

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

**ACTION REFERRAL**

<b>TO</b> <i>Jacobs</i>	<b>DATE</b> 4/10/09
----------------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>.J00568</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>4/17/09</u>
2. DATE SIGNED BY DIRECTOR  	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Copy: Prokaws cleared 4/16/09, letter attached.</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Emma Forkner  
Director

**FAX COVER SHEET**

**“CONFIDENTIAL INFORMATION ENCLOSED”**

**DATE: 04/10/2009**

**TO: Jennifer Lynch**  
**Telephone #: \_\_\_\_\_**

**Fax #: 803-255-8350**

**FROM: Veronica Richardson Fax number 843-381-8125**

**Total Number of Pages Transmitted: 9 (Including Cover Sheet)**

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**. If you have received this in error, please notify us immediately and destroy the related message. Thank you.**

Department of Health and Human Services  
PO Box 290, Conway SC 29528  
843-381-8260 Fax 843-381-8125

00  
Revised 08/07

APR-08-2009 09:27 From: HENRY E BROWN MEMBER 8434456418

To: 3818125

P. 1/5

HENRY E. BROWN, JR.  
1st District, South Carolina

COMMITTEES:

- VETERANS' AFFAIRS
- SUBCOMMITTEE ON HEALTH
- TRANSPORTATION AND INFRASTRUCTURE
- SUBCOMMITTEE:
  - HAZARDOUS MATERIALS
  - HIGHWAYS AND TRANSIT
- WATER RESOURCES AND ENVIRONMENT
- NATURAL RESOURCES
- SUBCOMMITTEE:
  - FISHERIES, WILDLIFE AND OCEANS; RANGING MOUNTAIN
  - NATIONAL PARKS, FOREST AND PUBLIC LANDS

Congress of the United States

House of Representatives

Washington, DC 20515-4001

CAUCUSES:

- CONGRESSIONAL COASTAL CAUCUS
- CO-CHAIR
- CONGRESSIONAL SHELLFISH CAUCUS
- CO-CHAIR
- CONGRESSIONAL FRIENDS OF CANADA
- CAUCUS
- CO-CHAIR
- CONGRESSIONAL PORT SECURITY CAUCUS
- CO-CHAIR

WEB ADDRESS: [HTTP://BROWNHOUSE.GOV](http://BROWNHOUSE.GOV)

MYRTLE BEACH DISTRICT OFFICE  
FAX COVER SHEET

To: Veronica Richardson

Office: Conway CMS

Fax#: 843-381-8125

From:

- Cam Crawford
- Aaron Graham
- Tom Keegan
- Caleigh Streater
- Other \_\_\_\_\_

APR 08 2009  
MEDICAID ELIGIBL

REGION # 7

Date: 4/8/09

Notes:

Call w/ any questions @ 843-445-6459,

*- Aaron*

4 Page(s) to Follow

If you have any problems receiving this fax, please call: 843-445-6459

APR-08-2009 09:27, From: HENRY E BROWN MEMBER 8434456418

To: 3818125

P.2/5

HENRY E. BROWN, JR.  
1311 DEWEY, SMITH CAROLINA

COMMITTEES

VETERANS' AFFAIRS  
SUBCOMMITTEE ON HEALTH

CAUCUSES:  
CONGRESSIONAL COASTAL CAUCUS  
Co-Chair

TRANSPORTATION AND INFRASTRUCTURE  
SUBCOMMITTEE

# Congress of the United States

## House of Representatives

CONGRESSIONAL SHELL FISH CAUCUS  
Co-Chair

RILROVOS, PELLINERS, AND  
HABARONIS MATERIALS

Washington, DC 20515-4001

CONGRESSIONAL FRIENDS OF CANADA  
Co-Chair

WATER RESOURCES AND ENVIRONMENT

NATURAL RESOURCES

SUBCOMMITTEES

CONGRESSIONAL PORN SECURITY CAUCUS  
Co-Chair

FISHERIES, WILDLIFE AND OCEANS, RANGING MEMBER  
NATIONAL PARKS, FOREST AND PUBLIC LANDS

WEB ADDRESS: [HTTP://BROWN.HOUSE.GOV](http://brown.house.gov)

April 8, 2009

**MEDICAID ELIGIBILITY**  
APR 08 2009  
REGION # 7

Ms. Veronica Richardson, Director  
Medicaid/Medicare Services (CMS)  
PO Box 290  
Conway, SC 29526

Dear Ms. Richardson:

I am writing on behalf of my constituent, Mr. Reginald Gene Brown, who is having a problem with getting Medicaid coverage. I would appreciate any assistance you can provide concerning Mr Brown's situation

Please find enclosed our privacy release authorization form for details. If you have any questions or need further information, please contact Aaron Graham in my Myrtle Beach office.

