

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

EA

ACTION REFERRAL

TO <i>Hutto</i>	DATE <i>9-30-14</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>000071</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/20/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-9-14</i>
	<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.			
2.			
3.			
4.			

September 22, 2014

17 Linnet Drive  
Greenville SC 29609

SCDHHS P.O. Box 8206

Columbia, SC 29202-8206

**RECEIVED**

SEP 29 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Keck:

Medicaid #: 1533099402

I am writing this letter in regards to Medicaid and how I feel as though my rights have been violated as an American citizen. Once I was injured on a job, Medicaid has cancelled my family's coverage and I feel it was because I was injured on a job in 2004. I feel as though I have been discriminated against because I am a single parent and because I am white.

My son's coverage was cancelled four months prior to an injury at school, therefore leaving only school insurance to partially cover the injury in 2011. I had no one to help me figure all this out since I have suffered from a brain injury. I am bringing this to you for approval for the hospital debt to be paid due to his injury and because I feel as though all my rights were violated by the state of South Carolina.

There are two accounts that need to be rectified and paid for my son, Timothy O. Gault at Greenville Hospital system. Medicaid should pay them since all this was unjustly handled. The accounts are 430013797072 and 430014332503. I should have had rights to representation due to my injury being a brain injury and all rights were violated.

Being that he was a minor when the injury occurred, only his income should have been counted and I know that this debt should have been covered for a minor and I would greatly appreciate it if you would correct this error so that my family can continue to move forward from the injustice that has been done.

Sincerely,

*Hope Gault*

Hope Gault



Anita Gault  
17 Linnet Dr.  
Greenville, SC 29609

GREENVILLE SC 296

25 SEP 2014 PM 1 L



**RECEIVED**

SEP 29 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Keck  
SCD HHS  
PO Box 8206  
Columbia, SC 29202

29202820606



Log #000071 ✓



Nikki Haley GOVERNOR  
Anthony Keck DIRECTOR  
P.O. Box 8205 - Columbia, SC 29202  
www.scdhhs.gov

October 20, 2014

Ms. Hope Gault  
17 Linnet Drive  
Greenville, SC 29609

Dear Ms. Gault:

This is in response to your letter to Director Anthony Keck regarding your son Timothy O. Gault's Medicaid eligibility in 2011 and payment for unpaid medical bills at the Greenville Hospital System.

Ms. Carolyn Roach in Member Relations has conducted some research regarding your son's eligibility in 2011. When determining Medicaid eligibility the family's income is counted and compared to the income limit for the appropriate family size. In your case, your son lost Medicaid eligibility effective May 1, 2011, because your family's countable income exceeded the income limit. As your son was not Medicaid eligible when his injury occurred, you are responsible for his medical bills.

If you have additional questions regarding the Medicaid program, you may contact Ms. Roach and she will be happy to assist you. Ms. Roach may be reached at (803) 898-3967.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth B. Hutto".

Elizabeth B. Hutto, Deputy Director  
Eligibility, Enrollment & Member Services

BH:jg