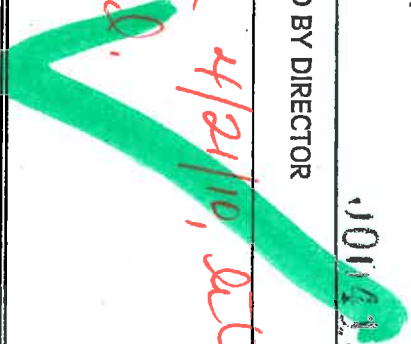


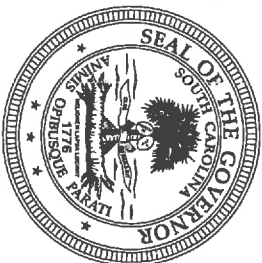
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>4-8-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100435</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>4-19-10</i>
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/21/10, 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.			



**RECEIVED**

APR 08 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

## State of South Carolina Office of the Governor

MARK SANFORD  
GOVERNOR

Post Office Box 12267  
COLUMBIA 29211

March 29, 2010

The Honorable Emma Forkner, Director  
South Carolina Department of Health,  
and Human Services  
110 Centerview Drive  
Columbia, South Carolina 29210

Re: Scot D. Bristow  
Cessation of his Medicaid

Dear Emma,

Please find enclosed correspondence from Scot Bristow regarding his Medicaid coverage. Your assistance in responding would be greatly appreciated. Thanks again for your help and take care.

Sincerely,

A handwritten signature in dark ink, appearing to be "MS", written over a horizontal line.

Mark Sanford

MS/dr

Enclosure

**RECEIVED**

APR 08 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

March 25, 2010

Mr. Scot D. Bristow  
60 Turkey Ridge Court  
North Augusta, SC 29860

Governor Mark Sanford  
Office of the Governor  
P.O. Box 12267  
Columbia, SC 29211

Dear Governor Sanford:

In 2009, it became hard for me to breathe and I started coughing up mucous so much that I had to go to the Emergency Room at University Hospital in Augusta, GA. The ER doctor told me I had an enlarged heart with irregular beats and Congestive Heart Failure. He wanted me to stay in the hospital, but I had no insurance. He told me that I had to quit my job immediately and file for disability. He gave me medication for my heart and the fluid in my lungs and I went home.

I did as he suggested and went to the Social Security Office to file for my Disability, Medicaid and Medicare. I went to all doctor appointments and made sure they had all the information they needed in a timely manner. When I applied for Social Security, a disabled friend of mine told me that while waiting for my Social Security to go through, that I should be able to get SSI (Supplemental Security Income) because I had no income. When I asked Ms. Faye Usry, my case worker, she said that the two were the same thing and I could not get it. I don't understand this since I read on the SSA.gov site that the two were separate and SSI was based on financial need.

When I ran out of medicine in August, my breathlessness returned and I had a difficult time doing the smallest of tasks. I called the hospital and asked if I could get my medication refilled and they said I had to see my family physician. Having no insurance and now no income, there was no way for this to happen. I got in touch with Ms. Usry, and was given a name of a doctor for people that do not have insurance. But you still have to have money and I did not have any coming in.

Around March 6, I received my Medicaid Card and was asked to select a plan. The next week I received a notice that I had been covered by Medicaid since August, 2009 but this was the first I had heard about it! On the same day, I got another notice stating that my Medicaid will end on April 1, 2010. That gives me less than a week to get to my doctor and get medicine when I could have been taking it all along if I had only known I had coverage. I called the Medicaid Office and asked why I was not informed and was told my case worker should have told me.

Our mother died of Congestive Heart Failure while living with my sister and now knowing that I have this same condition at age 52 is quite sobering.

I appreciate your reply to my sister's email and your willingness to help me get some answers regarding my coverage. I am curious when my Medicaid stops if my Medicare will begin right away or will I have to wait for this also. I am sending copies of all correspondence I received to aid you. I do not have a phone, but can be left a message with my sister at 803-279-4493 if you should need anything.

Thank you, again.

Respectfully,

A handwritten signature in cursive script, reading "Soct D. Bristow".

Soct D. Bristow

enclosures: Copy of Medicaid Card

Copy of Certificate of Medicaid Coverage

Copy of Medicaid Termination Notice

# CERTIFICATE OF MEDICAID COVERAGE

**IMPORTANT: KEEP THIS MEDICAID LETTER IN A SAFE PLACE**

This letter gives you information about the Medicaid coverage you had. If you enroll in another health insurance plan, you may need to give them a copy of this letter.

