DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Supra	2-20-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000282	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 3/20/14, letter attached.	[X] Prepare reply for appropriate signature DATE DUE 3-3-14 [ ] FOIA DATE DUE _____ [ ] 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.			

Jan 16, 2014

Attn: OFFICE OF GENERAL COUSEL,

We are requesting copies of all claims for Joseph Edward LeGette, Jr. from 10-01-2011 or first date of service. Recipient Medicaid number: 7780445231

Also we request Certicate of Medicaid Coverage to prove time of coverage.

We request that Lisa Ann LeGette (wife) be listed as allowed to talk about any business pertaining to Joseph Edward LeGette Jr on file so she can address any matters.

Thank You

Joseph E LeGette Jr

Lisa Ann LeGette

Phone: 864 ~~803~~ 862-6996

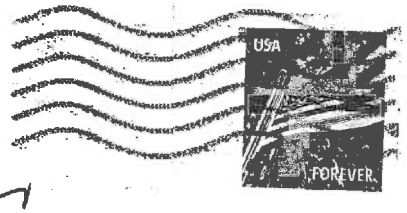
RECEIVED

FEB 19 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

LeGette
514 Falcon Drive
Fountain Inn SC
29644

GREENVILLE SC 296
10 FEB 2014 PM 5 T



Dept. of Health Human Services
P.O. Box 8206
Columbia SC
29202

RECEIVED
FEB 19 2014
Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Lynch
J11

Attn: General Counsel

Log #282

SOUTH CAROLINA
Healthy Connections
MEDICAID

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 · Columbia, SC 29202
www.scdhhs.gov

March 20, 2014

Mr. Joseph E. LeGette, Jr.
514 Falcon Drive
Fountain Inn, South Carolina 29644

Dear Mr. LeGette,

This letter is in response to your January 16, 2014 letter regarding claims data, certificate of coverage and request for an authorized representative for your Healthy Connections Medicaid account.

As requested, claims data from October 1, 2011 through February 28, 2014 have been attached to this letter for your review. We have also attached a Certificate of Medicaid Coverage and an authorization form for Release of Information and Appointment of Authorized Representative has been attached. Please complete the form and return it to South Carolina Health and Human Services, using the addresses above at your earliest convenience.

Thank you for participating in the South Carolina Healthy Connections Medicaid Program. If you have additional questions or comments please contact me by phone at (803) 898-2018 or by email at pattnat@scdhhs.gov

Sincerely,

Nathaniel J. Patterson
Program Director, Health Services

cc: Deirdra T. Singleton, Deputy Director
Evan Gessner, Assistant General Counsel

Joseph LeGette Individual Claim Information October 1, 2011 Through February 28th 2014

