

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Baaling</i>	<i>3-1-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000549</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 3/13/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-12-07</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.			

Joe Bowling

Department of Health & Human Services
OFFICE OF THE DIRECTOR

11. Opening - 2000

10. 10. 10. 10. 10.

卷之四

Elmer D. Smith

[Faint handwritten notes, possibly "C. 100"]

1986 3 20

Stones Creek Co. Duffin Co. Latta

100

Handwritten signature: *John D. Smith*

He knows something about it

and he really does damage to me. I have a kidney on, and he said

There is nothing that could be done. I can go home and wait until I feel better. I can go

the day on. I can go. I can go. I can go.

I have a good one. I have a good one.

I have a good one. I have a good one.

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I have a good one. I have a good one.

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/28/07

MEDSPROD MEMBER PERIOD START: 02/17/07 END: ACTION: PAGE: 0001

NAME: POWELL NAOMI HH NAME: POWELL NAOMI

RCP NUMBER: 4831103802 HH NUMBER: 100619112 ACTION TYPE: MAINTENANCE

SSN: 226-44-3010 VC: V APL STATUS: ACTION DATE: 09/13/06

PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: ZWARS LOCATION: 001

APT. 15 SSCN: 226443010A RRN:

300 OLD PELZER ROAD RACE: 01 SEX: F MARITAL STATUS: W

TPL INSURANCE: N RELATION: SELF

PIEDMONT DOB: 10/23/1937 DOD:

CORRECT RCP NUMBER: SC 29673- LIV ARRANGEMENT: HOME INCOME TRUST:

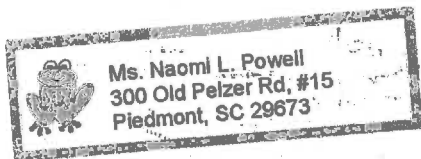
PROVIDER:

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	CHIP
S	NUMBER	ELIG	ELIG					LEVEL	NUMBER
-	79005803	12/01/2005		52	10	LIMITED	N	1.04	
-	48311038	11/01/2002	12/01/2005	32	10	FULL	Y	1.00	
-		11/01/2000	11/01/2002	32				1.00	
-		09/01/2000	11/01/2000	32			Y	1.00	
-		11/01/1997	09/01/2000	32				1.00	

UPDATED: USER ID: DWATS DATE: 10/26/05 SYSTEM ID: BUY1000 DATE: 12/08/05

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



UPSTAMP SC 296

26 FEB 2007 PM 2 L



Mark S. Salove
State of South Carolina
Post Office Box
Columbia, SC 29202

RECEIVED

FEB 28 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

29202+4206 E044





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 13, 2007

Ms. Naomi L. Powell
300 Old Pelzer Road
Apartment 15
Piedmont, South Carolina 29673

Dear Ms. Powell:

Thank you for writing to the South Carolina Department of Health and Human Services to express your concerns about Medicaid, Medicare and your healthcare needs.

You are covered through Medicaid's Specified Low Income Beneficiaries program. Under this program Medicaid pays your entire Part B Medicare premium. A member of our staff spoke with your daughter, Ms. Sherry Kidd, to assist in answering your other concerns about Medicaid. If you have other Medicaid questions please call Mr. Bob Liming at 803-898-2621.

You are also enrolled in Medicare's Part D low income *Extra Help* drug program that pays your monthly drug coverage premium and provides your medications for a small co-payment. Additional information on Medicare's drug program can be obtained by contacting the Lt. Governor's Office on Aging in Columbia at 803-734-9900 or Medicare at 1-800-633-4227. We also mailed your daughter information on a number of other programs that may be able to assist with your health care needs.

Medicaid is a health care program only and is unable to provide assistance to resolve your credit card payment issues. The SC Bar Association can provide some legal services to certain people with limited income. To find out if you qualify for assistance please call the Legal Aid Telephone Intake Services at 1-888-346-5592.

I hope this information proves helpful.

