

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Fries</i>	DATE <i>8-21-06</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000162</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>8-28-06</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>cc: Mr. Kerr</i> <i>Extend until 8/29/06</i> <i>on Sharon Hendrix on 8/28/06</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Cleared 10/27/06, letter attached.</i>			
2.			
3.			
4.			



SharedCare

Ros- Rice
"Robby's Sign."
cc: Kern

RECEIVED

AUG 21 2006

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

August 17, 2006

Board of Directors

Ed Andersen
 Shoreline Behavioral Health Services
 William Bayer
 Personnel Managers, Inc.

J. Timothy Browne
 Lons Health Care System

Murry Chesson
 Waccamaw Center for Mental Health

Phillip A. Clayton
 Conway Medical Center

Pam Davis
 Little River Medical Center

William H. Davis, M.D.
 SOS Health Care

Olivia Garren
 United Way of Horry County

Teri Harris
 Friendship Medical Clinic & Pharmacy

Hal Holmes, Jr., M.D.

Charles C. Hicks, Jr.
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Ronald R. Ingle, Ph.D.
 Coastal Carolina University

Berns Massey
 Conway Hospital Foundation

David Mincey
 SC Dept. of Social Services

Gertha Postlewait, Ph.D.
 Horry County Schools

Tommy Reaser
 SC Dept. of Social Services

Myers Rollins, Jr.
 Coast, WRTA

Cornia L. Stanley, M.D.
 SC Dept. of Health & Environmental Control

Douglas P. Wendel
 Burroughs & Chapin Company, Inc.

Phillip L. Williams
 Health Care Partners

Doug White
 Grand Strand Regional Medical Center

Joseph E. Washington
 Executive Director

Mr. Robert M. Kerr
 Director
 South Carolina Department of Health and Human Services
 PO Box 8206
 Columbia, SC 29202-8206

Dear Mr. Kerr:

Thank you for your time on August 9th when we met to discuss SharedCare's accomplishments in serving the medically uninsured of Horry County in partnership with the South Carolina Department of Health and Human Services. I enjoyed our conversation immensely and was heartened by your appreciation of our work.

As you know, it is crucial to current and potential funding sources that SharedCare be able to document the volumes and impacts of our programs and services. In fact, you expressed in our meeting the desire for other groups to be able to demonstrate outcomes like the ones we shared with you. I'm writing to ask for your help in ensuring SharedCare can continue to collect and report the same data we presented to you.

When the Sponsored Medicaid worker contract was not renewed, Rudy Long and Gerri Kelly agreed to work with us to develop a tracking system so that we could continue to document Medicaid enrollment conducted by SharedCare staff. We prepared a cover sheet our staff would attach to each Medicaid application. Once eligibility has been determined at the Medicaid office, one check mark would be made to indicate enrollment outcome and the form would be mailed back to us. We also created a referral form for Medicaid Eligibility staff to complete when referring an ineligible applicant to SharedCare. This form allows us to track the number of Medicaid referrals we receive, but it also has four other uses: 1) it provides the applicant information on where to apply for SharedCare, 2) it prevents Medicaid eligibles from enrolling in SharedCare, 3) it assures our volunteer health care providers that SharedCare members truly have no available payor source, and 4) it allows us to perform immediate



SharedCare

enrollment for qualified individuals, eliminating waiting time and return trip barriers. Copies of these forms are attached for your reference.

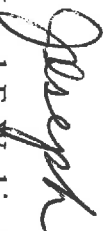
Last week we were informed that:

1. Medicaid Eligibility workers will not be permitted to use either of these forms.
2. Medicaid is not able to provide any proof of ineligibility to SharedCare directly, the only proof of ineligibility available is the denial letter mailed to applicants. Ineligible applicants will have to wait to receive their denial letter before applying to SharedCare, preventing immediate enrollment and requiring another trip to the enrollment site.
3. DHHS requires SharedCare to report only the number of Medicaid applications submitted, and is not interested in their ultimate status (approved, recertified, denied). When funding sources inquire as to the number of applicants for whom access to health care was actually increased through SharedCare's Medicaid enrollment efforts, we will not be able to respond.

