

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

**ACTION REFERRAL**

TO	DATE
Ries	10/25/06

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  600326	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>11/1/06</u>
<input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	

*\* See Comment Below  
Cleared 10/27/06, e-mail attached*

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			* Per Susan Bowdley need response for matter by 10/26/06.
2.			
3.			
4.			

South Carolina Medicaid Program  
Notice that Medicaid Coverage Will End

STATE OFFICE COUNTY DHHS  
P. O. Box 100101  
Columbia SC 29202-0000

LORRI S UNUMB  
2416 WAGNER CREEK COURT  
MOUNT PLEASANT SC 29466

Date: 10/23/2006  
Worker Name:  
JENNIFER DABBS  
Telephone: 803 898-8084  
BG #: 38588099  
HH #: 101007859  
47 JLYNC

Medicaid coverage for the people listed below will end on: 12/01/2006

Beneficiary name: Beneficiary Medicaid ID#: 4780368308  
RYAN R. UNUMB

Reasons: Medicaid coverage will end because:  
We did not receive your completed review form.

You may get a copy of the manual or policy information that requires your case to be closed from your worker. Manual/policy reference supporting this action: 305.07

You may ' *The person you called has a voicemail box that has not been set up yet.* 10-24-06

To re-app *(the day I received this letter)*

- Cont
- Call
- This
- Use

www

If the rea:  
"Failure to  
already re

, because of  
form or have  
away.

Fair Heari

If you fee  
before the

• hearing

- 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 Medicaid 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 Medicaid benefits you received while your case was being reviewed.

# CERTIFICATE OF MEDICAID COVERAGE

IMPORTANT: KEEP THIS MEDICAID LETTER IN A SAFE PLACE

This letter gives you information about the Medicaid coverage you had. If you enroll in another health insurance plan, you may need to give them a copy of this letter.

Date of this letter: 10/23/2006

Name of Group Health Plan: **MEDICAID**  
HH#: 101007859 47 JLYNC

Recipient Name: **RYAN R UNUMB**

Recipient Medicaid Number: 4780368308

## COVERAGE PERIODS:

NOVEMBER 2006	FEBRUARY 2006
OCTOBER 2006	JANUARY 2006
SEPTEMBER 2006	DECEMBER 2005
AUGUST 2006	NOVEMBER 2005
JULY 2006	OCTOBER 2005
JUNE 2006	SEPTEMBER 2005
MAY 2006	AUGUST 2005
APRIL 2006	JULY 2005
MARCH 2006	JUNE 2005

## SOUTH CAROLINA MEDICAID SERVICE

INPATIENT HOSPITAL	AMBULANCE TRANSPORTATION
WELL CHILD CARE	REHABILITATIVE THERAPIES
FAMILY PLANNING	PRESCRIPTION DRUGS
LABORATORY AND X-RAY	LONG TERM CARE/NURSING HOME FACILITIES
HOME HEALTH	RESIDENTIAL TREATMENT FACILITY
OUTPATIENT HOSPITAL	HOSPICE
VISION CARE	MENTAL HEALTH
DURABLE MEDICAL EQUIPMENT	ALCOHOL AND OTHER SUBSTANCE ABUSE
EVALUATION/COUNSELING/EDUCATION FOR SPECIAL NEEDS	
NON-EMERGENCY TRANSPORTATION TO MEDICAL APPOINTMENTS	

If you have questions about this letter you can call 1-888-549-0820 or you can write to:

The Department of Health and Human Services  
P.O. Box 100147  
Columbia, South Carolina 29202-9181

#324  
✓  
to close.

**From:** Gary Ries  
**To:** Jan Polatty  
**Date:** 10/26/2006 10:17:33 AM  
**Subject:** Re: Fwd: Log # 0326-Unumb

good by me

>>> Jan Polatty 10/26/2006 10:15 am >>>  
FYI..... I am going to close using this e-mail if you are in agreement. Thanks, Jan

>>> Jennifer Dabbs 10/26/06 10:13 AM >>>  
I just spoke with Mrs. Unumb and explained that her son's case was reopened without any lapse in coverage. What happened was the review form never was logged in MEDS as received, so it closed out because the action wasn't completed on time. She was very understanding. I told her to call me if there were any other problems. Mark and I discussed and we feel we can close this one without a letter. Thanks!

Jennifer Dabbs  
Supervisor, Division of Constituent Services  
Bureau of Eligibility Policy & Oversight  
(803) 898-3965  
(803) 255-8350 FAX  
[lynchjen@scdhhs.gov](mailto:lynchjen@scdhhs.gov)