

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>10-31-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000134</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Teck, Post Cleared 11/28, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-9-12</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.			

RECEIVED

OCT 31 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brent A. Smith

613 Ivey Ridge Court

Murrells Inlet, SC 29576

Mr. Anthony Keck, Director

SC Health and Human Services

PO Box 8206

Columbia, SC 29202

RE: Medicaid #6781181579; SSN: 213 90 7636

Dear Mr. Keck:

It would be greatly appreciated if your office could provide me with an explanation regarding the enclosed accident statement form I have received from HHS officials regarding my applications for Medicaid/Medical Assistance.

On July 3, 2010 I severed my leg in an automobile accident and was flown to MUSC for hospitalization and surgeries. My application for Medicaid was made while in Charleston and I was subsequently advised that I was denied because "in the State of SC, the only way a man can receive benefits is to have full custody of his child (I don't) or receive Social Security disability benefits." I believe this to be discriminatory to men.

As directed, I applied for and 20 months later was approved for SSDI benefits. I then re-applied for Medicaid benefits and was immediately denied as they advised I now make too much money. I will hopefully remain on SSDI and be eligible for Medicare in January, 2013. In the interim I had to have my gallbladder removed and have accrued more medical bills.

The enclosed letter, which I have returned, indicates I do have Medicaid for the accident in question. I called local offices and was advised that I am NOT in the system.

Any information/assistance/explanation you can provide in this matter will be greatly appreciated.

Sincerely,



09/18/2012

State of South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 100127
Columbia, South Carolina 29202-3127

BRENT A SMITH
613 IVEY RIDGE CT
MURRELLS INLET SC 29576

MEDICAID #: 6781181579
SSN: 213907636
PROVIDER: MEDICAL UNIV HOSP AUTH
DATE OF SERVICE: 07 03 2010

Dear Sir or Madam:

Medicaid has paid some medical bills for you that seem to be treatment for an accident. Please fill-in the questions on the back of this letter and return it in the envelope enclosed. You do not need to put a stamp on that envelope.

This letter should be returned to us within two weeks.

If you have problems answering the questions, your county Medicaid representative will help you. **Failure to return this letter could affect your Medicaid eligibility.**

Division of Third Party Liability
Casualty Department

MEDICAID ACCIDENT QUESTIONNAIRE

What is your telephone number? 843-215-8134

How did you get hurt? Ran off / slid off gravel road, Leg cut off with impact

When did this happen? (date) 7-3-10

Did you hire a lawyer? () Yes ☒ No

Your lawyer's name is: _____

Do you have medical insurance, in addition to Medicaid? () Yes ☒ No

Policy number is: _____

Insurance company is: N/A

If you were hurt in a car accident, please answer these questions:

Who was driving the car? (name) Brent A Smith

Who owns the car? Self

Where was the accident? (city) Georgetown, SC

Who investigated the accident? Georgetown Co Sheriff?

Who was driving the other car? N/A

What company had the car insurance? Do not recall - maybe Guardian
Only had minimum coverage

If someone has been arrested because of hurting you, please answer these questions:

Name of person who hurt you is: N/A

What jail is that person in? (city, county) N/A

If you were hurt at school, please answer these questions:

School name: N/A

Do you have school insurance: () Yes () No

School Insurance company name: _____

School Insurance policy number is: _____

Did the accident take place during a sports event?

() Yes () No

If you were hurt at someone's house, not the house you live in, please answer these questions:

Address of house: N/A

Who lives there? (name) _____

Phone number for this house: _____

Who's fault was the accident: _____

Is there homeowner's insurance? () Yes () No

Policy number: _____

Homeowner's Insurance Company name is: _____

Thank you!

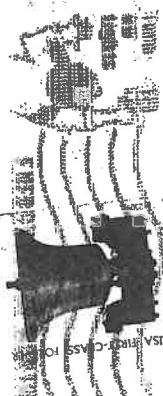
RECEIVED

OCT 31 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FLORENCE SC 295

29 OCT 2012 PM 11



Mr Anthony Kek, Director

SC Health and Human Services

PO box 8266
Columbia, SC 29202

292028266





November 28, 2012

Mr. Brent A. Smith
613 Ivey Ridge Court
Murrells Inlet, SC 29576

Dear Mr. Smith:

Thank you for writing our agency regarding questions related to your Medicaid coverage.

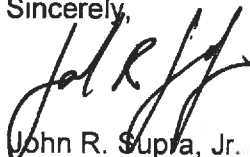
On April 23, 2012, you were approved for Medicaid coverage under the Supplemental Security Income (SSI) program from July 1, 2010 to May 1, 2012. Individuals who receive SSI are automatically entitled to Medicaid; however, when your SSI ends, your Medicaid benefits also end. We are enclosing a copy of your approval letter and a list of the medical claims paid by the Medicaid program.

Your Medicaid *Aged, Blind or Disabled* (ABD) application was denied on August 27, 2012, because your income is more than the allowed limit. The current income limit is \$931 for an individual. Income is based on gross income and does not allow deductions for taxes, utilities, car payments or other living expenses.

An alternate health insurance option through Augeo Benefits offers a variety of health insurance plans from top-rated insurance carriers. You may wish to look over the enclosed brochure and contact them at 1-866-273-5613 to see if they can be of assistance.

If you have additional questions, please contact Ms. Carolyn Roach at (803) 898-3967. I hope this information is helpful.

Sincerely,



John R. Supra, Jr.
Deputy Director

JRS:j

Enclosures