

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>12-22-10</i>
---------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100275</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Ref Log # 212</i> <i>Closed 1/4/11 letter</i> <i>attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-6-11</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

DEC 22 2010

Gale Lyons
PO Box 211201
Columbia, SC 29221
(803) 546-3827

~~MEDICAID ELIGIBILITY~~
~~& BENEFICIARY SERVICES~~

December 17, 2010

Director's Office
by

Honorable U.S. Senator Jim DeMint
1901 Main Street, Suite 1475
Columbia, SC 29201

Dear Senator DeMint:

I am in desperate need of your assistance on Social Security and Medicaid. In 2002, I applied for Social Security Supplemental and Disability insurance benefits. My claim went through the process, which resulted into an appeal based on Dr. William H. Crigler's Consultative Examination (CE). When Social Security Administration (SSA) sent me to Dr. Crigler for an orthopedic CE, his medical license was under suspension. During the process of my evaluation and claim, the following occurred:

1. The South Carolina Medical Board (henceforth Medical Board) publicly reprimanded Dr. Crigler, and his medical license was indefinitely suspended beginning in May 2004 and finalized on November 3, 2004. Yet, in the Final Order, the Medical Board noted that Dr. Crigler "engaged in dishonorable, unethical, and unprofessional conduct that is likely to harm the public", but allowed him to continue practicing medicine (page 3-4). SSA did not check to the status of Dr. Crigler's medical license, and I was not provided with an alternative.
2. Since the Medical Board cited Dr. Crigler as a person harmful to the public, I should have informed me prior to my appointment, in order to seek another CE.
3. My orthopedic CE was conducted on November 2, 2004 (see attached). Dr. Crigler is a family practice physician. He is not a licensed orthopedic.

Because SSA did not provide me with a licensed ethical physician, I requested a reevaluation of my claims for disability (see attached) and a new CE.

In addition to SSA assistance, I need assistance with my Medicaid application submitted on January 26, 2010. My application was denied, and therefore, I filed an appeal (see attached). I requested a copy of my file from Toya Lewis at the Department of Health and Human Services (DHHA) to review, but she did not respond (see attached). However, I received a copy of the file from Robert French, Director of Appeals. After examining the file, I found that vital medical reports that I mailed to Ms. Lewis and Jeri Parker at Vocational Rehabilitation Department Disability Determination Services, were excluded, and a list of current physicians were never contacted that I submitted to Ms. Parker (see attached). Both Ms. Lewis and Ms. Parker failed to include substantial medical reports. Therefore, Valerie Hollis at Disability Determination denied my claim, without considering crucial medical reports. On the Physical Residual Functional Capacity Assessment, my primary diagnosis is incorrect.

I have Systemic lupus erythematosus (Lupus), which is an autoimmune disease that has affected

the functionality of my entire body, with significance on organs. I was hospitalized with pleurisy (500-600cc of fluid) twice in my lungs, which began with inflammation in my stomach. Kristin Highland, a pulmonary physician, I treating me for my lungs, and she noted that I have emphysema. Jorge L. Galan, a gastroenterologist, notes that my intestines (stomach) were affected from Lupus complications. Although the DHHS medical release forms states that all medical notes are supposed to be requested, Drs. Highland and Galan, and my primary care physician, Dr. Jairaj Prashad, were never contacted. Prior to my appointment at the Medical University of South Carolina Center for Lupus (MUSC), I had to have all hospital records (lab reports and x-ray films) for physicians to review. On March 1, Providence Hospital Medical Records (Universata, Inc.) sent me 27 pages of medical records to take with me to MUSC, but Ms. Hollis only had nine pages to review, which is an example of failure to contact and medical notes excluded from my file.

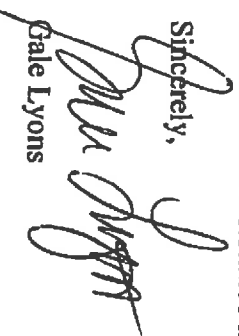
On Ms. Parker's Development Summary Worksheet, she stated that the x-rays of my indicated "no evidence of inflammatory arthritis". Yet, she failed to include the March 18 Clinical Lab Reports in her possession. My lab reports indicated positive and high results of the "rheumatoid factor" and the "ANA screen" (see attached). Ms. Parker did not include a list of medications, which was on all medical reports. Steroids eliminated inflammation on the x-rays, but not in the lab reports. Ms. Parker also had in her possession medical notes from Mary Jean Voght, who referred me to Dr. Highland at MUSC, but she failed to contact her for reports.

I requested Governor Mark Sanford and Director of DHHS, Emma Forkner assistance. Alicia Jacobs from DHHS responded stating that Mr. French was going forward with the appeal (see attached) although on November 11, I requested the removal of the appeal. Prior to an appeal and during the initial assessment process pertinent medical reports relating to my claim were excluded, and based on the exclusion of my primary diagnoses, an appeal is unmerited.

Ms. Jacobs indicated in her letter that the appeal hearing was cancelled on several occasions. I was made aware of two scheduled hearings, and I only cancelled the November 11 hearing. The September 7 hearing was scheduled, but I did not receive notification until September 2 and 3 via voicemail messages from Mr. French and Janet Goode (see attached). When the October hearing was scheduled, I was informed that South Carolina Legal Services appointed an incompetent paralegal to represent me, without my consent, which was the same paralegal that never contacted Mr. French. Therefore, I justifiably removed Legal Services from my file for failure to provide an attorney. I cancelled November hearing based on the file.