Sincerely,

Gary Ries
Deputy Director

GR/jol

#1549
✓

LEGISLATIVE LOG #	0549
LEGISLATOR/INQUIRER	
CONSTITUENT	Naomi Powell
SSN	226-44-3010
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	3/1/2007
DATE DRAFT DUE GR	3/12/2007
LOG LETTER DUE DATE	3/12/2007
DATE REFERRED TO BC	3/2/2007

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Healthcare and financial assistance.	3/2/2007	Jan	8-2502	To Jacobs
	3/2/2007	Jenny	8-3965	To Bob to handle
	3/9/2007	Jenny	8-3965	To Alicia
	3/12/2007	Jenny	8-3965	To 11th floor

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

Programs:

ABD	(32)	
Foster Children	(31,60)	
General Hospital	(14)	
HCBS	(15)	
LIF	(59)	
MBCCP	(71)	
Nursing Home	(10)	
OSS	(85,86)	
PHC	(88)	
Pregnant Women & Infants	(12,87)	
QMB	(90)	
SILVERxCARD	(92)	
SLMB	(48,52)	
SSI	(80)	
TEFRA	(57)	
Transitional	(11)	
Working Disabled	(40)	

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.
Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)
If question about current status of a log letter, contact previous user.
Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.

Medicaid Programs / Other Resources Check List

Log # 0549

Legislator/Inquirer: NAE

Constituent: Ms. Naomi Powell

SS#: 226-44-3010

PROB. M / ISSUE:		FAMILY SIZE	INCOME/ RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
Wants Medicaid / not certain of all that is in letter very difficult to read; also some issues with credit card		1	\$951.00	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Liming		HCBWS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>
DATE	ACTIONS TAKEN TO HELP			LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>
3/2/07	Receive File, attempt read + understand letter, did get telephone + will try to determine after I talk to Ms Powell			MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>
3/5/07	Number in MEDS is a CVS (wrong) finally located correct # left msg for client.			MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
3/5/07	located SC Bar contact data; verified PART D and full Medicare + SLMB			Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
3/5/07	Made contact, Mrs. Powell asked + gave me verbal permission to speak with daughter, Sherry Kidd (release in file). I walked her through Medicaid SLMB; also Part D and how to contact Medicare; also discussed options + gave her my number; mother not ready for nursing home or HCBWS; also mailed resources.			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>
				Pregnant Women/Infants	<input type="checkbox"/>		
				SILVERxCARD	<input type="checkbox"/>		
				SLMB	<input type="checkbox"/>		
3/6/07	Daughter, says mother not happy with Part C, wants to change will call Medicare			SSI	<input type="checkbox"/>		
				TEFRA	<input type="checkbox"/>		
				Working Disabled	<input type="checkbox"/>		

4EDIEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/09/0
 MEDSPROD BENDEX INFORMATION

***** CONFIDENTIAL - FOR INTERNAL USE ONLY ***** ROW: 1 OF 2
 SSA SSN: 226-44-3010 SSA NAME: NAOMI L POWELL
 SSN: 226-44-3010 NAME: NAOMI POWELL

RCP NUM: 4831103802 HH NUM: 100619112 COUNTY: 23 ELIGIBILITY STATUS: E
 SSA INFORMATION
 PAYMENT INFORMATION

INDIVIDUAL DATA:

SSA SSN: 226-44-3010

PAYMENT STATUS CODE: CP

GROSS AMOUNT PAYABLE (MBA):

918.40

SSA NAME: NAOMI L POWELL

EFFECTIVE DATE: 12/06

SSCN: 226443010A

NET MONTHLY BNFTS AMT (MBC): 917.00

SSA DOB: 10/23/1937

INITIAL ENTITLEMENT DATE: 03/93

PROOF OF DOB: P

CURRENT ENTITLEMENT DATE: 10/02

SEX: F

MONTHLY BENEFITS PAYABLE: 917.00

VALIDATED BOSSN: 226-44-3010

RETRO PAYMENT AMOUNT: 0.00

CATEGORY OF ASSISTANCE: N

MONTHLY OP DEDUCTION AMT: 0.00

STATE AND COUNTY CODE: 42220

ENDING DATE FOR OP DEDUCTION:

