

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-------------------|------------------------|
| TO <i>Fies</i> | DATE <i>1-18-07</i> |
|-------------------|------------------------|

| | | | |
|--|---|------------------|--|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOG NUMBER 000468 | <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-25-07</i> <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action | | |
| 2. DATE SIGNED BY DIRECTOR <i>Cleaved 1/29/07, with attached.</i> | | | |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|---|---------|--|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

JAMES E. CLYBURN
6TH DISTRICT, SOUTH CAROLINA

VICE CHAIR
HOUSE DEMOCRATIC CAUCUS

DEMOCRATIC STEERING COMMITTEE

CONGRESSIONAL BLACK CAUCUS



COMMITTEE:
APPROPRIATIONS

SUBCOMMITTEES:
ENERGY AND WATER DEVELOPMENT
TRANSPORTATION, TREASURY
AND INDEPENDENT AGENCIES

LEGISLATIVE BRANCH

www.house.gov/clyburn/
E-mail: jclyburn@mail.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515-4006

January 12, 2007

RECEIVED

JAN 18 2007

Mr. Robert Kerr
Director
Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Mrs. Willie R. Matthews
SS# 249-56-3873

Log. Ries
"Robby's Sign."

Dear Mr. Kerr:

In an effort to be of service to the above referenced constituent, I am forwarding the enclosed information to you for review. Any assistance you may be able to provide in this matter would be greatly appreciated.

If you need any additional information, please contact Kenny Barnes of my Florence office at (843) 662-1212. You may direct your response to that office at P.O. Box 6286, Florence, S.C. 29502.

With kindest regards, I am,

Sincerely,

James E. Clyburn
James E. Clyburn
Member of Congress

JEC: kb

2135 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4006
(202) 225-3315
(202) 225-2313 FAX

1703 GERVAIS STREET
COLUMBIA, SC 29201
(803) 799-1100
(803) 799-9060 FAX

181 EAST EVANS STREET
FLORENCE, SC 29506
(843) 662-1212
(843) 662-8474 FAX

8833 OLD HIGHWAY 6
SAUTE, SC 29142
(803) 854-4700
(803) 854-4900 FAX

437 AMELIA STREET
ORANGEBURG, SC 29115
(803) 533-1000
1st & 3rd MONDAYS

21 NORTH MAIN STREET
SUMTER, SC 29150
(803) 436-2500
2ND & 4TH MONDAYS

JAMES E. CLYBURN
6TH DISTRICT, SOUTH CAROLINA

VICE CHAIR
HOUSE DEMOCRATIC CAUCUS

DEMOCRATIC STEERING COMMITTEE
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LEGISLATIVE BRANCH

www.house.gov/clyburn/
E-mail: jayburn@mail.house.gov

Congress of the United States
House of Representatives
Washington, DC 20515-4006

Florence Office
Post Office Box 6286
Florence, SC 29502
Ph.(843) 662-1212 - Fax (843) 662-8474

Dear Congressman Clyburn:

In response to my request for assistance, you have informed me that the Privacy Act of 1974 requires you have my authorization in writing to inquire into this matter on my behalf.

I hereby authorize you to obtain necessary information for the purpose of assisting me from:

Kenne County DHHS
Name of Agency

2/11/21
Date of Birth

Willie R. MATHEWS
Print Name in Full

249-56-3873
Social Security Number

Wesley R. Mathews
Signature in Writing

12/19/06
Date

121 Carolina Ave.
Current Mailing Address

LAKE CITY S.C. 29560
City State Zip Code

FLORENCE
Area Code & Phone Number County in Which You Live

Briefly State Your Request Below:

that the above named recipient be allowed to remain
in the Caged, Blind, Disabled category rather than being
moved into the SLM& program.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

January 29, 2007

Mrs. Willie R. Matthews
121 Carolina Avenue
Lake City, South Carolina 29560

Dear Mrs. Matthews:


Congressman James Clyburn asked our agency to assist you with your concerns regarding your Medicaid coverage.

I am happy to report that upon further review of your case you will continue to receive Medicaid benefits through our Aged, Blind and Disabled program. We apologize for any confusion or inconvenience this may have caused you.

You also continue to receive Medicare coverage to help meet your medical and pharmacy needs. If you have questions regarding your Medicare coverage, please contact the Social Security Administration at 1-800-633-4227. If you need additional assistance with your Medicaid, please call Mr. Bob Liming at (803) 898-2621.

I hope this information proves helpful in meeting your healthcare needs.

