

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Re-logged from Myers to Jacobs on 1/31/08 per Jacobs

TO	DATE
Jacobs / Burton	1-29-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000394	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Dr. Burton Cleared 1/3/08, see attached response letter	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 2-1-08 <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. our office received them on 1/29/08			
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-29-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000394</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Dr. Burton</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-7-08</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE _____

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

Social Security #256-98-1278

1-24-08

To whom it may concern;
I am sending this
paperwork hoping there
is some help for me.
I cannot work, I haven't
worked in about 3 yrs.
I have no insurance.
I'm on medicoid right
now but I won't be
for long. I really
need my disability
started. Thank you for
taking the time to read
my papers. I hope to hear
good news soon.

Thank you
Sheila Craven



V4043

RECEIVED

JAN 29 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RECEIVED

**Aiken Center for Family Health
415 Barnwell Avenue, NW
Aiken, SC 29801**

JAN 29 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

21 November 2007

Marion Burton, M. D., Director
South Carolina Medicaid
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

RE: Sheila Craven, #5780596055, DOB 08/23/1954.

Dear Dr. Burton:

Seasons greetings to you and your staff! I am writing this on behalf of the above-named patient, who is scheduled to lose her Medicaid eligibility. She has been unable to work for the past 2-years, because of disabling pain in the back and left leg, with MRI-documented L5-s1 left neural encroachment. Additionally, she has "severe left-sided exit foraminal stenosis" at C6-C7 per cervical MRI, with symptoms. I've been following her since June of this year for her type II diabetes and accelerated hypertension. She needs, I believe, surgery on both her cervical and lumbar spine to have a reasonable attempt at regaining some sort of gainful functional status....without Medicaid, this will not be possible.

I'm very hard-lined when it comes to people's "getting something for nothing"; however, this lady is not able to do any sort of work in her current state(I encouraged her to apply for disability, only the third time I've suggested a patient do that since residency). She really deserves her Medicaid, I firmly believe, and would appreciate any consideration that can be given to her case.

Thank you for your time and effort. Best wishes this holiday season.

Respectfully,



Cc: Social Security Administration

Mark A. Roberts, M. D.

MACKIE WALKER DPM
CAROLINA PODIATRIC MED ASSOC
721 RICHLAND AVE W
AIKEN, SC 29801-3831
(803) 649-3668

Today's Date: 06/15/2007

Patient: 21231

SHEILA CRAVEN
766 SPRINGFIELD CHURCH RD
AIKEN, SC 29801
(803) 648-1577

Today's Diagnosis

729.5 PAIN IN LIMB

250.60 DIAB NEUROPATHY NIDDM

355.5

TARSAL-TUNNEL SYNDROME

Today's Procedures:

Procedure Code

99212

99212

OV - EVAL & MNGMT EST PT

Fee

\$67.00

Today's Total Charges

Today's Total Patient Payments

\$67.00
-\$2.00

Today's Balance
Previous Balance

\$65.00
\$1.00

Current Account Balance
Billed to Insurance
Due from Patient

\$66.00
\$67.00
\$0.00

CAROLINA PODIATRIC MEDICAL ASSOCIATES, P.A.

☐ Hitchcock Medical Campus
Suite 100 - 721 Richland Avenue West • Aiken, SC 29801
(803) 649-3668

Name

Sheila Craven

Date

Address

*Rx Mrs Craven has
severe diabetes mellitus
and other complications. She is
diabetic with*

Refill - 0 - 1 - 2 - 3 - 4 - PRN

☐ Dispense As Written
MACKIE WALKER, JR. D.P.M.
DEA #AW8813417

D.P.M.

☐ Substitution Permissible

☐ GREGORY PALMER, D.P.M.
DEA # BP3539547

D.P.M.

Richard A. Eisenberg, MD
Neurology
President, Aiken Neurosciences PC
Melvyn L. Haas, MD, FAAN
Neurology
Sleep Medicine
Khaled F. Kamel, MD
Neurology
Reddiah Babu Mummaneni, MD
Neurology
Sleep Medicine
William E. Durrett, Jr, MD
Anesthesiology & Perioperative Medicine
Pain Management

803-642-6500
FACSIMILE
803-649-7551

S. Dion Macomson, M.D.
Assistant Professor, Neurosurgery
Medical College of Georgia

MAGNETIC RESONANCE IMAGING
803-642-6300

SLEEP LABORATORY

ELECTROENCEPHALOGRAPHY
ELECTROMYOGRAPHY
EVOKED POTENTIALS

FINAL REPORT

Patient: SHELLA CRAVEN

Modality: MRI

Patient #: 470060

Clinical
Information:

NECK AND BACK PAIN

Exam Date: 10/11/2007

Exam Name: Lumbar

Referring Doctor: Mummaneni, Reddiah

TECHNIQUE: The patient is examined on the Mid Field GE Contour LX MR System which functions at 0.5 Tesla. A dedicated spine coil is used to obtain high resolution images of the lumbar spine. **SERIES:** 1) COR, T1, SE, 7 mm; 2) SAG, Proton, FSE, 3 mm; 3) AX, Oblique, Proton, T2, FSE, 3 mm; 4) AX, T1, SE, 5 mm. **ADDITIONAL SEQUENCES:** 1) MR myelotomography.

OVERVIEW: Overview of the lumbar spine shows there is normal bony alignment and normal marrow signal with no evidence of a congenital anomaly of the spine. The visualized paraspinal soft tissues are unremarkable. Images of the hips, sacroiliac joints, piriformis muscles and proximal sciatic nerves reveal no abnormality.

There is evidence of a pelvic kidney in a presacral position, and there is an absent right kidney, and this is probably a translocation of that structure.

THORACIC SPINE: A single focus of low signal is seen in the T9 vertebral body, its nature is uncertain. Evaluation with gadolinium enhanced images is suggested. The spinal cord and conus medullaris appear normal.

INTERVERTEBRAL DISCS:

T12-L1, L1-2. There are anteriorly directed osteophytes but no protrusion of material into the canal.

