

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>4-23-13</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000335</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Ketch</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-3-13</i>		
<i>Cleared 5/2/13, letter attached</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

APR 23 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Stuart A. Feldman

515 Lucy Ave

Belvedere, SC 29841

(803) 279-3036

E-Mail: Stuart1941@gmail.com

Saturday, April 20, 2013

DHHS

Director, Mr. Anthony E. Keck

P.O. Box 8206

Columbia, SC 29202-8206

Mr. Keck,

The enclosed letter, which I received from your office, does not inform me the reason you can use the disk. I checked the disk and did not find any corruption on the disk.

For your information, I have been filing my son's Annual Review Form on a disk since 2010 and was no problems.

I am also enclosing a copy of the cover letter, I sent with disk. You will notice that I requested a replacement card. No mention.

I did notice that letter did not have a telephone number on it. I will surmise that you do not want to talk to the people. I called the Aiken County office and a machine told me to leave a message and they will get back to me 2-3 days. Nobody called me back. I called them in the first week of April. I called Jason Beaver, numerous times and all I got was transferred to a full mailbox and the machine hung up.

Stuart A. Feldman

Stuart A. Feldman

April 18, 2013

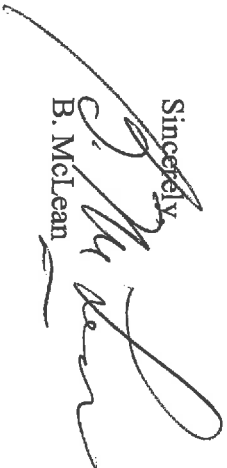
Stuart Feldman
515 Lucy Avenue
Belvedere, SC 29841

Mr. Feldman,

We regret to inform you that we will not be able to use your disk that you sent to us with your annual review form and information. Please copy your information, and return the paper copy to us as soon as possible.

Sorry for any inconvenience we may have caused.

Thanking you in advance for your cooperation.

Sincerely,

B. McLean

Stuart A. Feldman
515 Lucy Ave
Belvedere, SC 29841
(803) 279-3036

E-Mail: Stuart1941@gmail.com

April 15, 2013

To: Richland County DHHS
ATTN: Jason Beaver
3220 Two Notch Road
Columbia, SC 29204-2826

Subject: SC Medicaid Program Annual Review Form

I am requesting a replacement Medicaid card for William, as his card is lost. His Medicaid Member Number is 6728833001.

Files on disk:
Annual Review Form.pdf
Trust 20130301_20130331.pdf
PFCU March 2013.pdf
Review Letter.docx
Sec Fed Bank_March_2013.pdf
TDC Pay Stub.pdf

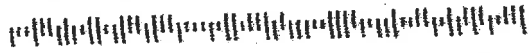
RECEIVED

APR 23 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DHHS
Director, Mr. Anthony E. Keck
P.O. Box 8206
Columbia, SC 29202-8206

29202820606



May 2, 2013

Mr. Stuart A. Feldman
515 Lucy Ave.
Belvedere, SC 29841

Dear Mr. Feldman:

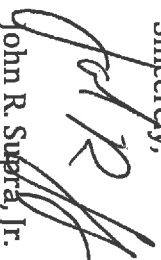
Thank you for contacting us regarding your recent experience with our Agency. Providing good customer service is important to us, and we regret the difficulty you faced when trying to complete the annual redetermination for your son, William Feldman.

Our Member Relations Leader, Ms. Carolyn Roach, has been in contact with you and answered your questions regarding the annual redetermination process. Also, she requested a replacement Medicaid card for William.

If you have additional questions about the South Carolina Medicaid program, you may contact Ms. Roach at (803) 898-3967 and she will be happy to assist him.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance, please let me know.

Sincerely,



John R. Supra, Jr.
Deputy Director and CIO

JRS:j