Sincerely,


Gary Ries
Deputy Director

GR/jodi

#468



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

February 9, 2007

The Honorable James E. Clyburn
House Majority Whip
United States House of Representatives
Post Office Box 6286
Florence, South Carolina 29502

Attention: Mr. Kenny Barnes

Dear Congressman Clyburn:

Thank you for referring Mrs. Willie Matthews of Lake City to our agency with her concerns about Medicaid eligibility.

A member of our staff has been in direct contact with Mrs. Matthews, and we were pleased to successfully resolve her concerns with the Medicaid program.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. M. Kerr", written over the printed name and title.

Robert M. Kerr
Director

RMK/rjold



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

The Honorable James E. Clyburn
House Majority Whip
United States House of Representatives
Post Office Box 6286
Florence, South Carolina 29502

Attention: Mr. Kenny Barnes

Dear Congressman Clyburn:

Thank you for referring Mrs. Willie Matthews of Lake City to our agency with her concerns about Medicaid eligibility.

Successful resolve.
A member of our staff has been in direct contact with Mrs. Matthews, and we were pleased to assist her with her concerns about the Medicaid program.

As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing medical information without the client's written consent. We have enclosed an Authorization to Disclose Health Information form if you would like more information than we are currently able to provide.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Robert M. Kerr
Director

RMK/rjold

0468

Congressman James E. Clyburn

249-56-3873

Jacobs

1/18/2007

1/24/2007

1/25/2007

1/19/2007

[illegible]

Medicaid Programs / Other Resources Check List

Log # 0468

Legislator/Inquirer: Cong. Clyburn

Constituent: Mrs. Willie Matthews

SS#: 249-56-3873

| PROBLEM/ISSUE | | FAMILY SIZE | INCOME/RESOURCE | MEDICAID PROGRAMS | | OTHER RESOURCES | |
|--|---|--------------|-----------------|--------------------------|--------------------------|----------------------------|--------------------------|
| Client upset that ABD ended and now only eligible for SLMB | | 1 | \$784 | ABD | <input type="checkbox"/> | Communicare | <input type="checkbox"/> |
| | | STAFF PERSON | | Foster Children | <input type="checkbox"/> | FQHC | <input type="checkbox"/> |
| | | Bob Linnic | HCBS | <input type="checkbox"/> | Free Medical Clinics | <input type="checkbox"/> | |
| DA | ACTIONS TAKEN TO HELP | | | LIF | <input type="checkbox"/> | Medicare | <input type="checkbox"/> |
| 2/22/07 | Get folder from Denise, check MEDS and e-mail case worker re status and ask if this is COLA | | | MAO | <input type="checkbox"/> | MiAP | <input type="checkbox"/> |
| 1/22/07 | Case worker responds that she'll check re income + policy, responds that she is using the Policy + Mrs. Matthews will be restored to full ABD/QMB | | | MBCCP | <input type="checkbox"/> | Prescription Drug Programs | <input type="checkbox"/> |
| 1/23/07 | Send E-mail after check of MEDS shows ABD restored only 3/1/07 and ask why not back to 1/1/07? | | | Optional Supplement | <input type="checkbox"/> | Social Security | <input type="checkbox"/> |
| 1/24/07 | Verified w/Policy how to enter income, informed CA, she will change MEDS | | | PHC | <input type="checkbox"/> | TogetherRX | <input type="checkbox"/> |
| 1/24/07 | Called Mrs. Matthews spoke w/Mrs. Matthews + she gave okay to talk w/daughter Mrs. Truluck | | | Pregnant Women/Infants | <input type="checkbox"/> | | |
| 1/24/07 | Did generic letter to Clyburn because request letter said respond to his staff in Florence | | | SILVERxCARD | <input type="checkbox"/> | | |
| | This was COLA issue and resolved under new policy of 8/1/06 | | | SLMB | <input type="checkbox"/> | | |
| | | | | SSI | <input type="checkbox"/> | | |
| | | | | TEFRA | <input type="checkbox"/> | | |
| | | | | Working Disabled | <input type="checkbox"/> | | |

From: Melissa D Lynch
To: Robert G Liming
Date: 1/24/2007 1:34 PM
Subject: Fwd: Re: WILLIE MATTHEWS SS # 249-56-3873

OK I SURELY WILL CHANGE THAT. WELL I CAN LET THE GIRLS KNOW THAT. I HAVE ALWAYS BEEN TOLD DIFFERENT. THANKS.}

>>> Robert G Liming 01/24/07 1:17 PM >>>

OK: HERE IS THE LATEST I GET FROM THE POLICY FOLKS DOWN THE HALL: the amount on the eligibility screen should show a \$50 disregard. They use the \$20 disregard to determine if they are under the limit for QMB, but that the amount in MEDS should show the ABD disregard, since that is the category they are under.

