

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

**ACTION REFERRAL**

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

A handwritten signature in cursive that reads "Ralph Anderson".

Ralph Anderson  
Senate District No. 7

Enclosure

RHWks

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

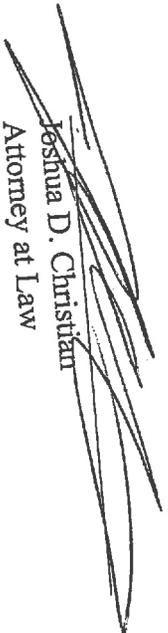
Mr. Hughes has undergone a lumbar spine fusion as a result of his injuries and it is anticipated that Mr. Hughes in the near future will have to have future surgery to remove the hardware as it has become infected.

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

IDC/mym  
Enclosure

### Patient Care Summary Report

TRAUMA RECORD

Incident#: 072020195    Report#: 0728062    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.

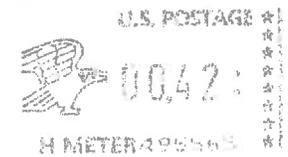
Patient Denies:

wearing a helmet

Allergies:



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SENATORIAL DISTRICT NUMBER 7  
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COLUMBIA, SOUTH CAROLINA 29202



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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*

*Log # 595*

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 15<sup>th</sup> 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](mailto:carterbd@scdhhs.gov).

Sincerely,

Handwritten signature of Bruce D. Carter in black ink.

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

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

**ACTION REFERRAL**

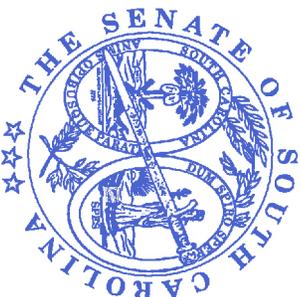
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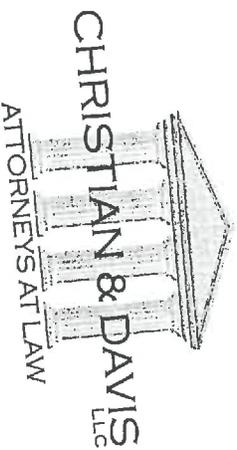
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Richard V. Davis  
Matthew W. Christian

Joshua D. Christian

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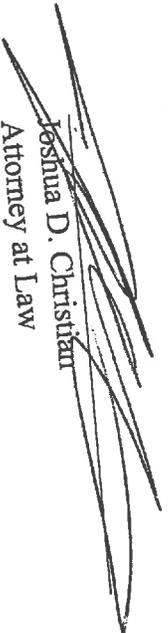
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