

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>7-30-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>000057</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 8/7/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <b>8-8-07</b>
	<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.			

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:  
ARMED SERVICES  
EDUCATION AND LABOR  
FOREIGN AFFAIRS  
HOUSE POLICY

## Congress of the United States House of Representatives

COUNTIES:

AIKEN\*  
ALLEDALE  
BARNWELL  
BEAUFORT  
CALHOUN\*  
HAMPTON  
JASPER  
LEXINGTON  
ORANGEBURG\*  
RICHLAND\*  
[\*PARTS OF]

DINO TEPPARA  
CHIEF OF STAFF  
AND COUNSEL

July 27, 2007

**RECEIVED**

JUL 30 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

RE: Ms. Elizabeth Thomas  
Medicaid # 1630206286

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding her medical condition. Enclosed is a copy of all correspondence for your perusal. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,



JOE WILSON  
Member of Congress

JW/jmc  
Enclosure

MIDLANDS OFFICE:  
1700 SUNSET BLVD. (US 378), Suite 1  
West Columbia, SC 29169  
(803) 839-0041  
Fax: (803) 839-0078

212 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4002  
(202) 225-2452  
Fax: (202) 225-2455  
www.joewilson.house.gov

LOWCOUNTRY OFFICE:  
903 PORT REPUBLIC STREET  
P.O. Box 1538  
Beaufort, SC 29901  
(843) 521-2530  
Fax: (843) 521-2535

JUL 24 2007

to: Congressman Joe Wilson,

My name is Mrs. Elizabeth Thomas, I have been disabled for ten years, in 1997 I was diagnosed with SLE lupus. In 2000 I developed diabetes type II from the steroids I take to control the lupus. In 2001 I developed Chronic Pancreatitis from the Lennan I take also for the lupus. I have had numerous surgeries stemming from the medications I must take for my disease. The reason I'm writing you is because I "Need" to have a hysterectomy, I don't want to have one but I need to have it.

My menstrual cycles have been lasting for 30 days at a time and the cramps have been unbearable pain for me. My OB-GYN have submitted a letter to the Medicaid Department and they have denied the surgery. They Pulmonary Specialist says that they're interfering with my healthcare. I've tried the 2 other options they want me to

But these options have been un-  
successful for me. I really need your  
involvement on my behalf to do what  
even you can to get Medicaid to change  
their decision this surgery is "medically  
necessary". I've always felt that  
programs such as Medicaid main  
focus is to help patients and not deny  
them of medically necessary services  
and other healthcare that much  
needed". I personally don't need to  
suffer with another health problem to go  
along with my already existing ones.  
I would be very grateful if you  
can become involved with my situation  
so I can get the healthcare I need.  
I'm going through "severe pain" and  
bleeding and in order for others to  
know my pain they have to go through  
it themselves.

Sincerely,

Mr. Dingrell Thomas

7/19/67

Look on back.

- I have enclosed some medical info  
for you to know some of what I'm  
going through and have been going  
through with this problem.



*South Carolina OB-GYN Associates, P.A.*

1333 Taylor Street, Suite 2-D  
Columbia, SC 29201  
(803) 254-1300 / 9300

*Diplomates of American Board of Obstetrics and Gynecology*

JULIAN A. SALLEY, M.D., F.A.C.O.G.  
DAVID H. POSTLES, JR., M.D., F.A.C.O.G.  
M. TUCKER LAFETTE, III, M.D., F.A.C.O.G.  
THOMAS P. GUIDICE, M.D., F.A.C.O.G.

JAMES W. STANDS, M.D., F.A.C.O.G.  
MARK H. SALLEY, M.D., F.A.C.O.G.  
DAVID C. HOLLADAY, M.D., F.A.C.O.G.  
ROBERT P. GRUMBACH, M.D. F.A.C.O.G.

June 1, 2007

Carolina Center for Medical Excellence  
c/o Medicaid  
246 Stoneridge Drive, Suite #200  
Columbia, South Carolina 29210

RE: Elizabeth Thomas  
Chart #25262  
Medicaid #1630206286  
Procedure: Hysterectomy

Dear Carolina Center for Medical Excellence:

I recently received your letter of denial for hysterectomy on Elizabeth Thomas. As previously stated in her medical records, she did have an endometrial biopsy done revealing focally bleeding and minimally disordered proliferative phase endometrium. She was treated with luteal phase Prometrium at that time. She continued to have abnormal uterine bleeding. She underwent a second endometrial biopsy in August 2005 which showed breakdown changes. She then underwent an endometrial ablation in 2005. She continued to have abnormal uterine bleeding and was again treated with hormonal therapy with Depo-Provera in 2006.

So, in response to your denial that it is recommended that either Depo-Provera be used for six months or cyclic progesterone use for three months, this has already been done twice pre and post endometrial ablation. Endometrial ablation has been performed followed by Depo-Provera. Endometrial biopsy has been performed twice. Since she has failed hormonal therapy multiple times and conservative surgical therapy, I do believe hysterectomy is warranted at this time.

If I may answer any further questions please do not hesitate to let me know.

