

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts</i>	DATE <i>7-15-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000018</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kwt</i> <i>closed 7/24/13, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-24-13</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.			

RECEIVED

JUL 15 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Julie Snyder
1424 Seagull Drive Apt 307
Palm Harbor, FL 34685

July 10, 2013

South Carolina Department of Health and Human Services
Office of the Director
PO Box 8206
Columbia, SC 29202

Dear Mr. Keck, or assistant:

I am writing to get an explanation for an incident that occurred to me caused by Medicaid. I was arrested last year for Medicaid fraud. I updated my status at the beginning of my second year of Medicaid eligibility (about January 2012), and mentioned my son had begun receiving a monthly settlement check of 414.00, in addition to his 450.00+ Social Security Survivor monthly check. On 05/14/2012, I was arrested and jailed for Medicaid fraud. I was told, I was arrested because I did not report my son's additional benefit sooner as household income

I talked to several Medicaid workers in Florida, as well as researched on various government websites. *I understand that because these monies must be deposited in an FBO (For benefit of minor) account, these should Not be included in my household income.*

I would like an explanation on why my son's money was counted in my household income.

Thank you very much.

Sincerely,

Julie Snyder

JULIE SNYDER
1424 SEAGULL DRIVE #307
PALM HARBOR, FL 34685

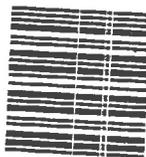
PLACE STICKER ABOVE ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE



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U.S. POSTAGE
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Department of Health & Human Services
OFFICE OF THE DIRECTOR

SOUTH CAROLINA DEPT OF HEALTH & HUMAN SERVICES
OFFICE of the DIRECTOR
PO Box 8206
COLUMBIA, SC 29202

JUL 13 2013

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Log #000018

Anthony E. Keck, Director
Nikki R. Haley, Governor

July 24, 2013

Ms. Julie Snyder
1424 Seagull Drive, Apartment 307
Palm Harbor, FL 34685

Re: Explanation of South Carolina Medicaid Eligibility

Dear Ms. Snyder:

Your letter of July 10, 2013, requested an explanation for an incident related to South Carolina Medicaid. An investigation was conducted by the South Carolina Attorney General's Office, Medicaid Recipient Fraud Unit. The Medicaid Recipient Fraud Unit of the South Carolina Attorney General's Office actively investigates and prosecutes Medicaid beneficiaries suspected of fraud and abuse. Specifically, the Medicaid Recipient Fraud Unit investigates cases where Medicaid recipients are alleged to have done the following:

- Submitted a false application for Medicaid
- Provided false or misleading information about income, assets, family members, or resources
- Shared a Medicaid card with another individual
- Sold or bought a Medicaid card
- Diverted for resale prescription drugs, medical supplies, or other benefits
- Participated in doctor or pharmacy shopping
- Obtained Medicaid benefits that they were not entitled to through other fraudulent means

The South Carolina Department of Health and Human Services Medicaid Policy and Procedures Manual documents eligibility requirements. The following sections address household income. Please refer to the SCDHHS website for detailed explanation.

205.02.05 Earned and Unearned Income

201.02.01 Income Excluded by Federal Law

201.02.02 Earned and Unearned Income of Children

205.04.07 Individuals Whose Income is Considered

The following paragraph is listed in the Rights and Responsibilities section of the application for Medicaid. You were required to read and sign the application.

I must report any and all changes in my income, deductions, resources, living arrangements, members of the household, or other information that will affect medical help within ten (10) days of the date of the change(s). I understand that if I fail to notify the department promptly, I may lose benefits and be subjected to penalties or prosecution.

After reviewing the details of the household income sections as they relate to South Carolina Medicaid, if you still have questions, please call me at (803) 898-2678.

Sincerely,

A handwritten signature in black ink that reads "B.J. Church". The signature is written in a cursive style with a large, stylized initial "B".

B.J. Church, Division Director
Division of Program Integrity