the Head and Spinal Cord Injury Center.
- 6) Taxes will be paid in to help Social Security Disability payments.
- 7) You will take the pressure off police officers to write parking tickets and allow them to continue what they are doing now, which is not enforcing handicap parking violations anyway. You can tell them they can still write parking tickets too, believe me there are plenty to go around. They might complain, and say you are taking money from them, but just say you are trying to help them out and lighten their work load so they can concentrate on more important things (period).

Cons:

NONE, EVERYONE WINS.

I would like to thank you and Governor Haley again for your concerns and recognizing and addressing this severe issue. I hope my input on Medicare reform has been helpful and useful. There are many people in South Carolina depending on you for successful Medicare reform, so good luck and God Bless. If you have any questions, or need any further information or explanation, please do not hesitate to contact me. My phone number is (843) 224-8050.

Sincerely,

*Charlie Brisben*  
Charlie Brisben

cc: Gwen Gillenwater  
Executive Director, dRc

Jennifer Baker  
Case Worker for HACI

*Log: Walldup*  
*C: Bructor*  
*BZ*

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

DEC 06 2011

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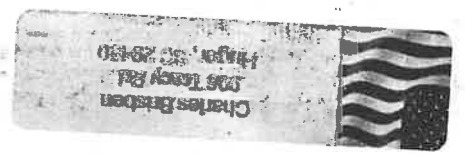
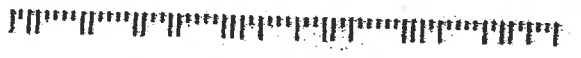
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COLUMBIA SC 292



**Brenda James - Fwd: Re: Ref Log 219**

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**From:** Teeshla Curtis  
**To:** Brenda James  
**Date:** 01/13/2012 1:28 PM  
**Subject:** Fwd: Re: Ref Log 219

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Brenda,

Please close Log 219 with this response. Mr. Brisben wrote us regarding Medicare Reform.

Teeshla

>>> Jennifer Lynch 12/19/2011 1:27 PM >>>  
Bryan spoke with Mr. Brisben today. He thanked him for the letter letting him know that we appreciate his ideas. Mr. Brisben was thankful for his call.

Jenny Lynch,  
Legislative Affairs and Communications  
SC Department of Health and Human Services  
(803) 898-3965  
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(803) 255-8235 Fax

>>> Teeshla Curtis 12/19/2011 12:24 PM >>>  
Jenny,

I just wanted to get an update for a response on Log 219.

Teeshla