Date of this letter: **03/09/2010**

Name of Group Health Plan: **MEDICAID**  
HH#: **101358078** 19 FUSRY

Recipient Name: **SCOT D BRISTOW**

Recipient Medicaid Number: **3781047873**

## COVERAGE PERIODS:

<b>MARCH</b>	<b>2010</b>
<b>FEBUARY</b>	<b>2010</b>
<b>JANUARY</b>	<b>2010</b>
<b>DECEMBER</b>	<b>2009</b>
<b>NOVEMBER</b>	<b>2009</b>
<b>OCTOBER</b>	<b>2009</b>
<b>SEPTEMBER</b>	<b>2009</b>
<b>AUGUST</b>	<b>2009</b>

## SOUTH CAROLINA MEDICAID SERVICE

INPATIENT HOSPITAL  
WELL CHILD CARE  
FAMILY PLANNING  
LABORATORY AND X-RAY

AMBULANCE TRANSPORTATION  
REHABILITATIVE THERAPIES  
PRESCRIPTION DRUGS  
LONG TERM CARE/NURSING HOME  
FACILITIES

HOME HEALTH  
OUTPATIENT HOSPITAL  
VISION CARE  
DURABLE MEDICAL EQUIPMENT

RESIDENTIAL TREATMENT FACILITY  
HOSPICE  
MENTAL HEALTH  
ALCOHOL AND OTHER SUBSTANCE  
ABUSE

EVALUATION/COUNSELING/EDUCATION FOR SPECIAL NEEDS  
NON-EMERGENCY TRANSPORTATION TO MEDICAL APPOINTMENTS

If you have questions about this letter you can call 1-888-549-0820 or you can write to:

The Department of Health and Human Services  
P.O. Box 100147  
Columbia, South Carolina 29202-9181

## Notice That Medicaid Coverage Will End

EDGEFIELD COUNTY DHHS  
P. O. Box 386  
Edgefield SC 29824-0000

Date: 03/09/2010

Worker:

FAVE USRY

SCOT D BRISTOW  
60 TURKEY RIDGE CT  
NORTH AUGUSTA SC 29860

Worker Phone: 803 637-4040

BG #: 30757016

HH #: 101358078

Medicaid coverage for the people listed below will end on 04/01/2010.

Beneficiary Name:

Beneficiary ID#:

SCOT D. BRISTOW

3781047873

### Reason(s): Medicaid coverage will end because:

Your income is more than policy allows.

Manual/policy reference supporting this action: 303.01.03

A copy of this reference is available upon request.

You may qualify for Medicaid under other programs if there has been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact your worker.
- Call 1-888-549-0820 or visit [www.scdhhs.gov](http://www.scdhhs.gov) for an application.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form please contact your worker right away.

### Fair Hearing

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a fair hearing within 10 days of the date on this letter, you can ask in your request that your coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any benefits you received while your case was being reviewed.

May 04/15

Emma Forkner • Director  
Mark Sanford • Governor

April 21, 2010

Mr. Scot D. Bristow  
60 Turkey Ridge Court  
North Augusta, South Carolina 29860

Dear Mr. Bristow:

Governor Mark Sanford contacted our agency on your behalf regarding your healthcare needs.

Your application for Medicaid's Aged, Blind or Disabled (ABD) program was approved for August 1, 2009 to March 31, 2010. This decision was made on March 4, 2010. The attached letter was mailed to you notifying you of your approval. Unfortunately, this coverage was temporary because once you began receiving your Social Security disability check, your income exceeded the allowable limit for our ABD program.

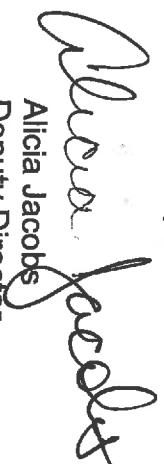
You may share the approval notice with your healthcare providers to determine if they are willing to submit claims to Medicaid for services rendered August 1, 2009 through April 1, 2010. If they are not willing to submit the claims to this agency, you will be responsible for the bill.

An alternate health insurance option through AugoeBenefits 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.augoebenefits.com/sc](http://www.augoebenefits.com/sc) to see if they can assist your family.

We have enclosed information on other programs and organizations that can assist residents in South Carolina with their healthcare needs, prescriptions, and daily living needs.

If you have any questions about the Medicaid program, please contact Ms. Jenny Lynch at (803) 898-3965 and she will be happy to assist you. We hope this information is helpful.

Sincerely,

  
Alicia Jacobs  
Deputy Director

AJ/ci  
Enclosures