

Recd 9/31/13 a.m.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>7-29-13</i>
--------------------	------------------------

RECEIVED  
AUG 14 REC  
LEP

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000048</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost</i> <i>* Also do a letter for Dir. Keck sign.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-8-13</i> <i>MJ's Due Date 8/6/13</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
<i>Carolyn Roach</i>	<i>RECEIVED</i> JUL 31 RECD <i>LEP 8/2/13</i>		<i>Cleared - see attached e-mail</i>
<i>Sue Jew</i>	<i>8-5-13</i>		
<i>[Signature]</i>	<i>8/15/13</i>		
4.			

Log #48

Jennifer Lynch

---

To: Brenda James  
Subject: Log 0048



I spoke with Senator Graham's office and informed them of Mr. Norris' approval. They were already aware because Mr. Norris wrote them again to thank them for the help.

This log can be closed without a letter to the Senator's office.

Thanks!

*JL*

LINDSEY O. GRAHAM  
SOUTH CAROLINA



250 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5872

# UNITED STATES SENATE Fax Transmittal Sheet

**RECEIVED**

TO: DHHS 808-4515

JUL 29 2013

FROM: Scott Tank

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

DATE: 7/26

COMMENTS: Re: Narc

4 PAGE(S) TO FOLLOW

IF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE  
CALL (803) 933-0112.

**Confidentiality:** This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.  
Thank you.

508 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 933-0112

401 WEST EVANS STREET  
SUITE 111  
FLORENCE, SC 29501  
(843) 669-1505

130 SOUTH MAIN STREET  
SUITE 700  
GREENVILLE, SC 29601  
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOLLYN PLEASANT, SC 29464  
(843) 848-9887

235 EAST MAIN STREET  
SUITE 100  
ROCK HILL, SC 29730  
(803) 366-2828

124 EXCHANGE STREET  
SUITE A  
PENDLETON, SC 29670  
(864) 648-4080

LINDSEY O. GRAHAM  
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972

# UNITED STATES SENATE

July 26, 2013

# RECEIVED

JUL 29 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Anthony Keck  
Director  
S.C. Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

RE: Mr. Phillip A. Norris

Dear Mr. Keck:

Enclosed is a copy of correspondence that I received from the above named constituent. I believe that you will find it self-explanatory.

Your reviewing this material and providing any assistance or information possible under the governing statutes and regulations will be greatly appreciated. Thank you for your attention in this matter, and I look forward to hearing from you soon.

Sincerely,

Lindsey O. Graham  
United States Senator

LOG/jsj

Enclosure

Please refer to case (575021) in your response.

Please reply to:                   The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201  
Phone (803) 933-0112  
Fax (803) 933-0957

7-24-13

JUL 26 2013

Senator Lindsey Graham,

I have stage 4 Lung cancer that has spread to my brain, 2 tumors. I was diagnosed in August 2012 with stage 4 lung cancer and 3 brain tumors; those 3 were removed and 2 more took their place. April 2013 the doctors gave me 3 to 6 months to live. I did not have health insurance, the company I worked for dropped it years ago. The insurance companies refused to cover me, I then went on SCHIP until the premiums became too high. I filed for disability because of my lung cancer and brain tumors and received it. I received Medicaid for 9-1-2012 to 4-1-2013. I asked Medicaid in October 2012 to go back and cover August 2012. They have not to this date answered, I filed the paper work 10-15-2012. They stopped me Medicaid in the middle of chemo treatments. I again filed paper work. After trying to hand deliver the forms to their office in May they refused to take it saying I made \$6.00 over. My disability is \$1299.00 a month. My wife does not work she is my caregiver. Once again we wait for official notice. They do not return phone calls. I have always been Republican, my children are Republican but now that I need help I can't get anyone to help. I've tried to pay on the doctor bills and hospital bills. But no one is happy with the amount of money I can give them. Some have turned me over to collections others don't want to treat me because I still owe them money. I've had to refuse prescription medicine because I don't have the

money to buy them. I never thought all those years and working and paying taxes for others to be covered no one would help me when I needed it. Could you please check into this for me and see if there's anything to be done to help.

Phillip A. Norris

Phillip Norris  
206 W. Main Street  
North Augusta, SC 29841



Nikki R. Haley  
Governor

Anthony E. Keck  
Director

### CERTIFICATE OF MEDICAID COVERAGE

**- IMPORTANT -** This certificate provides information about your prior Medicaid coverage. If you enroll in another medical insurance plan, you may need to give them a copy of this certificate. Keep this certificate in a safe place.