In addition, a new barrier for Medicaid enrollment has been created through the requirement that proof of citizenship be certified by state employed Medicaid workers only. What this means in practical terms is that a person who applies for Medicaid through a SharedCare worker at the community health center in Little River must then get to the Conway Medicaid office (a distance of approximately 30 miles), and wait in long lines so that their original documents can be viewed and certified by state personnel. Those documents must then be matched to the application previously submitted by the SharedCare worker, creating additional delays in processing. We understand that Horry is the only county in the state that enforces this requirement. As a contractor to the state, it would seem our staff would be qualified to perform this duty – we even offered to have the documents notarized, but to no avail.

Any advice or help you can provide in resolving these issues will be greatly appreciated. I look forward to our continued successful partnership in serving the health care access needs of the medically uninsured.

Sincerely,



Joseph E. Washington
Executive Director

Attachments:

SharedCare Referral to Medicaid
Medicaid Referral to SharedCare

cc: Tracy Edge, State Representative
Douglas P. Wendel, Chairman, SharedCare Board of Directors



SharedCare

Record of Referral to Medicaid

To be returned to:
SharedCare, Inc.
PO Box 50516
Myrtle Beach, SC 29597

SECTION 1: To be completed by SharedCare Health Services Specialist

Applicant Name: _____ Applicant SSN: _____

Applicant Mailing Address: _____

City _____ State _____ Zip Code _____ Telephone _____

Printed Name of SharedCare Health Services Specialist Taking Application

Site Application Taken _____ Date Application Sent to Medicaid _____

SECTION 2: To be completed by Medicaid Eligibility Office upon completion of eligibility determination

Check appropriate box below:

_____ Applicant has been enrolled in Medicaid Family Planning only

_____ Applicant has been enrolled in Medicaid full benefit program (ABD, LIF, PHC, PW, etc.)

_____ Applicant does not meet the criteria for any Medicaid program.

Please return completed form to SharedCare at PO Box 50516, Myrtle Beach, SC 29579.



SharedCare

Record of Referral to SharedCare

To be completed by Medicaid Eligibility Staff

Applicant Name: _____ Applicant SSN: _____

Applicant Mailing Address: _____

City _____ State _____ Zip Code _____ Telephone _____

Printed Name of Medicaid Eligibility Worker Making Referral _____

Eligibility Worker Telephone Number _____ Date Referral Issued to Applicant _____

The above named applicant has been screened for all available Medicaid programs and does not meet the criteria for any program. The applicant has been referred to SharedCare because he/she is uninsured, is a resident of Horry County, and has a household income at or below 200% of the federal poverty level.

Signature of Medicaid Eligibility Worker _____

FOR THE APPLICANT

SharedCare is a non-profit organization that helps qualified low income uninsured Horry County residents find health care. SharedCare is not insurance and there is no charge to join. Although SharedCare attempts to find timely, appropriate care for all members, we cannot guarantee the quality, immediacy, or cost of care available. Health care providers who participate in SharedCare donate much of the care our members receive. If you would like to be screened for enrollment in SharedCare, please contact one our Health Services Specialists at the locations listed below to confirm what you will need to bring with you and when the office you wish to visit will be open. Please be sure to take **this form with you when you visit our Health Services Specialist.** We look forward to meeting you.

<u>Location</u>	<u>Telephone</u>
Conway Medical Center, Conway	843/347-7111, ext. 3296
Health Care Partners, Conway	843/488-2306
Grand Strand Regional Medical Center	843/692-1863
Loris Family Health Center, Loris	843/756-9292 Thursdays 2:00 pm – 5:00 pm only
Little River Medical Center, Little River	843/249-3424, ext. 255

From: Sharon Mondier
To: Brenda James; Gary Ries; Jan Polatty
Date: 8/28/2006 4:26:11 PM
Subject: Request for Log Due Date Extension - DIR Log #000162

Date: 08/21/06
Due Date: 08/28/06
BEP Received Date: 08/28/06
Requested BEP Extended Due Date by R. Long: 08/29/06
Thanks.

CC: BETSY FULLER; Gerri Kelley ; Long, Rudy



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 2, 2006

Mr. Joseph E. Washington
Executive Director
SharedCare
P. O. Box 50516
Myrtle Beach, South Carolina 29579

Dear Mr. Washington:

Thank you for your letter of August 17, 2006 regarding resolution of issues with the two-referral forms you developed for Medicaid referrals between SharedCare and the Department of Health and Human Services. These forms would provide information that we cannot release without the Medicaid applicant or recipient's consent.