L2-3, L3-4. There is normal disc space height and signal without disc bulge or herniation of disc material beyond its normal confines. There is no evidence of entrapment of the nerve roots in the exit foramen, lateral recess or in the central canal.

L4-5. There is diffuse osteophyte production accompanied by protruding disc material. This is somewhat eccentric and there is displacement of and potential compression of the right L5 nerve root.

L5-S1. There is degenerative osteophytes identified with some facet arthropathy. The facet joints appear asymmetrical and there is severe left-sided exit foraminal stenosis with probable entrapment of the 5th root.

MYELOTOMOGRAPHY: MR myelotomography displays the distribution of cerebral spinal fluid within the lumbar subarachnoid space. No additional abnormality is seen.

Opinion: MRI of the lumbar spine demonstrates mild lumbar spondylosis. The most likely site of compression is: L5-S1. There is severe left exit stenosis with probable entrapment of the left 5th root.

NOTE: There is a single kidney seen and translocation of the right kidney to a location anterior to the sacrum. There is abnormal signal in the T9 vertebral body which is not readily explained by this examination.

Patient: SHELIA CRAVEN

Page #: Two

Exam Name: Lumbar

Exam Date: 10/11/2007



Richard C. Holgate, MD, Disc Radiologist

Aiken Medical Center
Patient Billing Inquiries:
800-741-6920

Suite 2360 · 410 University Parkway

Aiken, South Carolina 29801
Practice Manager: 803-642-9224

Aiken Neurosciences, PC

Richard A. Eisenberg, MD
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President, Aiken Neurosciences PC
Melvyn L. Haas, MD, FAAN
Neurology
Sleep Medicine
Khaled F. Kamel, MD
Neurology
Reddiah Babu Mummaneni, MD
Neurology
Sleep Medicine
William E. Durrrett, Jr, MD
Anesthesiology & Perioperative Medicine
Pain Management

803-642-6500

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803-649-7551

S. Dion Macomson, M.D.
Assistant Professor, Neurosurgery
Medical College of Georgia

MAGNETIC RESONANCE IMAGING
803-642-6300

SLEEP LABORATORY

ELECTROENCEPHALOGRAPHY
ELECTROMYOGRAPHY
EVOKED POTENTIALS

FINAL REPORT

Patient: SHELIA CRAVEN

Exam Date: 10/11/2007

Modality: MRI

Exam Name: Cervical

Patient #: 470060

Referring Doctor: Mummaneni, Reddiah

Clinical
Information: NECK AND BACK PAIN

TECHNIQUE: The patient is examined on the Mid Field GE Contour LX MR System which functions at 0.5 Tesla. A dedicated spine coil is used to obtain high resolution images of the cervical spine. SERIES: 1) COR, T1, SE, 7 mm; 2) SAG, T2, FSE, 3 mm; 3) AX, T2, GRE, 3 mm. ADDITIONAL SERIES: 1) AX, T1, SE, 5 mm; 2) SAG, T1, SE/Fat Sat, 3 mm; 3) AX, T1, SE, 3 mm.

OVERVIEW: Overview of the cervical spine shows there is normal marrow signal and normal bony alignment with no evidence of a congenital anomaly of the spine. The visualized paraspinal soft tissues which include the pulmonary apices and the proximal brachial plexus are within normal limits.

SPINAL CORD: The spinal cord is demonstrated from the craniocervical junction down to the upper thoracic region. It is of normal caliber throughout showing no evidence of compression or enlargement and no area of focal signal abnormality to indicate the presence of intrinsic spinal cord disease.

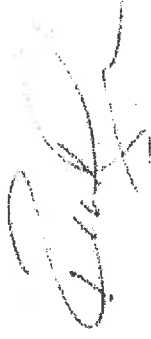
C2-3, C3-4, C4-5, C5-6, C7-T1. Axial images taken at these levels show normal disc space height and signal with no evidence of bulge or herniation of disc material and no evidence of protrusion of disc material beyond its normal confines. The spinal cord and exit foramina are normal in their appearance.

C6-7. There are sclerotic osteophytes seen and these are almost totally on the left side, and there is severe left-sided exit foraminal stenosis.

Incidental note is made of what appears to be an incomplete congenital fusion of T1-2. No other abnormalities are seen.

Opinion: MRI of the cervical spine demonstrates:

C6-7. Severe left-sided exit foraminal stenosis. There are only minimal spondylotic changes seen at other levels.



Richard C. Holgate, MD, Disc Radiologist

Aiken Medical Center
Patient Billing Inquiries: 800-741-6920

Suite 2360 • 410 University Parkway

Aiken, South Carolina 29801
Practice Manager: 803-642-9224

AIKEN NEUROSCIENCES, PC

RICHARD A. EISENBERG, MD

NEUROLOGY

PRESIDENT, AIKEN NEUROSCIENCES, PC

MELVYN L. HAAS, MD, FAAN

NEUROLOGY

SLEEP MEDICINE

KHALED F. KAMEL, MD

NEUROLOGY

REDDIAH BABU MUMMANENI, MD

NEUROLOGY

SLEEP MEDICINE

S. DION MACOMISON, MD

ASSISTANT PROFESSOR, NEUROSURGERY

MEDICAL COLLEGE OF GEORGIA

803-642-6500

FACSIMILE

803 649 7551

PAIN MANAGEMENT TEAM
ANESTHESIOLOGY & PERIOPERATIVE MEDICINE

MAGNETIC RESONANCE IMAGING
803-642-6300

SLEEP LABORATORY

ELECTROENCEPHALOGRAPHY
ELECTROMYOGRAPHY
EVOKED POTENTIALS

November 9, 2007

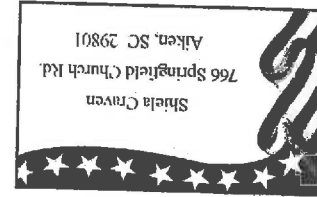
To Whom It May Concern:

Ms Sheila Craven has been a patient of mine since September, 2007. I have seen her in my office and my nurse has spoken with her via phone, regarding her health concerns. She was originally seen for numbness and weakness in both arms and hands. She has also complained of burning sensations in both feet and severe lower back pain, radiating down both legs into the knees. Upon evaluation, it is found that her pain is made worse by standing and or walking. The pain does somewhat subside when patient is lying down. A MRI of the neck and back was performed on October 11, 2007. The results showed that this patient has a compression, most likely L5-S1, where there is severe left exit stenosis with probable entrapment of the left 5th root. It would be most detrimental, in my opinion, for this patient to have a loss of coverage in her insurance. She is in need of health services in order for her to become well. If you should have any further questions regarding this matter, please contact my office and I or my nurse, Andie, would be more than happy to answer any other questions. Her telephone number is 803-642-6500, ext 239.