Person ID	Claim ID		Provider Last Name	Service Date	Procedure Code	Drug Name							
7780445231	120208E2653 E	Y	285765 MARK A GRABARCZYK MD	01/18/2012	93284 PRGM DEV EV;MULTI LEAD IMPLNT,								
7780445231	120208E2653 E	Y	285765 MARK A GRABARCZYK MD	01/18/2012	~ ~Missing			$0.00				$77.00	Professional Claim
7780445231	RX0398133338 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	03/12/2012	~Not Applicable			$0.00				$0.00	Professional Claim
7780445231	RX0396733J E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	03/12/2012	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00				$0.90 Drug Claim
7780445231	121108Y6354 E	Y	285765 MARK A GRABARCZYK MD	04/18/2012	~ ~Missing	LISINOPRIL 2.5 MG TABLET			$0.00				$0.90 Drug Claim
7780445231	121108Y6354 E	Y	285765 MARK A GRABARCZYK MD	04/18/2012	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00				$0.00	Professional Claim
7780445231	121108Y6854 E	Y	285765 MARK A GRABARCZYK MD	04/18/2012	93284 PRGM DEV EV;MULTI LEAD IMPLNT,			$0.00				$65.06	Professional Claim
7780445231	RX0640268418 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	04/16/2012	~Not Applicable			$0.00				$74.15	Professional Claim
7780445231	RX0640268418 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	04/18/2012	~Not Applicable	NITROSTAT 0.4 MG TAB SUBL			$0.00				$6.70 Drug Claim
7780445231	RX0643144I8 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	04/18/2012	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00				$0.90 Drug Claim
7780445231	121428265S5 E	Y	109769 STEPHEN E PARKS	05/15/2012	96372 THERAPEUTIC,PROPHY,DX INJ,SUBC	LISINOPRIL 2.5 MG TABLET			$0.00				$0.90 Drug Claim
7780445231	121428Z6555 E	Y	109769 STEPHEN E PARKS	05/15/2012	~ ~Missing			$0.00				$3.72	Professional Claim
7780445231	121428Z6555 E	Y	109769 STEPHEN E PARKS	05/15/2012	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00				$0.00	Professional Claim
7780445231	121427Z6555 E	Y	109769 STEPHEN E PARKS	05/15/2012	85025 BLOOD COUNT,COMPLETE CBC W/AUTO D			$0.00				$67.69	Professional Claim
7780445231	121428Z6555 E	Y	109769 STEPHEN E PARKS	05/15/2012	J0696 INJEC CEFTRIAXONE SODIUM PER 1			$0.00				$8.45	Professional Claim
7780445231	121428Z6555 E	Y	109769 STEPHEN E PARKS	05/15/2012	36415 COLLECTION OF VENOUS BLOOD,VEN			$0.00				$3.68	Professional Claim
7780445231	RX0683C90630 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	05/15/2012	71020 RADIOLOGIC EXAM CHEST TWO VIEW			$0.00				$2.43	Professional Claim
7780445231	RX0835Z5609 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	05/15/2012	~Not Applicable	AZITHROMYCIN 250 MG TABLET			$0.00				$23.22 Drug Claim
7780445231	RX0913285S 1 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	05/28/2012	~Not Applicable	PROAIR HFA 90 MCG HFA INHALER			$0.00				$4.15 Drug Claim
7780445231	121588U83215 E	Y	285765 MARK A GRABARCZYK MD	07/13/2012	~ ~Missing	LISINOPRIL 2.5 MG TABLET			$0.00				$39.89 Drug Claim
7780445231	121588U83217 E	Y	285765 MARK A GRABARCZYK MD	07/13/2012	93281 PRGM DEV EV;MULTI LEAD IMPLNT,			$0.00				$0.00	Professional Claim
7780445231	121588U83217 E	Y	285765 MARK A GRABARCZYK MD	07/13/2012	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00				$74.15	Professional Claim
7780445231	RX0604290081231 E	Y	285765 MARK A GRABARCZYK MD	07/13/2012	~ ~Missing			$0.00				$65.06	Professional Claim
7780445231	RX0772240010927 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	09/08/2012	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00				$0.00 Professional Claim
7780445231	RX0772240010926 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/03/2012	~Not Applicable	PREDNISONE 10 MG TABLET			$0.00				$0.90 Drug Claim
7780445231	122908W1439 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/03/2012	~Not Applicable	LEVOFLOXACIN 750 MG TABLET			$0.00				$0.30 Drug Claim
7780445231	122908W1429 E	Y	186211 BERNARD F MASTERS III MD	10/05/2012	~ ~Missing				$0.00				$21.37 Drug Claim
7780445231	RX0792283232234 E	Y	186211 BERNARD F MASTERS III MD	10/05/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00				$0.00	Professional Claim
7780445231	123138H8032 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/05/2012	~Not Applicable			$0.00				$7.01	Professional Claim
7780445231	123138H8032 E	Y	178391 JAY P GAUCHER MD	10/12/2012	93010 ECG INTERPRETATION REPORT ONLY	HYDROCODONE-ACETAMINOPHEN 7.5			$0.00				$1.47 Drug Claim
7780445231	123043U8922 E	Y	178391 JAY P GAUCHER MD	10/12/2012	~ ~Missing			$0.00				$7.30	Professional Claim
7780445231	123043U8922 E	Y	286906 JEFFREY R WIENKE	10/18/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00				$0.00	Professional Claim
7780445231	RX0852Z13750759 E	Y	286906 JEFFREY R WIENKE	10/15/2012	~ ~Missing			$0.00				$7.01	Professional Claim
7780445231	RX0851374941103 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/16/2012	~Not Applicable			$0.00				$0.00	Professional Claim
7780445231	131758B8400 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/15/2012	~Not Applicable	OXYCODONE-ACETAMINOPHEN 5MG-3			$0.00				$14.22 Drug Claim
7780445231	131758B8400 E	Y	T80686 TIMOTHY G ALLEN	10/19/2012	A4590 SPECIAL CASTING MATERIAL (E.G.	AZITHROMYCIN 250 MG TABLET			$0.00				$3.81 Drug Claim
7780445231	131758B8400 E	Y	T80686 TIMOTHY G ALLEN	10/19/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00				$0.00	Professional Claim
7780445231	131758B8400 E	Y	T80686 TIMOTHY G ALLEN	10/19/2012	~ ~Missing			$0.00				$22.54	Professional Claim
7780445231	A123430975 E	Y	T80686 TIMOTHY G ALLEN	10/19/2012	29075 APP PLASTR FIGR 8 ELBOW-FINGER			$0.00				$0.00	Professional Claim
7780445231	A123430975 E	Y	T80686 TIMOTHY G ALLEN	10/30/2012	~ ~Missing			$0.00				$57.05	Professional Claim
7780445231	132178D8115 E	Y	T80686 TIMOTHY G ALLEN	10/30/2012	A4590 SPECIAL CASTING MATERIAL (E.G.			$0.00				$0.00	Professional Claim
7780445231	132178D8115 E	Y	T80686 TIMOTHY G ALLEN	11/13/2012	29075 APP PLASTR FIGR 8 ELBOW-FINGER			$0.00				$22.88	Professional Claim
7780445231	132178D8115 E	Y	T80686 TIMOTHY G ALLEN	11/13/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00				$57.65	Professional Claim
7780445231	RX0061064251455 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	11/14/2012	~ ~Missing			$0.00				$22.54	Professional Claim
7780445231	RX0126200731923 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	11/23/2012	~Not Applicable	OXYCODONE-ACETAMINOPHEN 5MG-3			$0.00				$0.00 Professional Claim
7780445231	A123348H7794 E	Y	T80686 TIMOTHY G ALLEN	11/27/2012	~Not Applicable	TRAMADOL 75 MG CAPSULE			$0.00				$5.71 Drug Claim
7780445231	A123348H7794 E	Y	T80686 TIMOTHY G ALLEN	11/27/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00				$104.07 Drug Claim
7780445231	123430C4621 E	Y	DME476 EQUIPPED FOR LIFE	11/27/2012	~ ~Missing			$0.00				$22.54	Professional Claim
7780445231	123430C4621 E	Y	DME476 EQUIPPED FOR LIFE	11/27/2012	L3908 WHFO, WRIST EXT CONT COCK-UP,			$0.00				$0.00	Professional Claim
7780445231	RX0259797941921 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	12/12/2012	~ ~Missing			$0.00				$31.74	Professional Claim
7780445231	RX0291457191719 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	12/17/2012	~Not Applicable	CEFPROZIL 250 MG TABLET			$0.00				$0.00 Professional Claim
7780445231	130042549?1 E	Y	T80686 TIMOTHY G ALLEN	12/18/2012	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00				$30.41 Drug Claim
7780445231	130042549?1 E	Y	T80686 TIMOTHY G ALLEN	12/18/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00				$0.90 Drug Claim
7780445231	101208188 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	01/10/2013	~ ~Missing			$0.00				$22.54	Professional Claim
7780445231	M0545C0002990 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	~Not Applicable	PROAIR HFA 90 MCG HFA INHALER			$0.00				$0.00 Professional Claim
7780445231	M0545K0002990 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	93283 PRGM DEV EV;MULTI LEAD IMPLNT,				$0.00				$44.54 Drug Claim
7780445231	M2039C0026S7 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	~ ~Missing			$0.00				$77.86	Professional Claim
7780445231	M2039K0026S7 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	~ ~Missing			$0.00				$0.00	Professional Claim
7780445231	101622025 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00				$0.00	Professional Claim
7780445231	104439435 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	01/14/2013	~Not Applicable			$0.00				$68.48	Professional Claim
7780445231	111174632 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	02/02/2013	~Not Applicable	METHYLPREDNISOLONE 4 MG TAB D			$0.00				$4.75 Drug Claim
7780445231	120578155 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	06/16/2013	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00				$0.60 Drug Claim
7780445231	120866423 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	07/11/2013	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00				$0.60 Drug Claim
7780445231	M2175C0045?9 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	07/12/2013	~Not Applicable	PROAIR HFA 90 MCG HFA AER AD			$0.00				$44.54 Drug Claim
7780445231	M2175C0045?9 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	99214 E/M OFFICE/OP SERV EST PATIENT	METOPROLOL TARTRATE 25 MG TAB			$0.00				$0.60 Drug Claim
7780445231	M2175C0046?1 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	~ ~Missing			$0.00				$68.48	Professional Claim
7780445231	M2175C0046?1 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	Q9957 INJ,PERFLUTREN LIPID MICROSPHE			$0.00				$0.00	Professional Claim
7780445231	M2175C0045?1 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	J3306 ECHOCARD,TRANSTHORAC,W/COLOR F			$0.00				$131.44	Professional Claim
7780445231	M2175C0045?1 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	~ ~Missing			$0.00				$197.16	Professional Claim
7780445231	M2175C0045?1 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	93284 PRGM DEV EV,MULTI LEAD IMPLNT,			$0.00				$0.00	Professional Claim
7780445231	M2175C0045?1 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	~ ~Missing			$0.00				$77.86	Professional Claim
								$0.00				$0.00	Professional Claim

