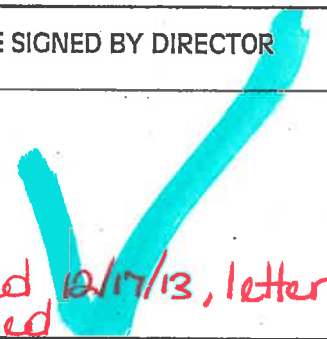


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>12-4-13</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000194</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cleared 12/17/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-16-13</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.			

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-4004

November 26, 2013

**RECEIVED**

DEC 03 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

Dear Mr. Keck:

My constituent, Ms. Loy Denise Edgerton, has contacted me about her South Carolina Medicaid eligibility.

We have explained that this matter is entirely within the jurisdiction of the State of South Carolina but that we would bring it to your attention for whatever action you believe is appropriate.

We would appreciate it if you would provide us with whatever information you believe may help Ms. Edgerton's concerns. Please address your response to my office at 101 West Saint John Street, Suite 203 Spartanburg, South Carolina 29306

Thank you for your attention to this matter. We look forward to hearing from you.

Sincerely,



Trey Gowdy  
Member of Congress

TG/JM



# Representative Trey Gowdy

## Consent for Release of Personal Records

Name: Loy Denise Edgerton  
Address: 688 W. Heatherstone Lane  
City: Roebuck State: SC Zip Code 29376  
Telephone: (home) \_\_\_\_\_ (cell) 864-380-8086  
Email Address: onefallenspirit@yahoo.com  
Date of Birth: 6-4-1951 Social Security Number: \_\_\_\_\_  
Federal Agency Involved: \_\_\_\_\_  
Agency Claim Number: \_\_\_\_\_

Briefly explain the issue, and attach a separate statement and supporting documentation if necessary:

I was NOT notified by SS or medicade that my medicade benefits would end on 10-1-2013. I now have NO medical coverage of any kind and a bill from the doctors visit I had on 10-3-2013. I am now told I get too much money per month for the help. I support myself, my 29 yr old daughter (with mental) and my 11 yr old adopted son all on \$1507.00 per month - We live with a friend and we are trying to find somewhere to live - This is beyond belief -

Are you currently working with another Member of Congress or Senator?  
Yes \_\_\_\_\_ No 1 If yes, name: \_\_\_\_\_

THE PRIVACY ACT OF 1974 PROHIBITS THE GOVERNMENT FROM REVEALING ANY INFORMATION FROM PERSONAL FILES OF INDIVIDUALS WITHOUT THE EXPRESS PERMISSION OF THE PERSON INVOLVED. I HEREBY GIVE MY CONSENT FOR INFORMATION CONCERNING MY FILE TO BE RELEASED TO CONGRESSMAN TREY GOWDY AND/OR A REPRESENTATIVE FROM HIS OFFICE, IN ACCORDANCE WITH THE PROVISIONS OF THE LAW.

ms,  
Signature: Loy Denise Edgerton Date: 10-25-2013

Please return this form to one of the district offices below:

Congressman Trey Gowdy  
101 W. St. John St.  
Suite 203  
Spartanburg, SC 29306  
PHONE: (864) 583-3264  
FAX: (864) 583-3926

Congressman Trey Gowdy  
104 S. Main St  
Suite 801  
Greenville, SC 29601  
PHONE: (864) 241-0175  
FAX: (864) 241-0982

South Carolina Department of Health and Human Services  
Notice of Action

From: GREENWOOD COUNTY DHHS  
P. O. Box 1016  
Greenwood SC 29648-1016

Date: 10/23/2013  
Worker Name:  
TIFFANY SHABAZZ  
Telephone: 864 229-5268  
BG#: 53093729  
HH#: 101310813

1231  
958

To: L DENISE EDGERTON  
688 W HEATHERSTONE LANE  
SPARTANBURG SC 29376

Beneficiary Name:  
L DENISE EDGERTON

Beneficiary ID:  
7780604151

Your application has been denied for: AGED, BLIND, DISABLED (ABD)

Reason for denial:  
Your income is more than policy allows.

Denied for the month(s) of: 10/2013

Manual/policy reference supporting this action: 303.01.03

**Fair Hearing**

If you feel your case has been closed in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.