I have asked Rudy Long, Bureau Chief of Eligibility Processing, and his staff to work with SharedCare in developing and implementing a referral process that will address the needs of both entities. Currently, he and his staff are reviewing the forms for privacy and HIPAA compliance. They will also explore alternatives to provide the information you requested or alternate methods for the referrals between SharedCare and Medicaid. Rudy will contact you for a convenient meeting time to further discuss the forms and alternate methods for a referral process. Meanwhile, he can be reached at (803) 898-3939 if you have questions.

You mentioned a new barrier has been created for Medicaid enrollment as a result of the proof of citizenship certification by state employed Medicaid workers only and that Horry County is the only county in the state that enforces this requirement. This certification of citizenship requirement by state employed Medicaid workers, along with proof of identification, is a federal requirement we implemented July 1, 2006 in all counties of the state. With the exception of specific state employees of the Department of Health and Environmental Control, we have not delegated the certification of proof of citizenship and identity to other entities. In fact, federal regulations restrict us from giving this responsibility to non-state agencies. All state employed Medicaid workers out stationed in Horry

Log 162

Mr. Joseph E. Washington
Page Two

County hospitals, clinics, and other Medicaid provider locations can perform the certification. It is my understanding some of these sites may be convenient since we share offices with SharedCare in some locations. We value our partnership with SharedCare and will continue to work with you in providing care to the uninsured and needy citizens of Horry County and the surrounding area.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert M. Kerr". The signature is fluid and cursive, with the first name "Robert" being the most prominent part.

Robert M. Kerr
Director

RMK:rlm

C: The Honorable Tracy Edge, State Representative
Douglas P. Wendel, Chairman, SharedCare Board of Directors

From: Rudy Long
To: Ries, Gary
Date: 9/1/2006 1:20:07 PM
Subject: Fwd: response to Rev. Washington's letter

Hi Gary. I concur with the revisions to the letter. I'm searching my notes regarding the daily referrals (workers were doing intake for Medicaid referrals and SharedCare eligibility). The forms require a manual process for completion. We will look at the electronic possibilities. I'm hoping we can exchange a tape with them similar to Communicare and eliminate the manual process.

We are training their staff on Medicaid eligibility and as such if clients share with them any MEDs or client notices regarding their status they should be able to read and extract needed information.

I want to meet with SharedCare to get a thorough understanding of why they need certain data and to reexamine their suggested forms and process. The first form is simple enough if we have the applicants release of information forms. The second form is based on what I suggested if they dropped some of the sponsored workers. It was a work around in screening for SharedCare. Given DRA activities we want to minimize any outside efforts as much as possible.

Attached is Gerri Kelley's assessment of the issues. I asked her to send me comments and recommendation since she has been discussing the forms with SharedCare staff.

We will make a process work.

Thanks

Responses to Rev. Washington's letter.

Forms: I had sent these to you on 7/3 because I objected to making usage of these mandatory for Horry caseworkers.

Reasons:

1. Caseworkers do not have time to complete forms and prepare envelopes for mailing them. Unless SharedCare is going to be an Authorized Representative and undertake the responsibility of completing the application process on behalf of the client, we could not notify SharedCare of the case decision – unless we obtained a release form – again, another piece of paper, another responsibility. I don't think it should be Medicaid caseworkers' responsibility to inform SharedCare as to the results of their clients' Medicaid applications. Shouldn't this be the client's responsibility? SharedCare could require the client to bring the approval or denial letter from Medicaid if they don't want to take the client's word.
2. Why does SharedCare need to know the number of people we refer? Seems to me they need to know the number we refer who actually go to SharedCare. We could refer 500 but only 100 may actually show up to apply for SharedCare. They could add a question to their application to capture the source of the referral or simply ask the client how they came to know about SharedCare. This would give them the statistics they need without our tracking this.
3. I have a huge objection to the "Record of Referral to SharedCare" form. The sentence in particular is "The applicant has been referred to SharedCare because he/she is uninsured, is a resident of Horry County, and has a household income at or below 200% of the federal poverty level." The Medicaid worker is to sign the form underneath that statement. So Medicaid workers would have the responsibility of screening for SharedCare eligibility. When we refer to DSS for the Food Stamp and FI programs and all other programs, we do not take responsibility of screening for possible eligibility. We simply tell the client about the program, where and how to apply and give them the agency's phone number so they can call for details. We are more than happy to refer to SharedCare – delighted to have this source for referrals - but we need to stop short of deciding which clients to refer and refer all denied clients. SharedCare needs to do its own work in taking calls from clients we refer and screening them for possible eligibility just as other organizations do. If we take this responsibility, we will be hearing from SharedCare that we referred or failed to refer in error.

