

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



TO <i>Grise Vardan</i>	DATE <i>3-8-12</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>101356</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-16-12</i>		
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fect, Fort, Lynch</i>	<input type="checkbox"/> Prepare reply for appropriate signature. DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
<i>Cleared 3/30/12, see attached letter</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>[Signature]</i>			
2. <i>[Signature]</i>	<i>OK 3/22</i>		
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>3-8-12</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101856</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>3-16-12</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fect, Frost, Lynch</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

LEE BRIGHT  
SENATOR, SPARTANBURG COUNTY  
SENATORIAL DISTRICT 12

COMMITTEES:  
AGRICULTURE AND NATURAL RESOURCES  
GENERAL  
JUDICIARY  
LABOR, COMMERCE AND INDUSTRY  
TRANSPORTATION



COLUMBIA ADDRESS:  
502 GRESSETTE SENATE BLDG  
POST OFFICE BOX 142  
COLUMBIA, SC 29202  
TEL: (803) 212-6108  
FAX: (803) 212-6299  
EMAIL: LEEBRIGHT@SCSENATE.GOV  
HOME ADDRESS:  
POST OFFICE BOX 1079  
ROEBUCK, SC 29376

**RECEIVED**

**M E M O R A N D U M**

**MAR 08 2012**

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

TO: Anthony E. Keck, Director  
Department of Health and Human Services

FROM:  Lee Bright

DATE: February 29, 2012

RE: Katrina Hensley's Medicaid Dental Assistance

Please find the enclosed correspondence that I received on behalf of Katrina Hensley, which is self-explanatory. I would appreciate it if you would have the appropriate staff member review this information and determine if Katrina is eligible for services so that she may receive anesthesia for her dental exam. Thank you for your assistance with this request. We look forward to your response.

Enclosures

c: James B. Tankersley, Jr., D.M.D.

LINDSEY O. GRAHAM  
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-5972

## UNITED STATES SENATE

January 31, 2012

Senator Lee Bright  
502 Gressette Bldg  
Columbia, SC 29201

Dear Senator Bright:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to the individual.

Sincerely,

A handwritten signature in black ink, appearing to be "L. Graham", written over a horizontal line.

Lindsey O. Graham  
United States Senator

LOG/ER

Enclosure

508 HAMPTON STREET  
SUITE 202  
COLUMBIA, SC 29201  
(803) 933-0112

401 WEST EVANS STREET  
SUITE 111  
FLORENCE, SC 29501  
(843) 669-1505

130 SOUTH MAIN STREET  
SUITE 700  
GREENVILLE, SC 29601  
(864) 250-1417

530 JOHNNIE DODDS BOULEVARD  
SUITE 202  
MOUNT PLEASANT, SC 29464  
(843) 848-3887

235 EAST MAIN STREET  
SUITE 100  
ROCK HILL, SC 29730  
(803) 368-2828

124 EXCHANGE STREET  
SUITE A  
PENDLETON, SC 29670  
(864) 646-4090

NO JURIS SEN 1 ON 1/31/12

UPSTATE DENTAL SURGERY P.A.

JAMES B. TANKERSLEY, JR. D.M.D.

BOARD CERTIFIED  
American Board of  
Oral and Maxillofacial Surgery

ORAL AND MAXILLOFACIAL SURGERY  
4103 EAST NORTH STREET  
GREENVILLE, S.C. 29615  
(864) 268-6417

FELLOW  
American Association of  
Oral and Maxillofacial Surgery

RECEIVED

JAN 28 2012

Senator Lindsay Graham

Date: January 10, 2012

DentaQuest  
P.O. Box 2136  
Columbia, SC 29202

Re: Katrina Hensley  
Medicaid # 1422252302

Dear Sir:

This is the fourth time we have tried to get approval to treat Katrina Hensley. Katrina has multiple medical problems including osteogenesis imperfecta a platelet function disorder requiring a transfusion of platelets prior to surgery, blindness, and asthma.

She can only be treated in the hospital. She would not allow a complete exam in the office and will require an exam under anesthesia. Although, I cannot say for certain exactly how many teeth may need to be removed, I know the first molars are carious and should be removed.