HOPE THIS HELPS, I AM JUST GLAD WE CAN TELL MRS. MATTHEWS SHE REMAINS ELIGIBLE FOR ABD THROUGH THIS YEAR. THANKS FOR ALL OF YOUR GREAT HELP.

>>> Robert G Liming 1/24/2007 10:45 AM >>>

Hope I don't confuse you anymore with this one, but we checked with policy here this morning and they said we should show the \$834.00 figure as the base income and then take the \$50 off for an income of \$784. She will still be ABD eligible and as you have already done the date will go back to 1/1/07 so she will have no break in coverage. Hope this makes sense, not sure I can explain it clearly, but the bottom line is the policy folks say use the \$834.00 figure. Thanks

>>> Melissa D Lynch 1/24/2007 7:54 AM >>>

MEDS WOULDNT LET ME CHANGE HER ABD DATE TO 1-1-07 SO I SENT UP A MEDS CORRECTION.

>>> Robert G Liming 01/23/07 5:28 PM >>>

A little confused to check out this update in MEDS, can you tell me why it wouldn't show her eligibility for ABD restored to 1/1/07 instead of 3/1/07? If she went on SLMB on 1/1/07 and we have now gone back wouldn't it show as fully eligible from 1/1/07? Maybe I am reading something wrong, just want to be sure before I close this response. Thanks

>>> Melissa D Lynch 1/22/2007 12:44 PM >>>

YOUR WELCOME, THE COLA THING IS VERY CONFUSING AND YES IT WILL MAKE HER ABD/QMB. :) I AM WORKING ON IT NOW.

>>> Robert G Liming 01/22/07 12:31 PM >>>

Great, assume this will then allow her ABD/QMB coverage to be restored and therefore she will be fully covered? Thanks for looking into this for us, and I fully understand how the COLA change can get confusing for all of us

>>> Melissa D Lynch 1/22/2007 12:21 PM >>>

MS. MATTHEWS WAS ONLY OVER \$1 FOR ABD. WE HAVE HAD SO MUCH CONFUSION ABOUT THE COLA INCREASE. IT WAS BECAUSE OF HER COLA INCREASE. I WILL FIX THIS PROBLEM BY GOING BACK TO HER 12/04 SSA INCOME. SORRY FOR THE PROBLEMS.

M.LYNCH

From: Jennifer Dabbs
To: Robert G Liming
Date: 1/24/2007 12:26 PM
Subject: COLA case

Betty came by and yes, the amount on the eligibility screen should show a \$50 disregard. She said they use the \$20 disregard to determine if they are under the limit for QMB, but that the amount in MEDS should show the ABD disregard, since that is the category they are under.

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

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/22/07
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:

MEMBER PERIOD START: 11/08/06 END:

NAME: MATTHEWS WILLIE R HH NAME: MATTHEWS WILLIE R
RCP NUMBER: 8219078901 HH NUMBER: 100346101 ACTION TYPE: MAINTENANCE
SSN: 249-56-3873 VC: V APL STATUS: ACTION DATE: 08/30/05
APPLYING(A/NA): A

DOB: 02/11/1921 AGE: 85

ALTERNATE RECIPIENT NUMBER:

DOD: SC RES(Y/N): Y QUESTIONABLE(Y/N): N

SEX: F FEMALE RACE: 01 WHITE MEDICARE COVERAGE(Y/N): Y 249563873A

REL: SFI SELF SS CLAIM NUMBER(Y/N): Y 249563873A

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

MARITAL STATUS: W WIDOWED LIV ARRANGEMENT: HOME HOME

STUDENT STATUS:

PROVIDER NAME:

GRADE: ADMISSION DATE:

PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:

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

DISABILITY ONSET: 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: MELIM DATE: 11/22/06 SYSTEM ID: TTR1004 DATE: 01/11/07

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

AEDHMS51 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/22/07
MEDSPROD HOUSEHOLD MEMBER BUDGET GROUPS

MEMBER PERIOD START: 11/08/06 END:

