

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mr. J. Hamilton</i>	DATE <i>9/27/10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 0001144	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10/4/10</i> <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>C: Mr. [Signature]</i> <i>Checked 10/14/10, letter attached.</i>			

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



House of Representatives
Washington, DC 20515

BOB INGLIS
4TH DISTRICT, SOUTH CAROLINA

SCIENCE AND TECHNOLOGY
FOREIGN AFFAIRS

FAX TRANSMITTAL

RECEIVED

SEP 27 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FAX NUMBER: ~~(864)~~ 255-8235

DATE: 9/27, 2010

TO: Byron Boat

OFFICE: _____

FROM: GREENVILLE OFFICE OF CONGRESSMAN BOB INGLIS
105 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
TELEPHONE: (864) 232-1141 • FAX: (864) 233-2160

<input type="checkbox"/> Wayne Roper	<input type="checkbox"/> Paul Howell
<input type="checkbox"/> Price Atkinson	<input type="checkbox"/> April Evans
<input type="checkbox"/> Julie Wilson	<input type="checkbox"/> Brenda Ballard
<input checked="" type="checkbox"/> Joanna Bursch	<input type="checkbox"/> _____

SPECIAL REMARKS: For our conversation -

Thank you!

2 PAGES, INCLUDING THIS COVER SHEET

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The documents accompanying this facsimile transmission contain legally privileged, confidential or proprietary information belonging to the sender. The information is directed to the attention, and intended for the sole and exclusive use, of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for destruction, or return to us, of the contents of this transmission. Thank you for your observance and cooperation.

WASHINGTON, DC
330 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
PHONE: (202) 225-6030
FAX: (202) 226-1177

SPARTANBURG, SC
464 EAST MAIN STREET, SUITE 8
SPARTANBURG, SC 29302
PHONE: (864) 582-6432
FAX: (864) 572-9478
UNION, SC
PHONE: (864) 427-2205
www.house.gov/inglis

GREENVILLE, SC
105 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
PHONE: (864) 232-1141
FAX: (864) 233-2160

Maureen Flood
1727 Meansville Rd.
PO Box 1114
Union, SC 29379
mflood@bellsouth.net

Dear Mr. Clyburn,

I need your assistance. Because of an old back injury I have a spinal cord nerve stimulator that helps control the pain in my legs. This original test and implant was paid for by Medicaid.

It enabled me to have greater control of my pain and so I had fewer doctor visits and pain medication prescriptions for about 5 years. After that time, the battery died & the implant was replaced with a unit that has a rechargeable battery. This was paid for by Medicaid also. This has lasted 4 years with few problems.

Due to an occurrence of pain in a new area, my doctor, Dr. Sathernwaite (864-295-6300), has advised me that I need an additional electrode in my back to control the pain in that area. This procedure would be in two stages, a trial and then the permanent one.

The problem is I am on SSI disability with Select Health Medicaid. Select Health has informed me that they have the same coverage as regular Medicaid for these procedures. Although Medicaid paid for the original trial, the permanent implant unit and the replacement implant unit when the battery died, they say that an additional line for the same controller unit is not covered. However, pain pills are covered in abundance. Over time they become less effective and are addictive. I prefer the stimulator over pills; I don't need an addiction in addition to the back problems. As I am on disability I cannot afford to pay for this procedure.

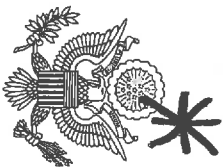
I would appreciate any help you can give me with this problem.

Thank you,

Maureen Flood



LINDSEY O. GRAHAM
SOUTH CAROLINA



* Ref Log # 144
Let individual know we got
his letter from
Sen. Graham's office tho.

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

UNITED STATES SENATE

October 6, 2010

RECEIVED

OCT 08 2010

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Maureen Flood, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to the individual.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Graham".

Lindsey O. Graham
United States Senator

LOG/rt

Enclosure

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
MOUNT PLEASANT, SC 29464
(843) 849-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2828

124 EXCHANGE STREET
SUITE A
PENDLETON, SC 29670
(864) 846-4090

Maureen Flood
1727 Meansville Rd.
PO Box 1114
Union, SC 29379
mflood@bellsouth.net

RECEIVED SEP 22 2010

Dear Mr. Graham,

I need your assistance. Because of an old back injury I have a spinal cord nerve stimulator that helps control the pain in my legs. This original test and implant was paid for by Medicaid.

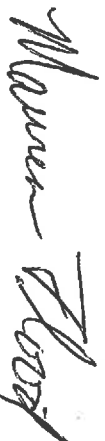
It enabled me to have greater control of my pain and so I had fewer doctor visits and pain medication prescriptions for about 5 years. After that time, the battery died & the implant was replaced with a unit that has a rechargeable battery. This was paid for by Medicaid also. This has lasted 4 years with few problems.