I have serious health issues, and these failure of these agencies has caused undue stress. I need your assistance in these matters. Please see enclosed signed authorization forms and documents for review, with pink sticky note to identify some information. Thank you in advance for your attention and assistance in this matter.

Sincerely,



Gale Lyons

Enclosures

JIM DEMINT
SOUTH CAROLINA

CHAIRMAN
SENATE STEERING COMMITTEE

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

COMMITTEES:
BANKING, HOUSING, AND
URBAN AFFAIRS

COMMERCE, SCIENCE AND
TRANSPORTATION

FOREIGN RELATIONS

JOINT ECONOMIC

United States Senate

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 (print name) Julie M. Lyons do hereby authorize Senator Jim Demint and/or his staff to access the information necessary to assist me.

Signature

Julie M. Lyons

Address

1850 Atlantic Drive Unit 632
Columbia SC 29210

Telephone

(803) 546-3887

Social Security Number

244-44-1184

Date of Birth

05/24/1965

Brief explanation of situation: (Please use additional sheet if necessary.)

See Attached letter and do document received from DHHS.

Would you like our office to share the information we obtain on your behalf with someone else?
Yes ☒ No ☐

If yes, please provide their name and phone number.
Name Jonny Wright Phone: (803) 774-2353

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? _____

CHARLESTON
112 CUSTON HOUSE
200 EAST BAY STREET
CHARLESTON, SC 29401
(843) 721-4525

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

SCDHHS AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name: Gale M. Lyons Date of Birth: 5/24/1965Record #: Gale Lyons Client SS #: 249-47-7184

(Name of Provider/Plan/Agency)

to disclose specific health information

from the records of the above named client to:

1901 Main Street, Columbia SC 29201 Senator Tim DeMint
(Recipient Name/Address/Phone/Fax)for the specific purpose(s): Social Security and Medical

Specific information to be disclosed:

The entire file and any other applicable documents related to my file.I understand that this authorization will expire on the following date, event or condition: 6/30/11

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time and that I will be asked to sign the Revocation Section on the back of this form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that refusal to sign this authorization will not condition or limit my access to treatment, payment, enrollment or eligibility for benefits available to me.

I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I further understand that I may request a copy of this signed authorization.

Gale Lyons 12/8/2010
(Signature of Client) (Date) (Witness - If Required)

(Signature of Personal Representative) (Date) (Personal Representative Relationship/Authority)

NOTE: This Authorization was revoked on

(Date) (Signature of Staff)

From: "Kati (DeMint) Jennings" <Kati_Jennings@demint.senate.gov>
To: Constituent Services <Constituent_Services@scdhhs.gov>
Date: 12/21/2010 4:39 PM
Subject: Re: Gale Lyons
Attachments: Gale Lyons PRF (Second Half).pdf; Gale Lyons PRF.pdf

Thank you!

Please see the attached inquiry regarding Ms. Lyons' attempts to obtain Medicaid benefits. Please address as appropriate.

Thanks Jenny! Merry Christmas and Happy New Year!

On Tuesday December 21, 2010 at 4:32 PM, "Constituent Services" <Constituent_Services@scdhhs.gov> wrote:

> Kati,
>
> I put [secure] in the subject line of the email which should prompt the system to add the log-in to the email you receive. If this doesn't work, let me know.
>
> Thanks!
>
> Jenny Lynch
>
>>> "Jennings, Kati (DeMint)" <Kati_Jennings@demint.senate.gov> 12/21/2010 4:00 PM >>>
>
> Can you send me the link for the secure system you all use Medicaid inquiries?
>
> Thanks!
>
> Kati Jennings
> Constituent Service Representative
> US Senator Jim DeMint (SC)
> 1901 Main St. Suite 1475
> Columbia, SC 29201
> Phone: 803-771-6112
>

Brenda James - Fwd: Re: Gale Lyons

From: Jennifer Lynch
To: Brenda James
Date: 12/22/2010 4:25 PM
Subject: Fwd: Re: Gale Lyons
Attachments: Re: Gale Lyons

We received the attached email from Senator DeMint's office. We previously responded in writing and it was log 0212. I need to prepare another written response to the constituent, but we don't need to respond to DeMint's office. Would you please print the first 4 pages of the attachment and log it? I've already printed all of the medical records.

Thanks!!!

Jennifer Lynch
Supervisor, Division of Constituent & Beneficiary Services
Department of Health and Human Services
(803) 898-3965
(803) 255-8350 FAX
jynchjen@scdhs.gov

January 4, 2011

Gale Lyons
Post Office Box 211201
Columbia, South Carolina 29221

Dear Ms. Lyons:

Thank you for contacting this agency regarding your June 2010 Medicaid denial and appeal process.


After several rescheduled dates, your hearing was scheduled for November 24, 2010 at 11:00 AM. Because you did not appear at your scheduled hearing, your appeal was dismissed and you were notified via certified mail dated December 6, 2010.

As our previous letter mentions, the fair hearing process allows the beneficiary to provide any documentary and testimonial evidence that may support the original decision. Although your application cannot be returned to its initial status as you requested, you may reapply for Medicaid benefits at any time.

You continue to receive limited benefits through the *Family Planning* program which covers services such as birth control, pap smears when you are receiving birth control, lab work, doctor visits, exams and family planning counseling.

If you have additional questions or concerns about the Medicaid program, please contact Jenny Lynch in Constituent Services at (803) 898-3965.

Sincerely,


Alicia Jacobs
Deputy Director

AJ/jl