

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
March 1, 2015 1:56:02 AM EST	9126819123	73	2	Received
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2/28/2015

From: Stephen Ballenger

3412 Smiths Crossing, Ridgeland, South Carolina 29936

To: Honorable Ms. Nikki Haley

Governor, 1205 Pendleton Street, Columbia, South Carolina 29201

Dear Governor Haley:

When I wrote to you back on January 31, 2015, I was writing out of concern regarding the ongoing Medicaid application process for my mom, Ms. Sandy Ballenger. Today, I write with positive news regarding the outcome of this process.

After my letter to you, on February 16, 2015, I went ahead and faxed the requested documents for mom's application to Jasper County DSS. February 21*, mom received this letter in the mail from the South Carolina Healthy Connections out of Columbia. Needless to say, we were both estactic to see that she was finally approved five months later. I feel like either you and/or my three friends from the Rock Hill delegation in the South Carolina General Assembly (Sen. Wes Hayes, Speaker Pro-Temp Tommy Pope, and Representative Gary Simril) were responsible for this quick approval.

Governor, thank you for reading my letter from 1/31/15, and whether or not your hand was involved in this matter, you have my vote of confidence that matters like this were addressed in a timely fashion. I hope that your schedule will allow the opportunity to come down to Ridgeland and see how one of your initiatives is working by visiting TICO Manufacturing. Without our port tractors, our state's ports wouldn't be working efficiently and have an economic impact as it does now.

May God bless you and your family, and the citizens of my beloved South Carolina. I am truly blessed to be a contributor in this state's economy.

Sincerely,

Mr. Stephen Ballenger

Enc: 02/19/15 Sandy Ballenger Medicaid Approval letter

**MEDICAID APPROVAL LETTER
AGED, BLIND, DISABLED (ABD)**

South Carolina Healthy Connections
PO Box 100101
Columbia, SC 29202
(888) 549-0820

Date: 02/19/2015
BG#: 55081416
HH#: 101910839

Your application has been approved. The persons listed below will get Medicaid benefits:

Beneficiary Name	Beneficiary ID#	Medicaid Card Effective Date	Retro Date(s)
SANDY BALLENGER	5782047415	09/01/2014	

The Medicaid card will be mailed to your current address. You must present this card to the doctor, hospital, and drug store each time you go.

You have a choice about the way you receive health services. You will soon receive a Healthy Connections Choices enrollment package. It is very important that you read the package and choose a plan. If you do not choose a plan, a plan will be chosen for you. If you have questions, call SC Healthy Connections Choices at 1-877-552-4642.

You must contact Healthy Connections at (888) 549-0820 in 10 days if you have a change in the following:

- Where you live
- Income
- Resources
- Family Size (someone moves in or out)
- Any news that would change your case

Fair Hearing

If you believe we have made an error, you have the right to appeal this decision at a hearing with SCDHHS, the agency that administers Medicaid in South Carolina. You may represent yourself at the hearing, hire an attorney to help you or even have someone speak on your behalf. You must submit a written request for such a hearing to the address below no later than 30 calendar days from the date of this notice.

SC Department of Health and Human Services
PO Box 100101
Columbia, SC 29202-3101

In your appeal request, you should specifically state which issue(s) you wish to appeal and attach a copy of this notice or other notification received from SCDHHS regarding the specific matter on appeal.

You will receive a review form in the mail every 12 months (sometimes sooner). When you receive the review form, you must complete and return it or your Medicaid will stop.