7780445231	M2405C0002976 E	Y	251425 ST FRANCIS HOSPITAL INC	07/22/2013									
7780445231	M2175C0004532 E	Y	345346 MCCOTTER CRAIG JENNINGS	07/22/2013	93000 EKG 12 LEAD		$0.00			$42.65			Facility Header
7780445231	M2175C0004532 E	Y	345346 MCCOTTER CRAIG JENNINGS	07/22/2013	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00			$155.52		Professional Claim
7780445231	M2439C0003038 E	Y	251425 ST FRANCIS HOSPITAL INC	07/22/2013	~~ ~~Missing			$0.00			$68.48		Professional Claim
7780445231	M2469C0003231 E	Y	136025 STUART V CRAWLEY MD	07/26/2013				$0.00			$0.00		Professional Claim
7780445231	M2465C0003313 E	Y	219631 CRAIG J MCCOTTER MD	07/26/2013	01922 ANES FOR NON-INVAS IMAG OR RAD		$0.00			$0.00			Facility Header
7780445231	M2465C0003319 E	Y	219631 CRAIG J MCCOTTER MD	04/15/2013	~~ ~~Missing			$0.00			$0.00		Professional Claim
7780445231	M3505CP00012 E	Y	285765 MARK A GRABARCZYK MD	04/15/2013	~~ ~~Missing			$0.00			$0.00		Professional Claim
7780445231	M3505CP00012 E	Y	285765 MARK A GRABARCZYK MD	09/09/2013	93000 EKG 12 LEAD			$0.00			$0.00		Professional Claim
7780445231	M2915CP00205 E	Y	285765 MARK A GRABARCZYK MD	09/09/2013	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00			$0.00		Professional Claim
7780445231	M2915CP00205 E	Y	285765 MARK A GRABARCZYK MD	09/11/2013	~~ ~~Missing			$0.00			$0.00		Professional Claim
7780445231	M3125CP00028 E	Y	073116 CHARLES D ROSS MD	09/21/2013	~~ ~~Missing			$0.00			$0.00		Professional Claim
7780445231	M3325CE00915 E	Y	139457 AHMAD BOOTA MD	09/24/2013	93306 ECHOCARD,TTE,WITHDOPPLER/COLOR F			$0.00			$0.00		Professional Claim
7780445231	M3325CE00915 E	Y	139457 AHMAD BOOTA MD	09/24/2013	~~ ~~Missing			$0.00			$0.00		Professional Claim
7780445231	M2885CP00608 E	Y	285765 MARK A GRABARCZYK MD	09/27/2013	93320 POLYSONKOGRAPHY			$0.00			$0.00		Professional Claim
7780445231	M2885CP00609 E	Y	285765 MARK A GRABARCZYK MD	09/27/2013	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00			$0.00		Professional Claim
7780445231	M3035CE01754 E	Y	139330 WILLIAM T JOYCE III MD	10/01/2013	~~ ~~Missing			$0.00			$0.00		Professional Claim
7780445231	M3035CE01754 E	Y	139330 WILLIAM T JOYCE III MD	10/01/2013	71020 RADIOLOGIC EXAM CHEST TWO VIEW			$0.00			$0.00		Professional Claim
7780445231	M3575CP00070 E	Y	285765 MARK A GRABARCZYK MD	10/02/2013	~~ ~~Missing			$0.00			$0.00		Professional Claim
7780445231	M3575CP00070 E	Y	285765 MARK A GRABARCZYK MD	10/02/2013	~~ ~~Missing			$0.00			$0.00		Professional Claim
7780445231	128672396 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	10/02/2013	99225 E/M SUBSEQ OBS CARE PER DAY, L			$0.00			$0.00		Professional Claim
7780445231	128672682 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	10/02/2013	~~Not Applicable	ADVAIR DISKUS 250-50 MCG DISK			$0.00				Professional Claim
7780445231	M3015CP00648 E	Y	285765 MARK A GRABARCZYK MD	10/08/2013	~~Not Applicable	PREDNISONE 20 MG TABLET			$0.00				Professional Claim
7780445231	M3015CP00648 E	Y	285765 MARK A GRABARCZYK MD	10/08/2013	~~ ~~Missing				$0.00				Professional Claim
7780445231	131667334 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	10/09/2013	93312 ECHOC,RDIOG TRANSTH,RT/DIAGE D			$0.00			$71.67	Drug Claim	
7780445231	131823377 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/01/2013	93461 CATH PLC/CORDONARY ART;LEFT VE			$0.00			$2.54	Drug Claim	
7780445231	133791230 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/01/2013	~~Not Applicable			$0.00			$0.00		Professional Claim
7780445231	133791638 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/20/2013	~~Not Applicable	ADVAIR DISKUS 250-50 MCG DISK			$0.00		$0.46		Professional Claim
7780445231	133791721 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/20/2013	~~Not Applicable	NITROSTAT 0.4 MG TAB SUBL			$0.00		$0.00		Professional Claim
7780445231	133791510 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/20/2013	~~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00			$51.69	Drug Claim
7780445231	134791701 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	12/02/2013	~~Not Applicable	ATORVASTATIN CALCIUM 40 MG TA			$0.00			$9.21	Drug Claim
						HYDROCODONE-ACETAMINOPHEN 10-4			$0.00			$0.60	Drug Claim
						WARFARIN SODIUM 5 MG TABLET			$0.00			$3.21	Drug Claim
						ADVAIR DISKUS 250-50 MCG DISK			$0.00			$8.18	Drug Claim
												$4.50	Drug Claim
												$51.69	Drug Claim

South Carolina Department of Health & Human Services

Anthony E. Keck, Director
Nikki R. Haley, Governor

CERTIFICATE OF MEDICAID COVERAGE

IMPORTANT - This certificate provides information about your prior Medicaid coverage. If you enroll in another medical insurance plan, you may need to give them a copy of this certificate. Keep this certificate in a safe place.

Date of this certificate: March 20, 2014
Name of group health plan: **Medicaid**
Recipient name: JOSEPH E LEGETTE
Recipient Medicaid number: 7780445231

Name, address and telephone number of person responsible for issuing this certificate:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
P. O. Box 100147
Columbia, SC 29202-9181

For further information call: 1-888-549-0820. **(This is a free call)**

Coverage Periods:

07/01/12--00/00/00
10/01/11--07/01/12

SOUTH CAROLINA MEDICAID SERVICES

Inpatient Hospital
Well Child Care
Family Planning
Laboratory and X-Ray
Home Health
Targeted Case Management
Long-term Care/Nursing Home Facilities
Alcohol and Other Substance Abuse
Home and Community Based Waivers
Residential Treatment Facility
Evaluation/Counseling/Education for Special Needs
Non-emergency Transportation to Medical Appointments
Outpatient Hospital
Vision Care
Durable Medical Equipment
Ambulance Transportation
Rehabilitative Therapies
Physician Visits
Dental
Prescription Drugs
Hospice
Mental Health

*FOR FURTHER INFORMATION REGARDING SERVICE DESCRIPTIONS AND LIMITATIONS CALL 1-888-549-0820.

