

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|-------------------------|
| TO <i>Supra</i> | DATE <i>10-20-11</i> |
|--------------------|-------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|--|
| 1. LOG NUMBER <i>000182</i> | <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-3-11</i> |
| 2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Lynch</i> <i>Closed 11/1/11 by phone. see</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. <i>2nd letter attached</i> <i>dated 3/30/12</i> | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |



RECEIVED

OCT 24 2011

House of Representatives
State of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

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

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

October 20, 2011

Tel. 803-734-3114

Committees:

Ethics, Chairman
Ways and Means

Anthony Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Felicia Y. Baskett; SSN 248-85-7598; DOB 01-28-91

Dear Mr. Keck:

I am writing this letter on behalf of Ms. Gloria Baskett, mother of Felicia Baskett. Ms. Baskett has contacted me seeking assistance with Felicia's medical bills.

Ms. Baskett explained that Felicia has an aneurysm located behind her eye and is awaiting surgery which scheduled for November 22, 2011. Last December, Felicia experienced severe headaches and difficulty using her eye. Ms. Baskett carried Felicia to University Hospital emergency room where she was diagnosed with sinus infection. The headaches continued and then Felicia could not open her eyelid, so Ms. Baskett took her back to the ER and she was diagnosed with 'pink eye'. Ms. Baskett did not believe either diagnosis, since Felicia had a history of aneurysms, and carried her to Aiken Regional Medical Center. It was at that visit that a MRI was performed and they found another aneurysm located behind Felicia's eye. The doctors recognizing the seriousness of this situation ordered Felicia to be airlifted to MUSC in Charleston, South Carolina.

I am asking you to please research this situation and see if there is any assistance available for Felicia. Ms. Baskett said they are overwhelmed with medical costs. The cost to airlift Felicia was \$30,000 and that does not include many other visits and procedures she has undergone.

Thanking you in advance for your assistance in this matter.

Respectfully,

A handwritten signature in black ink that reads "J. Roland Smith". The signature is written in a cursive, slightly stylized script.

J. Roland Smith
House District 84

Enclosures

cc: Gloria and Felicia Baskett, 910 Storm Branch Road, Beech Island, SC 29842



CHARLESTON
SOUTHERN
UNIVERSITY

HEALTH CARE PROVIDER VERIFICATION FORM

| | | |
|---|---|--|
| <p>INSTRUCTIONS TO THE HEALTH CARE PROVIDER:</p> <p>In order to consider a tuition appeal petition, Charleston Southern University requires documentation from a licensed Health Care Provider verifying a current condition that prevents the student from attending the University during this semester. Please provide the following information along with a business card or piece of letterhead after the student/patient has completed the release consent at the bottom of this form.</p> <p>Return this Form to: Charleston Southern University Student Accounts Office 9200 University Blvd PO Box 118087 Charleston, SC 29423 fax: 843-863-8074 Email: studentaccounts@csuniv.edu</p> | <p>Name of Student/Patient:</p> <p><u>Felicia Baskett</u></p> | <p>Student Number:</p> <p><u>99470</u></p> |
| | <p>I certify that the above was in my care for medical treatment from <u>12-29-2010</u> to <u>Present</u>. The nature of the patient's illness/injury is detailed below:</p> | |
| | <p>DIAGNOSIS:</p> <p><u>Cerebral Aneurysm</u></p> | |
| | <p>TREATMENT:</p> <p><u>Sknt / Caring</u></p> | |
| <p>CONSENT TO RELEASE MEDICAL INFORMATION:</p> | <p>REASON PATIENT IS UNABLE TO ATTEND CLASS: <u>hospitalization with medical treatment</u> <u>Various visual changes</u> <u>As of 3-25-2011, pt may return to class</u></p> | |
| | <p>I affirm the patient's illness/injury required special care provided by <u>Agella Turk, MD</u> (Physician Name) and in my opinion necessitated the student's withdrawal.</p> | |
| | <p>Signature: <u>M. Duthus WP / A Turk MD</u></p> | |
| | <p>Date: <u>3-28-2011</u> Phone Number: <u>792-4932</u></p> | |
| <p>I, <u>Felicia Baskett</u>, give my permission for my Health Care Provider to release information to Charleston Southern University concerning my physical condition as it relates to my request for a tuition appeal petition.</p> | | |
| <p>Signature of Patient: <u>Felicia M. Baskett</u></p> | | <p>Date: <u>3-28-2011</u></p> |
| <p>Signature of parent or guardian (if student is under 18)</p> | | <p>Date</p> |



Resource Systems, Inc.