ALTERNATE SSN: 226-44-3010

GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR: C

PAYMENT CYCLING INDICATOR: 1

UPDATED: SYSTEM ID: IEV7012 DATE: 2007-02-19-19.51.32.132996

ME905004 BENDEX MASTER RECORD FOUND

PF1->HELP PF2->BENDEX HIST PF3->NEXT PF5->RECIP PF10->PREV MENU

PF11->BDX AUDIT PF12->BDX ACTION PF14->SDX PF16->BDX INPUT PF17->BUY-IN

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/02/07
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: POWELL NAOMI
HH NUMBER: 100619112 APL STATUS:

ACTION TYPE: MAINTENANCE
ACTION DATE: 09/13/06

APPL EFFECTIVE DATE: 08/31/2006

WORKER: ZWARS ZELPHIA WANSLEY

MAIL IN(Y/N): Y

APPLICANT'S COUNTY: 23 GREENVILLE

WORKER'S COUNTY: 23 GREENVILLE

COURTESY APPLICATION(Y/N): N

MAILING ADDRESS:

PRIMARY LANGUAGE: E ENGLISH

APT. 15

REASON FOR APPLICATION:

300 OLD PELZER ROAD

ADULT WITH CHILDREN(Y/N): N

CHILDREN 1 AND OVER(Y/N): N

INFANTS UNDER AGE 1(Y/N): N

PIEDMONT

SC 29673-

RESIDENCE ADDRESS:

PREGNANT(Y/N): N

BLIND/DISABLED(Y/N): N

AGED(Y/N): Y

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

WITHDRAW APPLICATION(W/C/N): N

PHONE: H: 864-299-0573 W: - -

UPDATED: USER ID: ZWARS

DATE: 09/13/06

SYSTEM ID: HMS5000 DATE: 09/13/06

ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES

PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

Maconville

Income

\$ 1021

851

\$ 170

Powell

Telephone ?

** 864-299-0573*
Wrong # - CVS Pharmacy

864-845-3370

HIPAA Compliant Verbal Agreement

Constituent's Full Name: Naomi K. Powell

SSN: _____

Verbal permission from constituent given to Bob Lining / Sherry Kidd to discuss

Relationship: Daughter, mother gave me oral permission

I have discussed HIPAA regulations with to Sherry Medical Medical / financial records
given permission to discuss information relevant to the nature of the issue. I understand details
that this verbal agreement does not allow me to give out more information than necessary.

Sherry Kidd
Staff Signature

3/5/2007
Date

HIPAA Compliant Verbal Agreement

Constituent's Full Name: _____

SSN: _____

Verbal permission from constituent given to _____

Relationship: _____

I have discussed HIPAA regulations with the above named constituent and have been given permission to discuss information relevant to the nature of the issue. I understand that this verbal agreement does not allow me to give out more information than necessary.

Staff Signature

Date

Zelpkia Wansley

Bureau:
Division/Location:
eMail: **WANSLEY@scdhhs.gov**
Answer Station or Phone **864.467.7945**
Number:
Direct Dial or Phone
Number:
Fax:
Other Phone:
Room Number:
Manager:

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/02/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 HH NAME: NAOMI POWELL DATES-FROM: 02 / 2007 THRU: / PAGE: 2 OF 3
 BG NUMBER: 79005803 CATEGORY: SIMB HH NUMBER: 100619112
 BG: A BGP: A WKR: SCHAM SUSAN HAMET ACTION TYPE: MAINTENANCE
 ACTION DATE: 02/17/07
 COUNTABLE BG MEMBERS: 1
 COUNTABLE INCOME: 888.00 COUNTABLE RESOURCES: 3900.00
 INCOME LIMIT: 1021.00 RESOURCE LIMIT: 4000.00
 POV-LVL: +1.04 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
 MEETS INCOME? (Y/N): Y DECISION ACCEPTED DATE: 02/17/07
 MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 09/13/07
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE:
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:

ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -
 APPEAL REQUEST DATE: COUNTY DECISION UPHELD? (Y/N): -
 UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 02/17/07
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/28/07
 ACTION:

MEMBER PERIOD START: 02/17/07 END: PAGE: 0001

NAME: POWELL NAOMI HH NAME: POWELL NAOMI

RCP NUMBER: 4831103802 HH NUMBER: 100619112 ACTION TYPE: MAINTENANCE

SSN: 226-44-3010 VC: V APL STATUS: ACTION DATE: 09/13/06

PRIMARY INDIVIDUAL: APL CO: 23 WORKER ID: ZWARS LOCATION: 001

APT. 15 SSCN: 226443010A RRN:

300 OLD PELZER ROAD RACE: 01 SEX: F MARITAL STATUS: W

TPL INSURANCE: N RELATION: SELF

PIEDMONT DOB: 10/23/1937 DOD:

CORRECT RCP NUMBER: SC 29673- LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS		OMB	RETRO	% OF POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	OCAT	TYPE	IND	IND	LEVEL	NUMBER
-	79005803	12/01/2005		52	10	LIMITED	N	N	1.04	
-	48311038	11/01/2002	12/01/2005	32	10	FULL	Y		1.00	
-		11/01/2000	11/01/2002	32					1.00	
-		09/01/2000	11/01/2000	32			Y		1.00	
-		11/01/1997	09/01/2000	32					1.00	

UPDATED: USER ID: DWATS DATE: 10/26/05 SYSTEM ID: BUY1000 DATE: 12/08/05

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

AEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/02/07
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 02/17/07 END:

NAME: POWELL NAOMI HH NAME: POWELL NAOMI

RCP NUMBER: 4831103802 HH NUMBER: 100619112 ACTION TYPE: MAINTENANCE

SSN: 226-44-3010 VC: V APL STATUS: ACTION DATE: 09/13/06

APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:

DOB: 10/23/1937 AGE: 69 SC RES(Y/N): Y QUESTIONABLE(Y/N): N

DOD: SEX: F FEMALE RACE: 01 WHITE MEDICARE COVERAGE(Y/N): Y 226443010A

REL: SFI SELF SS CLAIM NUMBER(Y/N): Y 226443010A

SSI APPLICATION DATE: RAILROAD NUMBER(Y/N): N

MARITAL STATUS: W WIDOWED LIV ARRANGEMENT: HOME HOME

STUDENT STATUS: GRADE: PROVIDER NAME:

PREGNANT(Y/N): N EDC: # : ADMISSION DATE:

BLIND/DISABLED(Y/N): Y RSP(Y/N): CHILD SUPPORT/ALIMONY PAID(Y/N): N

DISABILITY ONSET: 09/01/1992 VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N): N

VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): Y

US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G

US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y

UPDATED: USER ID: DATE: SYSTEM ID: TTR1004 DATE: 02/26/07

ME900063 RECIPIENT RECORD FOUND

2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO

15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

AEDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/02/07
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 01 / 2003 THRU: __ / __ PAGE: 3 OF 3

HH NAME: NAOMI POWELL HH NUMBER: 100619112

BG NUMBER: 48311038 CATEGORY: ABD ACTION TYPE: MAINTENANCE

BG: C BGP: C WKR: NSIMM NANCY SIMMONS ACTION DATE: 10/25/05

RCP NAME: NAOMI POWELL RCP NUMBER: 4831103802

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N QMB: Y PROT PER DATE:

ACTUAL ELIGIBILITY DATES

MEDICAID

---BENEFIT DATES---		--MEDICAID+QMB DATES--		SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
11/01/2000	11/01/2002	11/01/2002	12/01/2005		051	
11/01/1997	09/01/2000	09/01/2000	11/01/2000			
09/01/1997	11/01/1997					

UPDATED: USER ID: NSIMM DATE: 10/25/05 SYSTEM ID: ELD3000 DATE: 10/25/05
 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

4EDSDX03 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/02/07
 MEDSPROD SDX CLIENT INQUIRY FINANCIAL DATA PAGE: 3 OF 6