Tami Eldridge developed the forms. We talked about the referral process on the phone in late June. She said she would work on the forms and send them to me, which she did. I sent them to you and you agreed that we had not promised to participate in such an elaborate process. I told Tami we just could not require our staff to undertake this. She reported this to the SharedCare Board on 8/14. A Board member, Dr. Bill Davis called me that afternoon and said he was very disappointed that we could not do the forms. I explained and thought he understood. He & I have had a very good relationship for 14 years. He knows I will do all I can to help SharedCare just as I helped SOS when

possible until it was absorbed into SharedCare.

According to A. 3. of the MOA, DHHS is supposed to

- 1) provide technical assistance. SharedCare asked us to provide training for their workers on Medicaid policy so that their workers would know when to refer clients to Medicaid. We have a training scheduled for Sept 7 at 9:00. The Regional Trainer will conduct this training.
- 2) refer clients ineligible for Medicaid to SharedCare. We have always done this and will continue to do so. A time-consuming paper process is not necessary for this. The MOA does not require the number of approvals and denials of clients referred to Medicaid by SharedCare. In the past we did provide the number of approvals, denials, annual reviews and other maintenance. The main reason was so that SharedCare could see the work done by the workers they sponsored as we do for all sponsors. It appears that they continue to expect this even though it is not feasible for our staff to provide these numbers.
- 3) provide SharedCare with a monthly summary report of non-Medicaid eligibles referred to SharedCare. We interpreted this as a total of people we told about SharedCare (just as we tell everyone about Food Stamps and charity organizations, depending on the needs of the clients), either on the phone or face to face. We have not yet reported July stats. We have learned that collecting accurate stats will be difficult. We are just asking workers and the switchboard operator to make a hash mark for every referral but we think they may forget to do so.

The letter stated in the 3rd paragraph "to document Medicaid enrollment conducted by SharedCare staff". Since SharedCare staff are no longer sponsored workers, they will not make eligibility determinations. What they do now is not Medicaid enrollment; it is referral. Why is SharedCare trying to report that they are achieving Medicaid enrollment?

Response to Page 2, Rev. Washington's list of 3 items:

1. Medicaid workers do not have time to complete and post the proposed forms. I did not budget postage for this.
2. We could not provide info on our clients to SharedCare without consent from the client. Obtaining a release form for this purpose and adding this responsibility to the Horry caseworkers is too time-consuming. Assuring that SharedCare does not enroll anyone who is Medicaid eligible is not our job. Shared Care can take an application for SharedCare, refer the client to Medicaid, and pend the application until the Medicaid decision is made. The client can mail their denial letter from Medicaid to SharedCare, avoiding the need for another trip to the SharedCare office.
3. I don't understand this at all. DHHS does not require SharedCare to report the number of applications submitted nor the number that get approved and the number denied. The MOA requires them to report the number out-reached. It sounds like SharedCare was created to get people eligible for Medicaid. I have to take issue with this because in all enrollment locations except one, there is a

sponsored worker who has been on site for years to take Medicaid applications.

The truth is that not very many clients are enrolled as a direct result of SharedCare except at this one site. I presented statistics previously on this. While I wish SharedCare every success in obtaining grants, my staff cannot assume the responsibility of providing statistics needed for grant-writing.

Finally, I take issue with the statement in the next to last paragraph that matching documents to pending applications would cause further delays. Our caseworkers are organized and manage this task with remarkable efficiency. There is no delay in getting documents to caseworkers nor in getting documents matched to the correct pending apps. What does cause delays are applications taken by organizations such as SharedCare. Often they are taken but not mailed to us timely or are incomplete when we finally receive them, necessitating additional contact with the client. A case in point is the applications taken by outreach workers at Little River Medical Center. We often receive the apps more than a week after they are taken. They are as often as not incomplete with questions left unanswered or confusing answers that require contact with the client.

Also, I don't understand the statement that "We understand that Horry is the only county in the state that enforces this requirement" referring to handling of the citizenship and identity requirements. Most assuredly, the other 4 counties in my Region are following policy as well. I hope this will be addressed in the response to Rev. Washington's letter. This misunderstanding is most likely coming from Little River Medical who steadfastly refuses to believe that their out-reach workers (non-state employees) cannot perform the task of verifying authenticity of IDs and citizenship documents. While it is 30 miles to our main office from one of the SharedCare enrollment sites – the one on the NC-SC state line, it is not that far for the majority of our clients.

