

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

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>5-29-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center;"><i>000 818</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>CC: E. Forkner</i> <i>Cleared 8/19/08, letter attached.</i> </div>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-10-08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

ATTN.

DIRECTOR

WORKER

ALLSOUTH FGU FT JACKSON OFFICE

8037823820

1/3

RECEIVED

May 28, 2008

MAY 29 2008

Mrs. Alford,

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Enclosed is a copy of a bill from when I lost my baby in August as well as a notice from Tagliaferri Griffin(enclosed) stating that MY CHILDREN DO NOT HAVE coverage at this time and another notice from Gloria Bronson stating that I DO NOT HAVE coverage at this time. I called Ms. Bronson and left several voicemail(she hasn't called me back) and the number showing for worker Griffin is not a working number.

Previously, I received a notice from Ms. Arnetia Hayes that stated that my children ARE COVERED! I then became unemployed in February (enclosed) and applied for coverage for myself and was told that I needed to put the childrens name on the new application even though they already were covered.

I have been trying for a year to get medical coverage for myself and my children. I have two sons that have asthma, another son that has not been able to get his ADHD medications and none of my five children have been able to be seen by a physician in over a year because of the coverage issues. CAN YOU PLEASE HELP ME WITH THIS?

Then, my issue is that my initial application which was sent in August of 2007 was sent to Lexington County even though I live in Richland County and sent it to Richland County DSS. Consequently, the application was then LOST and I keep having to start over. I have severe allergies, endometriosis, and endocrine problems. I need to be seen by a doctor.

I have done everything that has been asked of me.....please can you help me?

Respectfully submitted,

Ms. Frankie Campbell-Provo
Ms. Frankie Campbell-Provo

292-62-2122

(803) 465-5092

05/28/2008 03:10PM

SCA COLLECTIONS -GREENVILLE, N.C., INC.
300 East Arlington Boulevard
Parliament Place, Suite 6-A, Greenville, NC 27858
Phone: 252-355-5500 / Toll Free: 800-334-7713

05/03/08

[illegible]

PATHOLOGY ASSOCIATES OF LEXINGTON
0009781486
CAMPBELLPRO FRANKIE
05/01/08
\$190.00

BEEN PLACED WITH THIS OFFICE FOR COLLECTION AND CALLS FOR PAYMENT IN FULL MUST BE RECEIVED OR THIS ACCOUNT MAY BE PLACED ON YOUR CREDIT STANDING. IF YOU HAVE A VALID REASON FOR NOT CONTACT US BY TELEPHONE, DO NOT LET YOUR CREDIT SUFFER IN FULL TO OUR OFFICE.

THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU
ITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME

OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE, THIS
VERIFICATION OF THIS DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL
JUDGMENT OR VERIFICATION.

YOUR OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE, THIS
 YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF
 THE CURRENT CREDITOR.

ON IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT,
ON OBTAINED WILL BE USED FOR THAT PURPOSE.

NC.

PLEASE DETACH AND RETURN IN THE ENCLOSED ENVELOPE WITH YOUR PAYMENT ***

If paying by credit card, fill out below.




3 digit code	Amount
	\$

Exp Date

SCA Collections, Inc
P. O. Box 876
Greenville, NC 27835-0876

1. **Introduction**
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 4. **Results**
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P.O. Box 1984
Southgate, MI 48195-0984

Receivable Solutions, Inc.

P.O. BOX 6678
Columbia, SC 29260
866-505-7419 (Toll Free)

01/29/08

RS1 00114 1209342 222006494413 0005353 00043230015

FRANKIE CAMPBELL-PROVO
100 FAIRFOREST RD APT B2
COLUMBIA, SC 29212-2321

Client: LEXINGTON COUNTY HEALTH SERVICES DISTRICT & AFFIL
Account #: H28846103
File #: 1209342
Balance: \$564.00

This letter confirms our agreement to accept \$423.00 as settlement in full on the above account if the full settlement amount is received prior to the close of business on 02/29/08 and the check presented for payment clears the appropriate bank. Your Credit Bureau Report will be changed to reflect a status of settled.

Sincerely,

Receivable Solutions, Inc.

This is an attempt to collect a debt and any information received will be used for that purpose. In addition this communication is from a debt collector.