Sincerely,



Henry E. Brown, Jr.  
Member of Congress

HEB:

Enclosure

1124 Lonsborough Plaza, Office Building  
Washington, DC 20515  
(202) 225-3176  
Fax (202) 225-3407

5900 COME AVENUE, SUITE 401  
NORTH CHARLESTON, SC 29406  
(843) 767-4175  
Fax (843) 757-4711

1800 Maritime Center, Suite C  
Myrtle Beach, SC 29577  
(843) 444-1431  
Fax: (843) 444-1431  
04/10/2009 10:19AM

APR-08-2009 09:27, From: HENRY E BROWN MEMBER 8434456418

To: 3818125

P.3/5

HENRY E. BROWN, JR.  
1st District, South Carolina

COMMITTEE:

TRANSPORTATION AND INFRASTRUCTURE  
NATURAL RESOURCES  
VETERANS AFFAIRS

# Congress of the United States

## House of Representatives

Washington, DC 20515-4001

CARPIS Co-CHAIR:

CONGRESSIONAL COASTAL CAUCUS  
CONGRESSIONAL SHELLFISH CAUCUS  
CONGRESSIONAL FRIENDS OF PANAMA  
CAUCUS

CONGRESSIONAL PORT SECURITY CAUCUS

HTTP://BROWN.HOUSE.GOV

**MEDICAID ELIGI**

APR 08 2009

REGION # 7

Residents of Berkeley, Charleston or Dorchester Counties	Horry or Georgetown Counties
Fax or Mail to: 5900 Core Ave., Suite 401 North Charleston, SC 29406 Fax: (843) 747-4711	1800 North Oak Street, Suite 1 Myrtle Beach, SC 29577 Fax: (843) 445-6418

Dear Congressman Brown:

In response to my request for assistance, you have informed me that the Federal Information and Privacy Act requires you to have my written authorization for you to be able to inquire into this matter on my behalf. In accordance with the Privacy Act, I hereby authorize you, or a member of your staff, to make an inquiry to and obtain necessary information on my behalf from.

Medicaid

4-07-09

Current Date

Name of Agency or Agencies  
REYNOLD GENE BROWN

Social Security Number and Claim/Case Number (if known)  
249 04 1469

Print Name in Full  
X Reynold Gene Brown

Home County of Residence  
Horry Date of Birth  
6-17-57

Signature in Writing (Manual)  
(843) 213-1566 (843) 450-1610 Home Phone, including A/C  
NONE Additional phone, including A/C

Email Address

609 1ST AVE  
Home Address in 1<sup>st</sup> Congressional District) Street Address  
SAME AS ABOVE Myrtle Beach, SC 29577  
City Zip

(Mailing Address, if different from Above) Street or P O Box City Zip  
SAME AS ABOVE

Briefly State Your Request Below.

Note: If you have copies of documents concerning your case, please include them. Continue on back if necessary.

I AM A 51 YEAR OLD MAN WITH CHILDREN OF THE LIVER, HERPES C + HAVE BEEN DIAGNOSED WITH PENAL CELL, CANCER. I HAVE A VERY LARGE TUMOR BLEEDING AND MY ABDOMEN BLEND, WHICH IS NOT CANCEROUS BUT GROWING & MAKING MY IP SIDES VERY UNCOMFORTABLE. I AM NOW IN THE TIME OF MY LIFE THAT I VERY MUCH NEED MEDICAID TO CURE THIS IF POSSIBLE. THE DOCTORS & MEDS ARE COSTING ME A POK

Place a check in the space provided if you include more information on the back of this form or have included an attachment

(Check Here)

US LITHOGRAPH LETTER STREET FINLANDS  
WASHINGTON, DC 20570  
202) 724-3176  
FAX 202) 725-3607

5900 CORE AVENUE, SUITE 401  
NORTH CHARLESTON, SC 29406  
1843) 747-4711  
FAX 1843) 747-4711

800U REPTV, ONE STREET, SUITE F  
MYRTLE BEACH, SC 29577  
1843) 445-6459  
FAX 1843) 445-6410

04/10/2009 10:19AM

PRINTED/UNRECYCLED PAPER

APR-08-2009 09:27 From: HENRY E BROWN MEMBER 8434456418

To: 3818125

P.4/5

MEDICAID ELIGIBILITY

APR 08 2009

THAT  
REGION # 7

IF

I WOULD BE GETTING A SHOULD BE GETTING  
I WERE ON MEDICAID.

