

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>1-9-13</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100,211</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>1-17-13</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>EC. Mr. Keck, Post Lynen</i> <i>Cleared 1/17/13, letter</i> <i>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.			<i>by</i>

[Handwritten signature]

J. Roland Smith
District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:
Invitations & Memorial Resolutions
Ways and Means, 3rd V.C.



House of Representatives
State of South Carolina

522B Blatt Building
P.O. Box 11867
Columbia, SC 29211
Tel. (803) 734-3115

RECEIVED

JAN 09 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 7, 2013

Mr. Anthony Keck, Ex. Director
POB 8206
SC Dept. of Health and Human Services
Columbia, SC 29202-8206

Dear Mr. Keck:

I write on behalf of my constituent, Debra L. Miller, ID# 0024133702, DOB 3/22/1963, SSN 251-37-8810, phone 803-270-2031 and mailing address POB 203, Langley, SC 29834.

Ms. Miller has been granted SSI disability benefits. Her income is \$763 monthly and she is applying for Medicaid and, as I stated to Ms. Miller, I am not sure of the income level requirements to qualify.

I would appreciate it if you would look into her eligibility and offer any assistance available to her and have enclosed some information from her. Thank you for your help.

Sincerely,

J. Roland Smith

JRS/vhr/2012jan7-2

Enclosure

cc: Debra Miller, POB 203, Langley, SC 29834

My Name Deline J. Miller
I get \$7,63⁰⁰ a month S.S.I.
and I went to the P.S. Office
on Nov. 5, 2012
S.S.No - 251-37-8810

Mailing add - P.O. Box 203
Dangley S.C.
Cell No. 803-270-2031 29834

Thank you very much
M. Roland Smith

South Carolina Medicaid

Eligibility and Benefit Information

Request: MemberID=0024133702 ProviderID=1790846608 Service Start Date=11/05/2012

Emdeon Trace #: 778386484

Patient : DEBRA L MILLER	
Member ID: 0024133702	
DOB: 03/22/1963	
Gender: Female	
Address: PO BOX 203	
LANGLEY, SC 29834-0203	
Plan : 11/05/2012	
Submitter : NOTRECEIVED	
Submitter Type: Provider	
NPI: 1790846608	

General Eligibility Information	
Status: Inactive	

Verified On: Mon Nov 5 13:46:27 EST 2012

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Member, SC House of Representatives

ZIP 29201
011D12601984

*B. James*EDHMS54 P
MEDSPROD

S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE: 01/09/13

RECIPIENT INFORMATION

ACTION:

MEMBER PERIOD START: 11/14/12 END:

PAGE: 0001

NAME: MILLER DEBRA L

HH NAME: MILLER LARRY T

RCP NUMBER: 0024133702

HH NUMBER: 100398196

ACTION TYPE: MAINTENANCE

SSN: 251-37-8810 VC: V

APL STATUS:

ACTION DATE: 01/08/13

PRIMARY INDIVIDUAL:

APL CO: 02

WORKER ID: VERTJ LOCATION: 001

PO BOX 203

SSCN: 251378810A

RRN:

RACE: 08 SEX: F MARITAL STATUS: M

TPL: N RSP: 0 RELATION: SPOUSE

LANGLEY

SC 29834-0203

DOB: 03/22/1963 DOD:

CORRECT RCP NUMBER:

LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	SPONSOR
-	12429280	11/01/2011	11/01/2012	80	50		N		.00	JS12
-	72429279	10/01/2011	11/01/2011	32	50		N		.00	JS12
-	00241337	01/01/2002	10/01/2005	59	30	FULL	N		.95	

UPDATED: USER ID:

DATE:

SYSTEM ID: SDX1000

DATE: 09/29/12

ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

✓ #211

January 17, 2013

Mrs. Debra L. Miller
P. O. Box 203
Langley, SC 29834

Dear Mrs. Miller:

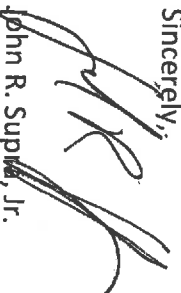
Representative J. Roland Smith contacted this agency on your behalf regarding Medicaid eligibility and your healthcare needs.

Your Medicaid coverage under the Supplemental Security Income (SSI) program ended November 1, 2012, because your income exceeded the allowable limit of \$710 monthly. Individuals who receive SSI are automatically eligible for Medicaid; however, when their SSI ends, their Medicaid must also end.

Your Medicaid *Aged, Blind or Disabled* (ABD) application was denied on January 8, 2013, because your family income is more than the allowed limit of \$1,261 for a couple. 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 *Augeo* Benefits 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 to see if they can be of assistance. If you have questions about the Medicaid program, please call Carolyn Roach at (803) 898-3975. I hope this information is helpful.

Sincerely,


John R. Supina, Jr.
Deputy Director

JRS:j

Enclosure

January 17, 2013

#211

The Honorable J. Roland Smith
South Carolina House of Representatives
P.O. Box 11867
522-B Blatt Building
Columbia, South Carolina 29211

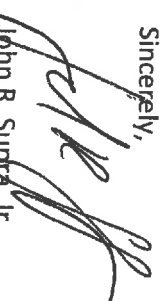
Dear Representative Smith:

Thank you for contacting our agency on behalf of Mrs. Debra Miller regarding her Medicaid eligibility and healthcare needs.

A member of our staff has been in direct contact with Ms. Miller to address her questions and concerns regarding Medicaid eligibility and the rules and regulations governing the program. She was also provided with contact information for a staff member should she need assistance in the future.

Thank you for your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,


John R. Suppa, Jr.
Deputy Director

JRS:j

ROUTED

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

JAN 11 REC'D

ACTION REFERRAL

RECEIVED

JAN 10 REC'D

TO	DATE
<i>Supra</i>	<i>1-9-13</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR <i>EC: Mr. Keck Post, Lynne</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>Due date 1/16/13</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. <i>[Signature]</i>	<i>✓</i>		
2.			
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