Thank You Kindly,

M. Reddiah babu

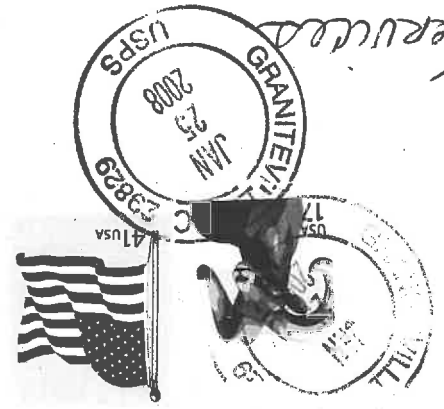
Reddiah Babu Mummaneni, M.D



RECEIVED
JAN 29 2008
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dept. of Health & Human Services
P.O. Box 100101
Columbia, SC 29202-0000

2920235101 BOB5
Dr. Robert B. Smith, Director



January 2, 2008

Mark Roberts, M.D.
Aiken Center for Family Health
415 Barnwell Avenue, NW
Aiken, SC 29801

RE: Medicaid Eligibility for Sheila Craven

Dear Mark:

Thank you for corresponding regarding this patient. I certainly agree that we need to do all we can to help her. Federal guidelines regarding Medicaid beneficiary coverage are fairly specific. I am going to consult with my colleagues who work in this area to see what can be done for her.

If you would like to discuss this matter further, please do not hesitate to call me at (803) 898-2500 or (803) 255-3400. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

O. Marion Burton, M.D.
Medical Director

klc

#394 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 3, 2008

Mark Roberts, M.D.
Aiken Center for Family Health
415 Barnwell Avenue, NW
Aiken, SC 29801

RE: Medicaid Eligibility for Sheila Craven

Dear Mark:

Thank you for corresponding regarding this patient. I certainly agree that we need to do all we can to help her. Federal guidelines regarding Medicaid beneficiary coverage are fairly specific. I am going to consult with my colleagues who work in this area to see what can be done for her.

If you would like to discuss this matter further, please do not hesitate to call me at (803) 898-2500 or (803) 255-3400. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bk

Mark Roberts, M.D.
January 3, 2008
Page 2

bc: Alicia Jacobs



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 11, 2008

Ms. Sheila Craven
766 Springfield Church Road
Aiken, SC 29801

Dear Ms. Craven:

Thank you for writing to the South Carolina Medicaid program. We have been in touch with your physician, Dr. Mark Roberts, and I hope that we have been able to answer the questions posed by his office staff regarding your Medicaid eligibility. We have also explained the process by which you can receive additional physician office visits when he deems it medically necessary.

If you continue to have difficulty please call me at (803) 255-3400 or (803) 898-2500.

Thank you again for writing the SC Department of Health and Human services and if we can be of further assistance please call.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bk

Log # 394

Alicia, we have responded to Dr. Mark's
via letter & I called him last week to confirm that
is covered in the letter. A waiver.
Now we get this letter from her. Before we
can you get your stuff to find out if she is
is wearing the end of her medical shipment
thank you.

Dr. Burton

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Relogged from Myers to Jacobs on 1/31/08 per Jacobs

TO Jacobs / Burton DATE 1-29-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <u>000394</u>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <u>cc: Dr. Burton</u>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>2-11-08</u>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE _____

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <u>Samuel Long</u>	<u>2/4/08</u>		
2.			
3.			
4.			



Log #394

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 12, 2008

Ms. Sheila Craven
766 Springfield Church Road
Aiken, South Carolina 29801

Dear Ms. Craven:

Thank you for writing our agency regarding your healthcare needs.

Medicaid eligibility is based on federal and state guidelines. To be eligible for Medicaid, a person must meet certain financial and categorical requirements. Your current coverage under Medicaid's Breast and Cervical Cancer Program will be ending soon. Your caseworker, Ms. Janelle Lee, is sending you a checklist to determine whether or not you are eligible for coverage under our Aged, Blind, and Disabled (ABD) category. Please complete and return the requested information by February 21, 2008. If you have any questions, please contact Ms. Lee at (803) 898-2966.

Medicaid beneficiaries are allowed 12 doctor visits per fiscal year (July 1- June 30). To exceed this limit, your physician would need to send a written request with their claim explaining the medical need for more than the allowable visits. The letter must be signed by the provider and sent to the South Carolina Department of Health and Human Services, ATTN: Medical Director, Post Office Box 8206, Columbia, South Carolina 29202.

If you have further questions about the Medicaid program please contact Sheila Chavis at (803) 898-2707 or toll free at 1-888-549-0820. I hope this information is helpful.

Sincerely,

Alicia Jacobs
Interim Deputy Director

AJ/cdc

EDIT

Constituent ID 1327

Closed? ☐

Date Closed

SSN 256-98-1278

MEDICAID ID 5780596055

First Name Sheila

Last Name Craven

MI

Constituent Phone(s) (803) 648-1577

Constituent Phone Extension

Authorized Rep

Rep Phone

Relationship

Source Blue Log

Log No. 0394

Due Date 2/11/2007

HIPAA Authorization

Reason for Referral Medicaid Denial

Staff ID Staff First Name Staff Last Name

2 Jennifer

Dabbs

Point of Contact Alicia/Dr. Burton

Legislator/Other

Apply

Cancel

Close

Last Update User CHAVIS

Last Update 2/8/2008

Entry Date 1/31/2008

Constituent Notes

Print this Form

Constituent# 1327

Notes ID Entry Date Last Update Notes

3891	2/8/2008	2/8/2008	2/8/08-- Blue log letter given to Jennifer Dabbs CHAVIS 2/8/2008 4:28:16 PM
3890	2/8/2008	2/8/2008	2/8/08-- T/C to Dr. Durette's office (803) 642-6500-- spoke with receptionist-- she said they are not currently enrolled in any managed care programs; they only take regular Medicaid. CHAVIS 2/8/2008 4:28:01 PM
3889	2/8/2008	2/8/2008	2/8/08-- T/C to Dr. Mark Roberts (803) 644-4403-- spoke with receptionist-- she said they are not currently enrolled in any managed care programs. CHAVIS 2/8/2008 4:27:19 PM
3888	2/8/2008	2/8/2008	2/8/08-- Received T/C from Kaitie Wanket-- she said that Ms. Craven is eligible to enroll in a managed care program because BCCP is full Medicaid benefits. She suggested that

