

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Wells	DATE 5-15-08
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000595	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Alicia Jacobs Closed 5/20/08, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>5-22-08</u> <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.			

SENATOR RALPH ANDERSON
SENATORIAL DISTRICT NO.7
GREENVILLE COUNTY

SENATE ADDRESS:
P.O. BOX 142
SUITE 502, GRESSETT BLDG.
COLUMBIA, S.C. 29202
TEL: (803) 212-6108
FAX: (803) 212-6289
E-MAIL: RA@SCSENATE.ORG



COMMITTEES:
CORRECTIONS & PENOLOGY
EDUCATION
GENERAL
JUDICIARY
MEDICAL AFFAIRS

HOME ADDRESS:
315 ELDER STREET
GREENVILLE, S.C. 29607
TEL: (864) 235-0611

RECEIVED

MAY 15 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

May 14, 2008

Ms. Alicia Jacobs
Eligibility
Department of Health and Human Services
1801 Main St.
P.O. Box 8206
Columbia, SC 29202-8206

RE: Jerry Hughes, Medicaid No.: 178 027 9488

Dear Ms. Jacobs:

Please find the enclosed correspondence that has been referred to me on behalf of Jerry Hughes a constituent in my district. I would appreciate it if you would look into this request and determine what can be done this help with this situation. Thank you and we look forward to your response.

With best regards, I remain.

Sincerely,

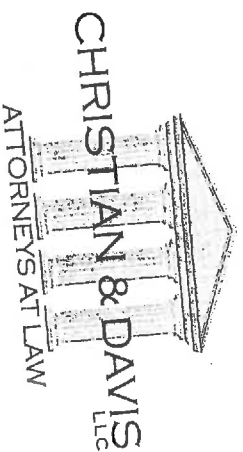
Ralph Anderson

Ralph Anderson
Senate District No. 7

Enclosure

RH/ks

c: Joshua D. Christian



May 5, 2008

Senator Glenn G. Reese
District 11 – Spartanburg County
502 Gressette Building
Columbia, SC 29201

RE: My Client: Jerry Hughes
Medicaid No.: 178 027 9477
Date of Injury: July 21, 2007

Dear Senator Reese:

I am writing in regards to the information which my client requested that I send to you after speaking to your office about his legal matter with Medicaid. On July 21, 2007, Mr. Hughes was involved in a motorcycle collision which we represent him for.

I have enclosed the medical records for you to review should you need those for your documentation. Below I have listed the initial diagnosis of Mr. Hughes upon entry to the hospital, it is important to note that Mr. Hughes will need future surgery for his shoulder, back and Mr. Hughes severed his sacrum nerve which has prevented him from having good bowel movements, and will likely need numerous other treatments.

Mr. Hughes was diagnosed with the following upon being admitted to the hospital on July 21, 2007:

1. sacrum fracture
2. scapula fracture
3. MRSA infection
4. L5 nerve damage
5. multiple orthopedic injuries
6. shoulder fracture and injury
7. pelvic fracture
8. closed head injury
9. rib fractures
10. collapsed lungs

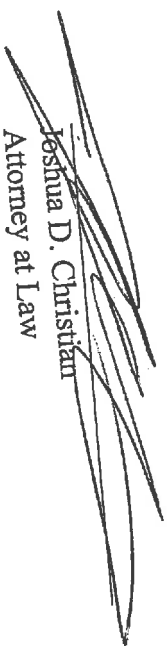
Mr. Hughes has undergone a lumbar spine fusion as a result of his injuries and it is anticipated that Mr. Hughes in the near future will have to have future surgery to remove the hardware as it has become infected.

W. Harold Christian, Jr.
Richard V. Davis
Matthew W. Christian
Joshua D. Christian
Workers' Compensation
Auto & Truck Collisions
Insurance Litigation
Social Security Disability
Serious Personal Injury
Medical & Nursing
Home Negligence

We have exhausted all liability coverage and received \$130,000.00. Mr. Hughes' medical bills are well over \$200,000.00 and we have been trying to get Medicaid to reduce their lien from \$38,000.00. I made an initial offer to try and resolve this issue for repayment of Medicaid lien back in the amount of \$20,000.00. I look forward to hearing from you regarding this matter upon review of this information. Should you have any questions or concerns, please feel free to contact me.

