


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|---------------------|------------------------|
| TO Jacobs | DATE 2-24-10 |
|---------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER 1011353 | <input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>Cleared 3/4/10, letter attached.</i>  | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 3-5-10 <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. | | | |

JIM DEMINT
SOUTH CAROLINA

COMMITTEES:
BANKING, HOUSING, AND
URBAN AFFAIRS

CHAIRMAN
SENATE STEERING COMMITTEE

340 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6121
demint.senate.gov

United States Senate

February 23, 2010

RECEIVED

FEB 24 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

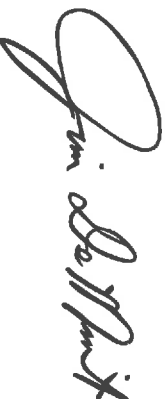
Ms. Emma Forkner
Director
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Ms. Forkner,

I am writing to refer a matter involving my constituent, Ms. Linda Martin, and her concerns regarding Medicaid. Enclosed is a copy of her letter for your review.

I would greatly appreciate your responding directly to Ms. Martin about this issue. I have informed Ms. Martin that I would refer her to your agency in an effort to be helpful.

Thank you for your attention to this matter. Best regards,
Sincerely,



Jim DeMint
United States Senator

CHARLESTON
112 CUSTOM HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 727-4525

GREENVILLE
105 NORTH SPRING STREET
SUITE 109
GREENVILLE, SC 29601
(864) 233-5366

COLUMBIA
1901 MAIN STREET
SUITE 1475
COLUMBIA, SC 29201
(803) 771-6112

JIM DeMINT
SOUTH CAROLINA

CHAIRMAN, SENATE STEERING COMMITTEE
340 RUSSELL SENATE OFFICE BUILDING
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United States Senate

COMMITTEES:
COMMERCE, SCIENCE AND
TRANSPORTATION
ENERGY AND NATURAL RESOURCES
FOREIGN RELATIONS
JOINT ECONOMIC

PRIVACY ACT RELEASE FORM

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my approval. I, Ronda K. Martin, do hereby authorize Senator Jim DeMint and/or his staff to access the information necessary to assist me.

Signature

Ronda K. Martin

Address

7118 Chevalier Falls Rd.
Blackeburg, S.C. 29702

Telephone

864.839.9543

Social Security Number

250-17-7234

Date of Birth

4-20-1958

Medicare Number

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Plan Name

Date of Incident

Brief explanation of situation:

Are you currently or have you previously received assistance in this situation from another Senator or Member of Congress? Yes ☒ No ☐

If Yes, which Member? No, but my next step was to call
Shanelle Neal's Y.

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

MR. Jim Deamint

2-5-2010

I've tried to get on medical twice
But, I was denied twice.

Since 2005, I found out I had
malignant melanoma cancer, I've
been going to Huhbs cancer center in
Spartanburg S.C. 2009 it had gotten
worse, and now its in my lungs.

I've had 2 Surgeries 1-on my arm
1-on my right lung. I am undergoing
intensive chemotherapy and my Doctor
says I'm permanently disabled.

My husband lost his job in 2009
he gets \$154.00 a week from

unemployment, I applied for disability
in July of 2009, they say I will
start getting something this month.

I need help with all my Hospital
Bills, all the test they do on me
I can't pay for nothing.

You work all most of your life and
can't even get no help. I'm tired
of asking family members for help
when I can't even repay them back
what ever would come from

Medicaid office all these in Charles
County says I make to much money, that

(2)

2-5-2010

I don't qualify for medicinal. how
can you make the much money when
I don't even get anything
having I wrote to much, it just don't
make since the way the world works.

Kendra Martin

(my Doctor)

Don Eric Nelson

Spartanburg S.C.

phone-864-560-7050

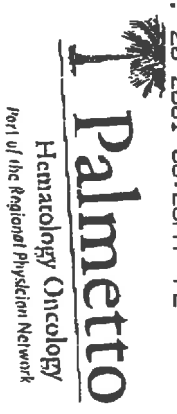
enclosed is a copy of my letter
from the Doctor and a copy of where
I applied for the 2nd time for medicinal.

Thank you for taking time to
check in on this for me.
Hope to hear from you real soon.