Division of Constituent Services

Case Tracking Information

Chronology:

Client Name: Sheila Craven **Constituent ID#:** 1327

1/2/08—Received email from Alicia Jacobs asking if we received any information on this person.

1/3/08—Jennifer emailed Alicia and told her this name is not in our tracker. Jennifer also stated she checked MEDS and Ms. Craven was denied ABD due to age/not disabled and she currently receives BCCP.

1/7/08—Bob Liming emailed Dr. Burton explaining status of case. He also mentioned that he was copying Janelle Lee, the lead person in BCCP program, to get in touch with Dr. Burton and provide any pertinent background information that may be helpful.

1/7/08—Bob Liming sent email to Janelle Lee asking her to provide any background information on this case to Dr. Burton.

1/8/08—email sent to Bob Liming from Janelle Lee—she said she doesn't understand what her concern is. Janelle checked MMIS and Ms. Craven has used 10 office visits. Janelle said she would contact Ms. Craven to ask if this is her concern.

1/31/08—Entry on tracker by Jennifer Dabbs: CS received the written response that Dr. Burton signed. Sheila got a call from Lena today asking about her BCCP coverage so I'm adding to the tracker to show our earlier correspondence. We never worked on this, only got "in the loop" with emails. Sheila is checking with Janelle on her BCCP coverage—looks like it may be in review status. I'm giving the hard copy papers to Sheila to file away once she hears from Janelle and gets back to Lena.

1/31/08—Sent email to Lena letting her know that I emailed Janelle Lee to get status of Ms. Craven's case.

1/31/08—Sent email to Janelle Lee asking for status of this case.

1/31/08—Received T/C from Janelle Lee—she stated Ms. Craven's BCCP case is not closing however she has used all of her doctor's visits. Janelle called Ms. Craven last week and told her that she still had coverage but she needed to request for additional doctors visits. Somehow, Janelle received the request. Janelle emailed Dr. Burton 1/29/08 to see if he needed these requests and he has not responded to her. She asked me if she should send this information to Dr. Burton anyway. I told her that I would email Lena Girgis and see how she would like for her to proceed in this matter.

1/31/08—Sent email to Lena Girgis asking if Janelle should send her information to Dr. Burton.

2/4/08—T/C to Lena Girgis—I asked her to ask Dr. Burton if he wanted the request for additional doctor's visits that Janelle Lee has. She said she would ask him and get back with me.

2/5/08—Received T/C from Lena Girgis stating that she was not able to reach Dr. Burton about the information Janelle has for Ms. Craven.

2/5/08—Received email from Lena that was forwarded to Janelle Lee—Lena said she spoke with Dr. Burton and he said for Janelle to leave the request for additional doctor visits on his desk.

2/5/08—Received email from Jennifer—she said she talked with Lena and she emailed me on this case. Dr. Burton wants Janelle to send the request for additional doctors visits to him. Lena is going to check with Alicia about a written response and get back to us. Jennifer said she is thinking Dr. Burton may do a written response since it's regarding additional visits.

2/5/08—Received email from Janelle Lee that was forwarded Lena and I—she said the correspondence she has is the same information that Dr. Burton has. It is not a request for additional visits; it is just asking that her Medicaid doesn't end, which it isn't.

2/5/08—Received T/C from Lena stating that the information Janelle had was not for additional doctors visits. Also she stated a written response is needed for this blue log letter.

2/7/08—T/C to Ms. Craven at (803) 648-1577—Mr. Craven answered the phone and said she is at a doctor's appointment. He said she should be home after 3:00 PM. I gave Mr. Craven my name and told him I would call her back today.

2/7/08—T/C to Ms. Craven at (803) 648-1577—talked with Mr. Craven—he said Ms. Craven is not back. I told him I would call tomorrow around 9:30; called at 4:15 PM.

2/8/08—T/C to Ms. Sheila Craven—I explained to her that she has used her allowable 12 doctor's visits for this fiscal year. I told her the procedures to follow to get any additional doctor's visits. Ms. Craven stated that she just recently had to cancel a doctor's appointment with her neurologist because they wanted her to pay \$3,000.00 up front. Ms. Craven has not been to the doctor since she found out she has used her allowable visits. I told her that I would be glad to call her primary Doctor, as well as, her neurologist to explain the billing procedures for additional doctor's visits. She gave her primary Doctor as: Dr Mark Roberts (803) 644-4403 and her neurologist is Dr. Durette at (803) 642-6500.

2/8/08—T/C to Dr. Mark Roberts billing dept—spoke with Lois Morrison. I explained that the neurologist was billing Ms. Craven up front and I wanted to see what their procedures were. Ms. Morrison stated that they have not seen Ms. Craven since December but they would not bill her for the visits. I explained that if Ms. Craven comes there for a visit the physician would need to make a written request explaining medical need for her and attach to their claim for the visit. I also explained that Dr. Robert's may want to ask for a number of visits from now until July but I wasn't sure if this would be approved. I mentioned this because Dr. Burton has been involved in this case so maybe there would be an exception to the new billing procedure. Ms. Morrison stated that she would let Dr. Robert's know and that they would not ask for payment from Ms. Craven until after the claim has been filed with Medicaid with the letter of medical necessity.