SDX SSN: 226-44-3010 NAME: NAOMI L POWELL
 MEDS SSN: 226-44-3010 NAME: NAOMI POWELL
 RCP NUM: 4831103802 HH NUM: 100619112

-----EARNED INCOME-----
 PERIOD: WAGE ESTM:
 SELF EMPLOYMENT ESTM:
 BLIND WORK EXPN EX:
 NET COUNTABLE AMT:
 PASS EXCLUSION:
 -----RESOURCES-----
 INCOME PRODUCING PROPERTY: Z
 VEHICLE: Z HOUSE: Z
 LIFE INS: Z OTHER: Z
 -----SSI ADJUSTMENTS-----
 O/U PAY: O/PAY BAL:
 O/PAY WAIVER:
 O/P AMOUNT:
 CURR MO RECOVERY AMT:
 DATE: 08/25/06

-----UNEARNED INCOME-----
 TYP START STOP AMOUNT FREQ CLAIM ID VC
 A 04/06 888.00 C 226443010A 0
 SELF EMPLOYMENT ESTM:
 BLIND WORK EXPN EX:
 NET COUNTABLE AMT:
 PASS EXCLUSION:
 -----RESOURCES-----
 INCOME PRODUCING PROPERTY: Z
 VEHICLE: Z HOUSE: Z
 LIFE INS: Z OTHER: Z
 -----SSI ADJUSTMENTS-----
 O/U PAY: O/PAY BAL:
 O/PAY WAIVER:
 O/P AMOUNT:
 CURR MO RECOVERY AMT:
 DATE: 08/25/06

ME908001 SDX RECORD FOUND

OVERFLOW IND: 0 DEEMED INCOME AMT:
 12/73 FED COUNTABLE INC: 868.00
 FED COUNTABLE INC: 0.00 BDGT MO FLAG: 0 CURR MO RECOVERY AMT:
 UPDATED: SYSTEM ID: SDX1015
 PF1-> HELP PF3-> NEXT SCR PF5-> RECIP PF6-> PREV PF10-> PREV MENU
 PF11-> SDX TRANS PF12-> BENDEX PF14-> BUY

4EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/05/07
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: POWELL NAOMI HH NAME: POWELL NAOMI
RCP NUMBER: 4831103802 HH NUMBER: 100619112 ACTION TYPE: MAINTENANCE
SSN: 226-44-3010 APL STATUS:
MCN: 226443010A VALIDATED BY: BUY IN ON: 03/03/2007 ACTION DATE: 09/13/2006

PART A - BEGINNING DATE: 03/01/1995 ENDING DATE: BY: MMA

PART B - BEGINNING DATE: 03/01/1995 ENDING DATE: BY: MMA

PART C - BEGINNING DATE: 06/01/2006 ENDING DATE: 02/28/2007 BY: MMA

PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: BY: MMA

LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2007 BY: MMA
SUBSIDY

UPDATED: USER ID: DATE: SYSTEM ID: BUY200B DATE: 03/03/07
ME900063 RECIPIENT RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-



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Medicare Advantage (Part C)

Medicare Part C, formerly known as "Medicare+Choice," is now known as "Medicare Advantage". If you are entitled to Medicare Part A and enrolled in Part B, you are eligible to switch to a Medicare Advantage plan, provided you reside in the plan's service area. Medicare Advantage provides the following options:

- Coordinated Care Plans (the Balanced Budget Act of 1997's umbrella term for managed care plans);
 - *HMO* plans, otherwise known as Health Maintenance Organization plans, emphasize preventive care but without coverage for providers or facilities outside the HMO network. They almost always require a network primary care physician referral to access a network specialist; they usually offer drug benefits.
 - *POS* plans, otherwise known as Point of Service Plans, offer a network of preferred providers, like HMO plans, but also provide reduced benefits for providers or facilities outside the HMO network. They typically require a referral from a network primary care physician to access a network specialist; they sometimes offer drug benefits.
 - *Regionally Expanded Preferred Provider Organization (PPO)* plans are similar to POS plans but have broader geographic access to network providers in a larger service area, and with reduced benefits outside the PPO network. They do not typically require a referral from a network primary care physician to access network specialists. They may or may not offer drug benefits.
 - *PSO* plans, otherwise known as Provider-Sponsored Organizations, are similar to the POS plans but are usually organized with physicians that practice in a regional or community hospital. There may or may not be coverage for providers or facilities outside the PSO network, depending upon the plan designs offered. They may require a referral from a network primary care physician to access network specialists. They typically offer drug benefits.
- Medical Savings Accounts set up in conjunction with private fee-for-service plans providing:
 - at least the same benefit coverage levels as Medicare Parts A and B; or
 - high deductible coverage.