10075 West Colfax Avenue, Lakewood, CO 80215

Phone (303) 225-3097 Fax (303) 205-0153

www.urs-inc.com

June 23, 2011

FELICIA BASKETT
910 STORM BRANCH
NORTH AUGUSTA, SC 29941
|||||

REFERENCE NUMBER: 1184470
MEDICAL PROVIDER: LifeNet Air Medical Services (1)
AMOUNT DUE: \$30,104.20

Dear FELICIA BASKETT:

We have been trying to reach you and need your help. LifeNet Air Medical Services (1) asked us to assist you in dealing with your medical insurance company. In the event you had coverage at the time of service and the claim was denied, we will appeal the claim to make sure you receive all the benefits of your medical insurance policy.

In order to process your claim we need your assistance. Please call our office at the number listed above or complete the form below and return this letter to us. Once the claim assistance information is received we will immediately process the claim and keep you informed of the outcome.

CLAIM ASSISTANCE INFORMATION FORM

Medical Insurance Company: _____
Insurance Claims Phone Number: (_____) - _____
Member Name: _____
Member Identification Number: _____
Group Number: _____
Plan Number: _____
Your Telephone Number: _____
Patient Name: _____ Patient Date Of Birth: _____

If you do not have medical insurance or were not covered at the time of service, please send payment in full to the address listed above.

Sincerely,

Insurance Assistance Department

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

We Honor Visa - MasterCard - American Express
Electronic Funds Transfer (Check By Phone) Available - Call For Details

URS.MIR

Brenda James - Re: Felicia Y. Baskett

From: Sharon Mondier
To: Brenda James
Date: 10/25/2011 5:15 PM
Subject: Re: Felicia Y. Baskett
CC: Deron Gray; Leigh Yelton; Pat McWhite; Rebecca Smith

Per my follow-up verbal conversation with Deron Gray, the following is your response:

- * ABD application filed on 3/2/11 in Aiken County
- * Didn't meet the criteria for age or disability
- * Leigh Yelton, Caseworker
- * Application was denied 05/31/11

Thanks.

>>> Brenda James 10/25/2011 4:36 PM >>>

Hi Sharon,

SSN: 248-85-7598

DOB: 1/28/91

Thanks so much for your help. bj

Brenda G. James
Director's Office
SCDHHS
1801 Main Street
Columbia, SC 29201
E-mail--jamesbr@scdhhs.gov
(803) 898-2580

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

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OCT 24 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

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10/21/2011
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Brenda James - Fwd: Log 0182 Rep. Roland Smith - Baskett

From: Teeshla Curtis
To: Brenda James
Date: 11/10/2011 12:01 PM
Subject: Fwd: Log 0182 Rep. Roland Smith - Baskett

Brenda,

Log 182 is closed. See attached.

Teeshla

>>> Jennifer Lynch 11/1/2011 3:54 PM >>>

This one is closed by phone too. I spoke with Ms. Baskett and Rep. Smith's staff person. I am also mailing Ms. Baskett resources...

Jenny Lynch,
Legislative Affairs and Communications
SC Department of Health and Human Services
(803) 898-3965
(803) 351-5673 Cell
(803) 255-8235 Fax



Log #182

March 30, 2012

attach to this
old log dated
10/20/11

Ms. Gloria Baskett
910 Storm Branch Road
Beech Island, SC 29842

Dear Ms. Baskett:

Representative Roland Smith Martin asked our agency to assist with your questions about Medicaid eligibility.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. On March 30, 2012, an application was mailed to Felicia W. Cromer from our Aiken County Medicaid Office. Please complete this application and return it to the listed office.

We also mailed information on other programs and organizations that can assist South Carolina residents with their healthcare needs and prescriptions.

If you have additional questions about the South Carolina Medicaid program, please contact me at (803) 898-3967. I hope this information is helpful.

Sincerely,

Carolyn Roach

Carolyn Roach, Director
Division of Eligibility Training

CR:sm

Enclosures

cc: Michael Jones, Program Director of Eligibility and Enrollment
Jennifer Lynch, Legislative Affairs and Communications
Bryan Kost, Senior Consultant of Legislative Affairs

Log #182

Subject: Helicopter charges -- Baskett
From: Cadden, Jeannie (JCadden@aikencountysc.gov)
To: repjrs@bellsouth.net;
Date: Thursday, March 27, 2014 9:16 AM

October 20, 2011

Anthony Keck, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

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Respectfully,
J. Roland Smith
House District 84

Enclosures

cc: Gloria and Felicia Baskett, 910 Storm Branch Road, Beech Island, SC 29842

Jeannie H. Cadden
Program Manager
Aiken County Legislative Delegation
(803) 642-1694