

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Fries</i>	DATE <i>7-24-06</i>
--------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000107</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 8/4/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-3-06</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.			

*Yes - Please
"Admop. Sign"*

INTERDEPARTMENT TRANSFER SLIP

Date: July 18, 2006

To: Mr. Robert M. Kerr, Director
Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

RECEIVED

JUL 24 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

REMARKS:

We received the attached inquiry in response to a mailing sent out jointly by the Social Security Administration and the Centers for Medicare & Medicaid Services. The mailing provided information on how Medicare recipients can qualify for special State programs that help pay for Medicare premiums and other medical costs. The mailing instructed the recipient to call the appropriate State or local medical assistance (Medicaid) office, social service or welfare office and to ask for information on the programs that help pay Medicare expenses.

This inquirer mistakenly wrote to the Social Security Administration.

Please handle as appropriate. Thank you.

Attachment

FROM: Annie White, Office of Public Inquiries, Social Security Administration
ADDRESS: Windsor Park Building
6401 Security Blvd., Baltimore, MD 21235
Phone: 410-965-2736



SOCIAL SECURITY

July 18, 2006

TEH2A
PO1713

RECEIVED

JUL 24 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Nellie Hughes
545 Hanson Circle
Laurens, South Carolina 29360

Dear Ms. Hughes:

This is in response to your inquiry concerning the State Medicare Savings Program. We regret our delay in responding.

We have referred your inquiry to your State Medicaid Director at Department of Health & Human Services, P.O. Box 8206 Columbia, SC 29202-8206.

Sincerely,

Annie White

Annie White
Associate Commissioner
Office of Public Inquiries

SC

REPLIES TO SSA/CMS MAILINGS

NAME: *Hughes*

SSN: *244-36-1938* **RECEIVED**

HAS PART A Yes ☒ No ☐ JUL 24 2006

HAS PART B Yes ☒ No ☐ Department of Health & Human Services
OFFICE OF THE DIRECTOR

HAS QMB Yes ☐ No ☒

HAS PART C Yes ☐ No ☐

HAS PART D Yes ☐ No ☒

HAS SUBSIDY Yes ☒ No ☒

INCOME: *\$ 11,244/yr*

RESOURCES: *5,061*

RECOMMENDED ACTION

~~inmate~~ ~~transfer~~ ~~for~~ ~~release~~
~~release to state~~ ~~for~~ ~~release~~
~~inmate~~
Refer to state.

Dear Sir,
 Please don't send me any more literature getting my hopes built up for nothing. I will be 79 years old this August. I had to have a face make up in a year ago. My Dr tells and medicine are such that there is no funds left for anything else. If I used a medicine or had when worked I would have a one worked to handle all the paper work for me. But I have worked all my life and am being penalized for working. I draw \$889.86 after everything is taken out but you said can't spend what you don't draw. Can you? I have \$3,968.98 in the bank. This was to be for burial expenses but I have to keep dipping in it to live. I live in a low rent government housing project so it's not as if I'm living high.

(3) but

not payed + no
 way to pay
 your money before

I filled out so much paper work
at the hospital last year and as
turned down, all the remaining amount
and money I spend could have been
used to help me out. The stamp
I put on the letter will be a
waste too but at least I spoke
my mind - that is if it is even
read.

Thanks for nothing

Charles W. Hughes
249-36-19³⁸
Lawrence, Mo
29360

apt 545.

RECEIVED

JUL 4 1975

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Nellie Hughes
545 Hanson Cir.
Laurens, SC 29360

1 MAY 2006 PM 12

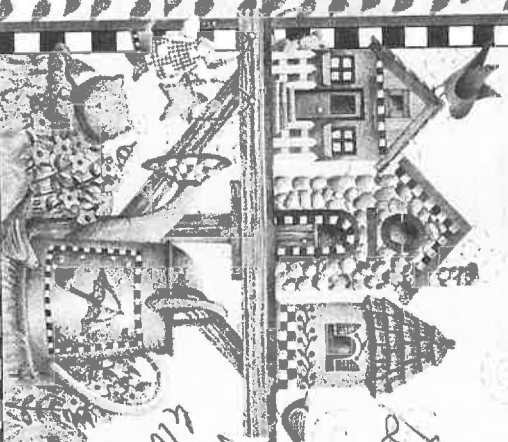
D.S. Administration

PO Box 17717

Baltimore Md, 21235

Ed made in cellan 7717

Administration





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 4, 2006

Ms. Nellie Hughes
545 Hanson Circle
Laurens, South Carolina 29360

Dear Ms. Hughes:

Your recent letter to the Social Security Administration concerning healthcare needs and medical costs was forwarded to our agency for a response.

