

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

**ACTION REFERRAL**

TO <i>Supra</i>	DATE <i>10-7-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000134</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cleared 4/7/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-17-13</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.			

October 3, 2013

Hello -

I am trying to find the right hands for help in this matter.

Please be advised that the child listed below, Christian Bumgarner has been residing full time with me, Ralph Bumgarner, his father since December 20, 2012 . He has not been with his mother, Tammy L. Williams since that time. She gave me the cards below during this transition. I have tried contacting local Berkeley County numbers to ask how to handle this or if I need to do anything at all. I have not received any return calls on messages left via voice mail. The Medicaid has not been used since Christian has been with me. We simply need to remove Christian from this aid effective December 20,2012.

Thank You,  
Ralph Bumgarner

439 Stewart Crk Ln  
Bonneau, SC 29431

**RECEIVED**

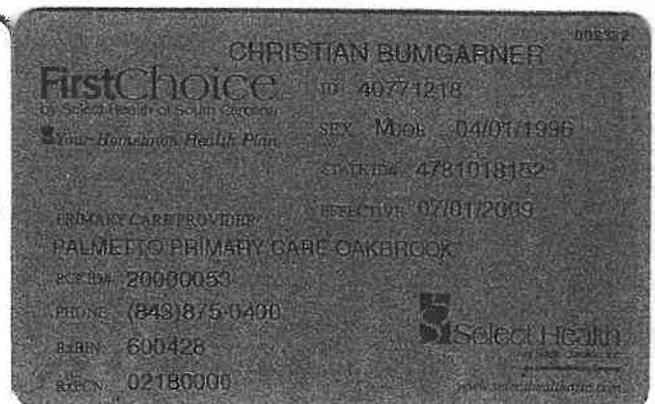
OCT 07 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



CHRISTIAN A BUMGARNER  
DOB 04/01/1996  
Medicaid Member Number:

4781018152

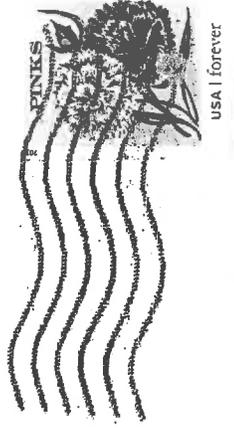


CHRISTIAN BUMGARNER  
ID: 40774218  
SEX: Male 04/01/1996  
MED ID: 4781018152  
EFFECTIVE: 07/01/2009  
PRIMARY CARE PROVIDER:  
PALMETTO PRIMARY CARE OAKBROOK  
ACC ID: 20080053  
PHONE: (843) 875-0400  
PLAN: 600428  
SPECN: 02180000

Select Health  
www.selecthealth.com

Bungamer  
439 Stewart Creek Ln.  
Bonneau, SC 29461

CHARLESTON SC 294  
03 OCT 2013 PM 1 L



**RECEIVED**

OCT 07 2013

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

SCDHHS

PO Box 8206

Columbia, SC

29202-8206

25202+8206

Attn: Office of Director

Nikki Haley GOVERNOR  
Anthony Keck DIRECTOR  
P.O. Box 8206 > Columbia, SC 29202  
www.scdhhs.gov

November 7, 2013

Log Letter 134 

Mr. Ralph Bumgarner  
439 Stewart Clark Lane  
Bonneau, SC 29431

Dear Mr. Bumgarner:

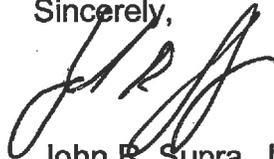
Thank you for reporting the change in living arrangements of your son, Christian Bumgarner. We sincerely apologize for the difficulties you faced when trying to reach the Berkeley County Medicaid Office. Good customer service is important to us and we regret any challenges you may have faced when trying to report this change.

Based on the information you provided, Christian has been terminated from the Medicaid Program. If you would like to determine if Christian is eligible in his current living arrangements at a later date, you may complete an application for him by visiting our website at [apply.scdhhs.gov](http://apply.scdhhs.gov).

If you have any questions regarding the Medicaid Program, please contact Ms. Carolyn Roach in our Office of Member Relations and she will be happy to assist you. Ms. Roach can be reached at (803) 898-3967.

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

Sincerely,



John R. Supra, Jr.  
Deputy Director and CIO

JRS:j

