

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2-19-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000427</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Myers</i> <i>Cleared 2/28/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-28-08</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.			

Mark Sanford

From: Coggeshall, Chandler G. [CCoggeshall@TEAMIA.COM]
Sent: Thursday, January 17, 2008 4:47 PM
To: ~~XXXXXXXXXXXX~~
Cc: lolacog@aol.com
Subject: Medicaid reform

Dear Governor Sanford,

I feel compelled to write you this letter and share my story as you evaluate the 2008 budget. I think you will be shocked at the lack of common sense that prevails throughout the Medicaid program. I have a daughter with Down syndrome. She will be six in February. Until mid 2005 she had primary insurance on my wife's company policy with United and had Medicaid as a secondary insurance. Due to her condition she is prone to numerous health issues...none to serious thank God. Each time she needed a medical procedure we discovered that her physicians did not accept Medicaid a secondary form of payment and therefore were having to pick up additional co pays and deductibles.

We were informed in advance that she would require several sinus surgeries that were going to be quite costly. Around the same time we discovered there is a South Carolina sponsored plan to assist families with insurance premiums to encourage families to keep there loved ones on the private policies as primary. My wife works for Aramark, one of the largest private companies in America. Our total monthly insurance premium is less than \$300. We applied for the assistance only to be denied as it is a needs based program. The program is set up to help the poorest families....which probably have the highest insurance premiums. We had asked that they only cover the difference of adding children to the policy (approximately \$120 per month). We knew the surgeries were going to be in excess of \$15,000.00 and our out of pocket was going to be substantial. I asked to speak with the director of the program to reconsider our family and made the case that our insurance was cheap compared to most of those participating in the program. Unfortunately, we were denied.

At that point we confirmed that each of my daughter's physicians gladly accepts Medicaid as a primary payer. We again pleaded with the agency to reconsider or we would drop our daughter from our policy and place her on full Medicaid benefits. Again, we were denied, stating that policies are policies and there is nothing they could do. At that moment I requested that Lawton be fully converted to Medicaid and contacted United Healthcare and dropped her form our policy.

To date I have estimated that the tax payers of SC have absorbed nearly \$30,000 in medical treatment, schedule office visits, and medication over the past 2 1/2 years. If the State had supplemented our insurance the cost would have been approximately \$3600. That's a difference of \$26,400. Where is the common sense? There are plenty of tax dollars to go around. Unfortunately there are inept folks littered in these agencies. You and our legislators work hard to fund the programs but idiots are in charge of the agencies. This is a simple case of determining if financially stable families have lower cost insurance. If so, they should be accepted into the program not discriminated against.

Please help me understand this. I was willing to absorb the majority of the cost. Now I'm the one that is laughing.

Please feel free to use this example any time. Good luck as you plow ahead.

Sincerely,

Chandler Coggeshall
Chandler Coggeshall
Team IA, Inc.
714 South Lake Drive, Suite 100
Lexington, SC 29072
803.366.7676 wk

Log. Jacobs
Appoe Sign.
cc: Myra

RECEIVED

FEB 15 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

1/17/2008

02/15/2008 11:45AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2-19-08</i>
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>[Signature]</i>	<i>2/27/08</i>		
2. <i>[Signature]</i>	<i>2/27/08</i>		
3.			
4.			

From: Molly Jackson
To: Lynchjen
Date: 2/25/2008 2:17 PM
Subject: Fwd: HIPP Log Letter

CC: Gwendolyn Gaymon; Milton German

Approximate \$ 12,000 for this case was not cost effective.
Had there been other information, perhaps a different amount would have changed the outcome.
There is another email I'll also forward.

>>> Gwendolyn Gaymon 2/25/2008 10:50 AM >>>

I have completed my analysis on the Coggeshall case. I did my claims research from 1/1/04-12/31/07 because HIPP first got the referral in June 2004 the past six months EOBs would have include claims back to January 2004. The total Medicaid amount paid for the three years was \$29,099.64 of this amount \$ 18,418.73 was for Mental Retardation charges such as Case Management, Family Training & Counseling, TRTMT SP/Lang/Voice/Comm (Expressive Language Disorder) charges normally not paid by private insurance and are Medicaid waiver covered services. I also excluded Dental charges.
\$10,680.91 would have been considered for HIPP cost effectiveness. There were five hospital visits between December 2005 and September 2007 Medicaid paid a total of \$ 1,776.65.