What bothers me is that this is obviously someone who needs Medicaid and is being denied, while I see hundreds of people who abuse Medicaid and are given benefits without question. I am enclosing a copy of this letter to our state senator. I doubt it will help, but maybe someone will be held responsible for the way this child has been treated.

Sincerely,



James B. Tankersley, Jr., D.M.D.

05/27/1994 23:17 864-268-6417 J. B. TANKERSLEY DMD PAGE 03  
12/15/2011 16:29 PEDIATRIC SPECIALTIES PARTNERS → 18642693200

**FACSIMILE COVER SHEET**

**GHS**  
**UNIVERSITY MEDICAL GROUP**  
Pediatric Specialties  
11 Doctor's Park Drive  
Spartanburg, SC 29307  
FACSIMILE: 864-596-5164  
TELEPHONE: 864-573-8732

**PRIVILEGED AND CONFIDENTIAL**

This facsimile message is privileged and confidential. It is intended solely for use of the individual named below. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, please immediately notify the sender by telephone and arrangements will be made to pick up the original message.

The recipient is hereby advised that any dissemination, distribution or copying of the communication is prohibited.

PLEASE DELIVER THE FOLLOWING PAGE(S): 261-3200

TO:	<i>R. Tankersley in office</i>	FROM:	
DATE:	<i>12/15/11</i>	NUMBER OF PAGES INCLUDING THIS COVER LETTER:	

COMMENTS:

*Please notify Don Orz  
arranged - Angela Neno by 494 8138  
Thank you*

IF YOU DO NOT RECEIVE ALL PAGES OR IF ANY PART OF THIS TRANSMISSION IS NOT LEGIBLE, PLEASE CALL US AT 864-573-8732

05/27/1994 23:17 854-268-6417 J. B. TANKERSLEY DMD PAGE 04  
12-15-2011 16:39 PEDIATRIC SPECIALTIES SPRINGERS → 18542683300 10.571 0%



Doctors Orders  
Greenville Hospital System  
PHYSICIANS ORDERS

Kathia Rowley  
#970 432 062  
(DOB 5/23/01)  
ADDRESS: 909 BAHU

YEAR 2011 CHILD ALLERGYES

HEIGHT 18.8 kg DIGNOSIS Platelet Function Defect

REMARK DATE TIME COMMENTS (Removal by - Buddel  
anytime)

12/15/11 a ① Please to confirm 1 pheresis unit  
of platelets immediately prior to  
inpatient surgery

② admit to ped's hematology after  
surgery for monitoring cross react

③ receive 1.5 grams PD / IV Dabrowa  
starting after surgery and waiting for  
5 days

William D. Anderson, MD  
Allergist

NURSING: INDICATE "SCANNED, DATE, TIME AND SIGNATURE" AFTER EACH ORDER  
PHYSICIANS ORDERS M:1004 (1202) DOCTORS ORDERS PAGE 1 OF 1

05/27/1994 23:17 864-268-6417

J.B. TANKERSLEY DMD

PAGE 05

MEDICAL INFORMATION

Pharmacy Name: *Pharmacy CVS*

Phone: *804-599-0920*

*Blind*

O.T. *Heremansky - Puddle*

*Perphysist Syndrome*

*Has prot. di cath.*

PHYSICIAN INFORMATION

Physician: *Pediatric Assoc*

Phone: *582-8135*

Physician: *Dr. Beard*

Phone: *582-8794*

EMERGENCY CONTACT

Name: *Angele Hensley*

Phone: *494-8138*

Name: *Kenneth Hensley*

Phone: *494-6360*

Katrina F. Hensley  
Compliments of

*Sibley*

Triple i  
PERSONAL  
MEDICATION  
REGISTRY

© 2004 King of the Hill DDM, INC.

05/27/1994 23:17

864-268-6417

J.B. TANKERSLEY DMD

PAGE 06

Name: Katrina Faith Hensley 8-23-01 (Complaints of) Stomach

MEDICATIONS	DATE STARTED	DOSEAGE	CONDITION	TIME DAYS
Oxycontin		10 mg	D.I.	2
Neurontin		100 mg	D.I.	2
Drisdol V.I.D		10 drops		1
Zosac		15mg - 3ml		2
Levocarnitine		1/2		1
Clonidine HCl		1 tablet		1
Lysine 25mg		4 caps @ bedtime		1
Tylenol with Codeine		2 teaspoons	as needed	
Zoscan		as needed		
Xopenex		as needed		
Humicort		as needed		
Humicort 590 sweets		as needed for bleeding		

