

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Releg From Rics to Bowling per Bowling on 12/29/06

TO

DATE

Bowling

12-13-06

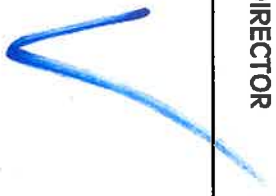
DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	6C0401	Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	Extended until 1/12/07, see attached e-mail.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>1-12-07</u> <input type="checkbox"/> 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. Cleared 1/30/07, letter attached.			Brer to Releg per su sav; pr
2.			
3.			
4.			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>12-13-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>GC0401</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>12-20-06</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 			

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

12/12/2006 14:16 8038987725

ONEUDSMAN SCDS

PAGE 01

DSS

Serving Children and Families

700 N. ATLANTIC, STATE DIRECTOR

DEC 12 2006

FAX COVER SHEET

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Date: December 12, 2006 Number of Pages: (including cover sheet) 6

To: Organization: SC Health and Human Services

Attention: Mr. Bob Liming

Fax Number: (803) 255-8350

From: Division or County: Constituent Services

Address: Room 621, North Tower

Name: Lenora Bush Reese

Fax Number: 898-7652

Telephone Number: 898-7700

Comments: Mr. Liming, I am forwarding the attached letter from Sen. DeMint to your office for action/response because the issue described appears to relate to the Medicaid program. Thank you for any help you can provide.

Transmitted by: _____

This transmission may contain information that is protected from disclosure by federal and/or state law, or is otherwise privileged or confidential. This communication is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient or the employee or agent responsible for delivering this message to the recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited and violations of applicable federal and/or state law may subject you to civil and/or criminal penalties. If you have received this communication in error, please notify the sender immediately by telephone and return by mail to the address shown above.

CLIMATE DEPARTMENT OF SOCIAL SERVICES, P.O. BOX 1620, COLUMBIA, S.C. 29202-1620
WEB SITE: www.dss.sc.gov

12/12/2006 02:15PM

Please assign a
log # and add to
Camp tracker. Bob
is already handling
this one.

PLS Bob
12/12

Log-Res
"Bob's Sign"

12/12/2006 14:16 8038987725

OMBUDSMAN SCDS

PAGE 82

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE STATE DIRECTOR

12-11-06

ACTION REPERALS

PLEASE RETURN THE ORIGINAL TO THE STATE DIRECTOR'S OFFICE.

To: Constituent Services	DATE: 12/8/06
COPIES TO:	

INSTRUCTIONS

The number in item 1 below has been assigned to the attached correspondence. Upon completing the assignment, return this form, the original correspondence and your response, with a copy for file to the State Director's Office.

After clearance by the State Director's Office, this form indicating date signed by the State Director and your response will be returned to you for mailing.

STATE DIRECTOR'S USE ONLY		DEPUTY STATE DIRECTOR'S EXECUTIVE STAFF USE ONLY	
1. NUMBER: 12-7		8. RECIPIENT'S INITIALS:	DATE:
2. DATE DUE: 12/27/03		7. ACCEPTING AUTHORITY'S INITIALS:	DATE:
3. RELOGGED TO:		6. APPROVAL INITIALS:	
4. INITIALS OF PERSON RELOGGING:		5. APPROVAL DATE:	
5. DATE SIGNED BY STATE DIRECTOR:		10. DATE FINAL CORRESPONDENCE SENT TO STATE DIRECTOR'S OFFICE:	

ACTION REQUESTED:

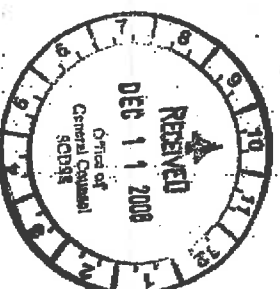
- ☐ PLEASE PREPARE A RESPONSE FOR STATE DIRECTOR'S SIGNATURE:
☒ NECESSARY ACTION
☐ REPLY APPROPRIATELY

IF NO ACTION REQUIRED, PLEASE PROVIDE WRITTEN
REASON/JUSTIFICATION IN THIS SECTION:

STATE DIRECTOR'S APPROVAL:

CONTACT PERSON:

DSS Form 1833 (Jun 88) Edition of Feb 81 to Obsolete.



