

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

Berts  
CPS 105  
CIN Gov office

ACTION REFERRAL

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>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlmer</i>	<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>JCampbell</i>	<i>5-12-09</i>	<i>Spoke w/ Carmen on 5/21/09 @ Gov office to close out log by approx time: 9:30</i>
2. Roy Hess Division Direct	<i>RHess</i>	<i>5-12-09</i>	<i>Make sure to close out log # tell with Gov office</i>
3. Felicity Myers Deputy Director	<i>FMyers</i>	<i>5/18/09</i>	<i>Call Gov office, log closed. Carmen Bowie</i>
4. Beverly Hamilton Bureau Director	<i>BHam</i>	<i>5/18/09</i>	

RECEIVED  
MAY 01 2009  
DIVISION OF CASE MANAGEMENT



**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 in black ink, appearing to be "MS".

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 bruce

**RECEIVED**

APR 29 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MEMDMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/29/09  
 MEDSPROD MEMBER PERIOD START: 03/31/09 END: ACTION: 0001

RECIPIENT INFORMATION

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

CROSS RACE: 01 SEX: F MARITAL STATUS: D  
 CORRECT RCP NUMBER: SC 29436- TPL: N RSP: 1 RELATION: SELF  
 DOB: 05/27/1984 DOD:  
 LIV ARRANGEMENT: HOME INCOME TRUST:  
 PROVIDER:

BG	BEG	END	PCAT	QCAT	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	
-	49636769	05/01/2007		59	30	FULL	N	N	.15	1004
-	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	DATE
<i>Myers</i>	<i>4-29-09</i>

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*Extend until 5/15/09, see attached e-mail*

	<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.				
2.				
3.				
4.				



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## State of South Carolina

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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@scd.hhs.gov](mailto:mccanne@scd.hhs.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

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Annie

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

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