Recommendation: SharedCare should refer clients to Medicaid workers rather than trying to take our applications. Perhaps they could give the client an application to bring with them to the interview or to mail. There could be a cover sheet with a list of acceptable of documents to verify citizenship and ID. Verification of ID and citizenship can be handled in the same visit as the interview. The client will leave our office knowing exactly what is needed to complete the determination. Confusion caused by introduction of the third party will be eliminated.

Recommendation: SharedCare collect statistics on the number of clients who file SharedCare applications who have been referred from Medicaid. SharedCare should report only the statistics required in the MOA – number of clients out-reached and of this number, the number who were referred by Medicaid workers.

Recommendation: DHHS try to modify all denial letters mailed to clients in county 26 to include a referral to SharedCare and Communicare. Phone numbers to these programs should be sufficient.

Please let me know if I have misunderstood the MOA or if you need further info.

Gerri 8/28/06

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

RECEIVED

AUG 28 2006

REP

TO <i>Fies</i>	DATE <i>8-21-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
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2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Kyr</i>		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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
<i>1. [Signature]</i>	<i>X 8/29/06</i>		<i>All Gary Refer to 8/22 Refer to [Signature]</i>
<i>2. [Signature]</i>	<i>9.15.06</i>		
<i>3.</i>			
<i>4.</i>			
			<i>* Pls retu due</i>

att -



SharedCare

Jos- Ries

"Robb's Sign."

Board of Directors
Ed Andersen
Shoreline Behavioral Health Services
William Bayer
Personnel Managers, Inc.
J. Timothy Browne
Lons Health Care System

August 17, 2006

cc: Ken

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Department of Health & Human Services
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SOS Health Care
Olliea Garon
United Way of Horry County

Mr. Robert M. Kerr
Director
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Kerr:

Terri Harris
Friendship Medical Clinic & Pharmacy
Hal Holmes, Jr., M.D.
Charles C. Hicks, Jr.
Burroughs & Chapin Company, Inc.
Ronald R. Ingle, Ph.D.
Coastal Carolina University

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Gertra Postlewait, Ph.D.
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Cowie L. Stanley, M.D.
SC Dept. of Health & Environmental Control
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Executive Director

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SharedCare

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Any advice or help you can provide in resolving these issues will be greatly appreciated. I look forward to our continued successful partnership in serving the health care access needs of the medically uninsured.

Sincerely,



Joseph E. Washington
Executive Director

Attachments:

SharedCare Referral to Medicaid
Medicaid Referral to SharedCare

cc: Tracy Edge, State Representative
Douglas P. Wendel, Chairman, SharedCare Board of Directors



SharedCare

Record of Referral to Medicaid

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SharedCare, Inc.

PO Box 50516

Myrtle Beach, SC 29597

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Applicant Name: _____ Applicant SSN: _____

Applicant Mailing Address: _____

City _____ State _____ Zip Code _____ Telephone _____

Printed Name of SharedCare Health Services Specialist Taking Application

Site Application Taken Date Application Sent to Medicaid

SECTION 2: To be completed by Medicaid Eligibility Office upon completion of eligibility determination

Check appropriate box below:

____ Applicant has been enrolled in Medicaid Family Planning only

____ Applicant has been enrolled in Medicaid full benefit program (ABD, LIF, PHC, PW, etc.)

____ Applicant does not meet the criteria for any Medicaid program.

Please return completed form to SharedCare at PO Box 50516, Myrtle Beach, SC 29579.



Record of Referral to SharedCare

To be completed by Medicaid Eligibility Staff

Applicant Name: _____ Applicant SSN: _____

Applicant Mailing Address: _____

City	State	Zip Code	Telephone
_____	_____	_____	_____

Printed Name of Medicaid Eligibility Worker Making Referral _____

Eligibility Worker Telephone Number	Date Referral Issued to Applicant
_____	_____

The above named applicant has been screened for all available Medicaid programs and does not meet the criteria for any program. The applicant has been referred to SharedCare because he/she is uninsured, is a resident of Horry County, and has a household income at or below 200% of the federal poverty level.

Signature of Medicaid Eligibility Worker

FOR THE APPLICANT

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