Authorization For Release Of Information And Appointment Of Authorized Representative For Medicaid Applications/Reviews And Appeals

You can choose an authorized representative.

You can give a trusted person permission to talk about your application with us, see your information, and act for you on matters related to your application, including getting information about your application and signing your application on your behalf. This person can also act for you on other matters including reviews, appeals and managed care processes. This person is called an "authorized representative." If you ever need to change your authorized representative, contact Healthy Connections. If you're a legally appointed representative for someone on this application, submit proof with the application.

The Medicaid eligibility worker can release any information regarding my application/review and status to my authorized representative or any member of the organization indicated on this form.

1. Member name

2. Social Security Number

3. Name of authorized representative (First name, Middle name, Last name)

4. Home address (Leave blank if you don't have one.)

5. Apartment or suite number

6. City

7. State

8. ZIP code

9. Phone number

( )

10. Other phone number

( )

11. Organization name (if applicable)

12. ID number (if applicable)

By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with this agency.

13. Your signature

14. Date (mm/dd/yyyy)

Please print this form, then sign it on the line above before submitting.
If signing with an "X," please have two people sign below as witnesses.

Witness: _____ Witness: _____

☐ The Member is incapacitated and is unable to sign.* Please provide the reason(s) below:

_____

_____

***SCDHHS reserves the right to verify the member's inability to sign.**

NEED HELP WITH YOUR APPLICATION? Visit **SCDHHS.gov** or call us at **1-888-549-0820.** Para obtener una copia de este formulario en Español, llame **1-888-549-0820.** If you need help in a language other than English, call **1-888-549-0820** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-800-753-8583.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Relog to Singleton per Tamara M. on 3/11/14. Change due date to 3/20/14

TO	DATE
Singleton	2-20-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000282	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR RECEIVED MAR 10 REC'D	[X] Prepare reply for appropriate signature DATE DUE 3/20/14 [ ] FOIA MJ's Due Date 2/26/14 DATE DUE _____ [ ] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			3/10/14, (2) attachments from C. Roach Also, reference attached email. S.M.
2.			
3.			
4.			

Sharon Mondier

From: Carolyn Roach
Sent: Monday, March 10, 2014 3:43 PM
To: Sharon Mondier
Cc: Tamara McDaniel; Michael Jones; Gina T. Green
Subject: RE: Log 282 MJ's Due Date: 02/26/14 Director's Due Date: 03/03/14

Sharon: This is a request for claims information. We don't handle claims requests. We can give you the creditable coverage letter. It is attached to this log.
-----Original Message-----
From: Sharon Mondier
Sent: Monday, March 10, 2014 3:34 PM
To: Carolyn Roach
Cc: Tamara McDaniel; Michael Jones; Gina T. Green
Subject: FW: Log 282 MJ's Due Date: 02/26/14 Director's Due Date: 03/03/14

Tamara: Oops. I'm so sorry. After researching my emails, I mistakenly omitted Carolyn from my email including Log #828 (Attachment) dated 2/26/14. So, Carolyn never received the electronic copy of Log #282.

Carolyn: I'm so sorry. Based on the below email, I mistakenly omitted you from my email including Log #282 (Attachment) dated 02/26/14. Can you please expedite this one? Tamara inquired today and gave me with the Blue Copy. I will hand-deliver it shortly.

Michael/Gina: Sorry, this was my error.

Thanks.

-----Original Message-----
From: Sharon Mondier
Sent: Wednesday, February 26, 2014 1:00 PM
To: Tamara McDaniel
Cc: Tamara McDaniel
Subject: Log 282

MJ's Due Date: February 27, 2014. Thanks.

-----Original Message-----
From: Nicholas Thacker
Sent: Wednesday, February 26, 2014 10:30 AM
To: Tamara McDaniel; Sharon Mondier
Cc: Jason Taylor
Subject: RE: scan from copier

Tamara,
Based on the quick research for paid claims, which are the only claims that I can see without specific provider information, the beneficiary referenced is covered by a Managed Care plan and has been since 1/1/2012. Please feel free to forward the Log Letter to that Program Area for further assistance.

Thank you.

Certificate of Creditable Coverage

RICHLAND COUNTY DHHS
3220 Two Notch Road
Columbia SC 29204-2826

NIKKCONY BROWN
1237 LIBERTY HILL AVE
COLUMBIA SC 29204

Date: 05/23/2011
Worker Name: JOQUONA GANDY
BG#: 51175320
HH #: 100565321
Name of Group Health Plan: **Medicaid**

IMPORTANT

This certificate provides information about prior coverage for the individual(s) listed. If you enroll in another health plan, you may need to give them a copy of this certificate. **Keep this certificate in a safe place.**

Beneficiary Name:	Beneficiary ID#	COVERAGE PERIODS:
KAITLYN A. BROWN	6780546420	DEC09-FEB10,APR10-JUN11

If there are other members not listed on this notice, please call your worker.

SOUTH CAROLINA HEALTH INSURANCE SERVICES

Inpatient Hospital
Well Child Care
Family Planning
Laboratory and X-Ray
Home Health
Targeted Case Management
Home and Community Based Waivers
Evaluation/Counseling/Education for Special Needs
Non-emergency Transportation to Medical Appointments
Outpatient Hospital
Vision Care
Durable Medical Equipment
Ambulance Transportation
Rehabilitative Therapies
Long-term Care/Nursing Home Facilities
Residential Treatment Facility
Physician Visits
Dental
Prescription Drugs
Hospice
Mental Health
Alcohol and Other Substance Abuse

*FOR FURTHER INFORMATION REGARDING THIS NOTICE OR SERVICE DESCRIPTIONS AND LIMITATIONS CALL 1-888-549-0820. 8:00 a.m. - 6.00 p.m. **(This is a free call)** Or write to: **S.C. Department of Health and Human Services**, P.O. Box 100147, Columbia, S.C. 29202-9181

ELD001 - Revised October 2009

Transitional Medicaid Approval Letter

LAURENS COUNTY DHHS
P. O. Box 388
Laurens SC 29360-0388

LISA A LEGETTE
514 FALCON DR

FOUNTAIN INN SC 29644

Date: 07/03/2013
Worker: BETH SIMMONS
Telephone: 864 833-0100
BG# 32241509
HH# 101046513
30 ELI15605

You and your family have been approved to receive Transitional Medicaid benefits for up to twelve (12) months. The effective date of your Transitional Medicaid Coverage is based upon the date you went to work. The 12 months will be divided into 2 possible periods.