FROM :

FRX NO. :

Feb. 20 2001 08:28PM P2



In Your Neighborhood, Across the Upstate

James D. Bowden, III, M.D., F.A.C.P.
Board Certified
Internal Medicine
Medical Oncology

Eric C. Nelson, M.D.
Board Certified
Internal Medicine
Medical Oncology

Adam R. Pali, M.D.
Board Certified
Internal Medicine
Hematology

Steven W. Corso, M.D.
Board Certified
Internal Medicine
Medical Oncology
Hematology

Colin P. Curran, M.D.
Board Certified
Internal Medicine
Medical Oncology
Hematology

Sarah L. Vialto, D.O.
Board Certified
Internal Medicine
Medical Oncology
Hematology BE

Sharmila P. Mehta, M.D.
Board Certified
Internal Medicine
Medical Oncology
Hematology

Rogina A. Franco, ANP-C
Madelino Restroffer, ANP-C
Crystal Humphries, ANP-C
Melissa Ford, FNP-C
Amy Sanders, FNP-C

Nancy A. Blumer, R.Ph., Pharm.D.

Lynn Foster
Director

September 16, 2009

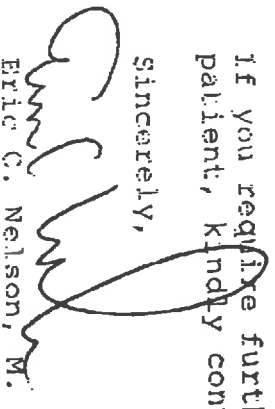
RE: Linda Martin
DOB: 4/20/1958
SS#: 250-17-7234

To Whom It May Concern:

Ms. Linda K. Martin is a patient under my care. She has metastatic malignant melanoma and is undergoing intensive chemotherapy. As a result, she is totally and permanently disabled, and will not be able to work for the foreseeable future.

If you require further information regarding this patient, kindly contact my office.

Sincerely,


Eric C. Nelson, M. D.
ECN/jef

Spartanburg • Greer • Boiling Springs • Gaffney • Union • Laurens

380 Serpentine Drive | Spartanburg, SC 29303 | 1-866-573-3518

www.PalmettoHO.com

South Carolina Department of Health and Human Services
Notice of Action

From: CHEROKEE COUNTY DHHS

P. O. Box 89

Gaffney SC 29342-0000

Date: 01/21/2010

Worker Name:

JAKYIA BROWN

Telephone: 864 487-2521

BG#: 80996294

HH#: 100627727

11 JBRDW

To: LINDA MARTIN

718 CHEROKEE FALLS RD.

BLACKSBURG SC 29702

Beneficiary Name:

LINDA MARTIN

Beneficiary ID:

5112563203

Your application has been denied for: AGED, BLIND, DISABLED (ABD)

Reason for denial:

Your income is more than policy allows.

Denied for the month(s) of: 01/2010

Manual/policy reference supporting this action: 303.01.03

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.

Augeo Benefits is a one-stop shop to help you find health insurance made just for you, that you can afford. For more information on health insurance plans that include Major Medical, Limited Medical, Dental and Savings on Prescriptions call Augeo Benefits at 866-273-5613 or visit online at www.AugeoBenefits.com/sc.

March 4, 2010

Mrs. Linda K. Martin
718 Cherokee Falls Road
Blacksburg, South Carolina 29702

Dear Mrs. Martin:

United States Senator Jim DeMint asked our agency to assist with questions concerning your Medicaid eligibility and healthcare needs.

Our records indicate you applied for Medicaid under the Aged, Blind or Disabled (ABD) program on January 16, 2010. Your application was denied because your gross monthly income exceeded the allowable limit of \$1,215 for a couple. We understand your husband's Unemployment Compensation Benefits will terminate soon; therefore you may want to reapply for our ABD program. Please complete and return the enclosed ABD application to our Cherokee County Medicaid Office at Post Office Box 89, 1434 North Limestone Street, Gaffney, South Carolina 29340. Their telephone number is (864) 487-2521.

We have enclosed information on other programs and organizations that can assist residents of South Carolina with their healthcare services, prescriptions and daily living expenses. If you have questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707. We hope this information is helpful.

Sincerely,

Alicia Jacobs

Alicia Jacobs
Deputy Director

AJ/hc
Enclosures