05/27/1994 23:17 864-268-6417

J.B. TANKERSLEY DMD

PAGE 07

05/26/2011

15:04

FED HEM DNC CTR + 92693200

NO TEST PAID

494-8138

Outpatient Notes, Results Report

**PN Name:** [REDACTED]  
**PI ID:** 2010470577  
**DOB:** 04/23/2001  
**Adm DTime:** 02/21/2011 07:09  
**Home Ssn:**  
**Di:**  
**IRN:** 870433052  
**Acci No:** 0801131552  
**Age/Sex:** 10Y/F  
**Adm Dr:** Unassigned, NA MD  
**Rm/Bed:**

**Ally:** AGENCY HR REVIEWED BY RPM, NO KNOWN DRUG ALLERGIES

**Order Name:** Outpatient Notes  
**Collection Date:** 05/15/2011 08:00  
**Result Status:** Final Result

THE CHILDREN'S HOSPITAL OF THE GREENVILLE HOSPITAL SYSTEM  
 81-10 CHARITIES CHILDREN'S CORP/CF CENTER  
 900 W. PARIS ROAD  
 GREENVILLE, SC 29605  
 Phone (864) 455-8633 Fax (864) 455-3164  
 Anderson Office  
 Pediatric Specialties of the  
 Spartanburg Office  
 Children's Hospital Outpatient Specialties  
 Anderson Office  
 Update  
 1700 Skyline Drive, Suite 200  
 2000 S. Greenwood St.,  
 Suite 3500  
 Spartanburg, SC 29307  
 Anderson, SC 29301  
 Phone (864) 573-0132, Fax (864) 596-5164  
 Phone (864) 716-6490, Fax (864) 726-6492

*D Anderson*

**NAME:** HENLEY, KATRINA FAITH  
**MRN:** 000-970-43-3062  
**DATE:** 05/15/2011  
**DOB:** 08/23/2001  
**DIAGNOSIS:** 1) Osteogenesis Imperfecta. 2) Hereditary-Pud.[] syndrome.  
**REQUESTED**  
**BY** CC: Dr. George Haddad

**DATE OF EVALUATION:** 05/15/2011

**HISTORY:** We had the pleasure of seeing Katrina Henley here in the Fall from One Clinic for continued management of her Hereditary-Pud.[] disorder abnormally syndrome as well as for physical management of her abnormally syndrome. Katrina was also diagnosed by Dr. Legarda here in Spartanburg with acute intermittent porphyria although all the testing that I have done has not shown any increase in her porphyrin either in blood or urine, and therefore I do not feel strongly about the diagnosis. She has been receiving hemin infusions usually on a month schedule for episodic abdominal pain which her mother describes as severe wach amesis. She has never been evaluated by pediatric GI and has never had any kind of visualization of her stomach or first part of the intestines. Mother reports that 2 times a month she has several days of vomiting and that this pattern persists every month, and that the only thing that makes it better is the hemin infusions. We are not currently writing or endorsing the hemin infusions that she is getting. She has had problems with iron deficiency in the past and has been on iron supplements in the past as well. Katrina's mother is also concerned that she has several teeth that

**PH Name:** HENLEY, KATRINA P  
**Ref/Doc:** Page 1 of 1  
**MMR:** 07/03/2012

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 Critical Reports @ 199-4301. Address Changes Welcome. Under All rights reserved.  
 Disposal and Notes Results Report  
 CRL 0726 04/16/2011  
 Printed By: George Haddad  
 Printed On: 07 May 11 10:21

05/27/1994 23:17 954-258-6417  
 09/26/2011 15:04 FED HEM DNC CTR + S2693200

J.B. TANKERSLEY DMD

PAGE 08

NO. 770 271

Outpatient Note Result Report

Pr Name:	HENSLEY, KATRINA F	MRN:	970433052
PRID:	20101476577	Accl No:	0804131652
DOB:	06/23/2001	AgeSex:	10Y/F
Adm OTime:	02/01/2011 07:58	Adm Or:	Unassigned N/A MID
Nurse Str:		Number:	
Dr:			
Alli:	ALLERGY HK REVIEWED BY RPH. No Known Drug Allergies		
Order Name:	Oral Hygiene	Observation Date:	06/12/01 06:30
Result Name:	Oral Hygiene	Result Status:	Final Result

are showing significant signs of decay and that she is in need of an oral surgeon to evaluate her for the need to potentially pull these teeth while under our care for management of her platelet dysfunction.