Date of this certificate: May 31, 2013

Name of group health plan: Medicaid

Recipient name: NORRIS PHILLIP A

Recipient Medicaid number: 5781483631

Name, address and telephone number of person responsible for issuing this certificate:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
P. O. Box 8206  
Columbia, SC 29202-9181

For further information call: 1-888-549-0820. (This is a free call)

**Coverage Periods:**

10/01/2012 04/01/2013

09/01/2012 10/01/2012

### SOUTH CAROLINA MEDICAID SERVICES

- |   |  |                                   |
|---|--|-----------------------------------|
| Inpatient Hospital                                | Outpatient Hospital                    | Physician Visits                  |
| Well Child Care                                   | Vision Care                            | Dental                            |
| Family Planning                                   | Durable Medical Equipment              | Prescription Drugs                |
| Laboratory and X-Ray                              | Ambulance Transportation               | Hospice                           |
| Home Health                                       | Rehabilitative Therapies               | Mental Health                     |
| Targeted Case Management                          | Long-term Care/Nursing Home Facilities | Alcohol and Other Substance Abuse |
| Home and Community Based Waivers                  | Residential Treatment Facility         |                                   |
| Evaluation/Counseling/Education for Special Needs |  |                                   |



August 7, 2013

The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201

Dear Senator Graham:

Thank you for contacting this agency on behalf of Mr. Phillip A. Norris' Medicaid eligibility.

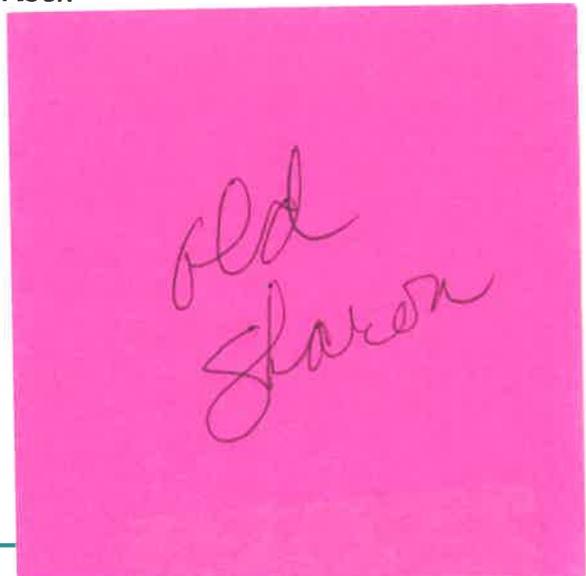
We are pleased to inform you that Mr. Norris' application for the Aged, Blind or Disabled Program was approved on August 1, 2013, effective June 1, 2013. If Mr. Norris has any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Services and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,

Anthony E. Keck  
Director

AEK/sj





The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201

Dear Senator Graham:

Thank you for contacting this agency on behalf of Mr. Phillip A. Norris' Medicaid eligibility.

We are pleased to inform you that Mr. Norris' application for the Aged, Blind or Disabled Program was approved on August 1, 2013, effective June 1, 2013. If Mr. Norris has any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Services and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,

Anthony E. Keck  
Director

AEK/sj

Phillip Norris  
206 W. Main Street  
North Augusta, SC 29841

Dear Mr. Norris:

Senator Lindsey Graham contacted our Agency on your behalf regarding Medicaid eligibility and your healthcare needs.

We are pleased to inform you that your application for the Aged, Blind or Disabled Program was approved on August 1, 2013, effective June 1, 2013. If you have any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Services and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,

John R. Supra, Jr.  
Deputy Director

JRS:j



August 8, 2013

Phillip Norris  
206 W. Main Street  
North Augusta, SC 29841

Dear Mr. Norris:

Senator Lindsey Graham contacted our Agency on your behalf regarding Medicaid eligibility and your healthcare needs.

We are pleased to inform you that your application for the Aged, Blind or Disabled Program was approved on August 1, 2013, effective June 1, 2013. If you have any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Services and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,



John R. Supra, Jr.  
Deputy Director

JRS:j



August 8, 2013

The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201

Dear Senator Graham:

Thank you for contacting this agency on behalf of Mr. Phillip A. Norris' Medicaid eligibility.