2/8/08—T/C to Dr. Durette (803) 642-6500—spoke with a female who transferred me to their Medicaid billing specialist named Trisha—left VM message for her to return my call; called at 9:30 AM.

2/8/08—T/C to Ms. Sheila Craven—I left a VM message explaining that Dr. Robert's office has agreed not to ask her for payment until they file the letter of Medical need with the claim to Medicaid. I also told her that I left a message for Dr. Durette's Medicaid billing specialist but she has not returned my call; called at 1:46 PM.

2/8/08—Blue Log letter given to Bob Liming for review.

2/8/08—Received Blue Log letter from Bob with corrections; corrections made

2/8/08—Blue Log letter given to Jennifer Dabbs for review.

2/8/08—Blue Log letter returned from Jennifer with edits; corrections made and given back to Jennifer.

2/8/08—Blue log letter returned—Garnell suggested that I call Kathie Wanket to see if Ms. Craven is eligible to enroll in a managed care program.

2/8/08—T/C to Kathie Wanket—left VM Message for her to return my call.

2/8/08—Received T/C from Kathie Wanket—She said that Ms. Craven is eligible to enroll in a managed care program because BCCP is full Medicaid benefits. She suggested that Ms. Craven call the Healthy Connections toll free number to find out what managed care programs are in Aiken, SC.

2/8/08—T/C to Dr. Mark Roberts (803) 644-4403—spoke with receptionist—she said they are not currently enrolled in any managed care programs.

2/8/08—T/C to Dr. Durette's office (803) 642-6500—spoke with receptionist—she said they are not currently enrolled in any managed care programs; they only take full Medicaid.

2/8/08—Blue log letter returned to Jennifer

From: Constituent Services
To: Alicia Jacobs
Date: 1/3/2008 10:40 AM
Subject: Re: Fwd: letter to dr mark roberts

① I didn't see this name in our tracker. I checked MEDS and she was denied ABD due to age/not disabled and she currently receives BCCP.

-Jenny

② >>> Alicia Jacobs 1/2/2008 2:22 PM >>>
Didn't we get something on this person? Thanks

>>> "Marion Burton" <MBURTON@gw.mp.sc.edu> 01/02/08 2:10 PM >>>
marga, attached is a draft of my correspondence to dr roberts. he is
advocating for continued medicaid coverage for this patient. i forwarded
a copy of his letter to me to you and alicia. i am copying alicia on
this e mail. someone on her staff may be able to see if there is
anything we can do for this lady. i will be over tomorrow afternoon and
can sign my letter if you can put it on our stationery. thanks. happy
new yr.

From: Janelle Lee
To: Robert G Liming
Date: 1/8/2008 8:30 AM
Subject: Fwd: Re: Fwd: letter to dr mark roberts

CC: Alicia Jacobs; Denise Epps; Jennifer Dabbs; Sheila Chavis

Good morning!! I honestly don't know what Ms. Craven's concern is. I checked to see how many visits she has remaining and what MMIS shows, she has used 10 office visits. I don't know if this is her concern. I will try to get in contact with her, but that's the only thing that I can see.

>>> Robert G Liming 1/7/2008 1:27 PM >>>

Janelle: Hope this is clear, if not give me a call. Can you provide any background to Dr. Burton? He apparently is trying to respond to a letter he received from a doctor advocating for Ms. Craven, unfortunately I have not seen the letter to Dr. Burton so I don't have further specifics. Thanks for any background you may be able to provide to Dr. Burton.

>>> Robert G Liming 1/7/2008 1:21 PM >>>

Dr. Burton: Jenny Dabbs who was looking into this matter at Alicia's request is off today and I saw this in our shared folder. Jenny apparently checked on this case Friday and found that Ms. Craven was denied ABD in May 2006 because she did not meet the age/disability requirement. Dr. Roberts may not be aware that Ms. Craven has been covered under SC Medicaid's BCCP (Breast and Cervical Cancer Program) since February 1, 2007. MEDS shows her coverage in effect at this time so I am uncertain of what Dr. Roberts may have been concerned about regarding her case or her medical condition. By copy of this e-mail I am asking Janelle Lee, who is the lead person in the BCCP program to get in touch with you and provide any pertinent background or information that may prove helpful. I hope this is helpful, and if there is anything more I can do to assist you please let me know.

Robert G. Liming
 Office of Constituent Services
 South Carolina Department of Health and Human Services
 Room 310
 1801 Main Street
 P.O. Box 8206
 Columbia, South Carolina 29202-8206

803-898-2621

E-Mail: limingr@scdhhs.gov

>>> "Marion Burton" <mburton@gw.mp.sc.edu> 1/7/2008 4:39 AM >>>
 dr roberts was probably just advocating for this patient and did not fully understand her status. what is bccp (is that family planning???) i may need to call him and explain.

>>> "Alicia Jacobs" <jacobs@scdhhs.gov> 1/6/2008 6:37 PM >>>
 See attached. I am confused. Thanks
 Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

January 3, 2008

Mark Roberts, M.D.
Aiken Center for Family Health
415 Barnwell Avenue, NW
Aiken, SC 29801

RE: Medicaid Eligibility for Sheila Craven

Dear Mark:

Thank you for corresponding regarding this patient. I certainly agree that we need to do all we can to help her. Federal guidelines regarding Medicaid beneficiary coverage are fairly specific. I am going to consult with my colleagues who work in this area to see what can be done for her.

If you would like to discuss this matter further, please do not hesitate to call me at (803) 898-2500 or (803) 255-3400. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in dark ink, appearing to read "Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bk

Mark Roberts, M.D.
January 3, 2008
Page 2

bc: Alicia Jacobs

From: Sheila Chavis
To: Lena Girgis
Date: 1/31/2008 12:43 PM
Subject: Fwd: Sheila Craven RCP# 5780596055

Lena,

I sent the following email to Janelle Lee to find out how Ms. Craven knows her BCCP is closing soon. I will update you with a status once I hear from her. Also I double checked with Jennifer and Ms. Craven has full Medicaid with BCCP. Ms. Craven's BCCP case could be closing because she is no longer taking treatments but hopefully Janelle will explain in more detail. Thanks!

