

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

**ACTION REFERRAL**

TO <i>Myers</i>	DATE <i>11-20-09</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>300239</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Forbner cleared 12/1/09, see attached e-mail.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-3-09</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.			

HEALTH MANAGEMENT ASSOCIATES

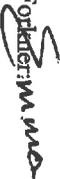
November 16, 2009

RECEIVED

NOV 20 2009

Emma Forkner, Director  
Department of Health & Human Services  
PO Box 8206  
1801 Main Street  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner: 

I am writing for two reasons. First, I thank you and your staff for providing data for our December 2008 Medicaid enrollment update report that Eileen Ellis and David Rousseau prepare for *The Kaiser Commission on Medicaid and the Uninsured*. While December 2008 report has not been finalized, the June 2008 report is now available at <http://www.kff.org/medicaid/7606.cfm>.

Second, we are now preparing our next report which will focus on trends in Medicaid enrollment through June 2009 in all 50 states and the District of Columbia. For that report, we are now asking that you send us the report or Excel workbook that Kevin Rogers has sent us in the past, updated with Medicaid enrollment data for the month of June 2009. We are requesting that this information again include the split of your state's Medicaid enrollment between children and adults. (We will again assign disabled children to the "adult" category.)

In addition to the child/adult split, we will continue to track trends in enrollment of other subsets of the Medicaid population including the following: (1) families, children, and pregnant women; (2) aged and disabled, (3) "childless adults" for those states with waivers; (4) Transitional Medical Assistance; (5) poverty-related (SOBRA) enrollment within the "families, children and pregnant women" group; (6) family planning waivers; (7) Pharmacy Plus Waivers; and (8) Medicare Savings Programs (QMB, SLMB & QI).

There is special national interest in the impact of the recession on Medicaid enrollment. For that reason, we would like to have this data not later than December 4th. Most states now provide the information electronically. If you are able to do so, please e-mail your response to Dennis Roberts at: [droboterts@healthmanagement.com](mailto:droboterts@healthmanagement.com). Otherwise, please fax the report to Dennis at: 517-482-0920, or mail to his attention at:

Health Management Associates  
120 N. Washington Square, Suite 705  
Lansing, MI 48933

You will note we are sending a copy of this letter to Kevin Rogers who assisted us as we gathered data for the last report. I hope this will facilitate our request because of the short timeframes we are working under for this report.

I thank you very much for your help on this very important project. If you have any questions, please feel free to call Eileen Ellis, Dennis Roberts, or me at 517-482-9236.

Sincerely,

  
Vernon K. Smith, Ph.D.  
Principal

  
Frank

ONE MICHIGAN AVENUE BUILDING  
120 NORTH WASHINGTON SQUARE  
SUITE 705  
LANSING, MICHIGAN 48933  
TELEPHONE: 517-482-9236  
FAX: 517-482-0920  
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AUSTIN, TEXAS  
CHICAGO, ILLINOIS  
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SOUTHERN CALIFORNIA  
TALLAHASSEE, FLORIDA  
WASHINGTON, DC

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL



TO <i>Myers / Rogers</i>	DATE <i>11-20-09</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>1001239</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlner</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
		<input checked="" type="checkbox"/> Necessary Action - email - <i>see attached</i> DATE DUE _____	

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Sincerely,



Vernon K. Smith, Ph.D.  
Principal



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WWW.HEALTHMANAGEMENT.COM

RECEIVED  
SC Dept. Health  
& Human Services

NOV 30 2009

Bureau of  
Medicaid Systems Management

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SOUTHERN CALIFORNIA  
TALLAHASSEE, FLORIDA  
WASHINGTON, DC

## Daisy G. Massey - Fwd: Re: SC Medicaid Data Request

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**From:** Daisy G. Massey  
**To:** Brenda James  
**Subject:** Fwd: Re: SC Medicaid Data Request

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This covers Log 000239. I will also bring up paper copies for files.

>>> Kevin Rogers 12/1/2009 10:09 AM >>>  
Already sent. This is for log #00239.

>>> Kevin Rogers 11/23/2009 1:28 PM >>>  
Hi, included in this message is the June 2009 update to our enrollment report.

>>> Dennis Roberts <DRoberts@healthmanagement.com> 11/18/2009 12:17 PM >>>  
Kevin,

We are again collecting data for our semi-annual Medicaid enrollment report that we write for the Kaiser Commission. Attached are a copy of the Medicaid data request and a copy of what you provided last time. We are currently collecting enrollment data for June 2009. We hope to collect data from all 50 states and the District of Columbia by December 4th. Your help with this very important project is greatly appreciated.