We are pleased to inform you that Mr. Norris' application for the Aged, Blind or Disabled Program was approved on August 1, 2013, effective June 1, 2013. If Mr. Norris has any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Services and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,



Anthony E. Keck  
Director

AEK/sj



August 8, 2013

The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201

Dear Senator Graham:

Thank you for contacting this agency on behalf of Mr. Phillip A. Norris' Medicaid eligibility.

We are pleased to inform you that Mr. Norris' application for the Aged, Blind or Disabled Program was approved on August 1, 2013, effective June 1, 2013. If Mr. Norris has any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Services and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,

Anthony E. Keck  
Director

AEK/sj



August 20, 2013

Mr. Phillip Norris  
206 W. Main Street  
North Augusta, SC 29841

Dear Mr. Norris:

Senator Lindsey Graham contacted our Agency on your behalf regarding the status of your request for Medicaid benefits.

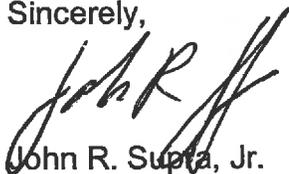
Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet income guidelines. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses.

Your request for Medicaid coverage for August 2012 was denied, because your earnings from Augusta Industrial Electric exceeded the income limit of \$1,261. You received Medicaid coverage under the Supplemental Security Income (SSI) program from September 2012 to April 2013. Your SSI ended, because your income exceeded the allowable limit of \$1,293 monthly. Individuals who receive SSI are automatically eligible for Medicaid; however, when their SSI ends, their Medicaid must also end. We are pleased to inform you that your benefits were approved effective April 1, 2013, to current under our Aged, Blind or Disabled (ABD) Program.

If you have any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,



John R. Supra, Jr.  
Deputy Director and CIO

JRS:j



Log 48

The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201

**RECEIVED**

**AUG 14 REC'D**

**LEP**

Dear Senator Graham:

Thank you for contacting this agency on behalf of Mr. Phillip A. Norris' Medicaid eligibility.

Ms. Carolyn Roach in our Office of Member Relations has been in direct contact with Mr. Norris to address his questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. If Mr. Norris has any questions regarding the Medicaid Program, please contact Ms. Roach and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,

Anthony E. Keck  
Director

AEK/sj



000048

Log 000048 for John's signature

Dear Mr. Norris:

Senator Lindsey Graham contacted our Agency on your behalf regarding the status of request for Medicaid benefits.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid an individual must meet income guidelines. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses.

Your request for Medicaid coverage for August 2012 was denied because your earnings from Augusta Industrial Electric exceeded the income limit of \$1,261. You received Medicaid coverage under the Supplemental Security Income (SSI) program from September 2012 to April 2013. Your SSI ended because your income exceeded the allowable limit of \$1,293 monthly. Individuals who receive SSI are automatically eligible for Medicaid; however, when their SSI ends, their Medicaid must also end. We are pleased to inform you that your benefits were approved effective April 1, 2013 to current under our Aged, Blind or Disabled (ABD) Program.

If you have any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,

**Sharon Mondier**

*Both Backup  
803 641-8000* | *Terry  
Rohr  
803  
572 8198*

**From:** Sharon Mondier  
**Sent:** Wednesday, August 14, 2013 5:44 PM  
**To:** Gina T. Green; Michael Jones  
**Cc:** Carolyn Roach; Brenda James; Tamara McDaniel  
**Subject:** FW: Revised logltr048-Norris-lindseygraham-Supra (3) (2)  
**Attachments:** logltr048-Norris-lindseygraham-Keck.docx; logltr048-Norris-lindseygraham-Supra (3) (2) (4).docx

**Importance:** High

*John:*

**RECEIVED**

*Read the one from TK + then yours. We changed to go in further detail but would like to know if its too much work*

**AUG 14 REC'D**

**LEP**

Hi Michael and Gina,

Do you concur with both of the attached newly revised letters from Carolyn? If so, MJ will you please forward this email to Tamara with a cc: to Carolyn, Gina and I? The extended due date was today.

Thanks.

**From:** Carolyn Roach  
**Sent:** Wednesday, August 14, 2013 5:30 PM  
**To:** Sharon Mondier  
**Cc:** Michael Jones; Gina T. Green; Brenda Carter  
**Subject:** RE: Revised logltr048-Norris-lindseygraham-Supra (3) (2)

Both letters are okay. I changed the wording for Mr. Keck's letter since I didn't have a HIPAA question answered.