Augeo Benefits is a one-stop shop to help you find health insurance made just for you, that you can afford. For more information on health insurance plans that include Major Medical, Limited Medical, Dental and Savings on Prescriptions call Augeo Benefits at 866-273-5613 or visit online at [www.AugeoBenefits.com/sc](http://www.AugeoBenefits.com/sc).

MARY BLACK PHYSICIANS GROUP, LLC  
PO BOX 9079  
BELFAST, ME 04915-9079



34035

DO NOT SEND CREDIT CARD INFORMATION WITH THIS FORM

To pay by credit card, please call our office.

STATEMENT DATE	PAY THIS AMOUNT BY CHECK	ACCT. #
11/13/2013	324.00	731639A2186

PAGE: 1 of 1

6526588, PC1

SHOW AMOUNT  
PAID HERE \$

LOY EDGERTON  
688 WEST HEATHER STONE LN  
ROEBUCK, SC 29376-2789

MARY BLACK PHYSICIANS GROUP, LLC  
PO BOX 9079  
BELFAST, ME 04915-9079

☐ Please check box if address or name is incorrect. OR if insurance information has changed, and indicate change(s) on reverse side.  
PLEASE NOTE: This box MUST be checked for changes to occur.

34035\*TXC0LXKJ0000862

STATEMENT

PLEASE DETACH AND RETURN TO POST OFFICE WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO:  
MARY BLACK PHYSICIANS GROUP, LLC  
PO BOX 9079  
BELFAST, ME 04915-9079

FOR ACCOUNT QUESTIONS CALL:  
877-455-4778  
PAYMENT DUE UPON RECEIPT  
PAGE: 1 of 1

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT: LOY EDGERTON			
10/03/2013	OFFICE/OUTPATIENT VISIT, EST PROVIDER: CARLA GENTRY, MD PATIENT BALANCE DUE -	\$ 242.00	\$ 242.00
10/03/2013	ELECTROCARDIOGRAM, COMPLETE PROVIDER: CARLA GENTRY, MD PATIENT BALANCE DUE -	\$ 82.00	\$ 82.00

PLEASE CALL OUR CREDIT CARD PAYMENT LINE TOLL FREE AT (877) 485-0462 FROM  
7:30 AM TO 4:30 PM CST TO MAKE PAYMENT BY CREDIT CARD.

PAYMENTS CAN ALSO BE MADE THROUGH OUR SECURE PATIENT PORTAL BY VISITING  
WWW.MARYBLACKPHYSICIANS.COM. IF YOU DO NOT CURRENTLY HAVE ACCESS TO THE  
PATIENT PORTAL, PLEASE VISIT OUR OFFICE FOR MORE INFORMATION.

YOUR ACCOUNT REMAINS UNPAID. PLEASE PAY IN FULL OR CONTACT US IMMEDIATELY.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
0.00	324.00	0.00	0.00	0.00	324.00	0.00	324.00

CLOSING  
DATE 11/13/2013

ACCOUNT  
NUMBER 731639A2186

7890

Nikki Haley GOVERNOR  
Anthony Keck DIRECTOR  
P.O. Box 8206 > Columbia, SC 29202  
www.scdhhs.gov

December 17, 2013

The Honorable Trey Gowdy  
United States House of Representatives  
101 West Saint John Street, Suite 203  
Spartanburg, SC 29306

Dear Congressman Gowdy:

Thank you for contacting our Agency on behalf of Ms. Loy Denise Edgerton's Medicaid eligibility.

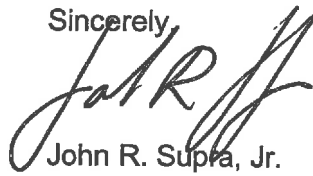
Medicaid eligibility is based on federal and state requirements. Ms. Edgerton was notified on September 2, 2013, that her Medicaid coverage under the Supplemental Security Income (SSI) program ended effective October 1, 2013, because her income exceeded the allowable limit of \$710 monthly. Individuals who receive SSI are automatically eligible for Medicaid; however, when their SSI ends, their Medicaid must also end.

Ms. Edgerton's applied for Medicaid's Aged, Blind or Disabled (ABD) program on October 4, 2013. Her application was denied on October 23, 2013, because her monthly income exceeds the allowable limit, which is \$958 for an individual. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses.

If you have additional questions regarding the Medicaid program, you may contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at 803-898-3967.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,

  
John R. Supra, Jr.  
Deputy Director

JRS:j