Beneficiary Name:	Beneficiary ID#	Beneficiary Name:	Beneficiary ID#
JOSEPH LEGETTE III	1781361173		
JOSEPH E. LEGETTE	7780445231		
LISA A. LEGETTE	7780445233		

Your family will continue to receive these benefits as long as:

* The parent/caretaker relative continues to receive earned income that is less than 185% of poverty,
* The family continues to include a dependent child in the home under the age of 19 and
* The family continues to reside in the state of South Carolina.

You are required to report within ten (10) days when:

* Your household no longer includes a dependent child under the age of 19
* The parent/caretaker relative loses employment and no longer receives any wages or
* You have a change of address.

Your family may be eligible for both periods as long as you meet the requirements listed above and complete quarterly reports that will be required while you are receiving transitional benefits. The quarterly reports will be mailed to your address once every three (3) months and will ask for verification of the family's gross monthly earnings and the cost of childcare. It is very important that you complete each report showing your earnings and childcare expenses for the months indicated on the form. The report must be received in the Medicaid office by the date on the form. Please notify us right away if your address changes.

Fair Hearing

If you feel your benefits have changed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

* To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
* You can hire an attorney to help you or you can have someone come to the hearing and speak for you.

Please call your worker listed above if you have questions about this letter.

ELD063 March 2009 30 ELI15605

RECEIVED
MAR 11 REC'D
EEMS

3/24/14 Response attached To Note: 3/12/14

RECEIVED
MAR 11 2013
Department of Health & Human Services
Office of Health Programs

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Relog to Singleton per Tamara M. on 3/11/14. Change due date to 3/20/14

TO	DATE
Supra	2-20-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000282	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	[X] Prepare reply for appropriate signature DATE DUE 3/20/14
RECEIVED MAR 10 RECD	[ ] FOIA MJ's due Date 2/26/14 DATE DUE _____
	[ ] Necessary Action

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1.			3/10/14, (2) attachments from C. Roach Also, reference attached email. D.M.
2.			
3.			
4.			

Jan 16, 2014

Attn: OFFICE OF GENERAL COUSEL,

We are requesting copies of all claims for Joseph Edward LeGette, Jr. from 10-01-2011 or first date of service. Recipient Medicaid number: 7780445231

Also we request Certicate of Medicaid Coverage to prove time of coverage.

We request that Lisa Ann LeGette (wife) be listed as allowed to talk about any business pertaining to Joseph Edward LeGette Jr on file so she can address any matters.

Thank You

Joseph E LeGette Jr

Lisa Ann LeGette

Phone: 864 ~~821~~ 862-6996

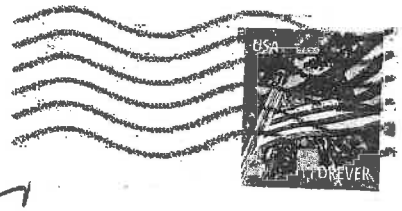
RECEIVED

FEB 19 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

LeGette
514 Falcon Drive
Fountain Inn SC
29644

GREENVILLE SC 296
10 FEB 2014 PM 5 T



Dept. of Health Human Services
P.O. Box 8206
Columbia SC
29202

RECEIVED
FEB 19 2014
Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Lynch
J11

Attn: General Counsel

Certificate of Creditable Coverage

RICHLAND COUNTY DHHS
3220 Two Notch Road
Columbia SC 29204-2826

NIKKCONY BROWN
1237 LIBERTY HILL AVE
COLUMBIA SC 29204

Date: 05/23/2011
Worker Name: JOQUONA GANDY
BG#: 51175320
HH #: 100565321
Name of Group Health Plan: **Medicaid**

IMPORTANT

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ELD001 - Revised October 2009

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514 FALCON DR

FOUNTAIN INN SC 29644

Date: 07/03/2013
Worker: BETH SIMMONS
Telephone: 864 833-0100
BG# 32241509
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30 ELI15605

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JOSEPH E. LEGETTE	7780445231		
LISA A. LEGETTE	7780445233		

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ELD063 March 2009 30 ELI15605

RECEIVED
MAR 11 REC'D
EEms

Sharon Mondier

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Sent: Monday, March 10, 2014 3:43 PM
To: Sharon Mondier
Cc: Tamara McDaniel; Michael Jones; Gina T. Green
Subject: RE: Log 282 MJ's Due Date: 02/26/14 Director's Due Date: 03/03/14

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Cc: Tamara McDaniel
Subject: Log 282

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Cc: Jason Taylor
Subject: RE: scan from copier

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Thank you.

Nick

-----Original Message-----
From: Tamara McDaniel
Sent: Wednesday, February 26, 2014 9:58 AM
To: Sharon Mondier; Nicholas Thacker
Subject: FW: scan from copier

Good Morning:

Please see the log letter attached. Brenda and I have determined that this letter needs attention from both departments. Please let me know if you have any questions or concerns.

Thanks,

Tamara
-----Original Message-----
From: copier@scdhhs.gov [mailto:copier@scdhhs.gov]
Sent: Wednesday, February 26, 2014 5:43 AM
To: Tamara McDaniel
Subject: scan from copier

No reply. Any problems scanning contact Greg Mattison.

SOUTH CAROLINA
Healthy Connections
MEDICAID

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 :: Columbia, SC 29202
www.scdhhs.gov

March 20, 2014

Mr. Joseph E. LeGette, Jr.
514 Falcon Drive
Fountain Inn, South Carolina 29644

Dear Mr. LeGette,

This letter is in response to your January 16, 2014 letter regarding claims data, certificate of coverage and request for an authorized representative for your Healthy Connections Medicaid account.

As requested, claims data from October 1, 2011 through February 28, 2014 have been attached to this letter for your review. We have also attached a Certificate of Medicaid Coverage and an authorization form for Release of Information and Appointment of Authorized Representative has been attached. Please complete the form and return it to South Carolina Health and Human Services, using the addresses above at your earliest convenience.