As stated in my first review the case was not cost effective based on the information submitted at the time of application and additional documentation was never received by HIPP staff. The case was closed and policy dropped a year after denial letter was sent.

Thanks

Gwen J. Gaymon
Program Coordinator
Division of Third Party Liability
Health Insurance Premium Payment (HIPP)
(803)-933-1827

From: Gwendolyn Gaymon
To: Jennifer Lynch; Molly Jackson
Date: 2/22/2008 10:39 AM
Subject: Re: Log letter regarding HIPP
Attachments: WHAT IS THE HIPP PROGRAM_1.doc

CC:

Milton German

I am currently working on the file. I will have a total case analysis completed before close of business today. So far I can tell you that on 6/4/04 the cases was entered into HIPP data base, a letter was sent requesting information needed to make a cost effectiveness decision for approval or denial. On 10/26/04 the Coggeshall's case was denied for "not cost effective". Mr. Coggeshall's called and spoke with a representative on 11/17/04 and requested to be reconsidered he stated he would send in additional documentation which would help establish cost effectiveness. No information was received and the case was never opened.

Mr. Coggeshall did not terminate insurance until 10/10/05 a year after our denial. The beneficiary also receives a good number of services for Down's Syndrome/ Mental Retardation that are strictly Medicaid covered charges we do not count charges not paid by a Third Party as a savings to Medicaid. Please see the attached flyer which will give you some more information about our program. Once I have completed my analysis and talk with Molly and Milton we will get back with you.

Thank you for your assistance with this matter, It's greatly appreciated.

Gwen J. Gaymon
Program Coordinator
Division of Third Party Liability
Health Insurance Premium Payment (HIPP)
(803)-933-1827

>>> Jennifer Lynch 02/22/08 10:19 AM >>>
Good morning, Have you had a chance to review this information? Thanks again for looking into this matter.

Jennifer Lynch
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhs.gov

>>> Gwendolyn Gaymon 2/20/2008 10:08 AM >>>
Jennifer can you fax me a copy of the letter and I will research his file. My fax number is 803-612-5109. Thanks

Gwen J. Gaymon
Program Coordinator
Division of Third Party Liability
Health Insurance Premium Payment (HIPP)
(803)- 933-1827

>>> Jennifer Lynch 2/20/2008 9:51 am >>>
Good morning,

We received a log letter from the Governor's office regarding complaints against the HIPP program. This gentleman writes in regards to his daughter's denial for assistance through the program. He mentions in his letter he spoke with the Director of the program. I believe everything transpired back in 2005. He dropped the United Healthcare coverage back in 2005 and is now strictly Medicaid. I need to call him and also prepare a written response. I have general information on the program, but if you have any information you can pass on that you think will be helpful, it will be greatly appreciated. He also mentions that he estimated spending of \$26,400 in taxpayers money due to her being straight Medicaid. I can fax a copy of the letter if you would like. It would also be very helpful if someone from the HIPP area could call him and discuss eligibility once more. Thanks for any information you can provide.

Chandler L. Coggeshall (female)
rcp# 1534518601

The father is Chandler Coggeshall. 803-356-7676

Jennifer Lynch
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

EDIT

Closed? ☐

Source Blue Log

Constituent ID

1385

Date Closed

Log No

0427

Cur Date

2/28/2008

Print this Form

Constituent Notes

SSN

656-12-0596

MEDICARD ID

0000000000

First Name

MI

Last Name

Chandler

L

Coggeshall

Constituent Phone(s)