Carolyn Roach, Program Manager  
Member Relations  
Eligibility, Enrollment and Member Services  
PO Box 8206  
Columbia, SC 29202  
803.898.3967 (office)  
803.605.0612 (cell)  
803.255.8350 (fax)

**From:** Sharon Mondier  
**Sent:** Wednesday, August 14, 2013 5:11 PM  
**To:** Carolyn Roach  
**Cc:** Michael Jones; Gina T. Green; Brenda Carter  
**Subject:** RE: Revised logltr048-Norris-lindseygraham-Supra (3) (2)  
**Importance:** High

Hi Carolyn,

Since today was this log's extended due date. I contacted Tamara informing her that Mr. Supra's revised letter was completed, but you were still awaiting a response from Mr. Bruce Carter. Tamara stated resubmit both log letters together.

Thanks.

**From:** Carolyn Roach  
**Sent:** Wednesday, August 14, 2013 4:58 PM

**To:** Shaŕon Mondier  
**Cc:** Michael Jones; Gina T. Green  
**Subject:** RE: Revised logltr048-Norris-lindseygraham-Supra (3) (2)

I am okay with this.

Carolyn Roach, Program Manager  
Member Relations  
Eligibility, Enrollment and Member Services  
PO Box 8206  
Columbia, SC 29202  
803.898.3967 (office)  
803.605.0612 (cell)  
803.255.8350 (fax)

---

**From:** Sharon Mondier  
**Sent:** Wednesday, August 14, 2013 4:54 PM  
**To:** Carolyn Roach  
**Cc:** Michael Jones; Gina T. Green  
**Subject:** Revised logltr048-Norris-lindseygraham-Supra (3) (2)  
**Importance:** High

Revised copy for your approval. Thanks.



August 20, 2013

The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201

Dear Senator Graham:

Thank you for contacting this agency on behalf of Mr. Phillip A. Norris' Medicaid eligibility.

Ms. Carolyn Roach in our Office of Member Relations has been in direct contact with Mr. Norris to address his questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. If Mr. Norris has any questions regarding the Medicaid Program, please contact Ms. Roach and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,

Anthony E. Keck  
Director

AEK:sj



**Department of Health and Human Services**

**Post Office Box 8206**

**Columbia, South Carolina 29202-8206**

The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201



August 20, 2013

Mr. Phillip Norris  
206 W. Main Street  
North Augusta, SC 29841

Dear Mr. Norris:

Senator Lindsey Graham contacted our Agency on your behalf regarding the status of your request for Medicaid benefits.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet income guidelines. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses.

Your request for Medicaid coverage for August 2012 was denied, because your earnings from Augusta Industrial Electric exceeded the income limit of \$1,261. You received Medicaid coverage under the Supplemental Security Income (SSI) program from September 2012 to April 2013. Your SSI ended, because your income exceeded the allowable limit of \$1,293 monthly. Individuals who receive SSI are automatically eligible for Medicaid; however, when their SSI ends, their Medicaid must also end. We are pleased to inform you that your benefits were approved effective April 1, 2013, to current under our Aged, Blind or Disabled (ABD) Program.

If you have any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,

John R. Supra, Jr.  
Deputy Director and CIO

JRS:j

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Onpra</i>	DATE <i>7-29-13</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000048</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost</i> <i>* Also do a letter for Dir. Keck sign. See email attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-8-13</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.			

LINDSEY O. GRAHAM  
SOUTH CAROLINA



250 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5872

# UNITED STATES SENATE Fax Transmittal Sheet

## RECEIVED

TO: DHHS 808-4515 JUL 29 2013

FROM: Scott Tallent Department of Health & Human Services  
OFFICE OF THE DIRECTOR

DATE: 7/26

COMMENTS: RE: NRC

4 PAGE(S) TO FOLLOW

IF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE  
CALL (803) 933-0112.

**Confidentiality:** This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.  
Thank you.

508 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 933-0112

401 WEST EVANS STREET  
SUITE 111  
FLORENCE, SC 29501  
(843) 659-1505

130 SOUTH MAIN STREET  
SUITE 700  
GREENVILLE, SC 29601  
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOLUNY PLEASANT, SC 29454  
(843) 849-3957

235 EAST MAIN STREET  
SUITE 100  
ROCK HILL, SC 29730  
(803) 368-2828

124 EXCHANGE STREET  
SUITE A  
PENDLETON, SC 29670  
(864) 648-0990

LINDSEY O. GRAHAM  
SOUTH CAROLINA



200 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972

# UNITED STATES SENATE

July 26, 2013

# RECEIVED

JUL 29 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Anthony Keck  
Director  
S.C. Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

RE: Mr. Phillip A. Norris

Dear Mr. Keck:

Enclosed is a copy of correspondence that I received from the above named constituent. I believe that you will find it self-explanatory.

