

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

ACTION REFERRAL

TO	DATE
<i>Meyers</i>	<i>5-13-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000530	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia 5/15/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-22-08</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.			

RECEIVED

5-2-2008

Dear DHS Office,

MAY 12 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Charles Scott Colcrease
856 Cedar Road
Maricopa, SC, 29461
334 452-2764 x3
Ph. 1864.859-6447

I was going to a primary care
Doctor before I got my disability bill.

check, during that time I ran out of money and lost
the case for prescription. Hence I went to the
local opioid addiction clinic and received methadone
which is a much better drug to control pain for me.
Then Oxycodone. I ~~received~~ my disability but the
GMC (Greenwich Metro Clinic) does not bill you. I must pay

\$11.00 each day or about \$341.00 a month or 3,800 plus again
for the services which has kept me alive these
last 3 years. The resource drain is almost 25% of
my income! It is prescribed by a Doctor Selman and
give to me by a nurse and a pharmacist or why so long
before I applied to you - I lost my wife in April 2001
and on May 1st I find that methadone
has stopped my service because I got too much money

\$1162 - today is \$79.00 Please Take Note of this letter
and it is within the 30 days on Help me with the

Form to reimburse me for the money spent from
Dec 2006 till May 2008. This is a Twelve \$30
split or what even the system can

CERTIFICATE OF MEDICAID COVERAGE

IMPORTANT: KEEP THIS MEDICAID LETTER IN A SAFE PLACE

This letter gives you information about the Medicaid coverage you had. If you enroll in another health insurance plan, you may need to give them a copy of this letter.

Date of this letter: **04/22/2008**

Name of Group Health Plan: **MEDICAID**
HH#: **100097434** 39 KODOM

Recipient Name: **CHARLES S GILCREASE**

Recipient Medicaid Number: **0780373067**

COVERAGE PERIODS:

MAY	2008	AUGUST	2007
APRIL	2008	JULY	2007
MARCH	2008	JUNE	2007
FEBUARY	2008	MAY	2007
JANUARY	2008	APRIL	2007
DECEMBER	2007	MARCH	2007
NOVEMBER	2007	FEBUARY	2007
OCTOBER	2007	JANUARY	2007
SEPTEMBER	2007	DECEMBER	2006

SOUTH CAROLINA MEDICAID SERVICE

INPATIENT HOSPITAL	AMBULANCE TRANSPORTATION
WELL CHILD CARE	REHABILITATIVE THERAPIES
FAMILY PLANNING	<u>PRESCRIPTION DRUGS</u>
LABORATORY AND X-RAY	LONG TERM CARE/NURSING HOME FACILITIES
HOME HEALTH	RESIDENTIAL TREATMENT FACILITY
OUTPATIENT HOSPITAL	HOSPICE
VISION CARE	MENTAL HEALTH
DURABLE MEDICAL EQUIPMENT	<u>ALCOHOL AND OTHER SUBSTANCE ABUSE</u>
EVALUATION/COUNSELING/EDUCATION FOR SPECIAL NEEDS	
NON-EMERGENCY TRANSPORTATION TO MEDICAL APPOINTMENTS	

If you have questions about this letter you can call 1-888-549-0820 or you can write to:

The Department of Health and Human Services
P.O. Box 100147
Columbia, South Carolina 29202-9181

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RECEIVED

MAY 12 2008

C. S. Gilcrease
856 Cedar Rd
Marionetta SC. 29667
29661

[illegible]

RECEIVED

MAY 12 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SC DHSS

PO Box 8206

Columbia 29602

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dear Walter
For collecting
A. Stamp War Stamp
for your kids



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

May 15, 2008

Mr. Charles Scott Gilcrease
856 Cedar Road
Marietta, SC 29661

Dear Mr. Gilcrease:

I am responding to your letter dated May 2, 2008, in which you requested that we reimburse you for money spent from December 2006 through May 2008 for Methadone treatment.

I am sorry, but we will be unable to honor your request for several reasons. First, South Carolina Medicaid only covers the tablet form of Methadone and not the injection. Coverage for the injection was discontinued in 1988. Medicare allows Methadone management, which may be beneficial to you. Second, reimbursement for services is made to the provider, not the beneficiary. Finally, there is a twelve (12) month limit on submission of claims by the provider in order to receive reimbursement for a service; much of the time period you referenced would be outside that time period.

I am very sorry for the burden your treatment has placed on you and I hope that Medicare will be able to assist you. I did confirm with our Eligibility section that your Medicaid coverage does cease at the end of this month. Should your financial status change, please contact your local eligibility office.

Sincerely,

Felicity C. Myers
Deputy Director

FCM/

Log # 590
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