

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>3-17-10</i>
---------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;">1011392</div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>Cleared 3/29/10, DeWu</i> <i>attached.</i> </div>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-25-10</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

03/17/2010 16:21 FAX 8039330957

SEN. L. GRAHAM COLA

☒ 001

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6972

UNITED STATES SENATE

Fax Transmittal Sheet

RECEIVED

TO: Emma Forkner

MAR 17 2010

FROM: Sara Snell

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DATE: 3-17-10

COMMENTS: Please see the attached regarding
Chusky Wilson.

Thank you!

2 PAGE(S) TO FOLLOW

IF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE
CALL (803) 933-0112.

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Thank you.

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29204
(803) 933-0112

401 WEST EVANS STREET
SUITE 220B
FLORENCE, SC 29501
(843) 569-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417

550 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29564
(843) 849-3987

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2629

136 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 888-8330

03/17/2010 04:14PM

LINDSEY O. GRAHAM
SOUTH CAROLINA



280 Russell Senate Office Building
WASHINGTON, DC 20510
(202) 224-5872

UNITED STATES SENATE

March 17, 2010

Ms. Emma Forkner
Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

RE: Christy Wilson
702 Herndon Dairy Road
Beech Island, SC 29842
(803) 507-5421
cancersurvivor30@yahoo.com

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, Christy Wilson, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to Mrs. Wilson.

Sincerely,


Lindsey D. Graham
United States Senator

LOG/ss

Enclosure

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 835-0172

401 WEST EVANS STREET
SUITE 111
FLORENCE, SC 29501
(843) 669-1505

130 SOUTH MAIN STREET
SUITE 700
GREENVILLE, SC 29601
(864) 250-1417

520 JOHNNIE DODGE BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 848-3987

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 356-2828

124 EXCHANGE STREET
SUITE A
PENDLETON, SC 29670
(864) 646-4090

03/17/2010 04:14PM

E-Mail Viewer

Message

Details

Attachments

Headers

Source

HTML

From: "WebServer Reserved UID" <webserverd@a-ess-wwml.senate.gov>
Date: 3/15/2010 9:54:14 PM
To: "webmail@lgraham-ig.senate.gov" <webmail@lgraham-ig.senate.gov>
Cc:
Subject: Senator Lindsey Graham

Senders IP address = 166.166.14.5
<APP>SOCMAIL
<PREFIX>Mrs.</PREFIX>
<FIRST>Christy </FIRST>
<LAST>Wilson</LAST>
<ADDR1>702 Herndon Dairy Rd</ADDR1>
<ADDR2></ADDR2>
<CITY>Beech Island</CITY>
<STATE>SC</STATE>
<ZIP>29842</ZIP>
<PHONE>803-507-5421</PHONE>
<WPHONE></WPHONE>
<EMAIL>cancersurvivor30@yahoo.com</EMAIL>
<ISSUE>ASSISTANCE</ISSUE>
<>Yes, I would like a written response.</>
<MSG>Mr. Graham,

My name is Christy Wilson and I am the mother of seven-year-old twins and a four year old. I have been unemployed ever since experiencing complications with my pregnancy in 2002. In 2005 my husband was laid off from his job and we lost our health insurance and after that we could not afford the premiums. I was finally able to get medicaid for my children. My husband and I were not to worried about ourselves because we had always been healthy until last year. January 2009 I found a lump and was finally able to save the money for the doctor visit in late March. The day I want to the doctor I was told about medicaid for breast cancer patients so I called to find out how to apply just in case. I was told when I was diagnosed with cancer to call back, but until then they couldn't help me. The caseworker said that medicaid would retro back to pay for the test the I had done that day, but she lied. The lump was removed April 9th and on April 15th I was diagnosed with invasive Di

uctal Carcinoma. I finally received medicaid and May 15th I had a double mastectomy with the first stage of reconstruction. June 10th I began chemo and finished on September 25th. December 11th I had the second stage of the reconstruction, but now I will not be able to finish. My medicaid came up for review and as soon as they saw that my chemo was finished they denied me. I will also not be able to see my oncologist for follow-up appts. The oncologist said that the first two years are critical and that I need to be followed very closely, but now that won't happen. Another thing is that I was recently advised by my moms breast cancer specialist to have a hysterectomy in the near future, but that won't happen either. I don't want my children to have to bury me before they have to and without a doctors care it may become a reality for them. I am running out of time because as of April 1st my medicaid runs out. I really think that things need to be changed so that uninsured wi

omen with breast cancer can get medicaid for life. It is sad th

at some women will probably die because of losing their medicaid and not being able to afford to go to the doctor. You are the 3rd person that I have e-mailed and I was hoping that you could help me and others like me. Please if you can help me so that I can continue to receive medical care and be there to watch my girls grow up I would truly appreciate it. I would really like to speak with you on behalf of myself and other women in my situation. I would really like to change the laws so that other uninsured women don't have to worry about getting medical care after their chemo is complete. I feel like if things do not change that there will be more deaths from breast cancer because of stupid things like this. Please let me know if you can help me.