Sincerely,

David C. Holladay, M.D.  
DCH/gh

**MAILED**  
6-14-07

5

LAB #: S03-12351

DOS: 6/17/2003  
SURGEON: LABCORP

NAME: THOMAS, ELIZABETH  
HOSP #: 002094328  
ACCT#: 0316900624002  
DOB: 11/25/1963 (Age: 39) F  
SSN: 251-21-2567  
LOC: PLR (RMH)

CHART #: LABCORP S03-2891  
~~#25262~~  
HOLLADAY

Specimen (source): ENDOMETRIAL BIOPSY  
Clinical Data: DUB (626.8); PELVIC PAIN (625.9)

JUN 20 2003

\*\*\* A LABORATORY CORPORATION OF AMERICA PATIENT \*\*\*  
**SURGICAL PATHOLOGY REPORT**

**GROSS:** Endometrial biopsy -> Mucoid aggregate of fragmentary material measuring 0.8 x 0.7 x 0.4 cm; toto-1.

JM:ej06/18/2003

**MICROSCOPIC:** Glands and stroma are basically in phase. There are several foci with early stromal degenerative changes. Slightly clustered glands are seen but overall gland to stroma ratio considerably less than 1:1.

**DIAGNOSIS:**  
BIOPSY OF ENDOMETRIUM:  
FOCALLY BLEEDING MINIMALLY DISORDERED PROLIFERATIVE  
PHASE ENDOMETRIUM. (626.8)

6/27/03

JCR:jah06/19/03

**Comment:** These changes occasionally seen with anovulatory cycles.

\*\*\*Electronically Signed Out By JAMES REYNOLDS MD \*\*\*

254-2043





Date: 5-2-07

Name \_\_\_\_\_  
 Chart # \_\_\_\_\_

MS. ELIZABETH THOMAS  
 4600 FT. JACKSON BLVD.  
 APT. #197  
 COLUMBIA SC 29209

43

HPI: 43yo BoF

1033 Cedarville

Uninsured for last 2 yrs  
3rd Endometrial Biopsy / Pap Smear  
Unresected

**OB-GYN Hx:**

CONTRACEPTION: AZ

OB Hx: G: 4 P: 1 AB: 3

MPENSES: 2003

CLP Malware  
5/20/2003, Belgium

PAST MEDICAL Hx: ☐ No Change

Medical: Upper Intest. Pain, Bowel, Cholesterol, Asthma, Diabetes

Meds: Dilantin / Hbly, Norvasc, Priliv / Pny - see med. form

Allergies: Penicillin

Surgery: 03/02, Breast, Debreau, Ps. Vascular Surgery, 2.250

**LABS:**

Pap: 11/06

for Lys, Hx

Hgb: 11.6 gms

Cholesterol

mg/dl

Mammogram: 12/05

Spec. Rpt: 8/06

FIDL

mg/dl

**PHYSICAL EXAM**

Ht: 5'8"

Wt: 150.1 lb

Pulse: \_\_\_\_\_

Temp: \_\_\_\_\_

IMP: 7

	N	ABN	DETAIL OF ABNORMAL		N	ABN	DETAILS OF ABNORMAL
Appearance	/			Heart	/		
Skin	/			Lungs	/		
BHEENT	/			Abdomen	/		
Thyroid	/			Extremities	/		
Lymph Nodes	/			Breast	/		

**GYN EXAM**

	N	ABN	DETAILS OF ABNORMAL
ECBUS	/		
Vagina	/		
Cervix	/		
Uterus	/		
Adnexa	/		
Rectum	/		

**ASSESSMENT / PLAN**

Uninsured BoF

- Endometrial Biopsy / Endometrial Atrophy

- Pap, SBE

6-4-07 CLASS I PAP SMEAR NEG 5T

Uninsured consider US Surgeon R

Pt. during deC. care Dr. S

LSH

Handwritten signature/initials

MS. ELIZABETH THOMAS  
4600 FT. JACKSON BLVD.  
APT. #197  
COLUMBIA SC 29209

PATIENT'S NAME \_\_\_\_\_ CASE No. \_\_\_\_\_



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forker  
Director

August 7, 2007

The Honorable Joe Wilson  
Midlands District Office  
1700 Sunset Boulevard  
West Columbia, South Carolina 29169

Dear Representative Wilson:

Thank you for the letter on behalf of your constituent, Ms. Elizabeth Thomas, regarding her medical care. The Division of Hospital Services at the Department of Health and Human Services contacted our Quality Improvement Organization, Qualis Health, to discuss this situation since it was a request for reconsideration of a procedure that had previously been denied. After Qualis reviewed additional documentation submitted by Ms. Thomas' physician, the procedure was found to be medically necessary. A letter was mailed on July 30, 2007, from Qualis notifying Ms. Thomas' attending physician of their conclusion.

We regret any inconvenience this may have caused Ms. Thomas, but are pleased to have a positive resolution. If there are further questions regarding this matter, please feel free to contact Ms. Zenovia Vaughn, Division Director for Hospital Services, at (803) 898-2665.

Thank you for your continued support of the South Carolina Medicaid program.

Sincerely,

*BZ Giese*

Melanie "BZ" Giese, RN  
Bureau Director for Health Services

MG/vb

#57  
✓