

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

ACTION REFERRAL

TO	DATE
Ries	

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center">000362</p>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>11/21/06</u>
2. DATE SIGNED BY DIRECTOR <p align="center"><i>Cleaved 12/11/06, letter attached.</i></p>	<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.			
2.			
3.			
4.			



RECEIVED

NOV 14 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State of South Carolina Office of the Governor

MARK SANFORD
GOVERNOR

Post Office Box 12267
COLUMBIA 29211

November 2, 2006

Mrs. Katherine R. Metts
Box 1764
Providence Road
Orangeburg, South Carolina 29116-9491

Dear Kate,

Thank you for your letter. I certainly understand your concerns and am asking that someone from the South Carolina Department of Health and Human Services contact you regarding payment of your Medicare medical insurance premiums. You should be hearing from that office soon. Until then, thanks again for writing.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Sanford".

Mark Sanford

MS/sc

cc: Robert M. Kerr, Director
South Carolina Department of Health and Human Services

Social Security Administration

Retirement, Survivors and Disability Insurance

72476

Important Information

Southeastern Program Service Center
2001 Twelfth Avenue, North
Birmingham, Alabama 35285-0001
Date: June 17, 2002
Claim Number: 248-22-9964 A

KATHERINE R METTS
1764 PROVIDENCE RD
ORANGEBURG SC 29118-9491

006529



01012X07F006529*NOTAFP.X3.PBT3RMOT.PC3.R020610.P51K

The State of South Carolina will pay your Medicare medical insurance premium beginning April 2002.

What We Will Pay And When

- You will receive \$162.00 around June 25, 2002.
- This is the money due you for the Medicare insurance premiums that you already paid.
- You will receive \$431.00 for June 2002 around July 3, 2002.
- After that you will receive \$431.00 on or about the third of each month.

~~431.00~~
431.00

Your Benefits

We will no longer deduct the premium from your monthly payment. Later in this letter, we tell you what to do if you disagree with this change in the amount of your monthly payment.

If You Disagree With The Decision

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.

533-4368
Bubba

639
539
431
54

C

See Next Page

Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

Southeastern Program Service Center
2001 Twelfth Avenue, North
Birmingham, Alabama 35285-0001
Date: October 24, 2006
Claim Number: 248-22-9964A

1017 T2R M04 PC31, BL T027,
KATHERINE R METTS
1764 PROVIDENCE RD
ORANGEBURG SC 29118-9491

000008347 01 AT 0.308



The State of South Carolina will no longer pay your Medicare medical insurance premiums after August 2006. You must pay the premiums beginning September 2006.

What We Will Pay And When

We will deduct the basic Medicare medical insurance premium of \$88.50 from your monthly payment. We will also deduct the past due premiums, which total \$177.00. Later in this letter, we tell you what to do if you disagree with this change in the amount of your monthly payment.

- You will receive \$213.00 for October 2006 around November 3, 2006.
- After that you will receive \$390.00 on or about the third of each month.

Information About Medicare

Any additional premiums due will be deducted from your check.

To Cancel This Insurance

If you want to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date your insurance coverage ends depends on when you cancel it:

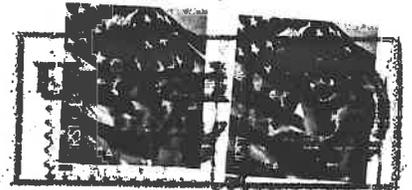
- If you cancel it within 30 days from the date of this notice, your coverage will end at the same time the State stopped paying the premiums.
- If you cancel it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which you contact us.
- If you wait more than 6 months to contact us, coverage will stop at the end of the month after the month in which you contact us.



Kate R. Melts
Box 1764
Providence Road
Orangeburg, SC, 29116-9491

COLUMBIA SC 292

30 OCT 2006 PM 3 L



*Gov Mark Sanford
Gov. of S Carolina
The State House
Columbia, S.C.*

6666/0022





State of South Carolina
Department of Health and Human Services

#362 ✓

Mark Sanford
Governor

Robert M. Kart
Director

December 6, 2006

Ms. Katherine R. Metts
1764 Providence Road
Orangeburg, SC 29118

Dear Ms. Metts:

Governor Mark Sanford asked our agency to respond to your concerns about your Medicare Part B premium payments.

