

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Bert's
CPS log
can Cor office

TO <i>Myers / Hamilton</i>	DATE <i>4-29-09</i>
-------------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED
1. LOG NUMBER <i>100611</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>5-6-09</i>	
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlner</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. Jennifer Campbell Dept. Head	<i>J Campbell</i>	<i>5-12-09</i>	<i>Take w/ Carmen or 5/21/09 @ Gov office to close out log. by Approx time: 9:30</i>
2. Roy Hess Division Direct	<i>R Hess</i>	<i>5-12-09</i>	
3. Felicity Myers Deputy Director	<i>F Myers</i>	<i>5/18/09</i>	
4. Beverly Hamilton Bureau Directs	<i>B Hamilton</i>	<i>5/14/09</i>	

Make sure to close out log # tell with Gov office

RECEIVED
MAY 01 2009
DIVISION OF CASE MANAGEMENT

Call Gov office, log closed. Carmen Bowie



RECEIVED

APR 29 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State of South Carolina Office of the Governor

MARK SANFORD
GOVERNOR

POST OFFICE BOX 12267
COLUMBIA 29211

April 21, 2009

The Honorable Emma Forkner
Director, Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202

Re: Charlie Weber
Medicaid coverage

Dear Emma,

Please find enclosed an e-mail from ~~Ms~~ Charlie Weber regarding his request to change his Medicaid coverage. Your assistance in responding would be greatly appreciated. Thanks for your help and take care.

Sincerely,

A handwritten signature of Mark Sanford.

Mark Sanford

MS/cb

Enclosure

From: <nonesorry@hotmail.com>
To: <mark@gov.sc.gov>
Date: Wed, Apr 15, 2009 12:37 PM
Subject: Medicaid coverage problems

Contact the Office of the Governor

Name | Charlie Weber
Company |
Address1 | 2647 Lot E Mudville Rd
Address2 |
City | Cross
State | SC
Zip | 29436
County | Berkeley
Phone | 843-753-7834
Email | nonesorry@hotmail.com
IP | 10.92.2.5
Date | 4/15/2009 12:36:29 PM
Subject | Medicaid coverage problems

Dear Governor Sanford,

I recently have been diagnosed with an eye problem which I was referred to MUSC for. My insurance is out of network and I am having trouble getting coverage. The problem is I have requested in writing and by phone to have my medicaid coverage changed to no avail they are refusing me.

Is this legal? I thought this program is state mandated under certain guidelines with one of them being the patient having free choice of the medicaid program they belong to. Please help me with this situation.

Thank you

911877
RECEIVED

APR 15 2009

Referred to CS
Answered pmurc

RECEIVED

APR 29 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/29/09
MEDSPROD MEMBER PERIOD START: 03/31/09 END: ACTION: 0001

NAME: WEBER CHARLIE E HH NAME: WEBER CHARLIE E
RCP NUMBER: 9080457301 HH NUMBER: 100371144 ACTION TYPE: MAINTENANCE

SSN: 251-57-8659 VC: V APL STATUS: ACTION DATE: 09/06/06
PRIMARY INDIVIDUAL: APL CO: 08 WORKER ID: KEADD LOCATION: 001

2647 MUDVILLE RD SSCN: RRN:
LOT E RACE: 01 SEX: F MARITAL STATUS: D

CROSS TPL: N RSP: 1 RELATION: SELF
CORRECT RCP NUMBER: SC 29436- DOB: 05/27/1984 DOD:

LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	PCAT	QCAT	BENEFITS	QMB	RETRO	% OF	POV
S	NUMBER	ELIG	ELIG		TYPE	IND	IND	LEVEL	SPONSOR
-	49636769	05/01/2007		59	30	FULL	N	N	.15
-	69351908	10/01/2006	05/01/2007	11	30	FULL	N	N	1.00
-	79350247	07/01/2006	10/01/2006	59	30	FULL	N	Y	1.04
-	78969996	11/01/2005	04/01/2006	59	30	FULL	N	N	.22
-	18739816	03/01/2005	11/01/2005	59	30	FULL	N	Y	.24
UPDATED: USER ID: KEADD		DATE: 09/06/06		SYSTEM ID: TTR1001		DATE: 10/24/02			

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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 18, 2009

Ms. Charlie Weber
2647 Lot E Mudville Road
Cross, South Carolina 29436

Dear Ms. Weber:

I am writing in response to the email you sent to Governor Sanford regarding a need for medical services not readily available through CHCcares Medicaid Managed Care Plan. I understand that you spoke with Mr. Jeff Bryson, Program Manager for CHCcares, on May 5, 2009, about your concerns. Mr. Bryson contacted Mr. Gary Ries, General Manager of CHCcares of South Carolina, on your behalf. Mr. Ries subsequently contacted you and made arrangements so that your medical needs were met through providers in the Plan's network.