() - () -

() -

Constituent Phone Extension

HIPAA/Admission

Reason for Referral

Complaints

Staff ID

Staff First Name

Staff Last Name

2

Jennifer

Lynch

Point of Contact

Authorized Rep

Chandler Coggeshall

Rep Phone

(803) 356-7676

Relationship

Father

Legislative/Other

Governor's Office

Entry Date

2/20/2008

Last Update

2/20/2008

Last Update User

LYNCHJEN

Apply

Cancel

Close

Constituent# 1385

Notes ID	Entry Date	Last Update	Notes
4281	2/27/2008	2/27/2008	To Denise for proofing and then to Mark. LYNCHJEN 2/27/2008 9:46:15 AM
4280	2/27/2008	2/27/2008	Bryan and Milton are going to speak with Mr. Coggeshall today and notify him of the review finding. I told Bryan to contact me if anything changes. I am sending the letter on because it's due tomorrow. If Bryan says something changes (which it shouldn't) he will let me know and I'll get the letter from whoever and update it. LYNCHJEN 2/27/2008 9:46:03 AM
4237	2/26/2008	2/26/2008	I got a call from Bryan today telling me not to call Mr. Coggeshall because he and Milton German will have a conference call with Mr. Coggeshall tomorrow. Bryan will let me know

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
4280	2/27/2008	2/27/2008	LYNCHJEN	Bryan and Milion are going to speak with Mr. Coggeshall
4237	2/26/2008	2/26/2008	LYNCHJEN	I got a call from Bryan today telling me not to call Mr. Cog
4206	2/25/2008	2/25/2008	EPSPDEN	I emailed Gwen & asked her to share with me what she n
4184	2/22/2008	2/22/2008	LYNCHJEN	Gwen Gannon emailed me telling me she had a family an

EDIT

Case Notes ID 4280

Constituent Data

Constituent ID 1386

SSN 656120596

MEDICAD 000000000000

First Name Chandler

Middle Initial L

Last Name Coggeshall

Legislator / Other Governor's Office

Notes

Bryan and Milion are going to speak with Mr. Coggeshall today and notify him of the review finding. I told Bryan to contact me if anything changes. I am sending the letter on because it's due tomorrow. If Bryan says something changes (which it shouldn't) he will let me know and I'll get the letter from whoever and update it.

LYNCHJEN 2/27/2008 9:46:03 AM

Staff Data

Staff ID 2

Jennifer Lynch

Spell Check

Grammar Check

Print this Page

Entry Date 2/27/2008

Last Update 2/27/2008

Last Update User LYNCHJEN



Record 1 / 8



From: Molly Jackson
To: lynchjen
Date: 2/25/2008 2:18 PM
Subject: Fwd: Log Letter

CC: Gwendolyn Gaymon; Milton German
as indicated

>>> Gwendolyn Gaymon 2/25/2008 11:51 AM >>>
One more note Mr. Coggeshall stated in the letter his Medicaid providers were not willing to accept Medicaid as secondary so he had to pick up additional co-pays and deductibles this would have been a factor in HIPP's decision if he was not willing to switch to a provider that would accept Medicaid as secondary. Thanks

Gwen J. Gaymon
Program Coordinator
Division of Third Party Liability
Health Insurance Premium Payment (HIPP)
(803)-933-1827

From: Molly Jackson
To: Gwendolyn Gaymon; Jennifer Lynch
Date: 2/20/2008 11:25 AM
Subject: Re: Log letter regarding HIPP

CC: Bruce Carter; Milton German
The agency is in discussion about the issue. It is long-standing.

>>> Jennifer Lynch 2/20/2008 10:53 AM >>>
They've dropped her primary insurance now. I wish this could have been addressed back in 2005. How would Medicaid make a physician accept as secondary?

Jennifer Lynch
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhs.gov

>>> Molly Jackson 2/20/2008 10:45 AM >>>
Although not the issue at hand,

The letter writer indicates that the physicians they were taking the child to would only accept the child as Medicaid if there were no insurance. Put another way, the doctors are refusing to provide service to a beneficiary with a primary insurance plan but would accept her as Medicaid if there were no insurance.

42 CFR 447.20(b) states "A provider may not refuse to furnish services covered under the plan to an individual who is eligible for medical assistance under the plan on account of a third party's potential liability for the service(s)."

>>> Jennifer Lynch 2/20/2008 9:51 AM >>>
Good morning,

We received a log letter from the Governor's office regarding complaints against the HIPP program. This gentleman writes in regards to his daughter's denial for assistance through the program. He mentions in his letter he spoke with the Director of the program. I believe everything transpired back in 2005. He dropped the United Healthcare coverage back in 2005 and is now strictly Medicaid. I need to call him and also prepare a written response. I have general information on the program, but if you have any information you can pass on that you think will be helpful, it will be greatly appreciated. He also mentions that he estimated spending of \$26,400 in taxpayers money due to her being straight Medicaid. I can fax a copy of the letter if you would like. It would also be very helpful if someone from the HIPP area could call him and discuss eligibility once more. Thanks for any information you can provide.

