

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Jacobs</i>	<i>11/29/07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000264	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>12/6/07</i>
2. DATE SIGNED BY DIRECTOR <i>M. J. J. J.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<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. <i>Cleared 12/5/07 letter attached.</i>			
2.			
3.			
4.			

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

November 28, 2007

RECEIVED

NOV 29 2007

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: C. Reedy Betsill
SSN: 248-30-5876

Dear Ms. Forkner:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, C. Reedy Betsill, 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 Mr. Betsill.

Sincerely,

A handwritten signature in dark ink, appearing to be "L. Graham", written over a horizontal line.

Lindsey O. Graham
United States Senator

LOG/ss

Enclosure

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANS STREET
SUITE 226B
FLORENCE, SC 29601
(843) 669-1505

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

530 JOHNNIE DODDS BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29464
(843) 849-3887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 366-2828

136 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 888-3330

NOV 20 2007

LINDSEY O. GRAHAM
SOUTH CAROLINA



280 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Name: C. Reedy Bell Phone: 1-(803)-534-6156

Address: 2348 Northview Dr., Apt. 3F

City: Changburg State: S.C. Zip: 29118

Social Security Number: 248-30-5876 VA Number (if applicable): _____

Medicare # 248-30-5876A

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of the form).

Medicaid # 03885039021 I sent all pertinent info to you - I understand -

M.R.S.S. cancelled my Medicaid because I was too healthy. Mr. Brady told of Cal. R.C. designed - they also are charging 93.50 a month from my SS, benefits that I paid premiums for approx. 50 yrs. She is aware for an 80yr. old man who was in the hospital in 2005 for 4 months
Signed: C. Reedy Bell Date: 11/18/07 *(Parker's son's Medicaid problems)*

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name _____

Please return form to:

U.S. Senator Lindsey O. Graham
508 Hampton Street, Suite 202
Columbia, South Carolina 29201
Phone: (803) 933-0112
Fax: (803) 933-0957

All this is due to cancellation of Medicaid

508 HAMPTON STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST EVANS STREET
SUITE 2208
FLORENCE, SC 29501
(843) 669-1505

101 EAST WASHINGTON STREET
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(803) 366-2828

135 EAGLES NEST DRIVE
SUITE B
SENECA, SC 29678
(864) 888-3330

I have them - Shabby made by social workers, (Muriel) has I saved this check

Steel Tropic by good company and heart in 1998.

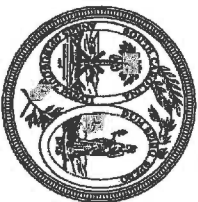
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OFFICE OF DIRECTOR

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<i>M. Jarman</i>			

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>Pls refer to log 000253</i>
2.			
3.			
4.			



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

December 5, 2007

Emma Forkner
Director

Mr. C. Reedy Betsill
2348 Northview Hills Drive
Apartment 3F
Orangeburg, South Carolina 29118

Dear Mr. Betsill:

Congressman Joe Wilson, Senator Jim DeMint and Senator Lindsey Graham asked our agency to respond to your recent inquiry concerning the cancellation of your Medicaid coverage and payment of your Medicare Part B premiums.

Your Medicaid coverage ended November 1, 2007, because you no longer meet the required medical level of care. Unfortunately, Medicaid can no longer pay your Medicare Part B premiums. You have recently reapplied and your application is currently pending. Please contact your eligibility worker, Jacqueline Davis, at (803) 515-1797 if you have any questions about the application process.

You continue to receive Medicare coverage to help meet your healthcare needs, including participation in Medicare's Part D *Extra Help* low-income prescription drug program. This program covers the cost of your drug care premium, deductibles and leaves only a small co-pay per prescription.

If you have additional questions about the Medicaid program, please contact Jennifer Dabbs at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

A handwritten signature in cursive script, reading "Alicia Jacobs".

Alicia Jacobs
Interim Deputy Director

AJ/cod



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

December 5, 2007

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring C. Reedy Betsill to our agency with his concerns regarding his Medicaid coverage and Medicaid's payment of his Medicare Part B monthly premiums.

A member of our staff has been in direct contact with Mr. Betsill to address his concerns.

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

Sincerely,

A handwritten signature in cursive script, reading "Emma Forkner".

Emma Forkner
Director

EF/cod