Call 1-800-MEDICARE or visit www.cms.hhs.gov/healthplans/rates/default.asp to determine what your plan choices are in your area.

Enrollment Period

To join a Medicare Advantage Plan, you must have Medicare Part A and Part B before you can get Part C. In addition, you might have to pay a monthly premium to your Medicare Advantage Plan for the extra benefits that they offer.

Medicare Prescription Drug Plan (Part D):

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 added Part D. Medicare Part D pays for outpatient prescription drugs. The plan starts out with a \$250 deductible in 2006 and will pay:

- 75% of the next \$2,000 spent;
- Nothing for the next \$2,850 spent; and
- 95% for drug bills over \$5,100.

The deductible and cost-sharing limits can, and probably will, be adjusted in future years.

The government guarantees drug coverage in any region that does not have at least one stand-alone drug plan and one private health plan. Employers that offer equivalent drug coverage for retirees can receive tax-free subsidies. Employers can also offer premium subsidies and cost-sharing assistance for retirees who enroll in Medicare drug plans.

Starting in 2006, lower-income seniors and disabled individuals will receive additional help in paying for prescription drugs:

- People eligible for both Medicaid and Medicare will pay no premium or deductible and have no gap in coverage. They will pay \$1 per prescription for generics and \$3 for brand names (co-pays are waived for those in nursing homes).
- People with incomes below about \$13,000 (\$17,600 for couples) in 2006 and assets of under \$6,000 (\$9,000 for couples) will pay no premium or deductible and have no gaps in coverage. They will pay \$2 for generics, \$5 for brand names, and nothing above the catastrophic limit.
- People with incomes between \$13,000 and \$14,400 (\$17,600 and \$19,500 for couples) in 2006 and assets under \$10,000 (\$20,000 for couples) will pay premiums on a sliding scale, a \$50 deductible and 15 percent of drug costs with no gaps in coverage. After spending \$3,600 out-of-pocket in a year, co-pays will be \$2 for generics, \$5 for brand names.

Prior to 2006, Medicare recipients could buy a prescription drug discount card authorized by the Centers for Medicare and Medicaid Services. These cards are no longer available after December 31, 2005. Participants' coverage ends by May 14, 2006.

Enrollment Period

Beginning January 1, 2006, Medicare beneficiaries purchasing optional Part D are able to get drug coverage through a separate drug insurance policy.

Once you are eligible for Part D, you should receive a Disclosure Notice from your current

health plan if you are an eligible active or retired employee or eligible spouse of an employee or retired employee who is covered by the current group health plan. The notice will inform you whether you have Creditable Coverage so you can decide whether to enroll in Part D.

If you do not have Creditable Coverage and do not enroll in Part D when first eligible, you may have to wait until the following November 15 to December 31 enrollment period to join Part D. In addition, you will face a late enrollment penalty of at least one percent if you decide to enroll after the later of the Initial Enrollment Period or date you first became eligible for Part D. You can avoid this penalty if 1) you enroll in Part D during the Enrollment Period when you are first eligible or 2) if you enroll after the Enrollment Period but demonstrate that you had no lapse greater than 62 days in coverage under your health plan that provided Creditable Coverage.

The Medicare Part D premium is projected to cost the participant about \$35 - \$37 per month. If an eligible Medicare beneficiary puts off getting the Medicare Part D beyond the initial enrollment date, that individual will have to pay a higher monthly premium.

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