

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

MCO Synaxis issued  
state reps provided

TO	DATE
Meyers/Hamilton/Hess	2-12-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	.100445	I I Prepare reply for the Director's signature	
2. DATE SIGNED BY DIRECTOR	cc: Kpst cleared 2/13/09, see note from Bev	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE
			Maga - 2-18-08 DUE 2-24-09
			please close - see Bev's note
			thanks, dme

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. Ravenly Hamilton	2/17/09		
2.			
3.			
4.			

RECEIVED  
FEB 19 2009  
BUREAU OF CARE MANAGE

**From:** Jan Polatty  
**To:** Brenda James  
**Date:** 2/11/2009 5:16 pm  
**Subject:** Fwd: please log - Medicaid concerns

I know you've got this - just thought I'd make sure. Thanks, Jan

>>> Bryan Kost 2/11/2009 4:51 PM >>>  
thanks!

Bryan Kost  
DHHS Public Information  
803.898.2865  
cell- 429.3201  
kostbr@scdhs.gov

>>> Lynn W Powers <lrodgers@kershawsheriff.net> 2/11/2009 12:59 PM >>>  
Dear Rep. Funderburk and Sen. Sheheen,

Seldom do I feel the need to express an opinion in reference to the way public servants do their jobs, but today I must. Due to circumstances beyond our control my granddaughter, Alyssa, is currently covered by Medicaid. Born a preemie weighing 3 pounds 5.2 ounces, Alyssa has come a long way. We are grateful for everything that she has received and I certainly don't want to appear in anyway that we are not. Today, we are at odds with Medicaid because without my daughter's consent Alyssa's policy was changed from First Choice to Blue Choice causing a lapse in her shots to protect her from RSV/Synagis. We have been assured that her policy has been changed back to First Choice which will cover the shots, but there seems to be a problem expediting that information. The change was made on February 1st and today that information still hasn't reached proper channels in order to have her next shot approved. She is now, at the fault of Medicaid, two months behind in regard to receiving her shot. It is imperative that she be protected during the season of respiratory infections. This may be a normal everyday occurrence to the folks who handle this information but to me it represents toying with the life of my grandchild. I would respectfully ask that some investigation into the processes used in the Medicaid system occur. Human life is a gift from God to be treasured with all due respect. The circumstances that made this coverage a necessity to my granddaughter did not make her a person to be less respected as a human being. Medicaid has a few individuals who need to realize that their job as public servants is to do just that...serve respectfully and in a timely manner.

Any attention that you can give to making this a more efficient and respectful system would certainly be appreciated. My granddaughter's life depends on it.

Sincerely,

Lynn W Powers  
Administrative Assistant  
Kershaw County Sheriff's Office  
~~Civil~~ Division

**RECEIVED**

FEB 12 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

*Issue Resolved  
on Fri, 2/13/09.  
↓ spoke to Mrs.*

*Powers on Friday  
2/13/09 and*

*apologized. Blue  
her my direct  
line and asked  
her to have her  
daughter call me  
if she has any  
further problems.*

*PL*

PO Box 70  
Lugoff, SC 29078  
Phone (803)424-4030  
Fax (803)424-4031

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

**ACTION REFERRAL**

<b>TO</b> <i>McJann</i>	<b>DATE</b> <i>2-12-09</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>100445</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kpst</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-24-09</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
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