PERNY & I AM NOT GETTING THE HELP

I HAVE A BRAND NEW GRAND BRARY & PRAY THAT

I WILL BE AROUND WITH GOD'S GOOD GRACES & HELP &  
THE MEDICAL ATTENTION THAT I NEED TO WAIT HER E.A.  
UP. THANK YOU FOR YOUR HELP & COVENANT

P.S. I HAVE VISITED MOST OF MY WIFE & HAVE PAID  
MY TRAVEL I AM ALSO A REGISTERED VOTER.

PLEASE HELP ME, I NEED MEDICAID  
& MAY GOD BLESS YOU!

Yours Truly  
A.S.P.P

APR-08-2009 09:27 From: HENRY E BROWN MEMBER 8434456418

To: 3818125

P.5-5

Waccamaw Community Hospital

MEDICAID ELIGIB

DISCHARGE SUMMARY

Rpt#: 1126-0111

APR 0 8 2009

Status: DIS IN

REGION # :

PT DOB: 06/17/1957 51

PATIENT: BROWN,REGINALD

MEDICAL RECORD #: H000198662

ACCOUNT #:

ADMISSION DATE:

W000001467255

11/14/09

DISCHARGE DATE:

11/25/08

ATTENDING PHYSICIAN:  
PUGH,ROBERT L

The patient is discharged to home. Condition has improved.

HOSPITAL COURSE:  
The patient was admitted to Waccamaw Community Hospital by way to the Emergency Room with cirrhosis, hepatitis C, adrenal versus renal mass, and thrombocytopenia. The patient admitted, underwent biopsy, and she was given six packs of platelets. Fine-needle biopsy showed rare atypical hepatocytes of the liver. The adrenal showed malignant cells consistent with adrenal cortical carcinoma. With the adrenal cortical carcinoma and renal cell carcinoma being so close with the patient's mass, the patient had immunohistochemical stain, which showed this to be being adrenal cortical carcinoma per pathology. The patient now will be transferred and will be discharged to home. Followup appointment with Dr. Denise Carneiro-Pla on 12/02/2008 at 11:30 at the Medical University. The patient now will be discharged to home.

DISCHARGE DIAGNOSIS:  
Adrenal cortical carcinoma. We will give some Percocet for pain. We will discharge. The patient will follow up. The patient was told not to drink.

CC:

RLP:5655165  
D: 11/25/2008 10:37:09; T: 11/26/2008 00:17:05 DOCUMENT: 117127

Dictated by: ROBERT L PUGH MD

copy: PUGH,ROBERT L  
PUGH,ROBERT L  
PUGH,ROBERT L



State of South Carolina  
Department of Health and Human Services

Log # 0568

Mark Sanford  
Governor

Emma Forkner  
Director

April 16, 2009

Mr. Reginald G. Brown  
609 1<sup>st</sup> Avenue  
Myrtle Beach, South Carolina 29577

Dear Mr. Brown:

Congressman Henry Brown and US Senator Jim DeMint asked our agency to assist with your concerns regarding Medicaid eligibility and your healthcare needs.

You received Medicaid benefits from July 1, 2008 through February 1, 2009. Unfortunately, your Social Security Disability Income check puts you over the allowable income limit for continued coverage. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments or other living expenses.

An alternate health insurance option through AugeoBenefits offers a variety of health insurance plans from top-rated insurance carriers. You may wish to look over the enclosed brochure and contact them at 1-866-273-5613 or visit their website at [www.augeobenefits.com/sc](http://www.augeobenefits.com/sc) to see if they can assist you.

We previously mailed you information on other programs and organizations that may be of assistance with your healthcare needs, prescriptions and inpatient hospitalization. If you have additional questions about the Medicaid program, please contact Ms. Jennifer Lynch in Constituent Services at (803) 898-3965.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Jacobs".  
Alicia Jacobs  
Deputy Director

AJ/cl



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

April 17, 2009

The Honorable Henry Brown  
United States House of Representatives  
1800 North Oak Street, Suite C  
Myrtle Beach, South Carolina 29577

Dear Congressman Brown:

Thank you for contacting this agency on behalf of Mr. Reginald G. Brown regarding Medicaid eligibility and his healthcare needs.

A member of our staff has been in direct contact with Mr. Brown, and we were pleased to address his questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. We also provided him with information on programs and organizations that may assist with his healthcare needs, prescriptions and inpatient hospitalization.

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,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner  
Director

EF/jcl