Thank you for participating in the South Carolina Healthy Connections Medicaid Program. If you have additional questions or comments please contact me by phone at (803) 898-2018 or by email at pattnat@scdhhs.gov

Sincerely,

Nathaniel J. Patterson
Program Director, Health Services

cc: Deirdra T. Singleton, Deputy Director
Evan Gessner, Assistant General Counsel

Joseph LeGette Individual Claim Information October 1, 2011 Through February 28th 2014

Person ID, Unique	Claim ID	Is a Claim Header	Provider Name	Service Date (MM/DD/YY)	Procedure Code	Drug Name	Net Charge	Plan Paid Amount	Plan Paid Amount	Plan Paid Amount	Plan Paid Amount	Plan Paid Amount	Claim Type
7780445231	120208E26553 E	Y	285765 MARK A GRABARCZYK MD	01/17/2012	93284 PRGM DEV EV;MULTI LEAD IMPLNT,			$0.00			$77.00		Professional Claim
7780445231	120208E26553 E	Y	285765 MARK A GRABARCZYK MD	01/18/2012	~ ~Missing			$0.00			$0.00		Professional Claim
7780445231	RX039813338 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	03/12/2012	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00			$0.90	Drug Claim
7780445231	RX039967338 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	03/12/2012	~Not Applicable	LISINOPRIL 2.5 MG TABLET			$0.00			$0.90	Drug Claim
7780445231	121108W1354 E	Y	285765 MARK A GRABARCZYK MD	04/18/2012	~ ~Missing			$0.00			$0.00		Professional Claim
7780445231	121108W1354 E	Y	285765 MARK A GRABARCZYK MD	04/18/2012	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00			$65.06		Professional Claim
7780445231	RX064016418 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	04/18/2012	~Not Applicable	NITROSTAT 0.4 MG TAB SUBL			$0.00			$6.70	Drug Claim
7780445231	RX064016418 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	04/18/2012	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00			$0.90	Drug Claim
7780445231	RX064314418 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	04/18/2012	~Not Applicable	LISINOPRIL 2.5 MG TABLET			$0.00			$0.90	Drug Claim
7780445231	121428Z65555 E	Y	109769 STEPHEN E PARKS	05/15/2012	96372 THERAPEUTIC,PROPHY,DX INJ SUBC			$0.00			$3.72		Professional Claim
7780445231	121428Z65555 E	Y	109769 STEPHEN E PARKS	05/15/2012	~ ~Missing			$0.00			$0.00		Professional Claim
7780445231	121428Z65555 E	Y	109769 STEPHEN E PARKS	05/15/2012	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00			$67.69		Professional Claim
7780445231	121428Z65555 E	Y	109769 STEPHEN E PARKS	05/15/2012	85025 BL CO UNT,COMPLETE CBC W/AUTO D			$0.00			$8.45		Professional Claim
7780445231	121428Z65555 E	Y	109769 STEPHEN E PARKS	05/15/2012	J0696 INJEC CEFTRIAXONE SODIUM PER 2			$0.00			$3.68		Professional Claim
7780445231	121428Z65555 E	Y	109769 STEPHEN E PARKS	05/15/2012	36415 COLLECTION OF VENOUS BLOOD,VEN			$0.00			$2.43		Professional Claim
7780445231	RX083630630 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	05/15/2012	71020 RADIOLOGIC EXAM CHEST TWO VIEW			$0.00			$23.22		Professional Claim
7780445231	RX083573509 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	05/15/2012	~Not Applicable	AZITHROMYCIN 250 MG TABLET			$0.00			$4.15	Drug Claim
7780445231	RX091325301 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	05/28/2012	~Not Applicable	PROAIR HFA 90 MCG HFA INHALER			$0.00			$39.89	Drug Claim
7780445231	121598U83215 E	Y	285765 MARK A GRABARCZYK MD	07/13/2012	~ ~Missing	LISINOPRIL 2.5 MG TABLET			$0.00			$0.90	Drug Claim
7780445231	121598U83215 E	Y	285765 MARK A GRABARCZYK MD	07/13/2012	93284 PRGM DEV EV;MULTI LEAD IMPLNT,			$0.00			$0.00		Professional Claim
7780445231	121598U83217 E	Y	285765 MARK A GRABARCZYK MD	07/13/2012	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00			$74.15		Professional Claim
7780445231	121598U83217 E	Y	285765 MARK A GRABARCZYK MD	07/13/2012	~ ~Missing			$0.00			$65.06		Professional Claim
7780445231	RX060429008131 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	09/08/2012	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00			$0.00	Professional Claim
7780445231	RX077224010927 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/03/2012	~Not Applicable	PREDNISONE 10 MG TABLET			$0.00			$0.90	Drug Claim
7780445231	RX077224010926 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/03/2012	~Not Applicable	LEVOFLOXACIN 750 MG TABLET			$0.00			$0.30	Drug Claim
7780445231	122908W1439 E	Y	186211 BERNARD F MASTERS III MD	10/05/2012	~ ~Missing				$0.00			$21.37	Drug Claim
7780445231	122908W1429 E	Y	186211 BERNARD F MASTERS III MD	10/05/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00			$1.00		Professional Claim
7780445231	RX079228323223 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/05/2012	~Not Applicable	HYDROCODONE-ACETAMINOPHEN 7.5		$0.00			$7.01		Professional Claim
7780445231	123138H8032 E	Y	178391 JAY P GAUCHER MD	10/12/2012	93010 EKG INTERPRETATION REPORT ONLY				$0.00			$1.47	Drug Claim
7780445231	123138H8032 E	Y	178391 JAY P GAUCHER MD	10/12/2012	~ ~Missing			$0.00			$7.30		Professional Claim
7780445231	123043U8922 E	Y	286906 JEFFREY R WIENKE	10/15/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00			$0.00		Professional Claim
7780445231	123043U8922 E	Y	286906 JEFFREY R WIENKE	10/15/2012	~ ~Missing			$0.00			$7.01		Professional Claim
7780445231	RX085213750759 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/16/2012	~Not Applicable	OXYCODONE-ACETAMINOPHEN 5MG-3			$0.00			$0.00	Professional Claim
7780445231	RX085137495411105 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	10/16/2012	~Not Applicable	AZITHROMYCIN 250 MG TABLET			$0.00			$14.22	Drug Claim
7780445231	131758B8400 E	Y	T80686 TIMOTHY G ALLEN	10/19/2012	A4590 SPECIAL CASTING MATERIAL (E.G.				$0.00			$3.81	Drug Claim
7780445231	131758B8400 E	Y	T80686 TIMOTHY G ALLEN	10/19/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00			$1.22		Professional Claim
7780445231	131758B8400 E	Y	T80686 TIMOTHY G ALLEN	10/19/2012	~ ~Missing			$0.00			$22.54		Professional Claim
7780445231	131758B8400 E	Y	T80686 TIMOTHY G ALLEN	10/19/2012	29075 APP PLASTR FIGR B ELBOW-FINGER			$0.00			$0.00		Professional Claim
7780445231	A12335B9573 E	Y	T80686 TIMOTHY G ALLEN	10/30/2012	~ ~Missing			$0.00			$57.65		Professional Claim
7780445231	A12335B9575 E	Y	T80686 TIMOTHY G ALLEN	10/30/2012	A4590 SPECIAL CASTING MATERIAL (E.G.			$0.00			$0.00		Professional Claim
7780445231	132178D8115 E	Y	T80686 TIMOTHY G ALLEN	11/13/2012	29075 APP PLASTR FIGR B ELBOW-FINGER			$0.00			$22.88		Professional Claim
7780445231	132178D8115 E	Y	T80686 TIMOTHY G ALLEN	11/13/2012	73130 RADIO EXAM HAND MINIMUM THREE			$0.00			$57.65		Professional Claim
7780445231	132178D8115 E	Y	T80686 TIMOTHY G ALLEN	11/13/2012	~ ~Missing			$0.00			$22.54		Professional Claim
7780445231	RX006106425455 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	11/14/2012	~Not Applicable	OXYCODONE-ACETAMINOPHEN 5MG-3			$0.00			$0.00	Professional Claim
7780445231	RX012620073192 3 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	11/23/2012	~Not Applicable	TRAMADOL 75 MG CAPSULE			$0.00			$5.71	Drug Claim
7780445231	A12334BH7794 E	Y	T80686 TIMOTHY G ALLEN	11/27/2012	73130 RADIO EXAM HAND MINIMUM THREE				$0.00			$104.07	Drug Claim
7780445231	A12334BH7794 E	Y	T80686 TIMOTHY G ALLEN	11/27/2012	~ ~Missing			$0.00			$22.54		Professional Claim
7780445231	123430C6491 E	Y	DME476 EQUIPPED FOR LIFE	11/27/2012	L3908 WHFO, WRIST EXT CONT COCK-UP,			$0.00			$0.00		Professional Claim
7780445231	123430C6491 E	Y	DME476 EQUIPPED FOR LIFE	11/27/2012	~ ~Missing			$0.00			$31.74		Professional Claim
7780445231	RX025979795941921 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	12/12/2012	~Not Applicable	CEFPROZIL 250 MG TABLET			$0.00			$30.41	Drug Claim
7780445231	RX029145719171 9 E	Y	HM3200 BLUECHOICE HEALTHPLAN SC	12/17/2012	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00			$0.90	Drug Claim
7780445231	130042S4871 E	Y	T80686 TIMOTHY G ALLEN	12/18/2012	73130 RADIO EXAM HAND MINIMUM THREE				$0.00			$22.54	Professional Claim
7780445231	130042S4871 E	Y	T80686 TIMOTHY G ALLEN	12/18/2012	~ ~Missing			$0.00			$0.00		Professional Claim
7780445231	101208188 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	01/10/2013	~Not Applicable	PROAIR HFA 90 MCG HFA INHALER			$0.00			$44.54	Drug Claim
7780445231	H054SC002990 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	93291 PRGM DEV EV;MULTI LEAD INPLNT,			$0.00			$77.86		Professional Claim
7780445231	H054SC002990 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	~ ~Missing			$0.00			$0.00		Professional Claim
7780445231	M203SC002657 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	~ ~Missing			$0.00			$0.00		Professional Claim
7780445231	M203SC002657 E	Y	285765 MARK A GRABARCZYK MD	01/14/2013	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00			$68.48		Professional Claim
7780445231	101612D25 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	01/14/2013	~Not Applicable	METHYLPREDNISOLONE 4 MG TAB D			$0.00			$4.75	Drug Claim
7780445231	104439435 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	02/06/2013	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00			$0.60	Drug Claim
7780445231	114174632 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	06/16/2013	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00			$0.60	Drug Claim
7780445231	120578155 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	07/11/2013	~Not Applicable	PROAIR HFA 90 MCG HFA AER AD			$0.00			$44.54	Drug Claim
7780445231	120666423 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	07/12/2013	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB			$0.00			$0.60	Drug Claim
7780445231	M217SC004529 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	99214 E/M OFFICE/OP SERV EST PATIENT			$0.00			$63.48		Professional Claim
7780445231	M217SC004529 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	~ ~Missing			$0.00			$0.00		Professional Claim
7780445231	M217SC004601 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	Q9957 INJ,PERFLUTREN LIPID MICROSPHE			$0.00			$131.44		Professional Claim
7780445231	M217SC004601 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	93306 ECHOCARD,TRANSTHORAC,W/DOPLR P			$0.00			$197.16		Professional Claim
7780445231	M217SC004601 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	~ ~Missing			$0.00			$0.00		Professional Claim
7780445231	M217SC004531 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	93284 PRGM DEV EV,MULTI LEAD IMPLNT,			$0.00			$77.86		Professional Claim
7780445231	M217SC004531 E	Y	285765 MARK A GRABARCZYK MD	07/17/2013	~ ~Missing			$0.00			$0.00		Professional Claim

