

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

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

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|---|--|------------------|--|
| 1. LOG NUMBER <i>100568</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>4/17/09</i> | | |
| 2. DATE SIGNED BY DIRECTOR <i>Copy: Jacobs Cleared 4/16/09, letter attached.</i> | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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. | | | |



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

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Revised 08/07

04/10/2009 10:19AM

FROM

<FRI> APR 10 2009 21:15/ST. 21:12/No. 7699747479 P 5

APR-08-2009 09:27 From: HENRY E BROWN MEMBER B434456418

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
HAZARDOUS MATERIALS
HIGHWAYS AND TRANSIT

WATER RESOURCES AND ENVIRONMENT

NATURAL RESOURCES

SUBCOMMITTEE:

FISHERIES, WILDLIFE AND OCEANS, RANGING MEN
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://brown.house.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 _____

Date: 4/8/09

Notes:

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

4 Page(s) to Follow

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

- Aaron

1124 LONGMONT HILL, DIXIE BUILDING
WASHINGTON, DC 20518
(202) 338-3176
Fax: (202) 225-2407

5900 CARE AVENUE, SUITE 401
NORTH CHARLESTON, SC 29405
(843) 747-4175
Fax: (843) 747-4711

MYRTLE BEACH DISTRICT OFFICE

1800 NORTH OAK STREET, SUITE C
MYRTLE BEACH, SC 29577
(803) 476-6459
Fax: (843) 445-6459
04/10/2009 10:19AM

FROM

(FRI) APR 10 2009 21:15/ST.21:12/No. 7693747479 P 8

APR-08-2009 09:27, From: HENRY E BROWN MEMBER 0434456418

To: 3818125

P.2/5

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

COMMITTEES

VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH

TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE

RULINGS, FEELINGS, AND
HABITUAL MATERIALS

HIGHWAYS AND TRANSIT

WATER RESOURCES AND ENVIRONMENT

NATURAL RESOURCES

SUBCOMMITTEE

FISHERIES, WILDLIFE AND OCEANS, RANGING MEMBER
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 DOMESTIC SECURITY CAUCUS
Co-Chair

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

April 8, 2009

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

MEDICAID ELIGIBILITY
APR 08 2009
REGION # 7

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 Lumsdenville House Office Building
Washington, DC 20515
(202) 225-3178
Fax (202) 225-3407

5000 CONE AVENUE, SUITE 401
NORTH CHARLESTON, SC 29406
(843) 747-4175
Fax (843) 747-4711

1800 Market Street, Suite C
Myrtle Beach, SC 29577
(843) 444-1414
Fax: (843) 444-1414
04/10/2009 10:19AM

APR-08-2009 09:27, From: HENRY E BROWN MEMBER B434456418

TO: 3B18125

P.3/5

HENRY E. BROWN, JR.
1ST DISTRICT, NORTH CAROLINA

COMMITTEE:

TRANSPORTATION AND INFRASTRUCTURE
NATURAL RESOURCES
VETERANS AFFAIRS

CARLIS CO-CHAIR:

CONGRESSIONAL COASTAL CAUCUS
CONGRESSIONAL SHELFISH CAUCUS
CONGRESSIONAL FRIENDS OF PANAMA
CAUCUS

CONGRESSIONAL PORT SECURITY CAUCUS

HTTP://BKIN.HOUSE.GOV

Washington, DC 20515-4001

Congress of the United States
House of Representatives

Residents of Berkeley, Charleston or Dorchester Counties Horry or Georgetown Counties

| | | |
|-----------------|---|--|
| Fax or Mail to: | 5900 Core Ave., Suite 401 North Charleston, SC 29406 | 1800 North Oak Street, Suite 1 Myrtle Beach, SC 29577 |
| Fax: | (843) 747-4711 | Fax: (843) 445-6418 |

MEDICAID ELIGI

APR 08 2009

REGION # 7

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

Name of Agency or Agencies

Current Date

REGINALD GENE BROWN

249 04 1409

Social Security Number and Claim/Case Number (if known)

Signature in Writing (Manual)

Horry

Date of Birth

(843) 213-1566 (843) 450-

NONE

Home Phone, including A/C

Additional phone, including A/C

Email Address

609 1ST AVE

Street Address

MYRTLE BEACH, SC 29577

City

Zip

(Mailing Address, if Different from Above) SAME AS ABOVE

Street or P O Box

City

Zip

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 CHILDHOOD OF THE LIVER, HERPES C + HAVE BEEN DIAGNOSED WITH PENAL CELL CANCER. I HAVE A VERY LARGE TUMOR BLEEDING ON MY ABDOMEN BLAND WHICH IS NOT CANCEROUS, BUT GROWING & MAKING MY INSIDES 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 LOT

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)

103 CAMDEN LEASE STREET BUILDING
WASHINGTON, DC 20570
(202) 724-3176
Fax (202) 725-36075900 CORE AVENUE, SUITE 401
NORTH CHARLESTON, SC 29406
(843) 747-4170
Fax (843) 747-4711800U REPAIRS, ONE SHINE STREET
MYRTLE BEACH, SC 29577
(843) 445-0450
Fax (843) 445-6410

PRINTED/RECYCLED PAPER

04/10/2009 10:19AM

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

PERNY & I AM NOT GETTING THE HELP
I WOULD BE GETTING & SHOULD BE GETTING
IF I WERE ON MEDICAID.

I HAVE A BRAND NEW GRAND BABY & PRAY THAT
I WILL BE AROUND WITH GOD'S GOOD GRACES & HELP &
THE MEDICAL ATTENTION THAT I NEED TO BRING HER EA
UP.
THANK YOU FOR YOUR HELP & CONCERN

P.S. I HAVE LOANED MOST OF MY WIFE & HAVE PAID
MY TAXES. I AM ALSO A REGISTERED VOTER.
PLEASE HELP ME, I NEED MEDICAID
& MAY GOD BLESS YOU!

Yours Truly
A.S.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,REGINALDMEDICAL RECORD #: H000198662ACCOUNT #:ADMISSION DATE:
11/14/08

W000001467255

ATTENDING PHYSICIAN:
PUGH,ROBERT LDISCHARGE DATE:
11/25/08

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 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 MDcopy: PUGH,ROBERT L
PUGH,ROBERT L
PUGH,ROBERT L



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 16, 2009

Mr. Reginald G. Brown
609 1st 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 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,

Alicia Jacobs
Alicia Jacobs
Deputy Director

AJ/cl

Log # 0568 ✓



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, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcl