

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Jacobs	DATE 10-25-07
---------------------	-------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000222	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 11-1-07		
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
<i>Cleared 11/8/07 letter attached D: [initials]</i>			

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

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:

ARMED SERVICES
EDUCATION AND LABOR
FOREIGN AFFAIRS
HOUSE POLICY

Congress of the United States
House of Representatives

log. facsim

dir. Mr

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

October 24, 2007

RECEIVED

OCT 25 2007

Ms. Emma Forkner
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Mrs. Audrey D. Betsill
250-42-1223A

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me regarding her Medicare Part B being paid by Medicaid. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

JW

JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2535

OCT 23 2007

10/22/07

RECEIVED

OCT 25 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Col. Audrey A. Roberts

Claim # 250-42-12234

Adm.

2348 Northview Hills

Apt. 3F

Stn. # (803) 534-6156

Changduy, AL 23118-2973

Copy: Letter from H&H Administration dated 10/16/07

Rec'd 10/19/07

I have been disabled, since 1991 due to an automobile accident. I have not drawn any payments for disability (only regular S.S. benefits)

Please help me to get that corrected. Thanks you very much. My financial situation has been the same for several years.

Sincerely,
Audrey A. Roberts

Social Security Administration

Retirement, Survivors and Disability Insurance

Important Information

000009046 01 AT 0.334 T036 T2R M04,1009,PC3,N,BI,

Southeastern Program Service Center
2001 Twelfth Avenue, North
Birmingham, Alabama 35285-0001
Date: October 16, 2007
Claim Number: 250-42-1223A

AUDREY D BETSILL
2348 NORTHVIEW HILLS
DR APT 3F
ORANGEBURG SC 29118-2973

Rec'd Oct. 19th 2007 (Friday)



The State of South Carolina will no longer pay your Medicare medical insurance premiums after October 2007. You must pay the premiums beginning November 2007.

What We Will Pay And When

We will deduct the Medicare medical insurance premium of \$93.50 from your monthly payment. Later in this letter, we tell you what to do if you disagree with this change in the amount of your monthly payment.

- You will receive \$520.00 for October 2007 around November 2, 2007.
- After that you will receive \$520.00 on or about the third of each month.

To Cancel This Insurance

If you want to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date your insurance coverage ends depends on when you cancel it:

- If you cancel it within 30 days from the date of this notice, your coverage will end at the same time the State stopped paying the premiums.
- If you cancel it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which you contact us. *March/April*
- If you wait more than 6 months to contact us, coverage will stop at the end of the month after the month in which you contact us.



If You Disagree With The Decision

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.


If You Have Any Questions

If you have any questions about the State Medicaid Program, please contact your State public assistance office.

If you have any questions about Medicare you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-803-531-1568. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1391 MIDDLETON ST
ORANGEBURG, SC 29115

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.


Quittie C. Wilson
Assistant Regional Commissioner,
Processing Center Operations



Log 0029



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 8, 2007

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Audrey D. Betsill to our agency with her concerns regarding Medicaid's payment of her Medicare Part B monthly premiums.

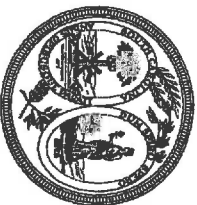
A member of our staff has been in direct contact with Mrs. Betsill and have addressed her concerns.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Emma Forkner
Director

EF/cod



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

November 8, 2007

Emma Fortner
Director

Ms. Audrey D. Betsill
2348 Northview Hills Drive
Apt. 3F
Orangeburg, South Carolina 29118

Dear Ms. Betsill:

Congressman Joe Wilson asked our agency to respond to your recent letter to his office concerning your Medicare Part B premium payments. The problem has been corrected, and the following is an explanation for the cancellation.