7780445231	M240SC000976 E	Y	251425 ST FRANCIS HOSPITAL INC	07/22/2013				$0.00			$42.67		Facility Header
7780445231	M215C0004532 E	Y	145346 MCCOTTER CRAIG JENNINGS	07/22/2013	93000 EKG 12 LEAD				$0.00			$15.53	Professional Claim
7780445231	M215C0004532 E	Y	145346 MCCOTTER CRAIG JENNINGS	07/22/2013	99214 E/M OFFICE/OP SERV EST PATIENT				$0.00			$68.48	Professional Claim
7780445231	M2175C004532 E	Y	145346 MCCOTTER CRAIG JENNINGS	07/22/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M2439C000308 E	Y	251425 ST FRANCIS HOSPITAL INC	07/26/2013				$0.00			$0.00		Facility Header
7780445231	M2465C003281 E	Y	136925 STUART M CRAWLEY MD	07/26/2013	01922 ANES FOR NON-INVAS IMAG OR RAD				$0.00			$0.00	Professional Claim
7780445231	M2465C002313 E	Y	219631 CRAIG J MCCOTTER MD	04/15/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M2465C002313 E	Y	219631 CRAIG J MCCOTTER MD	05/15/2013	93000 EKG 12 LEAD				$0.00			$0.00	Professional Claim
7780445231	M2465C002313 E	Y	219631 CRAIG J MCCOTTER MD	05/15/2013	99213 E/M OFFICE/OP SERV EST PATIENT				$0.00			$0.00	Professional Claim
7780445231	M350SCP00012 E	Y	285765 MARK A GRABARCZYK MD	08/09/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M350SCP00012 E	Y	285765 MARK A GRABARCZYK MD	08/09/2013	93000 EKG 12 LEAD				$0.00			$0.00	Professional Claim
7780445231	M291SCP00205 E	Y	285765 MARK A GRABARCZYK MD	08/11/2013	99214 E/M OFFICE/OP SERV EST PATIENT				$0.00			$0.00	Professional Claim
7780445231	M291SCP00205 E	Y	285765 MARK A GRABARCZYK MD	08/11/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M312SCP00028 E	Y	076116 CHARLES D ROSS MD	08/21/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M312SCP00028 E	Y	076116 CHARLES D ROSS MD	08/21/2013	93306 ECHOCARD,TRANSTHORAC,W/COLOR F				$0.00			$0.00	Professional Claim
7780445231	M332SCE00915 E	Y	139557 AHMAD BOOTA MD	08/24/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M332SCE00915 E	Y	139557 AHMAD BOOTA MD	08/24/2013	95810 POLYSOMNOGRAPHY				$0.00			$0.00	Professional Claim
7780445231	M288SCP00608 E	Y	285765 MARK A GRABARCZYK MD	08/27/2013	99214 E/M OFFICE/OP SERV EST PATIENT				$0.00			$0.00	Professional Claim
7780445231	M288SCP00608 E	Y	285765 MARK A GRABARCZYK MD	08/27/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M303SCE01754 E	Y	133930 WILLIAM T JOYCE III MD	10/01/2013	71020 RADIOLOGIC EXAM CHEST TWO VIEW				$0.00			$0.00	Professional Claim
7780445231	M303SCE01754 E	Y	133930 WILLIAM T JOYCE III MD	10/01/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M357SCP00070 E	Y	285765 MARK A GRABARCZYK MD	10/02/2013	~ ~Missing				$0.00			$0.00	Professional Claim
7780445231	M357SCP00070 E	Y	285765 MARK A GRABARCZYK MD	10/02/2013	99225 E/M SUBSEQ OBS CARE PER DAY, L				$0.00			$0.00	Professional Claim
7780445231	128672398 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	10/02/2013	~Not Applicable	ADVAIR DISKUS 250-50 MCG DISK				$0.00			Professional Claim
7780445231	128672682 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	10/02/2013	~Not Applicable	PREDNISONE 20 MG TABLET				$0.00		$71.63	Drug Claim
7780445231	M3019CP00643 E	Y	285765 MARK A GRABARCZYK MD	10/08/2013	~ ~Missing					$0.00		$2.54	Drug Claim
7780445231	M3019CP00648 E	Y	285765 MARK A GRABARCZYK MD	10/08/2013	93312 ECHOCARDIOG TRANSTH,RT/IMAGE D				$0.00			$0.00	Professional Claim
7780445231	M3019CP00648 E	Y	285765 MARK A GRABARCZYK MD	10/08/2013	93461 CATH PLC/CORDONARY ART;LEFT VE				$0.00			$0.46	Proficalonal Claim
7780445231	131667334 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/01/2013	~Not Applicable				$0.00			$0.00	Professional Claim
7780445231	131823367 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/01/2013	~Not Applicable	ADVAIR DISKUS 250-50 MCG DISK				$0.00		$51.69	Drug Claim
7780445231	133791560 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/20/2013	~Not Applicable	METROSTAT 0.4 MG TAB SUBL				$0.00		$9.21	Drug Claim
7780445231	133791638 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/20/2013	~Not Applicable	METOPROLOL TARTRATE 25 MG TAB				$0.00		$0.60	Drug Claim
7780445231	133791721 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/20/2013	~Not Applicable	ATORVASTATIN CALCIUM 80 MG TA				$0.00		$3.21	Drug Claim
7780445231	133791510 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	11/20/2013	~Not Applicable	HYDROCODONE-ACETAMINOPHEN 10M				$0.00		$8.18	Drug Claim
7780445231	134[illegible]01 E	Y	HM2200 ABSOLUTE TOTAL CARE INC	12/02/2013	~Not Applicable	WARFARIN SODIUM 5 MG TABLET				$0.00		$4.60	Drug Claim
						ADVAIR DISKUS 250-50 MCG DISK				$0.00		$51.63	Drug Claim