You are covered through Medicaid under the Specified Low Income Beneficiaries program effective June 1, 2006. Under this program, Medicaid pays your entire Part B Medicare premium. Unfortunately, your current monthly income exceeds the allowable limits for participation in any other Medicaid program.

Since you receive Medicare, you are also eligible for their new Part D prescription drug program. However, you have elected not to enroll in Medicare's plan but choose to remain covered through the private insurance program of your former employer. If you have any additional questions about Medicaid coverage, please call Bob Liming at 803-898-2621.

I hope this information proves helpful to you in dealing with your healthcare needs.

Sincerely,


Gary Ries
Deputy Director

GR/jole

LEGISLATIVE LOG #	0107
LEGISLATOR/INQUIRER	SSA
CONSTITUENT	Nillie W. Hughes
SSN	249-36-1938
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	7/24/2006
DATE DRAFT DUE GR	8/2/2006
LOG LETTER DUE DATE	8/3/2006
DATE REFERRED TO BC	7/25/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	7/25/2006	Jill	8-3936	Gave folder to Mark (8:30pm)
	8/2/2006	Jill	8-3936	Bob asked Denise & Valerie to edit & 1-ppt letters in final form. See Bob's hardcopy tracker in folder (for background)
	8/2/2006	Denise	8-2505	Updated letter & gave to Mark since Bob's gone to dental appt & it's due 8/3. Asked Valerie if she has time to review letter

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

Programs:

ABD (32)	
Foster Children (31,60)	
General Hospital (14)	
HCBWS (15)	
LIF (59)	
MBCCP (71)	
Nursing Home (10)	
OSS (85,86)	
PHC (88)	
Pregnant Women & Infants (12,87)	
QMB (90)	
SILVERxCARD (92)	
SLMB (48,52)	
SSI (80)	
TEFRA (57)	
Transitional (11)	
Working Disabled (40)	

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.

Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)

If question about current status of a log letter, contact previous user.

Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.

Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker

Medicaid Programs / Other Resources Check List

Log # 0107

Legislator/Inquirer: Robby's Office

Constituent: Nellie Hughes

SS#: 249-36-1938

PROBLEM / ISSUE:		FAMILY SIZE	INCOME / RESOURCE	MEDICAID PROGRAMS		OTHER RESOURCES	
hady upset with SSA/CMS mailing. Her letter was forwarded to us		1	1,100	ABD	<input type="checkbox"/>	Communicare	<input type="checkbox"/>
		STAFF PERSON		Foster Children	<input type="checkbox"/>	FQHC	<input type="checkbox"/>
		Bob Luning	HCBS	<input type="checkbox"/>	Free Medical Clinics	<input type="checkbox"/>	
DATE	ACTIONS TAKEN TO HELP:			LIF	<input type="checkbox"/>	Medicare	<input type="checkbox"/>
7/26/06	Get file from Denise			MAO	<input type="checkbox"/>	MiAP	<input type="checkbox"/>
7/27/06	Check Meds - she started SLMB 8/1/06; was denied ABD due to excess income 8/05			MBCCP	<input type="checkbox"/>	Prescription Drug Programs	<input type="checkbox"/>
7/31/06	Spoke at length (45m) with Ms. Hughes, she has what she termed heart flutters; not interested in NY, not disabled			Optional Supplement	<input type="checkbox"/>	Social Security	<input type="checkbox"/>
	has private insurance through former employer. Told her about Part D; not interested, has co-insurance, based on her prescriptions not needing GAPS			PHC	<input type="checkbox"/>	TogetherRX	<input type="checkbox"/>
				Pregnant Women/Infants	<input type="checkbox"/>		
8/1/06	Get her Laurens Co. contact re Part D, advise her to submit list of MEDS. Called her twice, she does not want to			SILVERxCARD	<input type="checkbox"/>		
8/2/06	participate in PART D, will keep private pay; she was very thrilled to get the check from SSA for all three SLMB			SLMB	<input type="checkbox"/>		
	payments and says that will meet her needs re the Meds co pay			SSI	<input type="checkbox"/>		
				TEFRA	<input type="checkbox"/>		
				Working Disabled	<input type="checkbox"/>		

JEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/26/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: HUGHES NELLIE

ACTION TYPE: MAINTENANCE

HH NUMBER: 101070592 APL STATUS:

ACTION DATE: 06/21/06

APPL EFFECTIVE DATE: 06/21/2006

WORKER: LBONI LISA BONIFACE

MAIL IN(Y/N): Y

APPLICANT'S COUNTY: 30 LAURENS

WORKER'S COUNTY: 30 LAURENS

COURTESY APPLICATION(Y/N): N

MAILING ADDRESS:

545 HANSON CIRCLE

PRIMARY LANGUAGE: E ENGLISH

REASON FOR APPLICATION:

ADULT WITH CHILDREN(Y/N): N

CHILDREN 1 AND OVER(Y/N): N

INFANTS UNDER AGE 1(Y/N): N

LAURENS SC 29360-

PREGNANT(Y/N): N

BLIND/DISABLED(Y/N): N

AGED(Y/N): Y

LIMITED DATA COLLECTION: 00 NONE

FIRST SIGNATURE OBTAINED(Y/N): Y

WITHDRAW APPLICATION(W/C/N): N

PHONE: H: 864-681-1649 W: - -

UPDATED: ~~USER ID: LBONI~~

DATE: 06/21/06 SYSTEM ID: HMS5000 DATE: 06/21/06

ME900049 HOUSEHOLD RECORD FOUND

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES

PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

*72.88
9.12*

hady gets SLMB

heart flutters;

\$930 deductible

*812.00
206.00
\$ 1,018
Paid*

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/26/06

MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 07/21/06 END: PAGE: 0001

NAME: HUGHES NELLIE HH NAME: HUGHES NELLIE

RCP NUMBER: 1780494269 HH NUMBER: 101070592 ACTION TYPE: MAINTENANCE

SSN: 249-36-1938 VC: V APL STATUS: ACTION DATE: 06/21/06

PRIMARY INDIVIDUAL: APL CO: 30 WORKER ID: LBONI LOCATION: 001

545 HANSON CIRCLE SSCN: 249361938A RRN:

RACE: 01 SEX: F MARITAL STATUS: D

TPL INSURANCE: N RELATION: SELF

DOB: 08/07/1927 DOD:

LAURENS SC 29360-
CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF POV	CHIP		
S	NUMBER	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
S	79273119	06/01/2006	48	10	LIMITED	N	Y	1.22	

UPDATED: USER ID: BROOD DATE: 08/23/05 SYSTEM ID: BUY1000 DATE: 07/26/06
ME900063 RECIPIENT RECORD FOUND

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

ACTION:

PAGE: 3 OF 3

HH NUMBER: 101070592

ACTION DATE: 08/23/05

ACTUAL ELIGIBILITY DATES

CODE 1

CODE 2

051

052

DATE: 08/23/05

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

AEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/26/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: PAGE: 2 OF 3
 HH NAME: NELLIE HUGHES
 BG NUMBER: 48930464 CATEGORY: ABD HH NUMBER: 101070592
 BG: D BGP: D WKR: BROOD BROOK DICKENSON ACTION TYPE: MAINTENANCE
 ACTION DATE: 08/23/05
 COUNTABLE BG MEMBERS: 1
 COUNTABLE INCOME: 906.86 COUNTABLE RESOURCES: 7686.72
 INCOME LIMIT: 798.00 RESOURCE LIMIT: 4000.00
 POV-LVL: +1.13 % HLTH INS PREM: 0.00
 RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00
 MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y
 MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 08/23/05
 MEETS RESOURCES? (Y/N): N NEXT REVIEW DATE: 09/01/06
 MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____
 REASON(S) FOR DENIAL/CLOSURE/CHANGE:
 051 Your income is more than policy allows.
 052 Your countable resources are more than policy allows.
 ELIGIBILITY DECISION APPEALED? (Y/N) - CONTINUE BENEFITS? (Y/N): -
 APPEAL REQUEST DATE: _____ COUNTY DECISION UPHELD? (Y/N): -
 UPDATED: USER ID: BROOD DATE: 08/23/05 SYSTEM ID: ELD3000 DATE: 08/23/05
 ME900115 BUDGET GROUP PERIOD INFORMATION FOUND
 PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP
 PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

