

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>3/10/14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000307</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Lynch</i> <i>Cleared 3/25/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3/19/14</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.			

Congress of the United States
House of Representatives
Washington, DC 20515-4004

March 4, 2014

Director Anthony Keck
P.O. Box 8206
Columbia, SC 29202

Dear Mr. Keck:

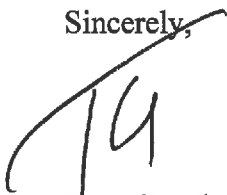
My constituent Regina Ray has contacted me regarding her son's Medicaid benefits.

We have explained that this matter is entirely within the jurisdiction of the State of South Carolina but that we would bring it to your attention for whatever action you believe is appropriate.

We would appreciate it if you would provide must with whatever information you believe may help Mrs. Rays' concerns. Please address your response to my office at 201 West Saint John Street Spartanburg, SC 29306.

Thank you for your attention to this matter. We look forward to hearing from you.

Sincerely,



Trey Gowdy
Member of Congress

TG/JM



Representative Trey Gowdy

Consent for Release of Personal Records

Name: Begina Ray (Guardian for Jesse Ray)
Address: 190 Love Lane
City: Pacolet State: SC Zip Code: 29372
Telephone: (home) 862-4241 (cell) 866-8396
Email Address: ray@spartanburgcounty.org
Date of Birth: 6-23-61 Social Security Number: _____
Federal Agency Involved: _____
Agency Claim Number: _____

Jesse's
6 DM 11-23-10

Briefly explain the issue, and attach a separate statement and supporting documentation if necessary:

Received notice from Medicaid that addtl info needed approx 2-12-14
stating info was due 2-12-14 with no contact info listed.
I have attempted since 2-14-14 to find a contact.
On 2-22-14 I received a Notice of Action from Renee
McKissick (ext 544-4488) stating I was denied due to
failure to return info. I have attempted to contact her
@ above number. I contacted service coordinator for Jesse
but she could not reach anyone @ home #.
Jesse's Medicaid # is 9420722401.

Are you currently working with another Member of Congress or Senator?
Yes _____ No _____ If yes, name: _____

THE PRIVACY ACT OF 1974 PROHIBITS THE GOVERNMENT FROM REVEALING ANY
INFORMATION FROM PERSONAL FILES OF INDIVIDUALS WITHOUT THE EXPRESS
PERMISSION OF THE PERSON INVOLVED. I HEREBY GIVE MY CONSENT FOR INFORMATION
CONCERNING MY FILE TO BE RELEASED TO CONGRESSMAN TREY GOWDY AND/OR A
REPRESENTATIVE FROM HIS OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE LAW.

Signature: Begina Ray Date: 3-4-14

Please return this form to one of the district offices below:

Congressman Trey Gowdy
101 W. St. John St.
Suite 203
Spartanburg, SC 29306
PHONE: (864) 583-3264
FAX: (864) 583-3926

Congressman Trey Gowdy
104 S. Main St
Suite 801
Greenville, SC 29601
PHONE: (864) 241-0175
FAX: (864) 241-0982



Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 > Columbia, SC 29202

www.scdhhs.gov

March 25, 2014

Congressman Trey Gowdy
201 West Saint John Street
Spartanburg, SC 29306

Dear Congressman Gowdy:

Thank you for contacting our Agency on behalf of Ms. Regina Ray. Good customer service is important to us and we regret the difficulty Ms. Ray faced when trying to reach our Medicaid Office to return requested information.

Ms. Danisha Glasscho in our Office of Member Relations has been in direct contact with Ms. Ray to obtain the information necessary to process her son, Jesse's application. Her son's application is currently being reviewed to determine if he qualifies. Ms. Glasscho will monitor this determination.

If Ms. Ray has any questions regarding the eligibility process, please contact Ms. Glasscho and she will be happy to assist you. Ms. Glasscho can be reached at (803) 898-0704.

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