12/12/2006 02:15PM

12/12/2006 14:16 8038987725

ONEUDSMAN SC055

PAGE 03

JIM DEMINT
SOUTH CAROLINA

Constituent Services - NA - 12-7-06

COMMITTEE
COMMERCE, SCIENCE AND
TRANSPORTATION

DEPUTY MAJORITY WHIP

340 KESSLER SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint@senate.gov

United States Senator

ENVIRONMENT AND PUBLIC WORKS
SPECIAL COMMITTEE ON AGING
JOINT ECONOMIC COMMITTEE

December 5, 2006

Ms. Kim S. Aydtette
State Director
South Carolina Department Of Social Services
1535 Confederate Ave Ext., North Towers Building
PO Box 1520
Columbia, SC 29202-1520

RECEIVED
06 DEC -8 PM 12:48
U.S. DEPT. OF SOCIAL SERVICES
COMMISSIONER'S OFFICE

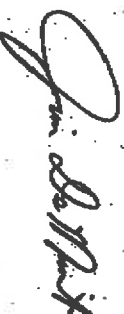
Dear Ms. Aydtette,

I am writing on behalf of my constituent, Eliza Collins, about her Medicaid issue. Enclosed is a copy of her son's letter and a completed privacy form for your review.

I would greatly appreciate your addressing the questions and concerns mentioned in Mrs. Collins' correspondence, with respect to governing rules and regulations. I have assured Eliza that I would write to emphasize my interest in her case and to help obtain a reply from your office.

Thank you for your help. Please feel free to call Jeff of my staff at 864-233-5366 if you have any questions or need additional information. I look forward to your prompt reply to our Greenville office.

Sincerely,



Jim Demint
United States Senator

Enclosures
Cc: Eliza Collins

GREENVILLE
117 CARTERS HOUSE
200 BART TAY STREET
GREENVILLE, SC 29601
(864) 771-6525

GREENVILLE
107 NORTH SPANCO STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-8666

COLUMBIA
1001 MAIN STREET
SUITE 107
COLUMBIA, SC 29901
(803) 771-6112

12/12/2006 02:15PM

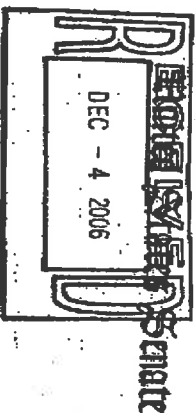
12/12/2006 14:16 8038987725

ONEUDSMAN SC055

PAGE 04

JIM DEMINT
SOUTH CAROLINA

DEPUTY MAJORITY WHIP

340 RUSSELL SENATOR OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint@senate.govCOMMITTEES
COMMERCE, SCIENCE AND
TRANSPORTATION
ENVIRONMENT AND PUBLIC WORKS
SPECIAL COMMITTEE ON AGING
JOINT ECONOMIC COMMITTEE

Privacy Act Release Form

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, Olivia Collins, do hereby authorize Senator Jim Demint and/or his staff to access the information necessary to assist me.

Signature:

Olivia Collins

Address:

522 Jimmy Lane
Cross, SC 29436

Telephone:

(843) 753-3561

Social Security Number:

251-52-0235Brief explanation of situation: Email from son

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes ☐ No ☒

If Yes, which Member? _____

ONEUDSMAN
112 OVERTON HICKS
200 EAST BAY STREET
CHARLOTTE, NC 28201
(404) 772-6525GREENVILLE
110 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 225-5165GREENVILLE
1801 MAIN STREET
SUITE 102
GREENVILLE, SC 29601
(864) 771-1500
12/12/2006 02:15PM

12/12/2006 14:16 8036987725

OMBUDSMAN SCDDSS

PAGE 05

From: "nobody@www.senate.gov" <nobody@www.senate.gov>
 Date: 11/8/2006 7:33:54 PM
 To: webmail@deminc-1g.senate.gov
 Subject: Contact Form Submission

<IP>64.14.114.217</IP>
 <APP>SCMAIL
 <PREFIX>NR</PREFIX>
 <FIRST>Sam</FIRST>
 <LAST>Getters</LAST>
 <ADDR1>2569 Ranger Dr.</ADDR1>
 <ADDR2></ADDR2>
 <CITY>Cross</CITY>
 <STATE>SC</STATE>
 <ZIP>29436</ZIP>
 <PHONE>(843) 753-3482</PHONE>
 <EMAIL>gsam@deminc-1g.senate.gov</EMAIL>

<ISSUE>BUD</ISSUE>

<MSB>Sam Getters
 2569 Ranger Dr.
 Cross, SC 29436-3408

November 8, 2006

The Honorable Jim DeMint
 United States Senate
 340 Russell Senate Office Building
 Washington, DC 20510-4002

Senator DeMint:

Eliza Collins
 522 Jimmy Lane
 Cross, S.C. 29436
 (843) 753-3501

The Honorable Senator,

My Mother, Ms. Eliza Collins is a 74 year old senior citizen and a constituent of yours. She is currently on Medicare and Medicaid and they have refused to pay her medical bill of \$1985.00 from the period of 10/25/05 to 4/18/06. These services were provided at The Hope Clinic, PO Box 1116, Moncks Corner, S.C. 29461.