Mr. Betsill's Medicaid coverage ended November 1, 2007 because he no longer meets the required medical level of care. Unfortunately, Medicaid can no longer pay his Medicare Part B premiums. If he chooses to appeal this decision, he needs to submit his written request by November 9, 2007, to Ms. Jacqueline Davis in the Orangeburg Medicaid Office, Post Office Box 1407, Orangeburg, SC 29116. Ms. Davis may be reached at (803) 515-1797. Mr. Betsill can reapply for Medicaid at any time should his medical condition change.

Unfortunately, your Medicaid coverage was closed in error when the eligibility worker closed his case. This closure affected Medicaid's payment of your Medicare Part B premium payment and has been corrected. Medicaid will resume payment of your Medicare Part B premium and you will receive reimbursement for any premiums taken out of your Social Security check in error within 30 to 60 days.

You both continue to receive Medicare coverage to help meet your healthcare needs, including participation in Medicare's Part D *Extra Help* low-income prescription drug program. This program covers the cost of your drug care premium, deductibles and leaves only a small co-pay per prescription.

We apologize for the inconvenience this error has caused. If you have additional questions about the Medicaid program, please contact Jennifer Dabbs at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

Alicia Jacobs
Interim Deputy Director

AJ/cod

Log all

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Jacobs	DATE 10-25-07
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
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2. DATE SIGNED BY DIRECTOR 8/22/07		<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
1. <i>M. S. C. C.</i>	<i>10/31/07</i>		
2. <i>A. J. C. C.</i>	<i>10/31/07</i>		
3.			
4.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
EDUCATION AND LABOR
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HOUSE POLICY

Congress of the United States
House of Representatives

October 24, 2007

Log. J. Jacobs
Mr. Mr.
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OFFICE OF THE DIRECTOR

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Post Office Box 8206
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Yours very truly,

JW

JOE WILSON
Member of Congress

JW/jmc
Enclosure

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FAX: (843) 521-2535

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BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
DINO TERPARA
CHIEF OF STAFF
AND COUNSEL

OCT 23 2007

10/12/07

RECEIVED

OCT 25 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ref. Audrey A. Roberts

Claim # 250-42-1223A

Adm.

2348 Northview Hills

Apt. 3F

Orangeburg, AL 36118-2973

Att. # (803) 534-6156

Copy: Letter from H.S. Administration dated 10/16/07

Rec'd 10/19/07

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Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

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Southeastern Program Service Center
2001 Twelfth Avenue, North
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Date: October 16, 2007
Claim Number: 250-42-1223A

AUDREY D BETSILL
2348 NORTHVIEW HILLS
DR APT 3F
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- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

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If you have any questions about Medicare you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-803-531-1568. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1391 MIDDLETON ST
ORANGEBURG, SC 29115

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Quittie C. Wilson
Quittie C. Wilson
Assistant Regional Commissioner,
Processing Center Operations

EDIT

 Constituent ID
Closed? ☐

Date Closed

SSN MEDICAID ID

First Name MI Last Name

 Constituent Phone(s) Constituent Phone Extension Authorized Rep Rep Phone Relationship Source Log No Due Date 

Print this Form

Constituent Notes

HIPAA Authorization Reason for Referral

Staff ID Staff First Name Staff Last Name

 Point of Contact Legislator/ Other Entry Date Last Update Last Update User

Apply

Cancel

Close

Constituent# 1105

	Notes ID	Entry Date	Last Update	Notes
▶	2182	10/31/2007	10/31/2007	To Mark for review. LYNCHJEN 10/31/2007 11:11:56 AM
	2181	10/31/2007	10/31/2007	I spoke with both Mr. and Mrs. Betsill. I let them know what happened and they were already aware of the fact that Ms. Betsill's case closed in error and I apologized for this. I told them the premium payments have been reinstated. I also talked with Mr. Betsill regarding his appeal rights. He said he's been in contact with Ms. Davis and he's waiting on information from his doctor and he may request an appeal. I told him his 30 days to appeal would end on 11/9. I told him he could call me if he had any other questions. LYNCHJEN 10/31/2007 11:11:40 AM
	2151	10/30/2007	10/30/2007	Left a message for Ms. Betsill to call me. LYNCHJEN 10/30/2007 11:40:26 AM