Your Medicaid coverage under the Aged, Blind or Disabled (ABD) program ended on September 1, 2006 because your resources exceeded the allowable limit of \$4,000 for an individual. Medicaid was also paying your Medicare Part B premiums of \$88.50. However, after further review of your records, we have determined that you may be eligible for continued benefits. Ms. Carolyn Hawkins, Supervisor in our Orangeburg Office, mailed you a Development of Burial Exclusion form. Once we have received your completed form, we will be able to determine if your Medicaid coverage can continue. If so, you will be reimbursed for any Medicare premiums deducted from your check during this break in coverage.

We apologize for this inconvenience and ensure that you will receive all benefits to which you are entitled. Please contact Ms. Carolyn Hawkins at (803) 515-1792 if you have any questions.

Sincerely,


Gary Ries
Deputy Director

GR/jod
c: Ms. Carolyn Hawkins, Orangeburg County Medicaid Office

11/27/08

Alicia

Let's check back on

resources to see if we can
re-open B. Just prior to a
new application is required!

LSM

Mark,
you never saw the
original letter. It went
straight to Alicia when
you were out. Came back
from 11th floor w/ ?'s
from Gary.

- original copy in file w/
Alicia's notes ...

Oben's I have sent an
email to the RA
and supervisor asking
them to look as
far as Williams. It
appears that she either
he thought we would
find the answer.

Alicia,
We don't pay the
\$81.50 through the GMS
program because the
might be eligible for
OMS, we pay the \$81.50
because the person is
probant eligible. I
think that anyone should
be eligible.

11/30/08



You might be getting your Medicare premiums deducted from your check during the leave in coverage.

*Jennifer
we need to change the letter telling her we have reviewed her case for continuing eligibility.*

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Ms. Katherine R. Metts
1764 Providence Road
Orangeburg, SC 29118

Dear Ms. Metts:

Governor Mark Sanford asked our agency to respond to your concerns about your Medicare Part B premium payments.

Your Medicaid coverage under the Aged, Blind or Disabled (ABD) program ended on September 1, 2006 because your resources exceeded the allowable limit of \$4,000 for an individual. Medicaid was also paying your Medicare Part B premiums of \$88.50, through our ~~Qualified Medicare Beneficiary~~ program; but you are no longer eligible for this benefit due to your current resources. The Medicare premiums are currently deducted from your Social Security check.

I have enclosed an application for the ABD program. You may re-apply for Medicaid assistance at any time should the value of your resources fall below the resource limit of \$4,000. The Orangeburg County Medicaid Office is located at 2570 Old St. Matthews Road NE, Orangeburg, South Carolina 29116. Their phone number is (803) 531-3101.

Fortunately, you continue to receive Medicare coverage to help meet your medical and pharmacy needs. However, your *Extra Help* is scheduled to end on December 31, 2006 due to your Medicaid termination. *Extra Help* pays the premiums for your Medicare Part D Prescription coverage. Please contact the Social Security Administration to determine if you can re-qualify for *Extra Help*. Their phone number is 1-800-772-1213.

We also enclosed material on other programs that provide assistance with medical care and prescription needs. Please contact Ms. Jennifer Dabbs at (803) 898-3965 if you have additional questions regarding your Medicaid.

Sincerely,

Nancy Pies
Gary Pies
Deputy Director

cc Carolyn Hawkins

GR/d
Enclosures

*She will be contacted for no coverage for this
Contacted for no coverage for this
Coverage for no coverage for this
We apologize for the inconvenience.
Be assured that we will ensure all your
our which you are entitled.*



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Ms. Katherine R. Metts
1764 Providence Road
Orangeburg, SC 29118

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After further review of your records, you may be eligible for Medicaid benefits. Ms. Carolyn Hawkins, Supervisor in our Orangeburg Office, mailed you a Development of Burial Exclusion form. Once we have received your completed form, we will be able to determine if you are eligible. If so, you will be reimbursed for any Medicare premiums deducted from your check during this break in coverage.

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We apologize for this inconvenience and ensure that you will receive all benefits to which you are entitled. Please contact Ms. Jennifer Babbs at (803) 898-3965 if you have any questions.

