

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Re-log to Hess, per Giese on 2-1-13. Due date changed to 2/12/13

TO <i>Hess</i>	DATE <i>1/30/13</i> <i>to 2/12/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>00-232</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Burton</i> <i>Cleared 2/5/13, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2/12/13</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. <i>[Signature]</i>	<i>2-1-13</i>		<i>Ms. Daniels is on First Choice Re-log to Prof 2/1/13</i>
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giесе / Williams</i>	DATE <i>1/30/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101-232</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Burton</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2/7/13</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.			

RECEIVED

JAN 30 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR



MEDI-CAID - SOUTH CAROLINA
DIVISION OF APPEALS P.O. BOX 8206
COLUMBIA SC 29202

RE: LATOCKQUA DANIELS
325 PEACHTREE ST APT 3
EDGEFIELD SC 29824
6191530901 / 08219501083
07/12/12

Dear MEDI-CAID - SOUTH CAROLINA:

I am writing to file a formal grievance about medical coverage for the MaterniT21™ PLUS test service ordered by my health care provider as part of my ongoing prenatal care.

My physician, KENNETH TROFATTER ordered this test for me because I am at increased risk for fetal chromosomal aneuploidies.

I understand that the American College of Obstetricians and Gynecology has guidelines that state, "*All women, regardless of age, should have the option of invasive testing. A woman's decision to have an amniocentesis or CVS is based on many factors, including the risk that the fetus will have a chromosomal abnormality, the risk of pregnancy loss from an invasive procedure, and the consequences of having an affected child if diagnostic testing is not done.*"

I elected to have the noninvasive MaterniT21 PLUS test performed based upon my physician's advice. This test is performed on a venipuncture blood sample which does not carry the risk of miscarriage that is associated with an invasive procedure such as amniocentesis or CVS.

The availability of this noninvasive test has given me the opportunity to make a more informed decision and avoid a procedure which has potential risks to both my health and the health of my unborn baby. I disagree with your decision about not covering this test to the population of pregnant women who have a real increased risk of bearing children with Down's syndrome, amongst the most common chromosomal aneuploidies. Clearly, the benefit of this test is to avoid invasive testing.

I respectfully request that you provide coverage for the MaterniT21PLUS test to the Sequenom Center for Molecular Medicine and would consider resolution of my grievance as such.

This is a grievance and I authorize Sequenom CMM to file an appeal on my behalf. Please contact me at 803-637-2293, if you require additional information.

Thank you in advance for your attention to this matter.

Sincerely,

LATOCKQUA DANIELS
325 PEACHTREE ST APT 3
EDGEFIELD SC 29824

ID#: 6191530901 / 08219501083

CC: Y



January 28, 2013

INTRA-AGENCY MAIL

Valeria Williams
SCDHHS Office of Health and Medical Services
1801 Main Street
Columbia, SC 29201

RE: Grievance letter from Latockqua Daniels
Appeals' Unopened Case # 13-U-030

Dear Ms. Williams:

I am forwarding Ms. Daniels' grievance letter to you as the SCDHHS Division of Appeals and Hearings does not handle grievances. Sequenom CMM has filed an appeal on behalf of Ms. Daniels.

If you have any questions, you may call me at 803-898-2600.

Sincerely,

Robert French, Chief Hearing Officer
Division of Appeals and Hearings

Enclosure

cc: Latockqua Daniels, via 1st class mail (without enclosure)



February 5, 2013

Ms. Latockqua Daniels
325 Peachtree Street, Apartment #3
Edgefield, South Carolina 29824

Dear Ms. Daniels:

Thank you for your letter concerning your denial by Select Health of South Carolina for coverage of MaterniT21 PLUS test service. I appreciate you bringing this issue to our attention.

I have forwarded your grievance to Select Health for a response as it is their responsibility to communicate with you about your formal grievance. Additionally, as you are probably aware, our Division of Appeals and Hearings will be handling your appeal of their decision.

We appreciate the opportunity to assist you in forwarding your formal grievance to Select Health. Please do not hesitate to contact us if we can be of further assistance.

Sincerely,

Roy E. Hess
Deputy Director

Cc: Dr. Fred Volkman
Select Health of South Carolina