4EDBUY10 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
MEDSPROD BUY-IN ELIGIBLES ACTION:

HCFA SSN: 249-36-1938 HCFA NAME FIRST: NELLIE INIT: W LAST: HUGHES

* MEDS SSN: 249-36-1938 MEDS: NELLIE HUGHES

RCP NUM: 1780494269 HH NUM: 101070592 COUNTY: 30 ELIGIBILITY STATUS: E

PCAT: 48

MCN/RRN: 249361938A PART A/B: B OLD MEDICARE # BEGIN . END

SEX: F
DOB: 08/07/1927

DOB: 08/07/1927

OLD MEDICARE # BEGIN END

TRANSACTION RECEIVED DATE: 07/29/2006

BUYIN PREMIUM MONTH:

HISTORY

START	STOP	ELIG	SSI	TRANS	PREM	RED	PREM
DATE	DATE	CODE	STAT	CODE	AMOUNT	IND	SURC
06/2006	/	L	-	1161		-	-

UPDATED: USER ID:

DATE:

SYSTEM ID: BUY2000 DATE: 07/29/06

ME9000091 REQUESTED DATA FOUND - 0001 PAGE(S)

PF1->HELP	PF2->RCP	INFO	PF5->BUY	REC	PF6->RETURN	PF7->PREV	PF8->NEXT
PF10->MENU	PF12->BENDEX	PF14->BUY	AUDIT	PF16->SDX	INFO	PF18->ADD	ELIG

Investment: \$ 812.

Income

\$200.00

4EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 07/21/06 END: PAGE: 0001

NAME: HUGHES NELLIE HH NAME: HUGHES NELLIE

RCP NUMBER: 1780494269 HH NUMBER: 101070592 ACTION TYPE: MAINTENANCE

SSN: 249-36-1938 VC: V APL STATUS: ACTION DATE: 06/21/06

PRIMARY INDIVIDUAL: APL CO: 30 WORKER ID: LBONI LOCATION: 001

545 HANSON CIRCLE SSCN: 249361938A RRN:

RACE: 01 SEX: F MARITAL STATUS: D

TPL INSURANCE: N RELATION: SELF

DOB: 08/07/1927 DOD:

LAURENS SC 29360-
CORRECT RCP NUMBER: LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	CHIP		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	NUMBER
	79273119	06/01/2006	48	10	LIMITED	N	Y		1.22	

UPDATED: USER ID: BROOD DATE: 08/23/05 SYSTEM ID: BUY1000 DATE: 07/26/06
ME900063 RECIPIENT RECORD FOUND

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

AEDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: HUGHES NELLIE HH NAME: HUGHES NELLIE
RCP NUMBER: 1780494269 HH NUMBER: 101070592 ACTION TYPE: MAINTENANCE
SSN: 249-36-1938 APL STATUS: ACTION DATE: 06/21/2006
MCN: 249361938A VALIDATED BY: BUY IN ON: 07/29/2006

PART A - BEGINNING DATE: 08/01/1992	ENDING DATE: _____	BY: BENDEX
PART B - BEGINNING DATE: 08/01/1992	ENDING DATE: _____	BY: BENDEX
PART C - BEGINNING DATE: _____	ENDING DATE: _____	BY: _____
PART D - BEGINNING DATE: _____	ENDING DATE: _____	BY: _____
LOW INC- BEGINNING DATE: _____	ENDING DATE: _____	BY: _____
SUBSIDY		
UPDATED: USER ID: _____	DATE: _____	SYSTEM ID: TTR1004
ME900063 RECIPIENT RECORD FOUND		DATE: 07/30/06
PF1->HELP PF3->NEXT SCR PF4->REFH PF10->PREV MENU PF13->FIELD HELP		
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-		

NO PART D

AEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 07/21/2006 END:

NAME: HUGHES NELLIE HH NAME: HUGHES NELLIE
NUMBER: 1780494269 HH NUMBER: 101070592 ACTION TYPE: MAINTENANCE
SSN: 249-36-1938 STATUS: ACTION DATE: 06/21/2006