If you have any other questions or concerns, please contact Mr. Bryson at 803-898-2823. Thank you for this opportunity to be of service.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/mhh

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-29-09</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100611</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>5-6-09</i>
2. DATE SIGNED BY DIRECTOR <i>cc. Ms. Forlner</i> <i>Extend until 5/15/09, as</i> <i>attached e-mail</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.			



RECEIVED

APR 29 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State of South Carolina

Office of the Governor

MARK SANFORD
GOVERNOR

Post Office Box 12267
COLUMBIA 29211

April 21, 2009

The Honorable Emma Forkner
Director, Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202

Re: Charlie Weber
Medicaid coverage

Dear Emma,

Please find enclosed an e-mail from Mr. Charlie Weber regarding his request to change his Medicaid coverage. Your assistance in responding would be greatly appreciated. Thanks for your help and take care.

Sincerely,

A handwritten signature in black ink, appearing to be "MS", written over a horizontal line.

Mark Sanford

MS/cb

Enclosure

From: <nonesorry@hotmail.com>
To: <mark@gov.sc.gov>
Date: Wed, Apr 15, 2009 12:37 PM
Subject: Medicaid coverage problems

Contact the Office of the Governor

Name | Charlie Weber
Company |
Address1 | 2647 Lot E Mudville Rd
Address2 |
City | Cross
State | SC
Zip | 29436
County | Berkeley
Phone | 843-753-7834
Email | nonesorry@hotmail.com
IP | 10.92.2.5
Date | 4/15/2009 12:36:29 PM
Subject | Medicaid coverage problems

Dear Governor Sanford,

I recently have been diagnosed with an eye problem which I was referred to MUSC for. My insurance is out of network and I am having trouble getting coverage. The problem is I have requested in writing and by phone to have my medicaid coverage changed to no avail they are refusing me.

Is this legal? I thought this program is state mandated under certain guidelines with one of them being the patient having free choice of the medicaid program they belong to.
Please help me with this situation.

Thank you

9/11877
RECEIVED

APR 15 2009

Referred to CS

Answered fnur

RECEIVED

APR 29 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Felicity Myers
To: Brenda James
Date: 5/7/2009 8:41 am
Subject: Fwd: Log 611- Extension request

CC: Annmarie McCanne
OK to extend

>>> Annmarie McCanne 5/6/2009 10:13 AM >>>
Felicity,

Roy is requesting an extension for Log 611. The original due date is today 5/6/09. Please advise.

Thanks,
Annie

Annmarie "Annie" McCanne
Administrative Assistant
Bureau of Care Management & Medical Support Services
Phone 803-898-0178
Fax 803-255-8232
mccanne@scdhs.gov

>>> Mary Cooper 5/6/2009 9:20 AM >>>
Jeff has been trying all day to get in touch with the Plan Representative and has been unable to do so. Roy is requesting an extension til Friday, May 8, 2009. thanks.

From: Annmarie McCanne
To: Brenda James; Felicity Myers; Margarete Keller
Date: 5/6/2009 10:13 am
Subject: Fwd: Log 611- Extension request

Felicity,

Roy is requesting an extension for Log 611. The original due date is today 5/6/09. Please advise.

Thanks,
Annie

Annmarie "Annie" McCanne
Administrative Assistant
Bureau of Care Management & Medical Support Services
Phone 803-898-0178
Fax 803-255-8232
mccanne@scdhhs.gov

>>> Mary Cooper 5/6/2009 9:20 AM >>>
Jeff has been trying all day to get in touch with the Plan Representative and has been unable to do so. Roy is requesting an extension til Friday, May 8, 2009. thanks.