

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>11/26/08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100294</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>12/5/08</i>
2. DATE SIGNED BY DIRECTOR <i>Mr. Jakner</i> <i>Cleared 12/9/08, letters attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:
ARMED SERVICES
EDUCATION AND LABOR
FOREIGN AFFAIRS
HOUSE POLICY

Congress of the United States House of Representatives

November 25, 2008

COUNTIES:
AKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
DINO TEPPARA
CHIEF OF STAFF
AND COUNSEL

RECEIVED

NOV 26 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner
Director
SC Health & Human Services
1801 Main Street, PO Box 8206
Columbia, South Carolina 29202-8206

Re: Ms. Kathleen Murdock
2825 Harrison Road
Columbia, South Carolina 29204

Dear Ms. Forkner,

I am writing to you on behalf of the above named constituent who has contacted me regarding a problem with Medicaid.

Enclosed is a letter from Ms. Murdock further explaining her concerns. Any assistance that you could provide would be appreciated. Thank you for your time and concern in this and all other matters.

Please respond to the Midlands District Office at 1700 Sunset Blvd., Suite 1, West Columbia, South Carolina 29169. It is an honor to represent the people of the Second Congressional District of South Carolina, and I value your input.

Very truly yours,



JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20616-4002
(202) 225-2452
FAX: (202) 225-2455
www.joewilson.house.gov

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2535

5807 Shakespeare Rd (29223)
PO Box 4217
Columbia, SC 29240

Phone (803) 754-7525 Fax (803) 754-6147

abc COLUMBIA

Fax

To:	Joanne Coefield	From:	Erin Dampier
Fax:	939-0078	Pages:	4 including cover
Phone:		Date:	11/25/08
Re:		CC:	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment		<input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

Hi Joanne -

I spoke with you last week regarding a letter
my mother received from Social Security. Following
in the fax is a letter to Congressman Wilson
addressing this issue. Any help you could offer
would be greatly appreciated.
Erin Dampier

Erin Dampier
ABC Columbia - WOLO-TV
Mobile: (803) 260-3720
Office: (803) 754-7525
Fax: (803) 754-6147
edampier@abccolumbia.tv

Congressman Joe Wilson

1700 Sunset Blvd, Suite 1
West Columbia, SC 29169

November 24, 2008

Dear Congressman Wilson,

I am writing on behalf of my mother, Kathleen Murdock, who was recently diagnosed with end stage liver disease and is currently receiving care at NHC | arklane.

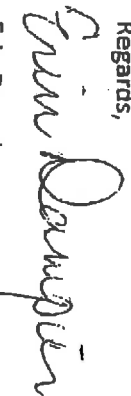
Earlier this month, she received a letter from the Social Security Administration stating that the State of South Carolina will no longer pay her Medicare premiums after October 2008. I have made numerous attempts to contact Social Security, only to wait on hold for an average of an hour each time and never reaching an actual person. The reason for my letter is to ask your assistance in this matter. We ultimately ask that Social Security continue to pay n y mother's Medicare premiums.

My mother became Medicare eligible when she was diagnosed with glaucoma several years ago. She is only 59 years old. Her only source of income consists of two monthly payments: Social Security Disability and Survivors benefits. These payments amount to \$1125 per month. We are also currently in the process of applying for Medicaid in order to continue her care at NHC.

Again, we ask that the State of South Carolina continue to pay her Medicare premiums, and any assistance your office could offer in this matter would be greatly appreciated. If you need to contact me directly, I can be reached at 803-466-2111.

Thank you for your assistance.

Regards,



Erin Dampier

Kathleen Murdock's Daughter and Power of Attorney /



Kathleen Murdock

Enc. 2

Erin B. Dampier
2825 Harrison Road
Columbia, South Carolina 29204

Social Security Administration Retirement, Survivors and Disability Insurance Important Information

Mid-Atlantic Program Service Center
300 Spring Garden Street
Philadelphia, Pennsylvania 19123-2992
Date: November 3, 2008
Claim Number: 166-42-3387HA

0000049793 01 AB 0.351 T1B0 T2R MD4,1027,PC2,N,PH.

KATHLEEN M MURDOCK
2825 HARRISON RD
COLUMBIA SC 29204-2540

The State of South Carolina will no longer pay your Medicare medical insurance premiums after October 2008. You must pay the premiums beginning November 2008.

What We Will Pay And When

- You will receive \$824.60 for November 2008 around December 3, 2008.
- After that you will receive \$921.00 or about the third of each month.

Information About Medicare

Any additional premiums due will be deducted from your check.

To Cancel This Insurance

If you want to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date your insurance coverage ends depends on when you cancel it.

- If you cancel it within 30 days from the date of this notice, your coverage will end at the same time the State stopped paying the premiums.
- If you cancel it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which you contact us.
- If you wait more than 6 months to contact us, coverage will stop at the end of the month after the month in which you contact us.



166-42-3387HA

Page 2 of 2

If You Disagree With The Decision

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

If You Have Any Questions

If you have any questions about the State Medicaid Program, please contact your State public assistance office.

If you have any questions about Medicare you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-803-929-7635. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
STROM TH JRMOND FED BLD
1835 ASSEMBLY ST
COLUMBIA, SC 29201

11/25/2008

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Steven G. DeMarco

Steven G. DeMarco
Assistant Regional Commissioner,
Processing Center Operations



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

December 9, 2008

Ms. Erin Dampier
2825 Harrison Road
Columbia, South Carolina

Dear Ms. Dampier:

Congressman Joe Wilson contacted our agency on your behalf regarding assistance with your mother, Ms. Kathleen Murdock, and her healthcare needs.

Your mother's coverage under Medicaid's Specified Low Income Medicare Beneficiary (SLMB) program ended October 1, 2008 because the annual review form was not received. However, her current monthly income exceeds the allowable limit for continued coverage under SLMB.

Ms. Murdock has been found financially eligible for Medicaid's Nursing Home program; however, additional forms are needed from NHC Parklane before an eligibility decision can be made. Your mother's eligibility worker, Ms. Jan Jackson, has contacted NHC to notify them of the information needed. Once the forms are received and a decision is made, you will be notified. If approved, Medicaid will begin paying Ms. Murdock's Medicare Part B Premium payments as well as the cost of nursing home care. If you have any questions regarding her application, please contact Ms. Jackson at (803) 741-1165.

I hope this information proves helpful.

Sincerely,
Alicia Jacobs
Alicia Jacobs
Acting Deputy Director

AJ/col

Log # 0394 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

December 9, 2008

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for contacting our agency at the request of Ms. Erin Dampier on behalf of her mother, Ms. Kathleen Murdock, regarding the payment of her Medicare Part B premium and her healthcare needs.

A member of our staff has been in direct contact with Ms. Dampier regarding Medicaid eligibility and the rules and regulations governing the program.

We appreciate 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 cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/jcol