South Carolina Department of Health & Human Services

Anthony E. Keck, Director
Nikki R. Haley, Governor

CERTIFICATE OF MEDICAID COVERAGE

IMPORTANT - This certificate provides information about your prior Medicaid coverage. If you enroll in another medical insurance plan, you may need to give them a copy of this certificate. Keep this certificate in a safe place.

Date of this certificate: March 20, 2014
Name of group health plan: **Medicaid**
Recipient name: JOSEPH E LEGETTE
Recipient Medicaid number: 7780445231

Name, address and telephone number of person responsible for issuing this certificate:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
P. O. Box 100147
Columbia, SC 29202-9181

For further information call: 1-888-549-0820. **(This is a free call)**

Coverage Periods:

07/01/12---00/00/00
10/01/11---07/01/12

SOUTH CAROLINA MEDICAID SERVICES

Inpatient Hospital
Well Child Care
Family Planning
Laboratory and X-Ray
Home Health
Outpatient Hospital
Vision Care
Durable Medical Equipment
Ambulance Transportation
Rehabilitative Therapies
Physician Visits
Dental
Prescription Drugs
Hospice
Mental Health
Targeted Case Management
Long-term Care/Nursing Home Facilities
Alcohol and Other Substance Abuse
Home and Community Based Waivers
Residential Treatment Facility
Evaluation/Counseling/Education for Special Needs
Non-emergency Transportation to Medical Appointments

*FOR FURTHER INFORMATION REGARDING SERVICE DESCRIPTIONS AND LIMITATIONS CALL 1-888-549-0820.

Authorization For Release Of Information And Appointment Of Authorized Representative For Medicaid Applications/Reviews And Appeals

You can choose an authorized representative.

You can give a trusted person permission to talk about your application with us, see your information, and act for you on matters related to your application, including getting information about your application and signing your application on your behalf. This person can also act for you on other matters including reviews, appeals and managed care processes. This person is called an "authorized representative." If you ever need to change your authorized representative, contact Healthy Connections. If you're a legally appointed representative for someone on this application, submit proof with the application.
The Medicaid eligibility worker can release any information regarding my application/review and status to my authorized representative or any member of the organization indicated on this form.

1. Member name	2. Social Security Number

3. Name of authorized representative (First name, Middle name, Last name)

4. Home address (Leave blank if you don't have one.)	5. Apartment or suite number

6. City	7. State	8. ZIP code

9. Phone number	10. Other phone number
( )	( )

11. Organization name (if applicable)	12. ID number (if applicable)

By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with this agency.

13. Your signature	14. Date (mm/dd/yyyy)

Please print this form, then sign it on the line above before submitting.
If signing with an "X," please have two people sign below as witnesses.

Witness: _____ Witness: _____

☐ The Member is incapacitated and is unable to sign.* Please provide the reason(s) below:

_____

_____

***SCDHHS reserves the right to verify the member's inability to sign.**

NEED HELP WITH YOUR APPLICATION? Visit **SCDHHS.gov** or call us at **1-888-549-0820**. Para obtener una copia de este formulario en Español, llame **1-888-549-0820**. If you need help in a language other than English, call **1-888-549-0820** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-800-753-8583**.