

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>2-10-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000279</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 3/6/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-21-14</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.			

To Whom it may concern,

Please Help!

SS# 655-01-2419 Aleesha Cole

**RECEIVED**

FEB 10 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Department of Health & Human Services

Mailing address for Horry County:

P. O. Box 290

Conway, SC 29528 X 182

(T) 1-843-381-8260 (F) 1-843-381-8125

State Office (T) 1-888-549-0820

Managed Care questions (T) 1-877-552-4642

I was in your Conway office on Thursday Feb 6th and given this piece of paper and told to call this week and see if my daughters Medicaid has been processed. When I called today and spoke to the lady at this extension she acted like I should not have called since my application was not submitted until 1/16/14. She said January applications have not and will not be processed yet. We are just trying to purchase a plan through the Affordable Health Care Act before my company insurance expires end of Feb. We are being held up because she may qualify. I understand everyone is over worked and stressed but what do I do?

My daughter has many health problems and I really don't know what to do. I just want to purchase her insurance!

She is currently seeing an orthopedic specialist and a general physician along with an allergist. At this point a denial would be great just so we can purchase insurance. We originally submitted ~~out~~ our application at the Government site on 1/6/14 but had to redo on 1/16/14 due to some kind of problem with the system. If anyone can help I would so appreciate it, I am writing this down because I have a hard time getting anyone to listen to my situation. I am faxing this to you because I wanted to show the lady at ext 182 that I was given this number to CALL. I am also sending to State office to see if anyone can help.

Thanks you

2407 Pearl Ct  
Myrtle Beach SC  
29579

Donna Cole  
458-3340 cell

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

March 6, 2014

Mrs. Donna Cole  
2407 Pear Court  
Myrtle Beach, SC 29579

Dear Mrs. Cole:

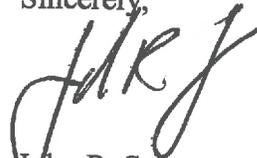
Thank you for contacting our Agency regarding your recent experience with your local Medicaid office. Good customer service is important to us and we regret the difficulty you faced when trying to get your questions answered regarding your application.

To qualify for Medicaid, a family must meet certain income requirements. Your application was denied for our Low Income Families and Partners for Healthy Children programs on February 6, 2014, because your family's income exceeded the limit. Income is based on gross earnings and does not allow deductions for taxes, utilities, car payments, or other living expenses.

If you have any questions regarding the eligibility process, please 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.

We appreciate your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,



John R. Supra  
Deputy Director and CIO

JRS:j