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The problem is I am on SSI disability with Select Health Medicaid. Select Health has informed me that they have the same coverage as regular Medicaid for these procedures. Although Medicaid paid for the original trial, the permanent implant unit and the replacement implant unit when the battery died, they say that an additional line for the same controller unit is not covered. However, pain pills are covered in abundance. Over time they become less effective and are addictive. I prefer the stimulator over pills; I don't need an addiction in addition to the back problems. As I am on disability I cannot afford to pay for this procedure.

I would appreciate any help you can give me with this problem.

Thank you,
Maureen Flood



Log # 144

From: Jan Polatty
To: Brenda James
Date: 10/12/2010 10:14 AM
Subject: Fwd: Re: Log 144

Please put a copy of this with your log. Thanks, jan.

>>> Annmarie McCanne 10/12/2010 9:41 AM >>>
Per Jan - As long as the member has been notified, an extension isn't necessary. Jim will call the beneficiary this morning and should have response forwarded for approval on Thursday.

Thanks,
Annie

>>> Mary Cooper 10/11/2010 5:47 PM >>>
Hi Annie,

Per Jim, J11 now wants log 144 to go to Congressman Clyburn and Congressman Inglis since this came from J11 do we need to request another due date? thanks.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

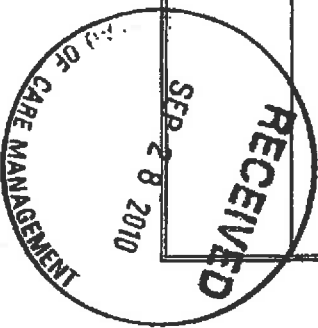
Roy -> David

ACTION REFERRAL

TO <i>Mr. / HAMILTON</i>	DATE <i>9/27/10</i>
-----------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000144</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>10/4/10</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Mr. Jenkins</i>	<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. Roy Hess Division Dir	<i>See attached F&H 10.14.10</i>		
2. Beverly Hamilton Bureau Chief	<i>Per 10/6/10</i>		
3. Felicity Myers Deputy Director	<i>FCM 10/7/10</i>		
4.			





House of Representatives
Washington, DC 20515

BOB INGLIS
4TH DISTRICT, SOUTH CAROLINA

SCIENCE AND TECHNOLOGY
FOREIGN AFFAIRS

FAX TRANSMITTAL

FAX NUMBER: 864 255-8235

DATE: 9/27, 2010

TO: Byron Scott

OFFICE: _____

FROM: GREENVILLE OFFICE OF CONGRESSMAN BOB INGLIS
106 NORTH SPRING STREET, SUITE 111
GREENVILLE, SC 29601
TELEPHONE: (864) 232-1141 • FAX: (864) 233-2160

☐ Wayne Roper
☐ Price Atkinson
☐ Julie Wilson
☒ Doanna Bursach

☐ Paul Howell
☐ April Evans
☐ Brenda Ballard
☐ _____

SPECIAL REMARKS:

for our conversation -

Thank you!

2 PAGES, INCLUDING THIS COVER SHEET

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RECEIVED

SEP 27 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Maureen Flood
1727 Meansville Rd.
PO Box 1114
Union, SC 29379
mflood@bellsouth.net

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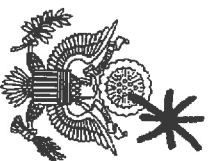
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LINDSEY O. GRAHAM
SOUTH CAROLINA



* Ref Log # 144
Let individual know we got
his letter from
Sen. Graham's office too.

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

UNITED STATES SENATE

October 6, 2010

RECEIVED

Arrive same as OCT 08 2010

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Log # 144 (see
note) Thanks, bj
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

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Lindsey O. Graham
United States Senator

LOG/tt

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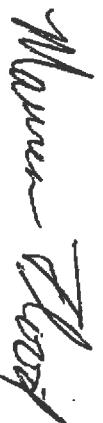
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Thank you,
Maureen Flood





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 14, 2010

The Honorable James E. Clyburn
Representative in Congress
2135 Rayburn House Office Building
Washington, DC 20515

Dear Representative Clyburn:

Thank you for contacting our agency on behalf of Ms. Maureen Flood regarding her Medicaid services.

A member of our staff have been in direct contact with Ms. Flood, her managed care plan, and her physician to address questions and concerns regarding the rules and regulations governing the program. She was also provided with contact information should she need assistance in the future.

Thank you for 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 dark ink, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/hm



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 14, 2010

The Honorable Bob Inglis
Representative in Congress
105 North Spring Street, Suite 111
Greenville, South Carolina 29601

Dear Representative Inglis:

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Emma Forkner
Director

EF/hm



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 14, 2010

The Honorable Lindsey O. Graham
United States Senate
290 Russell Senate Office Building
Washington, DC 20510

Dear Senator Graham:

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Sincerely,

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Emma Forkner
Director

EF/hm