Sincerely,

CHRISTIAN & DAVIS



Joshua D. Christian
Attorney at Law

JDC/mym
Enclosure

Patient Care Summary Report

TRAUMA RECORD

Incident#: 072020195 Report#: 0726062 Unit: 107 Date: 07/21/2007 Call#: 07032109

Patient Information

Patient Name: HUGHES, JERRY
Address: 13 WISCONSIN AVE PIEDMONT SC 29673
SSN: 251-29-9894 Race: WHITE Sex: M DOB: 19700114

Incident Information

Reported Condition at Dispatch: 783 CYCLE 29D2B-HIGH MECHANISM
Disposition: HOSPITAL ER Type of Incident: T M C
To Scene: EMERGENT On Scene: URGENT From Scene: URGENT
Incident Location: 200 OLD GROVE RD INTERSECTN PIEDMONT 29673
DIXIE
County: GREENVILLE Site: ROADWAY Safe Equipment: NONE

Time/Attendants

Call Received: 15:06:27 Call Dispatched: 15:07:09 Departed Base: 15:07:41
Arrive Scene: 15:14:24 Departed Scene: 15:35:03 Arrive Destination: 15:39:38
Receiving Agency: GMH-OTHER LOCATION
Sending Agency:
DHEC: M-03 Form Left In: ED
Cause of Delay:
Reason for Alternate Route to Hospital:
Report Faxed to: GMH-OTHER LOCATION

Primary Attendant: PETERSON, NATHAN 83778
2nd Attendant/Driver: GAINES, JASON 83263
3rd Attendant/Driver:
4th Attendant/Driver:

Receiving Nurse/Physician: MELISSA TILMAN RN
Ordering Physician: PER PROTOCOL

Age: 37 Yrs - Sex: M

First Responder: GANTT FIRE DEPARTMENT

Found: SUPINE

COMPLAINING OF:

MULTITRAUMA / SHOCK -

With associated:

HEAD INJURY

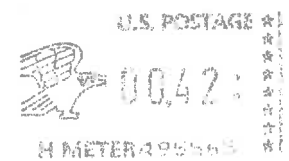
HPI:

Patient involved in motorcycle vs car accident. Patient was thrown off of bike and over car. Complaining of chest pain, right buttocks, and pain everywhere. Patient had numerous lacerations and abrasions.

Patient Denies:
wearing a helmet
Allergies:



SENATOR RALPH ANDERSON
SENATORIAL DISTRICT NUMBER 7
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COLUMBIA, SOUTH CAROLINA 29202



Ms. Alicia Jacobs
Eligibility
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1801 Main St.
P.O. Box 8206
Columbia, SC 29202-8206

292028206 8044





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 20, 2008

Joshua D. Christian, Esquire
Christian & Davis, LLC
Attorneys at Law
P.O. Box 332
Greenville, South Carolina 29602

VIA FACSIMILE & REGULAR MAIL

RE: Jerry Hughes
Medicaid No. : 178 027 9477
Date of Injury: July 1, 2007

Dear Mr. Christian:

This letter is to confirm our conversations of Thursday, May 15th and today settling our subrogation claim. It is my understanding that Mr. Hughes has agreed to our offer to accept \$20,000.00 as payment in full of Medicaid's claim.

Please forward your check to my attention at the address listed below. If you would like for the Department to execute a release of Mr. Hughes, let me know. Upon receipt of the check, I will have the release executed for you. Thank you for your assistance and patience in getting this case resolved.

If you have any questions or I can be of any assistance, please contact me directly at (803) 898-2793 or by e-mail at carterbd@scdhhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce D. Carter", is written over a horizontal line.

Bruce D. Carter
Assistant General Counsel

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

Log # 595

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells / Basso</i>	DATE <i>5-15-08</i>
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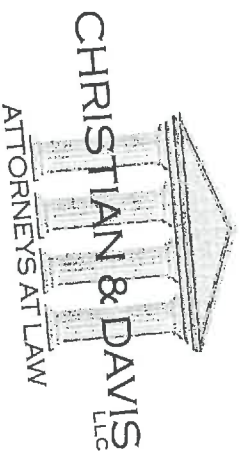
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Dear Senator Reese:

W. Harold Christian, Jr.
Richard V. Davis
Matthew W. Christian
Joshua D. Christian

Workers' Compensation
Auto & Truck Collisions
Insurance Litigation
Social Security Disability
Serious Personal Injury
Medical & Nursing
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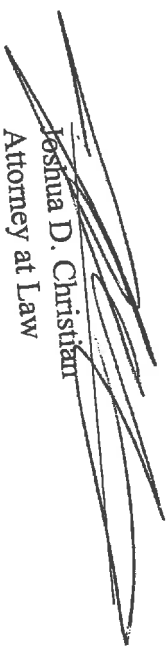
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