*** Please detach below and return in the enclosed envelope with your payment ***

Circle One:



Account Number:

Name on Card:

Expiration Date: ____ / ____

CCV#:

(Last 3 digits on
back of card)

Signature: _____

Client: LEXINGTON COUNTY HEALTH
SERVICES DISTRICT & AFFIL
Account: H28846103
File #: 1209342
Balance: \$564.00
Amount Paid: \$ _____

Receivable Solutions, Inc.
P.O. Box 6678
Columbia, SC 29260-6678

00114

Notice of Action

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

Date: 05/20/2008
Worker Name:

TAGLIAFERRI GRIFFIN

Telephone: 803 714-7068

BG#: 00007098

HH#: 100766590

To: FRANKIE W CAMPBELL-PROVO
100 FAIRFOREST RD APT B2
COLUMBIA SC 29212

40 TGRIF

Beneficiary Name:

FRANKIE W CAMPBELL-PROVO
TUHMAHN S CAMPBELL
TAHJAH R CAMPBELL
TIAHNAH WOODS
TYH RHIQUE N CAMPBELL-PROVO

Beneficiary ID:

2630278129
2630278131
2780554706
3401253501
7780590848

Your application has been denied for: LOW INCOME FAMILIES

Reason for denial:

You did not send the needed information.

Denied for the month(s) of: 03/2008

Manual/policy reference supporting this action: 101.14.01

Fair Hearing

If you feel your case has been closed 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.
- If you request a hearing within 10 days of the date on this letter, you can ask in your request that your coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any benefits you received while your case was being reviewed.

ATTN.

DIRECTOR

TACKNER

May 28, 2008

Mrs. Atford,

Enclosed is a copy of a bill from when I lost my baby in August as well as a notice from Tagliaferri Griffin(enclosed) stating that MY CHILDREN DO NOT HAVE coverage at this time and another notice from Gloria Bronson stating that I DO NOT HAVE coverage at this time. I called Ms. Bronson and left several voicemails(she hasn't called me back) and the number showing for worker Griffin is not a working number.

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Respectfully submitted,

Ms. Frankie Campbell-Provo

292-62-2122

(803) 465-5092



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Doney 06/18 ✓

June 19, 2008

Ms. Frankie W. Campbell-Provo
100 Fairforest Road, Apartment B-2
Columbia, South Carolina 29212

Dear Ms. Campbell-Provo:

Thank you for writing our agency regarding the problems you have encountered during your Medicaid application process. Good customer service is important to us, and we strive to ensure that residents in South Carolina who meet Medicaid eligibility requirements receive their benefits.

Your children currently have coverage under Medicaid's *Partners for Healthy Children* program and receive services through "First Choice by Select Health of South Carolina," a health plan that offers unlimited doctor visits and prescriptions. You will find a list of covered services enclosed. You should have already received Select Health insurance cards for your children that should be shared with their providers before any medical services are received. Select Health has a dedicated network of physicians available to provide services throughout the state. They also provide a 24-hour nurse line free-of-charge should you have medical questions when their doctor's office is closed. If you have questions about Select Health coverage or need replacement insurance cards, please call toll-free at 1-866-299-9594.

If you have outstanding medical bills, we suggest that you contact those providers to tell them that you may have been covered by Medicaid for the date of service. As a Medicaid enrolled provider, they can verify eligibility and submit a claim if appropriate. Claims must be submitted within one year of the date of service. If the bills are for services more than a year ago, unfortunately you are responsible for the charges.

Your coverage under Medicaid's Family Planning (FP) program ended on May 1, 2008, because we did not receive your annual review form or it was received incomplete.

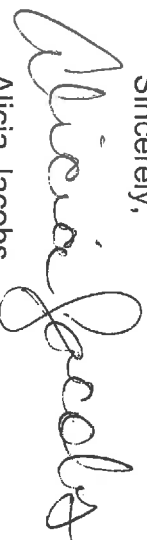
FP offers limited Medicaid benefits; therefore, the outstanding bill you reference from August 2007 related to your miscarriage is not covered.

Your recent application for Medicaid's Low Income Families (LIF) program was denied because we did not receive your citizenship documentation. Please contact Christine Asmond at (803) 714-7609 if you now have the required information. If you need to reapply, complete the enclosed LIF application (DHHS Form 505) and submit it to Richland County Medicaid Office, 3220 Two Notch Road, Columbia, SC 29204.

If you do not qualify for Medicaid, another healthcare option is a program called Augeo Benefits. This program offers a variety of health insurance plans from top-rated insurance carriers. Please look over the enclosed brochure and call 1-866-273-5613 to see how they may be of assistance. Also enclosed is information on other programs and community organizations that can assist with healthcare services, prescriptions and daily living needs.

If we may assist you further with concerns regarding the South Carolina Medicaid program, please contact Denise Epps at (803) 898-2505 or 1-888-549-0820, Ext. 2505. We hope this information is helpful.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".

Alicia Jacobs
Acting Deputy Director

AJ/cole

Enclosures