Case Notes ID	Entry Date	Last Update	Last Update User	Notes
2093	10/26/2007	10/26/2007	LYNCHJEN	I spoke with Jacqueline Davis, the EW. She said she closed
2092	10/26/2007	10/26/2007	LYNCHJEN	>>> Natasha S Campbell 10/26/2007 10:53 AM >>>The br
2090	10/26/2007	10/26/2007	LYNCHJEN	To Interfaces & Good morning, Mr. Besill has written our i

EDIT

Case Notes ID 2093

Notes

I spoke with Jacqueline Davis, the EW. She said she closed Ms. Betsill's case in error and then reopened it immediately. She was trying to close out Mr. Betsill instead because he no longer meets the level of care. She said she's explained this to him numerous times and he brought the same letter from SSA about his wife. She said she explained to Mr. Betsill how he can request an appeal for his Medicaid closure.
LYNCHJEN 10/26/2007 11:41:11 AM

Constituent Data

Constituent ID	1105
SSN	250421223
MEDICAID	000000000000
First Name	Audrey
Middle Initial	D
Last Name	Betsill
Legislator / Other	Congressman Wilson

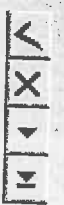
Staff Data

Staff ID	2
Identifier	Dabbs

Spell Check	Entry Date	10/26/2007
Grammar Check	Last Update	10/26/2007
Print this Form	Last Update User	LYNCHJEN



Record: 1 / 3



From: Natasha S Campbell
To: INTERFACES; Jennifer Dabbs
Date: 10/26/2007 10:53 AM
Subject: Re: Audrey D. Betsill HH# 100413539

The buy-in start date is 11/2007 if you look at the buy-in audit file inquiry screen, and she should be reimburse within 30 to 60 days.

>>> Jennifer Dabbs 10/26/2007 10:37 AM >>>
Good morning,

Ms. Betsill has written our Director regarding a letter she received from SSA stating that the state is no longer paying her part B premiums. It appears that the case recently closed and then was reopened within the 30 days. It is currently active. Could you take a look at this and see what needs to be done to get it set up again where we are paying her premiums? It's showing on the Buy-in screen that we stop paying 11/2007. Thanks so much!!

Jennifer Dabbs
Supervisor, Division of Constituent Services
Bureau of Eligibility Policy & Oversight
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
jynchi@scdhhs.gov

MEDBUY10 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/26/07
MEDSPROD BUY-IN ELIGIBLES ACTION:

HCFA SSN: 250-42-1223 HCFA NAME FIRST: AUDREY INIT: D LAST: BETSILL
MEDS SSN: 250-42-1223 MEDS: AUDREY D BETSILL
RCP NUM: 0388503001 HH NUM: 100413539 COUNTY: 38 ELIGIBILITY STATUS: E
PCAT: 15
MCN/RRN: 250421223A PART A/B: B OLD MEDICARE # BEGIN END
SEX: F DOB: 09/17/1931
TRANSACTION RECEIVED DATE: 10/23/2007
BUYIN PREMIUM MONTH: /
HISTORY

START DATE	STOP DATE	ELIG CODE	SSI STAT	TRANS CODE	PREM AMOUNT	RED IND	PREM SURC
11/2007	/	M	-	1161		-	-
02/1999	10/2007	C	-	1751		-	-

UPDATED: USER ID: DATE: SYSTEM ID: BUY2000 DATE: 10/23/07
ME900091 REQUESTED DATA FOUND - 0001 PAGE(S)
PF1->HELP PF2->RCP INFO PF5->BUY REC PF6->RETURN PF7->PREV PF8->NEXT
PF10->MENU PF12->BENDEX PF14->BUY AUDIT PF16->SDX INFO PF18->ADD ELIG