SOURCE TYPE: SOCIAL SECURITY ADMINISTRATIO 1 SOURCE: SSA
ADDRESS

DATE APPLIED FOR: _____
END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
812.00	01/03/2006	MONTHLY
780.00	11/03/2005	MONTHLY
780.00	10/03/2005	MONTHLY
780.00	08/01/2005	MONTHLY

UPDATED: USER ID: BROOD DATE: 08/23/2005 SYSTEM ID: DATE:
INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

4EDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 07/21/2006 END:

NAME: HUGHES NELLIE HH NAME: HUGHES NELLIE
NUMBER: 1780494269 HH NUMBER: 101070592 ACTION TYPE: MAINTENANCE
SSN: 249-36-1938 STATUS: ACTION DATE: 06/21/2006

SOURCE TYPE: OTHER PENSIONS 1 SOURCE: PENSION
ADDRESS

DATE APPLIED FOR: _____
END DATE: _____

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
206.86	05/31/2006	MONTHLY
176.86	08/01/2005	MONTHLY

UPDATED: USER ID: BROOD DATE: 08/23/2005 SYSTEM ID: DATE:
INCOME RECORD FOUND
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

4EDIEV01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
MEDSPROD BENDEX INFORMATION

***** CONFIDENTIAL - FOR INTERNAL USE ONLY ***** ROW: 1 OF 1
SSA SSN: 249-36-1938 SSA NAME: NELLIE W HUGHES
SSN: 249-36-1938 NAME: NELLIE HUGHES

RCP NUM: 1780494269 HH NUM: 101070592 COUNTY: 30 ELIGIBILITY STATUS: E

SSA INFORMATION PAYMENT INFORMATION

INDIVIDUAL DATA:

SSA SSN: 249-36-1938 PAYMENT STATUS CODE: CP GROSS AMOUNT PAYABLE (MBA): 780.80

SSA NAME: NELLIE W HUGHES EFFECTIVE DATE: 12/04

SSCN: 249361938A NET MONTHLY BNFTS AMT (MBC): 780.20

SSA DOB: 08/07/1927 INITIAL ENTITLEMENT DATE: 09/89

PROOF OF DOB: P CURRENT ENTITLEMENT DATE: 09/89

SEX: F MONTHLY BENEFITS PAYABLE: 702.00

VALIDATED BOSSN: 249-36-1938 RETRO PAYMENT AMOUNT: 0.00

CATEGORY OF ASSISTANCE: J MONTHLY OP DEDUCTION AMT: 0.00

STATE AND COUNTY CODE: 42290 ENDING DATE FOR OP DEDUCTION:

ALTERNATE SSN: 249-36-1938 GARNISHMENT AMOUNT WITHHELD: 0.00

DIRECT DEPOSIT INDICATOR: C
PAYMENT CYCLING INDICATOR: 1

UPDATED: SYSTEM ID: IEV7012 DATE: 2005-11-25-07.31.54.574337

ME905004 BENDEX MASTER RECORD FOUND

PF1->HELP PF2->BENDEX HIST PF3->NEXT PF5->RECIP PF10->PREV MENU

PF11->BDX AUDIT PF12->BDX ACTION PF14->SDX PF16->BDX INPUT PF17->BUY-IN

AEDHMS06 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/31/06
 MEDSPROD HOUSEHOLD MEMBER DETAIL ACTION:
 MEMBER PERIOD START: 07/21/06 END:
 NAME: HUGHES NELLIE HH NAME: HUGHES NELLIE
 RCP NUMBER: 1780494269 HH NUMBER: 101070592 ACTION TYPE: MAINTENANCE
 SSN: 249-36-1938 VC: V APL STATUS: ACTION DATE: 06/21/06
 APPLYING(A/NA): A ALTERNATE RECIPIENT NUMBER:
 DOB: 08/07/1927 AGE: 78 SC RES(Y/N): Y QUESTIONABLE(Y/N): N
 DOD: RACE: 01 WHITE MEDICARE COVERAGE(Y/N): Y 249361938A
 SEX: F FEMALE REL: SFI SELF SS CLAIM NUMBER(Y/N): Y 249361938A
 SSI APPLICATION DATE: RAILROAD NUMBER(Y/N): N
 MARITAL STATUS: D DIVORCED LIV ARRANGEMENT: HOME HOME
 PROVIDER NAME:
 STUDENT STATUS: N N GRADE: # DATE OF DISCHARGE:
 PREGNANT(Y/N): N EDC: # DATE OF DISCHARGE:
 BLIND/DISABLED(Y/N): N RSP(Y/N): N CHILD SUPPORT/ALIMONY PAID(Y/N): N
 DISABILITY ONSET: VC: N CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
 VETERAN(Y/N): N INSURANCE(Y/N): N EARNED INC(Y/N): N UNEARNED INC(Y/N): Y
 US CITIZEN(Y/N): Y ALIEN#: REGISTER TO VOTE(Y/N): N REASON: G
 US ENTRY: BIRTH CNTRY: MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
 UPDATED: USER ID: COM2000 DATE: 07/21/06 SYSTEM ID: TTR1004 DATE: 07/30/06
 ME900063 RECIPIENT RECORD FOUND
 2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO
 15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS

EDHMS06 P	S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES	DATE: 07/26/06
MEDSPROD	HOUSEHOLD MEMBER DETAIL	ACTION:
MEMBER PERIOD START: 07/21/06 END:		
NAME: HUGHES NELLIE	HH NAME: HUGHES NELLIE	
RCP NUMBER: 1780494269	HH NUMBER: 101070592	ACTION TYPE: MAINTENANCE
SSN: 249-36-1938	VC: V	APL STATUS:
APPLYING(A/NA): A		
DOB: 08/07/1927	AGE: 78	ALTERNATE RECIPIENT NUMBER:
DOD:		SC RES(Y/N): Y
SEX: F FEMALE	RACE: 01 WHITE	QUESTIONABLE(Y/N): N
REL: SFI SELF		MEDICARE COVERAGE(Y/N): Y 249361938A
SSI APPLICATION DATE:		SS CLAIM NUMBER(Y/N): Y 249361938A
MARITAL STATUS: D DIVORCED	PROVIDER NAME:	RAILROAD NUMBER(Y/N): N
STUDENT STATUS: N N	ADMISSION DATE:	LIV ARRANGEMENT: HOME HOME
PREGNANT(Y/N): N EDC:	#:	DATE OF DISCHARGE:
BLIND/DISABLED(Y/N): N	RSP(Y/N): N	CHILD SUPPORT/ALIMONY PAID(Y/N): N
DISABILITY ONSET:	VC: N	CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
VETERAN(Y/N): N	INSURANCE(Y/N): N	EARNED INC(Y/N): N
US CITIZEN(Y/N): Y	ALIEN#:	UNEARNED INC(Y/N): Y
US ENTRY:	BIRTH CNTRY:	REGISTER TO VOTE(Y/N): N
UPDATED: USER ID: COM2000	DATE: 07/21/06	REASON: G
ME900063 RECIPIENT RECORD FOUND	SYSTEM ID:	MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
2>BUY 3>NEXT 4>REFH 5>ESC 9>BENDEX 11>HH BGS 12>DED REL 14>RCP INFO		
15>EINC 16>UINC 18>HH MBR BGS 19>REQ CRD 20>UCB 23>SDX 24>SRS		

1EDHMS59 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 07/26/06
MEDSPROD BUDGET GROUP DETERMINATION ACTION:
BUDGET GROUP PERIOD START: 08/23/05 END: PAGE: 1
HH NAME: HUGHES NELLIE HH NUMBER: 101070592
BG NUMBER: 48930464 CATEGORY: ABD ACTION TYPE: MAINTENANCE
BG STAT: DENIED WKR: BROOD BROOK DICKENSON ACTION DATE: 08/23/05

BUDGET GROUP COUNT: 1

S	RCP NAME	A/NA	REL	AGE	STA	REASON	EXCL	SANCTION

	HUGHES NELLIE	A	SELF	78	I	051		

RETRO MONTHS REQUESTED(Y/N): Y

WITHDRAW BUDGET GROUP(Y/N): N

UPDATED: USER ID: BROOD DATE: 08/23/05 SYSTEM ID: ELD3000 DATE: 08/23/05
ME904660 BUDGET GROUP INFORMATION FOUND
PF1->HELP PF2->ADD BG MBR PF4->REFRESH PF7->PREV PF8->NEXT PF10->PREV MENU
PF11->HH MBRS PF14->RECIPIENT INFO PF17->ELD00 PF21->HIST- PF22->HIST+