Sheila Chavis

>>> Sheila Chavis 1/31/2008 12:20 PM >>>

Janelle,

I received a call from Lena Girgis asking questions about this case. According to Ms. Craven her BCCP case will end soon so she needs ABD Medicaid. Can you give me the status of this case and let me know if in fact it will be closing soon. Thanks.

Sheila Chavis
Div. of Constituent Services
(803) 898-2707

From: Sheila Chavis
To: Janelle Lee
Date: 1/31/2008 12:20 PM
Subject: Sheila Craven RCP# 5780596055

CC: Jennifer Dabbs

Janelle,

I received a call from Lena Girgis asking questions about this case. According to Ms. Craven her BCCP case will end soon so she needs ABD Medicaid. Can you give me the status of this case and let me know if in fact it will be closing soon. Thanks.

Sheila Chavis
Div. of Constituent Services
(803) 898-2707

From: Sheila Chavis
To: Lena Girgis
Date: 1/31/2008 2:35 PM
Subject: Re: Fwd: Sheila Craven RCP# 5780596055

CC: Jennifer Dabbs

Lena,
I just received a call from Janelle Lee and she said that Ms. Craven's BCCP is not closing however, she has used all of her doctor's visits. Janelle emailed Dr. Burton 1/29/08 to see if he wanted Ms. Craven's request for additional visits but she has not heard from him. Janelle also stated that she spoke with Ms. Craven last week and explained that she still has active coverage and explained that she needed to request for additional visits. Janelle wants to know if she should send the request to Dr. Burton anyway since he has not responded to her email. Thanks!

Sheila Chavis

>>> Sheila Chavis 1/31/2008 12:43 PM >>>

Lena,

I sent the following email to Janelle Lee to find out how Ms. Craven knows her BCCP is closing soon. I will update you with a status once I hear from her. Also I double checked with Jennifer and Ms. Craven has full Medicaid with BCCP. Ms. Craven's BCCP case could be closing because she is no longer taking treatments but hopefully Janelle will explain in more detail. Thanks!

Sheila Chavis

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I received a call from Lena Girgis asking questions about this case. According to Ms. Craven her BCCP case will end soon so she needs ABD Medicaid. Can you give me the status of this case and let me know if in fact it will be closing soon. Thanks.

Sheila Chavis
Div. of Constituent Services
(803) 898-2707

From: Lena Girgis
To: Janelle Lee; Sheila Chavis
Date: 2/5/2008 9:47 AM
Subject: Ms. Craven

I just spoke with Dr. Burton, and he said to just leave the request for more visits on his desk. Thank you.

Lena

From: Jennifer Dabbs
To: Sheila Chavis
Date: 2/5/2008 10:25 AM
Subject: log letters

I talked to Lena and she said she emailed you on the Craven case. Dr. Burton wants Janell to send the request for additional visits to him. She is going to check with Alicia about a written response and get back to us. I'm thinking Dr. Burton may do a written response since it's regarding additional visits, but we'll see.

She also said they DO want a written response for log 0404-Rep. Cotty-Turgeon. She said the lady she talked to at Cotty's office acted a little funny about the phone call, so she thinks we should do a written response. Of course, we can only tell them we've been in contact. If you need me to I can prepare this response. I know you're dealing with the other two as well.

Thanks!!

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
lynchjen@scdhhs.gov

From: Janelle Lee
To: Lena Girgis; Sheila Chavis
Date: 2/5/2008 10:37 AM
Subject: Re: Ms. Craven

The correspondence that I have, I believe, are the same that Dr. Burton already has. It is not a request for additional visits, it is just asking that her medicaid doesn't end which it isn't.

>>> Lena Girgis 2/5/2008 9:47 AM >>>
I just spoke with Dr. Burton, and he said to just leave the request for more visits on his desk. Thank you.

Lena

02/06/08

Date: 2/6/2008 Time: 2:51:26 PM

4EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/07/08
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: CRAVEN SHEILA A ACTION TYPE: MAINTENANCE
HH NUMBER: 101121983 APL STATUS: ACTION DATE: 03/09/07
APL EFF DATE: 03/07/2007 WKR: JANEL JANELLE LEE WKR'S CNY: 47 STATE OFFIC
MAIL IN(Y/N): Y APL SITE: SPNSR: _____
APPLICANT'S CNY: 02 AIKEN

COURTESY APPLICATION(Y/N): N PRIMARY LANGUAGE: E ENGLISH
MAILING ADDRESS: REASON FOR APPLICATION:
766 SPRINGFIELD CHURCH RD. ADULT WITH CHILDREN(Y/N): Y

CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
RESIDENCE ADDRESS: BLIND/DISABLED(Y/N): N
AGED(Y/N): N
INMATE(Y/N): N

SC 29801- LIMITED DATA COLLECTION: 00 NONE
SC - FIRST SIGNATURE OBTAINED(Y/N): Y
PHONE: H: 803-648-1577 W: - - WITHDRAW APPLICATION(W/C/N): N
UPDATED: USER ID: JANEL DATE: 03/09/07 SYSTEM ID: HMS5000 DATE: 03/09/07
4E900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

IEDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/07/08
MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: CRAVEN SHEILA A PAGE: 0001
HH NUMBER: 101121983 APL STATUS: ACTION TYPE: MAINTENANCE
ACTION DATE: 03/09/07

BG	NUMBER	CATEGORY	WORKER	CNTY	LOC	SPNSR	REVIEW	NEXT	LAST	BG
S	49541953	BCCP	JANEL	47	055	9955			REVIEW	STATUS
-	29215264	ABD	PRUCK	02	001			05/03/2007	10/21/2007	ACTIVE
-										DENIED

UPDATED: USER ID: JANEL DATE: 03/09/07 SYSTEM ID: HMS5000 DATE: 03/09/07
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