PAGE: 1

NAME: MATTHEWS WILLIE R

HH NAME: MATTHEWS WILLIE R

RCP NUMBER: 8219078901

HH NUMBER: 100346101

ACTION TYPE: MAINTENANCE

SSN: 249563873

APL STATUS:

ACTION DATE: 08/30/05

| CURRENT | A/ | NA | CATEGORY | WORKER | BG | BG MBR |
|---------|----------|----|----------|--------|---------------|--------|
| S | BG'S | NA | SLMB3 | MSNIP | COUNTY STATUS | STATUS |
| - | 82190789 | | SLMB3 | MSNIP | 21 | D I |
| - | 18463923 | A | GAPS | SRXC3 | 47 | C I |
| - | 98524186 | A | ABD | MELIM | 21 | C I |
| - | 48939326 | A | MAONH | LTMCC | 21 | D I |
| s | 29455897 | A | SLMB | MELIM | 21 | A E |

ME900063 RECIPIENT RECORD FOUND

| | | | |
|----------------|---------------|------------------|-------------|
| PF 1-> HELP | PF 6-> RETURN | PF 7-> PREV | PF 8-> NEXT |
| PF11-> HH MBRS | PF12-> HH BG | PF14-> BG DETERM | PF17-> ELIG |

4EDIEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/22/07
MEDSPROD BENDEX INFORMATION

***** CONFIDENTIAL - FOR INTERNAL USE ONLY *****

ROW: 1 OF 2

SSA SSN: 249-56-3873 SSA NAME: WILLIE R MATTHEWS

SSN: 249-56-3873 NAME: WILLIE R MATTHEWS

RCP NUM: 8219078901 HH NUM: 100346101 COUNTY: 21 ELIGIBILITY STATUS: E

SSA INFORMATION

PAYMENT INFORMATION

INDIVIDUAL DATA:

SSA SSN: 249-56-3873

PAYMENT STATUS CODE: AD

SSA NAME: WILLIE R MATTHEWS

GROSS AMOUNT PAYABLE (MBA): 350.00

SSCN: 249180435D

EFFECTIVE DATE: 12/06

SSA DOB: 02/11/1921

NET MONTHLY BNFTS AMT (MBC): 350.00

PROOF OF DOB: P

INITIAL ENTITLEMENT DATE: 10/04

SEX: F

CURRENT ENTITLEMENT DATE: 10/04

VALIDATED BOSSN: 249-56-3873

MONTHLY BENEFITS PAYABLE: 350.00

CATEGORY OF ASSISTANCE: J

RETRO PAYMENT AMOUNT: 0.00

STATE AND COUNTY CODE: 42200

MONTHLY OP DEDUCTION AMT: 0.00

ALTERNATE SSN: 249-56-3873

ENDING DATE FOR OP DEDUCTION: 0.00

GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR: C

PAYMENT CYCLING INDICATOR: 2

UPDATED: SYSTEM ID: IEV7012 DATE: 2006-11-24-09.18.46.578541

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

4EDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/22/07
MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001
HH NAME: MATTHEWS WILLIE R ACTION TYPE: MAINTENANCE
HH NUMBER: 100346101 APL STATUS: ACTION DATE: 08/30/05
RCP/SSN/BG: LAST APL: 08/30/05 HH COUNTY: 21 FLORENCE
RES ADDR HOME PHONE: 843-374-3604 MAIL ADDR WORK PHONE: - -
210 FLORENCE AVE.

| S | RCP NUMBER | PI NAME | SC | - | LAKECITY | SSN | LATEST ELG PERIOD | AGE | SC |
|---|------------|---------------------|-------|-------|-----------|-------------|-------------------|-------|----|
| s | 8219078901 | * WILLIE R MATTHEWS | | | | 249-56-3873 | 01/01/07 | - | 85 |
| | WRKR ID: | MELIM | NAME: | LYNCH | MELISSA D | BG: | 29455897 | CNTY: | 21 |

ME900049 HOUSEHOLD RECORD FOUND
PF2->PI PF5->HH MBR DTL PF7->PREV PF8->NEXT PF9->HH APLS PF11->HH MBRS
PF12->HH BGS PF14->RCP INFO PF17->ELD00 PF18->HH MBR BGS PF19->REPL CARD

4EDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/22/07
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
 MEMBER PERIOD START: 11/08/06 END:
 NAME: MATTHEWS WILLIE R HH NAME: MATTHEWS WILLIE R
 RCP NUMBER: 8219078901 HH NUMBER: 100346101 ACTION TYPE: MAINTENANCE
 SSN: 249-56-3873 VC: V APL STATUS: ACTION DATE: 08/30/05
 APPLYING(A/NA): A
 DOB: 02/11/1921 AGE: 85
 DOD:
 SEX: F FEMALE RACE: 01 WHITE
 REL: SFI SELF
 SSI APPLICATION DATE:
 MARITAL STATUS: W WIDOWED
 STUDENT STATUS: GRADE: #:
 PREGNANT(Y/N): N EDC: #:
 BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N
 DISABILITY ONSET: 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: MELIM DATE: 11/22/06 SYSTEM ID: TTR1004 DATE: 01/11/07
 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

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/22/07
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: MATTHEWS WILLIE R ACTION TYPE: MAINTENANCE
HH NUMBER: 100346101 APL STATUS: ACTION DATE: 08/30/05
APPL EFFECTIVE DATE: 08/30/2005
MAIL IN(Y/N): N WORKER: PSIEG PATRICIA SIEGEL

APPLICANT'S COUNTY: 21 FLORENCE
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: WORKER'S COUNTY: 21 FLORENCE
210 FLORENCE AVE.

PRIMARY LANGUAGE: E ENGLISH
REASON FOR APPLICATION:

ADULT WITH CHILDREN(Y/N): N
CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
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: 843-374-3604 W: SC - -
UPDATED: USER ID: MELIM DATE: 11/22/06 SYSTEM ID: HMS5000 DATE: 08/30/05
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+

From: Melissa D Lynch
To: Robert G Liming
Date: 1/22/2007 12:44 PM
Subject: Re: WILLIE MATTHEWS

YOUR WELCOME, THE COLA THING IS VERY CONFUSING AND YES IT WILL MAKE HER ABD/QMB. :) I AM WORKING ON IT NOW.

>>> Robert G Liming 01/22/07 12:31 PM >>>
Great, assume this will then allow her ABD/QMB coverage to be restored and therefore she will be fully covered? Thanks for looking into this for us, and I fully understand how the COLA change can get confusing for all of us

>>> Melissa D Lynch 1/22/2007 12:21 PM >>>
MS. MATTHEWS WAS ONLY OVER \$1 FOR ABD. WE HAVE HAD SO MUCH CONFUSION ABOUT THE COLA INCREASE. IT WAS BECAUSE OF HER COLA INCREASE. I WILL FIX THIS PROBLEM BY GOING BACK TO HER 12/04 SSA INCOME. SORRY FOR THE PROBLEMS.

M.LYNCH

303.01.03A Social Security, Railroad Retirement, and Federal Poverty Level (FPL) COLAs

(Rev. 08/01/06)

On or after April 1, 2006, Medicaid beneficiaries who lose ABD Medicaid eligibility due to the annual Social Security and Railroad Retirement COLA and Federal Poverty Level COLA, disregard the most recent Social Security/Railroad Retirement COLA increase.

Example: George Allen received \$847 SSA in 2005. Effective January 1, 2006, his SSA increased to \$879. At the annual COLA rebudget, his income is now over the new FPL for 2006. Mr. Allen does not have Medicare. Use \$847, the SSA amount he received in 2005, to determine his continued Medicaid eligibility.

| | |
|---------------------------|--|
| \$879.00 – 50.00 = 829.00 | Over the \$817.00 income limit for 2006 |
| \$847.00 – 50.00 = 797.00 | Remains eligible using the 2005 SSA amount |

This disregard continues until either:

1. The individual loses Medicaid coverage for any reason for 3 consecutive months.
2. After the annual COLA rebudget, SSA/RR income is less than the FPL.

This disregard will continue to be given at annual review, unless the beneficiary meets one of the two criteria listed above. The individual may again be eligible for the disregard in later years if they again become ineligible due to COLA changes in SSA/RR and FPL.

If the individual receives added or increased income from a source other than SSA / RR at the time of the COLA adjustments, this disregard can be used only if ineligibility is caused by the change in SSA/RR income.

When budgeting for a couple this disregard applies to the SSA/RR of both individuals even though disregarding the COLA increase of only one member of the couple would result in keeping Medicaid coverage for the couple.