Chandler L. Coggeshall (female)
rcp# 1534518601

The father is Chandler Coggeshall. 803-356-7676

Jennifer Lynch
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhs.gov

From: Bryan Kost
To: Jennifer Lynch
Date: 2/26/2008 11:30 AM
Subject: Re: Gov's office-Coggeshall

Thanks for not calling him yet - remind me to give you an update after we speak with him tomorrow,

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhhs.gov

>>> Jennifer Lynch 2/26/2008 9:54 AM >>>
I got a response from Molly Jackson on this and they are not eligible for the HIPP program. They did another analysis on this. They are \$12,000 over the cost effective point. I will be calling Mr. Coggeshall to let him know today. I meet with Mark at 10:00 and have a few questions for him before calling. We'll also do a written response to Mr. Coggeshall and we will need to close with the Governor's office by a telephone call.

I will let you know after I speak with him. Thanks!

Jennifer Lynch
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
lynchjen@scdhhs.gov

From: Denise Epps
To: Gwendolyn Gaymon
Date: 2/25/2008 2:40 PM
Subject: Gov's ofc inquiry re: Chandler Coggeshall

CC: Jennifer Lynch
HIPP issue -

Jenny is out sick today so I'm contacting you to ask if you can share any info you have regarding this situation with me in her absence. The Governor's Office called today to inquire again.

Many thanks for your assistance,
Denise

Denise M. Epps
Constituent Services
Bureau of Eligibility Policy & Oversight
(803) 898-2505 direct; (803) 255-8350 fax
eppsden@scdhhs.gov

2:30 p.m.

Jenny,
Jena called just now
to say Gov's. Ofc. wants us
to speed things up on this one ~
So I sent an email to Enler.
I'll also call her; had to leave
a VM msg. Denise

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/26/08
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: COGGESHALL CHANDLER L ACTION TYPE: MAINTENANCE
HH NUMBER: 100142034 APL STATUS: ACTION DATE: 02/12/04
APL EFF DATE: 02/02/2004 WKR: JANEL JANELLE LEE WKR'S CNY: 47 STATE OFFIC
MAIL IN(Y/N): Y APL SITE: _____ SPNSR: _____
APPLICANT'S CNY: 40 RICHLAND
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
4700 WRENWOOD LANE REASON FOR APPLICATION:

COLUMBIA SC 29206- ADULT WITH CHILDREN(Y/N): N
RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): Y
AGED(Y/N): N

INMATE(Y/N): _____ LIMITED DATA COLLECTION: 00 NONE
FIRST SIGNATURE OBTAINED(Y/N): Y
WITHDRAW APPLICATION(W/C/N): N

PHONE: H: 803-787-0005 W: - - DATE: 06/07/04 SYSTEM ID: HMS5000 DATE: 02/12/04
UPDATED: USER ID: JLYNC
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+

Log 0427



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 28, 2008

Mr. Chandler Coggeshall
4700 Wrenwood Lane
Columbia, South Carolina 29206

Dear Mr. Coggeshall:

Governor Mark Sanford asked our agency to assist with your concerns regarding Medicaid's Health Insurance Premium Payment (HIPP) program for your daughter, Chandler L. Coggeshall.

The HIPP program was created to help Medicaid beneficiaries maintain their private health insurance coverage to ensure Medicaid as the payer of last resort. Premiums must be cost effective. Cost effective means that the anticipated medical cost of the client are greater than the cost of the private health insurance premium, deductible, co-insurance and administrative cost.

Staff members have carefully reviewed your daughter's case and completed a claims analysis from January 1, 2004 through December 31, 2007 and determined that it is not cost effective for the HIPP program to pay Chandler's health insurance premiums.

If you have additional questions about the HIPP program, please contact the Third Party Liability Division Director, Mr. Milton German, at (803) 898-1051 and he will be happy to assist you.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/col