EDELD02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 02/07/08
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 08 / 2007 THRU: / PAGE: 3 OF 3
 HH NAME: SHEILA A CRAVEN HH NUMBER: 101121983
 BGN: 49541953 PCAT: BCCP SPN: 9955 Div Central Proc ACT TYPE: MAINTENANC
 BG: A BGP: P WKR: JANEL JANELLE LEE ACT DATE: 11/19/07
 RCP NAME: SHEILA A CRAVEN RCP NUMBER: 5780596055
 PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:
 IT: _ PING-PONG: _ RETRO: N EXPARTE: _ QMB: N PROT PER DATE:

MEDICAID

--- BENEFIT DATES ---		--MEDICAID+QMB DATES--		SERVICE	REASON	REASON
BEGIN	END	BEGIN	END	TYPE	CODE 1	CODE 2
02/01/2007						

UPDATED: USER ID: DATE: SYSTEM ID: ELD2000 DATE: 11/19/07
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
 PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

MEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/31/08
MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
MEMBER PERIOD START: 08/21/07 END:
NAME: CRAVEN SHEILA A HH NAME: CRAVEN SHEILA A
RCP NUMBER: 5780596055 HH NUMBER: 101121983 ACTION TYPE: MAINTENANCE
SSN: 256-98-1278 VC: V APL STATUS: ACTION DATE: 03/09/07
APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
DOB: 08/23/1954 AGE: 53 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
DOD: MEDICARE COVERAGE(Y/N): N
SEX: F FEMALE RACE: 01 WHITE SS CLAIM NUMBER(Y/N): Y 256981278A
REL: SF1 SELF RAILROAD NUMBER(Y/N): N
SSI APPLICATION DATE: LIV ARRANGEMENT: HOME HOME
MARITAL STATUS: M MARRIED PROVIDER NAME: BCCP1
STUDENT STATUS: GRADE: ADMISSION DATE:
PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:
BLIND/DISABLED(Y/N): N RSP: 0 CHILD SUPPORT/ALIMONY PAID(Y/N): N
DISABILITY ONSET: VC: CHILD CARE/INCAPACITATED EXPENSE(Y/N):
VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): Y
US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G
US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
UPDATED: USER ID: DATE: SYSTEM ID: MIS6000 DATE: 11/18/07
ME900063 RECIPIENT RECORD FOUND
2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
15>EINC 16>UINC 17>PAR 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

MEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/31/08
 MEDSPROD RECIPIENT INFORMATION ACTION:
 MEMBER PERIOD START: 08/21/07 END: PAGE: 0001
 NAME: CRAVEN SHEILA A HH NAME: CRAVEN SHEILA A
 RCP NUMBER: 5780596055 HH NUMBER: 101121983 ACTION TYPE: MAINTENANC
 SSN: 256-98-1278 VC: V APL STATUS: ACTION DATE: 03/09/07
 PRIMARY INDIVIDUAL: APL CO: 02 WORKER ID: JANEL LOCATION: 055
 766 SPRINGFIELD CHURCH RD. SSCN: 256981278A RRN:

AIKEN SC 29801- RACE: 01 SEX: F MARITAL STATUS: M
 TPL: N RSP: 0 RELATION: SELF
 DOB: 08/23/1954 DOD:
 LIV ARRANGEMENT: HOME INCOME TRUST:
 PROVIDER: BCCP1

BG	BEG	END	BENEFITS	QMB	RETRO	%	OF	POV
S	NUMBER	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL
49541953	02/01/2007		71	50	FULL	N	Y	.00
								9955

UPDATED: USER ID: PRUCK DATE: 05/03/06 SYSTEM ID: TTR1001 DATE: 11/24/06
 ME900063 RECIPIENT RECORD FOUND
 PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
 PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

receiving Breast Cancer
closure code
71 - failure to meet requirements
- closed b/c doesn't meet age or disability requirements
- appealing social security decision

SSI - automatic
Total disability (must qualify) 25
Disability must be deemed disabled
Totality

** must be under ABD income guidelines*

VEDHMS14 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/31/08
 MEDSPROD UNEARNED INCOME INFORMATION ACTION:

MEMBER PERIOD START: 08/21/07 END:

NAME: CRAVEN SHEILA A HH NAME: CRAVEN SHEILA A
 RCP NUMBER: 5780596055 HH NUMBER: 101121983 ACTION TYPE: MAINTENANCE
 SSN: 256-98-1278 STATUS: ACTION DATE: 03/09/07

INDICATE WITH AN "X" IF YOU RECEIVE OR IF YOU HAVE APPLIED FOR THE FOLLOWING:
 INDICATE INCOME RECEIVED OR APPLIED FOR THIS INDIVIDUAL BY ANOTHER.

SSI	RENTAL/LEASE	ROOM/BOARD	INTEREST/DIVIDEND
SSA	CHILD SUPPORT	LUMP SUM	TRUST
VA COMP	ALIMONY	RAILROAD RETIREMENT	X UNEMP COMP
VA A&A	SC RETIREMENT	ANNUITY	WORKER COMP
VA PENSION	OTHER PENSIONS	GRANTS/SCHOLARSHIPS/	OTHER
CONTRIBUTIONS	CIVIL SERVICE	EDU LOANS	

HAVE YOU WORKED FOR THE GOVERNMENT OR FOR THE RAILROAD (Y/N): N
 DO YOU RECEIVE PAYMENTS FROM LOAN, PROMISSORY NOTE OR MORTGAGE (Y/N): N
 PAYMENTS TO A RCF BY A FRIEND OR RELATIVE ON YOUR BEHALF (Y/N): N
 HAVE YOU EVER VOLUNTARILY GIVEN UP ANY PORTION OF ANY INCOME (Y/N): N

UPDATED: USER ID: DATE: SYSTEM ID: MIS6000 DATE: 11/18/07
 ME900063 RECIPIENT RECORD FOUND
 PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP
 PF17->PAR01 PF21->HIST- PF22->HIST+

VEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/31/08
MEDSPROD BUDGET GROUP DETERMINATION ACTION:
BUDGET GROUP PERIOD START: 08/21/07 END: PAGE: 1
HH NAME: CRAVEN SHEILA A HH NUMBER: 101121983
BGN: 49541953 PCAT: BCCP SPN: ACT TYPE: MAINTENANC
BG: CLOSED WKR: JANEL JANELLE LEE ACT DATE: 10/21/07