Dennis Roberts  
Senior Consultant  
Health Management Associates  
120 N Washington Square #705  
Lansing, MI 48933

Phone: (517) 482-9236  
Fax: (517) 482-0920

email: [DRoberts@HealthManagement.com](mailto:DRoberts@HealthManagement.com)

MEDICAID ELIGIBLES  
JUN-2009  
FINAL REPORT  
STATEWIDE SUMMARY

PAYMENT CATEGORY	ADULT GROUP	0 - 18	19 - 64	65+	UNKNOWN	TOTAL
10 NURSING HOME	DA	5	1,750	10,425	0	12,180
11 TRANSITIONAL (TMA)	OA	18,099	11,884	2	0	29,985
12 OCWI INFANTS	OA	37,386	1	0	0	37,387
13 FOSTERCARE	OA	1,180	293	0	0	1,473
14 GENERAL HOSPITAL	DA	38	43	15	0	96
15 HOME&COMMUNITY BASED WAIVER	DA	190	4,087	4,240	0	8,517
16 PASS ALONG	DA	0	57	4	0	61
17 EARLY WIDOWS/WIDOWERS	DA	0	2	0	0	2
18 DISABLED WIDOWS/WIDOWERS	DA	0	0	0	0	0
19 DISABLED ADULT CHILDREN	DA	0	75	0	0	75
20 PASS ALONG CHILDREN	OA	9	0	0	0	9
31 TITLE IV-E FOSTER CARE	OA	2,506	203	0	0	2,709
32 AGED, BLIND, DISABLED (ABD)	DA	91	29,024	23,953	0	53,068
33 ABD NURSING HOME	DA	1	293	673	0	967
40 WORKING DISABLED	DA	0	148	0	0	148
48 QUALIFYING INDIVIDUALS (QI)	DA	0	2,162	3,094	0	5,256
50 QUAL. DISABLED WORKING INDIV.	DA	0	0	0	0	0
51 TITLE IV-E ADOPTION ASSISTANCE	DA	0	354	0	0	4,497
52 SLMB	DA	4,143	0	0	0	11,573
54 SSI NURSING HOME	DA	19	4,965	6,608	0	11,573
55 FAMILY PLANNING WAIVER	DA	19	785	593	0	1,397
57 TERA/ KATIE BECKETT	OA	1,734	38,624	0	0	40,358
59 LOW INCOME FAMILIES	OA	3,248	26	0	0	3,274
60 REGULAR FOSTER CARE	OA	96,428	60,443	12	0	156,883
71 BREAST AND CERVICAL CANCER	DA	3,855	166	0	0	4,021
80 SSI	DA	1	949	3	0	953
81 SSI WITH ESSENTIAL SPOUSE	DA	23,245	65,180	21,609	0	110,034
85 OPTIONAL SUPPLEMENT	DA	0	1	0	0	1
86 OPTIONAL SUPPLEMENT & SSI	DA	0	679	956	0	1,635
87 OCWI PREGNANT WOMEN	DA	0	1,692	856	0	2,548
88 PARTNERS FOR HEALTHY CHILDREN	OA	1,567	22,308	0	0	23,875
90 QUALIFIED MEDICARE BENEFICIARY	DA	247,017	1,729	0	0	248,746
91 RIBICOLF CHILDREN	DA	0	0	0	0	0
E EMERGENCY SERVICES	OA	0	0	0	0	0
I SCDG INMATE SERVICES	OA	34	367	1	0	402
C SCDG EMERGENCY/INMATE SERVICES	OA	0	107	57	0	164
D DJJ INMATE SERVICES	OA	0	0	0	0	0
J DJJ EMERGENCY/INMATE SERVICES	OA	7	0	0	0	7
B DJJ GROUP HOME	OA	0	0	0	0	0
P OTHER MISC. INMATE SERVICES	OA	585	6	0	0	591
A OTHER EMERGENCY/INMATE SERVICES	OA	1	1	0	0	2
TOTAL MEDICAID	OA	0	0	0	0	0
		441,389	248,404	73,101	0	762,894
X PHC EXPANSION	OA	331	0	0	0	331
G PHC EXPANSION/DJJ GROUP HOME	OA	0	0	0	0	0
99 HEALTHY CONNECTION KIDS	OA	14,115	110	0	0	14,225
TOTAL SCHIP		14,446	110	0	0	14,556
GRAND TOTAL MEDICAID AND SCHIP		455,835	248,514	73,101	0	777,450
MAJOR COVERAGE GROUPS (MEDICAID/SCHIP)						
CHILDREN		455,835	0	0	0	455,835
ELDERLY		0	0	73,101	0	73,101
+DISABLED ADULTS - DA		0	111,892	0	0	111,892
+OTHER ADULTS - OA		0	136,622	0	0	136,622
70 REFUGEE ENTRANT		17	52	4	0	73
92 GAPS		0	0	22,551	0	22,551