PHYSICAL EXAMINATION: T 98.2, P 58, BP 109/81. O2 sat 100% in room air, WT 18.8 kg. Ir gowers. She is a small appearing Caucasian female with multiple body musculokostic, abnormalities related to her osteogenesis imperfecta. She is able to sit and scoot along on her bottom but cannot stand. HEENT exam is abnormal in that she has several severe dental caries with breakdown of her teeth down to the gumline but no obvious abscesses that I can call. Lungs clear, good air movement, no wheezes or crackles.

Cardiovascular: Normal. Abdomen soft, nondistended, no hepatosplenomegaly. Skin exam is normal. Lymphatics are normal. Her neurologic exam is grossly intact.

LABORATORY: Hgb 12.5, Hct 36.7, Plt's 323,000, WBC 9000 with a normal differential. Iron studies are normal.

IMPRESSION: 1) Hereditary-Podlak syndrome (platelet function abnormality). 2) Osteogenesis imperfecta. 3) Gastritis/abdominal pain.

DISPOSITION: I recommend to Karolina's mother that she seek a referral to Pediatric GI for evaluation of her episodic abdominal pain associated with vomiting. She may need an upper endoscopy procedure to look for signs of irritation or problems, and we have no problem with her having a scope, but if biopsies are to be taken we will likely recommend that she get platelets prior to that procedure. I also feel that she should be evaluated by a dentist and may need to see an oral surgeon about having her severely decaying teeth removed. We can also make her safe for risk of bleeding by giving her platelets prior to this type of procedure, and also putting her on Motilac to help to prevent breakdown of a clot once it is formed. Once again, I have no clear evidence that Karolina has acute intermittent porphyria and to speculate that she has yet another rare illness would be hard to justify. I feel that she needs a further GI evaluation at this point to make sure that we are not missing something related to an ongoing intestinal issue. She will return to our office in 6 months with a CBC and a rectal at that time. We will be in discussions with her mother should she have a scheduled procedure in order to make sure that we have platelets ordered prior to any invasive procedure.

Alan K. Anderson, MD

CC: George Charles Haddad, MD

D:04/15/2011 11:03/15/2011 06:05 P Jnt 3144488

Continued

Pr Name: HENSLEY, KATRINA F

PRID:

Page 2 of 3

MRN: 970433052

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Outpatient Note Results Report

Printed: 07/26/2011 11:00

Approved: George Haddad

Printed On: 25-Sep-11 11:22

**INTERAGENCY MAIL SERVICE**  
Anthony F. Keck, Exec. Director  
Department of Health & Human Services  
1801 Main Street  
P.O. Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**RECEIVED**  
MAR 08 2012

SENATOR GLENN G. REESE  
POST OFFICE BOX 142  
SUITE 502, GRESSETTE SENATE BUILDING  
COLUMBIA, SOUTH CAROLINA 29202





March 30, 2012

The Honorable Lee Bright  
Senate District # 12  
502 Gressette Senate Bldg  
Post Office Box 142  
Columbia, South Carolina 29202

Dear Senator Bright:

Thank you for the letter to the South Carolina Department of Health and Human Services (SCDHHS) regarding approval for dental services for Ms. Katrina Hensley.

We contacted Ms. Rebekah Steen, Program Director for DentaQuest, our Medicaid dental services administrator, for information regarding this case. Ms. Steen reported that the request from Dr. Tankersley was received on January 10, 2012 and an approval letter was sent to him on January 25th. Ms. Hensley received surgery on February 20th and we confirmed that reimbursement for those services was paid on Friday, March 16th.

Thank you for bringing this to our attention. If you have additional questions, please do not hesitate to contact Mr. Ervin Yarrell, Team Leader, for Hospitals, Durable Medical Equipment, Transportation, and Dental at (803) 898-2884.

Sincerely,



Anthony E. Keck  
Director

AEK/gvw

cc: James B. Tankersley, Jr. D.M.D.  
Lindsey O. Graham, United State Senator