BUDGET GROUP COUNT: 1

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
-	CRAVEN SHEILA A	A	SELF	53	I	S82		

RETRO MONTHS REQUESTED(Y/N): Y

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 10/21/07
ME900098 HISTORY RECORD DISPLAYED FOR 11/18/07
PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST

MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/31/08
MEDSPROD BUDGET GROUP DETERMINATION ACTION:
BUDGET GROUP PERIOD START: 08/21/07 END: PAGE: 1
HH NAME: CRAVEN SHEILA A HH NUMBER: 101121983
BGN: 49541953 PCAT: BCCP SPN: ACT TYPE: MAINTENANC
BG: CLOSED WKR: JANEL JANELLE LEE ACT DATE: 10/21/07

BUDGET GROUP COUNT: 1

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
---	---	---	---	---	---	---	---	---
---	CRAVEN SHEILA A	A	SELF	53	I	S82		

RETRO MONTHS REQUESTED(Y/N): Y

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 10/21/07
ME900098 HISTORY RECORD DISPLAYED FOR 11/18/07
PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST

MEDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/31/08
MEDSPROD BUDGET GROUP DETERMINATION ACTION:
BUDGET GROUP PERIOD START: 08/21/07 END: PAGE: 1
HH NAME: CRAVEN SHEILA A HH NUMBER: 101121983
BGN: 49541953 PCAT: BCCP SPN: 9955 Div Central Proc ACT TYPE: MAINTENANC
BG: ACTIVE WKR: JANEL JANELLE LEE ACT DATE: 11/19/07

BUDGET GROUP COUNT: 1

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION
-	CRAVEN SHEILA A	A	SELF	53	E			

RETRO MONTHS REQUESTED(Y/N): Y

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: JANEL DATE: 11/19/07 SYSTEM ID: ELD2000 DATE: 11/19/07
ME904660 BUDGET GROUP INFORMATION FOUND
PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST

MEDEL000 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 01/31/08
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:
 DATES-FROM: 08 / 2007 THRU: / PAGE: 1 OF 3
 HH NAME: SHEILA A CRAVEN HH NUMBER: 101121983
 BGN: 49541953 PCAT: BCCP QCAT: 50 SPN: 9955 Div Central ACT TYPE: MAINTENANC
 BG: A BGP: P WKR: JANEL JANELLE LEE ACT DATE: 11/19/07

REQUIREMENTS - SHEIL C - - - -
 APPLYING: A - - - -
 CITIZENSHIP: P - - - -
 RESIDENCY: P - - - -
 SSN: P - - - -
 PREGNANCY: N/A - - - -
 AGE: P - - - -
 RELATIONSHIP: N/A - - - -
 IDENTITY: P - - - -
 DISABLED/BLIND: N/A - - - -
 ASSIGNMENT OF RIGHTS: P - - - -
 REFERRAL TO OTHER BENEFITS: P - - - -
 LIVING ARRANGEMENTS: N/A - - - -
 UPDATED: USER ID: JANEL DATE: 11/19/07 SYSTEM ID: ELD2000 DATE: 11/19/07
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1->HELP PF2->MBR CTZN/ID PF3->NEXT PF5->HH MBR DTL PF6->RET PF13->FIELD HELP
 PF16->BG DET PF18->RCP INFO PF19->LEFT PF20->RIGHT PF21->HIST- PF22->HIST

probably in a review right now.



UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
UNIVERSITY SPECIALTY CLINICS

FACSIMILE COVER LETTER

DATE 12/13/07

FAX NUMBER 252-255-3435

DELIVER TO Alicia Jacobs

FROM O. Marion Burton, M.D.

TOTAL NUMBER OF PAGES INCLUDING COVER PAGE 2

CALL WHEN RECEIVED _____

Fax to Alicia Jacobs
DHHS

Jan in Brentwood
8982500 has fax
#

12/13/07

CONFIDENTIALITY NOTE:

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify personnel in this department by telephone and return the original message to this department at the address below via the United States Postal Service. Thank you.

15 Medical Park, Suite 300, Columbia, SC 29203
803-255-3400, FAX 803-255-3435

Log # 394

12/14/07
Her assistant
denied
confirms the
receipt of the
fax

Alken Center for Family Health
415 Barnwell Avenue, NW
Alken, SC 29801

21 November 2007

Marion Burton, M. D., Director
South Carolina Medicaid
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

RE: Sheila Craven, #5780596055, DOB 08/23/1954.

for alicia Jacobs copy
of this letter
Brenda or Son
at 898 2500
will know for sure

g this on behalf
her Medicaid
years, because
ocumented L5-S1
ere left-sided exit
ymptoms. I've
e II diabetes and
y on both her
pt at regaining
caid, this will

I'm very hard-lined when it comes to people's "getting something for nothing"; however, this lady is not able to do any sort of work in her current state(I encouraged her to apply for disability, only the third time I've suggested a patient do that since residency). She really deserves her Medicaid, I firmly believe, and would appreciate any consideration that can be given to her case.

Thank you for your time and effort. Best wishes this holiday season.

Respectfully,

Mark

Mark A. Roberts, M. D.

TRANSMISSION VERIFICATION REPORT

TIME : 12/13/2007 11:19
NAME :
FAX :
TEL :
SER.# : BROJ6J541828

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

12/13 11:18
92558235
00:00:37
02
OK
STANDARD
ECM

Emailed

to Dr. Burton

12/14/07

December 14, 2007

Mark Roberts, M.D.
Aiken Center for Family Health
415 Barnwell Avenue, NW
Aiken, SC 29801

RE: Medicaid Eligibility for Sheila Craven

Dear Mark:

Thank you for corresponding regarding this patient. I certainly agree that we need to do all we can to help her. Federal guidelines regarding Medicaid beneficiary coverage are fairly specific. I am going to consult with my colleagues who work in this area to see what can be done for her.

If you would like to discuss this matter further, please do not hesitate to call me at (803) 898-2500 or (803) 255-3400. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

O. Marion Burton,
Medical Director

klc

*Sheila - this
XSAJ please make
arrangements for her Jek*