843 - 669 - 3354. X 257

AEDIEV04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/24/07
 MEDSPROD BENDEX HISTORY SUMMARY

***** CONFIDENTIAL - FOR INTERNAL USE ONLY *****

SSA SSN: 249-56-3873 SSA NAME: WILLIE R MATTHEWS
 SSN: 249-56-3873 NAME: WILLIE R MATTHEWS
 RCP NUM: 8219078901 HH NUM: 100346101 COUNTY: 21 ELIGIBILITY STATUS: E

| SSCN | RR CLAIM NUMBER | PSC | GROSS AMT (MBA) | EFF DATE | NET MTHLY BNFT AMT (MBC) | PREM PAYER SMI |
|------------|--------------------|-----|--------------------|------------|-----------------------------|-------------------|
| 249563873A | CP | | 868.90 | 11/24/2006 | 868.00 | 420 <i>James</i> |
| 249563873A | CP | | 834.80 | 11/19/2006 | 834.00 | 420 |
| 249563873A | CP | | 868.90 | 11/25/2005 | 868.00 | 420 |
| 249563873A | CP | | 834.80 | 11/25/2005 | 834.00 | 420 <i>James</i> |
| 249563873A | CP | | 834.80 | 07/02/2005 | 834.20 | SELF |

PAGE: 0001

UPDATED: SYSTEM ID: IEV7012 DATE: 2006-11-24-09.18.46.579499
 ME905004 BENDEX MASTER RECORD FOUND
 PF1->HELP PF5->RECIPIENT INFO PF7->PAGE UP PF8->PAGE DOWN PF10->PREV MENU
 PF11->BENDEX AUDIT PF12->BENDEX ACTION PF14->SDX PF16->BENDEX INPUT

AEDEV04 P
MEDSPROD

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
BENDEX HISTORY SUMMARY

DATE: 01/24/07

***** CONFIDENTIAL - FOR INTERNAL USE ONLY *****

SSA SSN: 249-56-3873 SSA NAME: WILLIE R MATTHEWS
SSN: 249-56-3873 NAME: WILLIE R MATTHEWS
RCP NUM: 8219078901 HH NUM: 100346101 COUNTY: 21 ELIGIBILITY STATUS: E

| SSCN | RR CLAIM NUMBER | PSC | GROSS AMT (MBA) | EFF DATE | NET MTHLY BNFT AMT (MBC) | SMT PREM PAYER |
|------------|--------------------|-----|--------------------|------------|-----------------------------|-------------------|
| 249180435D | | AD | 338.80 | 11/24/2006 | 338.00 | |
| 249180435D | | AD | 325.60 | 11/19/2006 | 325.00 | |
| 249180435D | | AD | 338.80 | 11/25/2005 | 338.00 | |
| 249180435D | | AD | 325.60 | 11/25/2005 | 325.00 | |

PAGE: 0001

UPDATED: SYSTEM ID: IEV7012 DATE: 2006-11-24-09.18.46.576983
ME905004 BENDEX MASTER RECORD FOUND
PF1->HELP PF5->RECIPIENT INFO PF7->PAGE UP PF8->PAGE DOWN PF10->PREV MENU
PF11->BENDEX AUDIT PF12->BENDEX ACTION PF14->SDX PF16->BENDEX INPUT

AEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/22/07
MEDSPROD UNEARNED INCOME DETAIL ACTION:
NAME: MATTHEWS WILLIE R PERIOD START: 11/08/2006 END:
NUMBER: 8219078901 HH NAME: MATTHEWS WILLIE R
SSN: 249-56-3873 HH NUMBER: 100346101 ACTION TYPE: MAINTENANCE
STATUS: ACTION DATE: 08/30/2005

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: 10/24/2002
END DATE:

PHONE: - - - - - PAGE: 0001

| GROSS AMT | DTE RECD | FREQUENCY |
|---------------|------------|-------------------------|
| 0.00 | 01/03/2007 | MONTHLY <i>ETD</i> |
| 897.00 | 11/03/2006 | MONTHLY |
| 868.00 | 01/03/2006 | MONTHLY - <i>Jan 06</i> |
| <u>834.00</u> | 09/03/2005 | MONTHLY |

UPDATED: USER ID: DATE: SYSTEM ID: CNV1010 DATE: 10/24/02
INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST+ PF22->HIST+ PF23->P MO PF24->N MO

*868.00
Subtract*

Dec 2005

868.00 -

if paid

*We deny
that we should*

*834.00
SP
8704*

Melissa D Lynch

Bureau:

Department/County:

Division/Location:

eMail:

LYNCH@scdhs.gov

Answer Station or Phone
Number:

843.669.3354 x257

Direct Dial or Phone
Number:

Fax:

Other Phone:

Room Number:

Manager:

Melissa