Your reviewing this material and providing any assistance or information possible under the governing statutes and regulations will be greatly appreciated. Thank you for your attention in this matter, and I look forward to hearing from you soon.

Sincerely,

Lindsey O. Graham  
United States Senator

LOG/jsj

Enclosure

Please refer to case (575021) in your response.

Please reply to:

The Honorable Lindsey Graham  
United States Senate  
508 Hampton Street, Suite 202  
Columbia, SC 29201  
Phone (803) 933-0112  
Fax (803) 933-0957

7-24-13

JUL 26 2013

Senator Lindsey Graham,

I have stage 4 Lung cancer that has spread to my brain, 2 tumors. I was diagnosed in August 2012 with stage 4 lung cancer and 3 brain tumors; those 3 were removed and 2 more took their place. April 2013 the doctors gave me 3 to 6 months to live. I did not have health insurance, the company I worked for dropped it years ago. The insurance companies refused to cover me, I then went on SCHIP until the premiums became too high. I filed for disability because of my lung cancer and brain tumors and received it. I received Medicaid for 9-1-2012 to 4-1-2013. I asked Medicaid in October 2012 to go back and cover August 2012. They have not to this date answered, I filed the paper work 10-15-2012. They stopped me Medicaid in the middle of chemo treatments. I again filed paper work. After trying to hand deliver the forms to their office in May they refused to take it saying I made \$6.00 over. My disability is \$1299.00 a month. My wife does not work she is my caregiver. Once again we wait for official notice. They do not return phone calls. I have always been Republican, my children are Republican but now that I need help I can't get anyone to help. I've tried to pay on the doctor bills and hospital bills. But no one is happy with the amount of money I can give them. Some have turned me over to collections others don't want to treat me because I still owe them money. I've had to refuse prescription medicine because I don't have the

money to buy them. I never thought all those years and working and paying taxes for others to be covered no one would help me when I needed it. Could you please check into this for me and see if there's anything to be done to help.

Phillip A. Norris

Phillip Norris  
206 W. Main Street  
North Augusta, SC. 29841



Nikki R. Haley  
Governor

Anthony E. Keck  
Director

### CERTIFICATE OF MEDICAID COVERAGE

**IMPORTANT** - This certificate provides information about your prior Medicaid coverage. If you enroll in another medical insurance plan, you may need to give them a copy of this certificate. Keep this certificate in a safe place.

Date of this certificate: May 31, 2013

Name of group health plan: Medicaid

Recipient name: NORRIS PHILLIP A

Recipient Medicaid number: 5781483631

Name, address and telephone number of person responsible for issuing this certificate:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
P. O. Box 8206  
Columbia, SC 29202-9181

For further information call: 1-888-549-0820. (This is a free call)

**Coverage Periods:**

10/01/2012 04/01/2013

09/01/2012 10/01/2012

### SOUTH CAROLINA MEDICAID SERVICES

- |   |  |                                   |
|---|--|-----------------------------------|
| Inpatient Hospital                                | Outpatient Hospital                    | Physician Visits                  |
| Well Child Care                                   | Vision Care                            | Dental                            |
| Family Planning                                   | Durable Medical Equipment              | Prescription Drugs                |
| Laboratory and X-Ray                              | Ambulance Transportation               | Hospice                           |
| Home Health                                       | Rehabilitative Therapies               | Mental Health                     |
| Targeted Case Management                          | Long-term Care/Nursing Home Facilities | Alcohol and Other Substance Abuse |
| Home and Community Based Waivers                  | Residential Treatment Facility         |                                   |
| Evaluation/Counseling/Education for Special Needs |  |                                   |

Log #48 ✓

**Brenda James**

---

**From:** Sharon Mondier  
**Sent:** Monday, August 12, 2013 5:48 PM  
**To:** Brenda James  
**Cc:** Tamara McDaniel; Michael Jones; Carolyn Roach; Gina T. Green  
**Subject:** Log #48 Extension Request  
**Importance:** High

Per Michael, please extend Log# 48 until August 14, 2013. Mr. Supra requested additional language be added to the recipient's response letter regarding their eligibility criteria for Aug. 2012.

Thanks.