She have contacted the Medicare System and they told her that this is a Medicaid issue. She went to the Medicaid office in Moncks Corner S.C. who did not help because they said that this is an issue for the Columbia, S.C. office.

12/12/2006 02:15PM

12/12/2006 14:16 8038987725

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PAGE 06

On October 5, 2006 she called the Columbia office at 1-888-549-0820. She spoke with Mrs. Jones and Mrs. Obannon, representatives from this office, whom told her that there was a computer error causing this delinquency in payments and credit collectors calling and harassing her constantly.

These representatives told her that this problem would be taken care of within one month and that they would notify her. As of this date November 7, 2006, she has not received any resolution.

There have been going on since the beginning of this year with no one taking responsibility for this outstanding bill. My mother is in poor health and this issue is only making her condition worse. I really don't know how long she can hold on to her dear life. She is constantly worrying about how this bill is going to be payed with the ongoing harassing calls from credit agencies.

I am praying that you will rectify this issue so that my elderly mother may have a day in peace.

The Medicaid representatives are reluctant, inept, and are very unprofessional in assisting us.

It is my belief, that as our leader and congressman, the health and welfare of our elderly and senior citizens are a priority to you and your staff and you will ensure that this matter is rectified in the most professional and efficient manner possible.

On behalf of my mothers; thank you in advance.

Sam Getters

Sincerely,

Sam Getters
(843) 753-3482

Source: 9013711</MSG>
</ADP>

12/12/2006 02:15PM

From: Carrie B Jackson
To: Robert G Liming
Date: 12/12/2006 2:40 PM
Subject: Fwd: Incoming Fax Message
Attachments: 09171212.TIF

Carrie Jackson
Department of Health and Human Services
Bureau of Eligibility Policy and Oversight
803-898-2635

>>> SHHSFC.faxapl."-" 12/12/2006 2:16 PM >>>

-----Reception Fax Report-----

TSI Received: 8038987725
Pages Received: 006
Connect Time: 00129
Receive Time: 12/12/06 14:13
DID Received: 8350
Caller ID:
Fax Port: 04
Error Code: 0000
Job ID: 0917
Faxcom: 1 at 10.57.2.82

From: Nancy Rabert
To: Brenda James
Date: 1/3/2007 11:55 am
Subject: Log 000401

CC: Margarete Keller

Log 000401 has changed. It has been relogged to BZ plus Susan Bowling wants it changed to her sig (Guess appropriate sig).

Please give us an extension on the log till 1/12/07.

Thanks
Nancy



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

January 30, 2007

The Honorable Jim DeMint
United States Senate
105 North Spring Street, Suite 109
Greenville, South Carolina 29601

Dear Senator DeMint:

Your December 5, 2006 letter, to Ms. Kim Aydlette, Director of the South Carolina Department of Social Services, concerning medical bills and payment issues for Ms. Eliza Collins was forwarded to our agency for review and response. We welcome the opportunity to be of assistance in this matter.

Program staff contacted Ms. Collins and her medical provider to assist in the resolution of her concerns. It is our understanding that the payments for medical claims have been refunded by the medical provider. We have advised Ms. Collins to let us know if she encounters any problems in the future.

Thank you for taking the time to contact us and for your continued support of the South Carolina Medicaid program. If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/gwd



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

January 30, 2007

Ms. Eliza Collins
522 Jimmy Lane
Cross, South Carolina 29436

Dear Ms. Collins:

Your letter to Senator DeMint's office regarding Medicaid bills has been forwarded to our agency for review and response. We welcome the opportunity to be of assistance.

It is my understanding that Ms. Elizabeth Jackson, Program Coordinator in the Division of Physicians Services contacted you on December 18, 2006, to discuss the claims. She has also spoken to Ms. Alicia Millsap with the Hope Clinic in Moncks Corner to discuss the problems causing you to be billed in error. We have been advised that the provider has refunded the money paid on your behalf.

Your son contacted Ms. Jackson concerning difficulties with getting your prescriptions filled at Delta Pharmacy. It was determined that you have Medicare coverage for your prescriptions under Unicare. It is important that you or your son follow-up with Medicare to insure they have the proper coverage information.

If you have questions or if we can be of additional assistance, please do not hesitate to contact Ms. Elizabeth Jackson at (803) 898-2536.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/gwd