Carolyn Hawkins
Sincerely,

803-515-1792

Gary Ries
Deputy Director

GR/jod
c: Ms. Carolyn Hawkins, Orangeburg County Medicaid Office

LEGISLATIVE LOG #	0362
LEGISLATOR/INQUIRER	Governor Sanford #610166
CONSTITUENT	Katherine R. Metts
SSN	248-22
BC ASSIGNED LOG	
DATE REC'D BY AGENCY	11/14/2006
DATE DRAFT DUE GR	11/20/2006
LOG LETTER DUE DATE	11/21/2006
DATE REFERRED TO BC	11/15/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Was receiving ABD/QMB. Case closed in 7/06 due to excess resources.	11/15/2006	Jan	8-2502	Jacobs box.
	11/15/2006	Jill	8-3936	Gave to Jenny to distribute (4:15pm)
	11/16/2006	Jenny	8-3965	Researched in MEDS. Spoke to Ms. Metts. She understands the case was closed due to resources. She says she currently has over \$4000 in savings and around \$500 in checking. I explained that she can reapply once her resources are below the limit of \$4000.
	11/16/2006	Jenny	8-3965	Gave to Denise to proof.
	11/17/2006	Jill	8-3936	Brought to the 11th floor (1:30pm)
	11/17/2006	Jan	8-2502	Reviewed and holding for Gary
	11/27/2006	Jan	8-2502	Back to Alicia - Gary's ? - Let's check back on resources to see if we can re-open
	12/1/2006	Jill	8-3936	To Jenny (4pm)
	12/1/2006	Jenny	8-3965	Called Ms. Hawkins, 1766A form was mailed today. Once received, they can "most likely" reinstate the benefits retroactively.
	12/4/2006	Jenny	8-3965	To Mark.

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)	
HCBS (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)	

From: Betty Moses
To: Carolyn Hawkins; Joyce Hamilton
Date: 12/1/2006 1:05:18 PM
Subject: Katherine Metts

I have been given the task by Mr. Ries of finding out additional information concerning the above named individual. I called Ms. Grigg to talked with her to obtain this information and felt that I was not treated very nicely over the phone by her; actually, she was quite rude. Anyhow, Joyce, let me explain the situation, Ms. Metts has written Governor Mark Sanford concerning her Medicare Part B not being paid by us and we are trying to explain to her why we are not paying it. When I was given the situation and noticed that she was closed to the ABD resource limit, I called Ms Grigg (since her name is on MEDS for this case), to find out how was it discovered that she was over the resource limit and if she had spoken with Ms Metts. In addition to these questions, I asked a few other questions. By asking these questions, I was trying to determine if Ms Metts had set-a-side money for her burial and if Ms. Grigg had explained the options to Ms. Metts about the possibility of the burial funds exclusion. At the end of our conversation, Ms. Metts explained that she did not worked the case (the review). I have spoken with Ms. Metts and found that her savings account is money set-a-side for her burial because she has no life insurance. If we could get someone to please send her a DHHS Form 1766A (Development of Burial Exclusion), we could look at a burial exclusion for her (can be done retro-actively), and determine if she could be eligible once this exclusion is given.

Thank you for your prompt attention to this matter.
Betty Moses

CC: BETSY FULLER; Carolyn Roach; Natasha Grigg

12/1: Spoke to ms. Hawkins & she said she mailed her the 1766A form today. She said Betty spoke to her on the phone & she understood that if the form was completed she could possibly get her benefits reinstated.

MEDHMS68 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/01/06
 MEDSPROD HOUSEHOLD SUMMARY INFORMATION PAGE: 0001
 HH NAME: METTS KATHERINE R ACTION TYPE: MAINTENANCE
 HH NUMBER: 100413974 APL STATUS: ACTION DATE: 10/24/02
 RCP/SSN/BG: LAST APL: 04/11/02 HH COUNTY: 38 ORANGEBURG
 RES ADDR HOME PHONE: 803-534-7875 MAIL ADDR WORK PHONE: - -
 1764 PROVIDENCE ROAD

S RCP NUMBER PI NAME SC ORANGEBURG SC 29118-
 0389724301 * KATHERINE R METTS SSN LATEST ELG PERIOD AGE
 WRKR ID: NGRIG NAME: GRIGG NATASHA 248-22-9964 06/01/05 - 09/01/06 89
 BG: 03897243 CNTY: 38

ME900049 HOUSEHOLD RECORD FOUND
 PF2->PI PF5->HH MBR DTL PF7->PREV PF8->NEXT PF9->HH APLS PF11->HH MBRS
 PF12->HH BGS PF14->RCP INFO PF17->ELDD00 PF18->HH MBR BGS PF19->REPL CARD

AEDELDD01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/15/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION: _____

DATES-FROM: 03 / 2006 THRU: ___ / ___ PAGE: 2 OF 3
 HH NAME: KATHERINE R METTS HH NUMBER: 100413974

BG NUMBER: 03897243 CATEGORY: ABD ACTION TYPE: MAINTENANCE

BG: C BGP: C WKR: NGRIG NATASHA GRIGG ACTION DATE: 07/28/06

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 540.00 COUNTABLE RESOURCES: 5301.53
 INCOME LIMIT: 817.00 RESOURCE LIMIT: 4000.00

