

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

EA

ACTION REFERRAL

Relogged on 10/23/14 per Tamara... should go to eligibility. Change due date 11-3-14

TO <u>Hutto</u>	DATE <u>10-16-14</u>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <u>000085</u>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <u>CC: Kost, Lynch</u> <u>Cleared 11/10/14, letter attached.</u>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>11/3/14</u>
	<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.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>10-16-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000085</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Kost, Lynch</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10/28/14</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.			

J. Roland Smith
District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851



House of Representatives
State of South Carolina

522B Blatt Building
P.O. Box 11867
Columbia, SC 29211

Tel. (803) 734-3115

Committees:

Ways and Means, 3rd V.C.
Transportation and Regulatory
Subcommittee, Chairman
Revenue Policy
Invitations & Memorial Resolutions

RECEIVED

OCT 15 2014

October 10, 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Keck, Director
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Keck:

I am writing on behalf of Ms. Mary Rosier, who is currently in NHC, North Augusta, South Carolina. Her son, Mr. Russell, received a notice of account balance of \$7,156.44 for his mother's room and board. Apparently, this was prior to the Medicaid payment.

The claim that was filed was in the amount of \$4,828.89, and Mr. Rosier does not understand why it was not filed for \$7,156.44. Ms. Rosier does not have personal benefits that would make the balance. The concern is why Medicaid and Medicare together make up the difference.

I am asking for your assistance in this matter. I have enclosed a letter that is self-explanatory. If I can assist you in any way concerning this matter, please do not hesitate to contact me.

Sincerely,

J. Roland Smith

JRS/afc/2014oct10-3

Enclosure

cc: Mr. Russell Rosier, 393 Hillman Street, Warrenville, SC 29851

NHC

HEALTHCARE

September 5, 2014

Russell Rosier
393 Hillman St.
Warrenville, SC 29851
Re: Account Balance for Mary Rosier

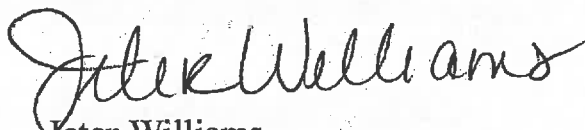
Dear Mr. Rosier,

Please find the enclosed bill for your mother, Mary Rosier from NHC HealthCare of North Augusta. As you may recall she was admitted to our facility under her Medicare benefits and had applied for Medicaid. We have recently found out that her Medicaid was not approved for the dates of service in February and March. Her Medicaid is effective 04/01/14, therefore leaving the charges that were not covered by Medicare and her insurance for the months of February and March.

I have made the necessary adjustments to her bill. If you have any questions please feel free to contact me at (803)278-4272.

Thank you in advance for your prompt attention to this matter.

Sincerely,



Jeter Williams
Bookeeping Supervisor

STATEMENT

9/05/14

NHC HealthCare, North Augusta
P.O. Box 7979
North Augusta, SC 29841

If you have any questions regarding
this statement, please call

(803) 278-4272

Patient: Mary S. Rosier

MR # 3928

Russell Rosier
393 Hillman St
Warrenville

SC 29851

Amount Enclosed \$ _____

Please detach and return with your payment upon receipt of statement

Mary S. Rosier

Corrected Bill

8/01/14	Balance Forward	1,869.86-
Prior Month Adjustments :		
6/14/14	6/30/14 Adj Patient Liab	235.96-
7/01/14	7/18/14 Adj Patient Liab	241.74-
Total Amount Due Upon Receipt		2,347.56-

2/15- 2/28- Room and Board
(14 days @ 216.00)

3024.00

3/1- 3/30- Room and Board
(30 days @ 216.00)

6480.00

New Total Due:

\$ 7156.44

Insurance Notation: We wish to advise you that we have filed a claim(s) with your insurance in the amount of \$ 4,828.89 and are awaiting payment. If your insurance does not pay within 60 days, you will be responsible for seeing that payment is made. The amount filed with your insurance is not included in the amount listed above.

Special Notice:

Representative J. Roland Smith
Member, SC House of Representatives
183 Edgar Street
Warrenville, SC 29851

Hasler
10/14/2014
FIRST-CLASS MAIL
\$00.48⁰

US POSTAGE



ZIP 29201
011D12601984

RECEIVED

OCT 15 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony Keck, Director
SC Dept. of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

292028206 BC44



November 10, 2014

Mr. Russell Rosier
393 Hillman Street
Warrenville, SC 29851

Dear Mr. Rosier:

This is in response to your letter to Representative J. Roland Smith regarding your mother, Ms. Mary Rosier's, unpaid medical bills at the National Health Care Center in North Augusta, SC.

Ms. Carolyn Roach in Member Relations has conducted some research regarding your mother's eligibility for February and March 2014. Our records indicate an application was received on February 24, 2014. She was denied for February and March 2014 and approved effective April 1, 2014. When determining Medicaid eligibility for an individual, the countable resources are compared to the resource limit of \$2,000.00. In your mother's case, the money in her checking account and the cash value of her life insurance policies exceeded the \$2,000.00 limit for February and March 2014. Since your mother was not Medicaid eligible during this stay, Medicaid cannot cover her bills during that time period.

If you have additional questions regarding the Medicaid program, you may contact Ms. Roach and she will be happy to assist you. Ms. Roach may be reached at (803) 898-3967.

Sincerely,

Elizabeth B. Hutto, Deputy Director
Eligibility, Enrollment & Member Services

EBH/lp