Thanks,

Christy N. Wilson </MSG>

<>please enter your zip code in the format 12345 or 12345-1234.</>
</APP>

Close

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 03/17/10
MEDSPROD RECIPIENT INFORMATION ACTION:

MEMBER PERIOD START: 02/21/10 END: PAGE: 0001

NAME: WILSON CHRISTY N HH NAME: WILSON CHRISTY N
RCP NUMBER: 8028328201 HH NUMBER: 100736077 ACTION TYPE: MAINTENANCE
SSN: 247-71-9791 VC: V APL STATUS: ACTION DATE: 04/20/09
PRIMARY INDIVIDUAL: APL CC: 02 WORKER ID: JANEL LOCATION: 055
702 HERNDON DAIRY RD SSCN: RRN:

BEECH ISLAND SC 29842-
CORRECT RCP NUMBER: _____
DOB: 02/27/1979 DOD:
LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER: BCCP3

BG	BEG	END	PCAT	QCAT	TYPE	IND	IND	% OF POV	SPONSOR
S	NUMBER	ELIG	ELIG	71	50	FULL	N	Y	.00
50600391	04/01/2009								9955
48835550	08/01/2005	06/01/2006	55	30	LIMITED	N	N	.00	
68646282	12/01/2004	08/01/2005	87	30	FULL	N	N	1.54	

UPDATED: USER ID: PAMEL DATE: 01/08/03 SYSTEM ID: TTR1004 DATE: 10/24/02
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

Notice That Medicaid Coverage Will End

STATE OFFICE COUNTY DHHS

P. O. Box 100101

Columbia SC 29202-0000

Date: 03/05/2010

Worker:

CHRISTY N WILSON

JANELLE LEE

702 HERNDON DAIRY RD

Worker Phone: 803 898-2966

BEECH ISLAND SC 29842

BG #: 50600391

HH #: 100736077

Medicaid coverage for the people listed below will end on 04/01/2010.

Beneficiary Name:

Beneficiary ID#:

CHRISTY N. WILSON

8028328201

Reason(s): Medicaid coverage will end because:

Reports we received state that your cancer treatment has been completed.

Manual/policy reference supporting this action: 501.07

A copy of this reference is available upon request.

You may qualify for Medicaid under other programs if there has been changes in your family, health or income since your last application or review. If there have been changes that we do not know about, you should re-apply.

To re-apply you can do one of the following:

- Contact your worker.
- Call 1-888-549-0820 or visit www.scdhhs.gov for an application.

If the reason shown above states that your Medicaid coverage will stop because of "Failure to Return Review Form" AND you have not received a review form or have already returned your review form please contact your worker right away.

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.
- If you request a fair hearing within 10 days of the date on this letter, you can ask in your request that your coverage continue until a final decision is made by the hearing officer. However, if the hearing officer rules that the decision to close your case was correct, you will be required to pay back any benefits you received while your case was being reviewed.



South Carolina Department of
Health & Human Services

Emma Forkner • Director
Mark Sanford • Governor

Log #0393

March 29, 2010

Mrs. Christy Wilson
702 Herndon Dairy Road
Beech Island, South Carolina 29842

Dear Mrs. Wilson:

United States Senator Lindsey Graham asked our agency to assist with questions concerning your Medicaid eligibility.

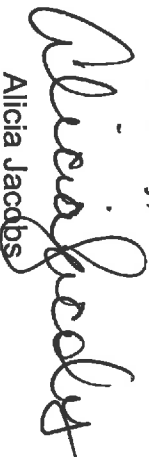
Your Medicaid coverage under the *Breast and Cervical Cancer Program* (BCCP) will continue without a break in coverage because we were informed by your oncologist that your treatments are ongoing. You should notify your eligibility worker, Janelle Lee, at (803) 898-2966 if your treatments should end. Once your treatments end, your BCCP coverage must be terminated; however, you may be eligible for another Medicaid program.

Under the BCCP program an individual's eligibility is effective the month they are diagnosed and all other eligibility requirements are met. Since your diagnosis was not until April 4, 2009 you are not eligible for retroactive Medicaid prior to April 2009.

Ms. Verta Johnson in our Aiken County Medicaid Office is currently processing your recent applications for the *Aged, Blind or Disabled* (ABD) and *Low Income Families* (LIF) programs. Both programs have different eligibility requirements. Your ABD disability packet has been received by our Disability Determinations Unit, and we will monitor its progress and keep you informed. Ms. Johnson has requested wage information from you in order to process your LIF application. Please provide Ms. Johnson with the requested information by the due date given in her letter. If you have any questions about your pending Medicaid applications, please call Ms. Johnson at (803) 642-7505. Both ABD and LIF offer the same Medicaid coverage as BCCP and, if eligible, will allow continued Medicaid coverage even after your treatments end.

I hope this information is helpful. If you have questions about the Medicaid program, please contact Sheila Chavis in Constituent Services at (803) 898-2707.

Sincerely,


Alicia Jacobs
Deputy Director

AJ/c