POV-LVL: +.66 % 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): Y DECISION ACCEPTED DATE: 07/28/06

MEETS RESOURCES? (Y/N): N NEXT REVIEW DATE: 07/28/07

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: _____

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

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: JALST DATE: 07/28/06 SYSTEM ID: ELD3000 DATE: 07/28/06

ME9000115 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

EDHMS08 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/15/06
MEDSPROD MEDICARE COVERAGE ACTION:

NAME: METTS KATHERINE R HH NAME: METTS KATHERINE R
RCP NUMBER: 0389724301 HH NUMBER: 100413974 ACTION TYPE: MAINTENANCE
SSN: 248-22-9964 APL STATUS: ACTION DATE: 10/24/2002
MCN: 248229964A VALIDATED BY: BUY IN ON: 11/04/2006

PART A - BEGINNING DATE: 12/01/1981 ENDING DATE: _____ BY: MMA

PART B - BEGINNING DATE: 12/01/1981 ENDING DATE: _____ BY: MMA

PART C - BEGINNING DATE: 01/01/2006 ENDING DATE: _____ BY: MMA

PART D - BEGINNING DATE: 01/01/2006 ENDING DATE: _____ BY: MMA

LOW INC- BEGINNING DATE: 01/01/2006 ENDING DATE: 12/31/2006 BY: MMA
SUBSIDY

UPDATED: USER ID: _____ DATE: _____ SYSTEM ID: TTR1004 DATE: 11/06/06
ME900063 RECIPIENT RECORD FOUND

PF3->NEXT SCR PF4->REFH PF6->RETURN PF10->PREV MENU PF13->FIELD HELP
PF16->BUY IN PF17->BENDEX INFO PF18->MMA01 PF19->COB01 PF21->HIST-

EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 11/15/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: METTS KATHERINE R ACTION TYPE: MAINTENANCE
HH NUMBER: 100413974 APL STATUS: ACTION DATE: 10/24/02
APPL EFFECTIVE DATE: 04/11/2002 WORKER: WBUTL WALTER BUTLER
MAIL IN(Y/N): WORKER'S COUNTY: 38 ORANGEBURG
APPLICANT'S COUNTY: 38 ORANGEBURG
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS: PRIMARY LANGUAGE: E ENGLISH
1764 PROVIDENCE ROAD REASON FOR APPLICATION:

ORANGEBURG SC 29118- ADULT WITH CHILDREN(Y/N): -
RESIDENCE ADDRESS: CHILDREN 1 AND OVER(Y/N): -
INFANTS UNDER AGE 1(Y/N): -
PREGNANT(Y/N): -
BLIND/DISABLED(Y/N): -

PHONE: H: 803-534-7875 W: SC - - AGED(Y/N): - LIMITED DATA COLLECTION: 00 NONE
UPDATED: USER ID: JALST DATE: 06/26/06 SYSTEM ID: CNV1000 DATE: 10/24/02 FIRST SIGNATURE OBTAINED(Y/N): -
WITHDRAW APPLICATION(W/C/N): N
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+

*11/16: Spoke w/ Ms. Metts & she understand why case closed.
She says she has over \$4000 in savings and
about \$500 in checking. I told her she could
readily should her resources fall below \$4000 limit.*

Answer ID	1851
Category	Medicare Prescription Drug Coverage Extra Help with Drug Costs
Date Created	09/29/2006 10:47 AM
Last Updated	09/29/2006 10:47 AM

What should people do if they no longer automatically qualify for extra help in 2007?**Question**

What should people do if they no longer automatically qualify for extra help in 2007?

Answer

People who no longer automatically qualify for extra help should apply to Social Security or their State Medical Assistance (Medicaid) office as soon as possible to see if they still qualify for extra help based on their income and resources. If a person's situation changes so that they again automatically qualify, Medicare will send them another notice letting them know that they qualify.

People who no longer qualify for extra help should look at other options that may help pay their drug costs, including available State and local programs. They may also want to compare available Medicare drug plans to their current Medicare drug plan to see if they can save money. When comparing plans, people should check to make sure the plan covers the prescriptions they take and includes the pharmacies they use. People can call their State Health Insurance Assistance Program (SHIP) for free personalized counseling about their choices (see the Medicare & You handbook for their telephone number, or contact 1-800-MEDICARE).