

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

**ACTION REFERRAL**

TO	DATE
Wells	7-11-07

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000017</b>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>7-18-07</u>
2. DATE SIGNED BY DIRECTOR <u>Chand 7/16/07, [Signature]</u> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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.			

GLENN G. REESE  
SENATOR, SPARTANBURG COUNTY  
SENATORIAL DISTRICT NO. 11

SENATE ADDRESS:  
P. O. BOX 142  
502 GRESSETTE SENATE OFFICE BLDG.  
COLUMBIA, SC 29202  
(803) 212-6108  
E-MAIL: GR@SCSENATE.ORG

HOME ADDRESS:  
507 FAGAN DRIVE  
LAKE BOWEN  
INMAN, SC 29349-7000  
(864) 592-2984 HOME  
(864) 585-1956 OFFICE

E-MAIL: REESEJG@CHARTER.NET



COMMITTEES:  
BANKING AND INSURANCE  
FINANCE  
GENERAL  
INVITATIONS  
LABOR, COMMERCE AND INDUSTRY  
RULES

**RECEIVED**

JUL 11 2007

MEMORANDUM

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

TO: Robert M. Kerr, Director  
Department of Health and Human Services

FROM:  Glenn G. Reese

DATE: July 10, 2007

RE: Bobbie Jean Lawson's Request's on Behalf of Louise B. Gossett

Please find the enclosed correspondence that I received from Bobbie Jean Lawson, which is self-explanatory. I would appreciate it if you would have a staff member of your staff review her request and answer her questions. Thank you.

Enclosure

GGRkks

c: Bobbie Jean Lawson

*Log: WLLD*  
*dir. Mgr*

1232 Arthur Blvd.  
Union, SC 29379  
June 20, 2007

Senator Glenn G. Reese  
507 Fagan Dr.  
Lake Bowen  
Inman, SC 29349

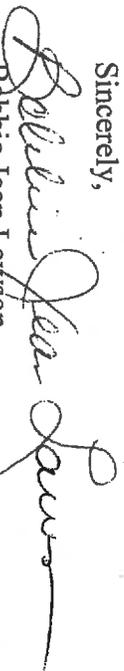
Re: Louise B. Gossett  
SS # 248-24-0870

Dear Senator Reese:

My Aunt Louise B. Gossett is in Ellen Sagar Nursing Home she went in on June 23, 2004 and she is under Medicaid and Medicare. They send me a form from Medicaid SC Department of Health and Human Services Estate Recovery Notification, DHHS Form # 1296 ER (November 2006) to be completed. I have the form completed but I have not mailed back in because my question is how much does she owe Medicaid todote. I called Columbia Medicaid Office said they could not tell me amount because they didn't know. I would just like to know this information for her records. I have been appointed her legal Guardian by the Courts.  
Hope you can help me with this information.

Thanking you, I am

Sincerely,



Bobbie Jean Lawson  
864-429-6343 (cell #)

South Carolina Department of Health and Human Services  
Estate Recovery Notification

Name: Louis B. Garrett SSN: 248.24.0870

SC Code of Laws Section 43-7-460 directs the State Department of Health and Human Services to seek recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from the estate of certain individuals.

As an applicant/beneficiary for Medicaid services, I understand that there are two groups of people that are affected by estate recovery:

- A person of any age who was a patient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution at the time of death, and who was required to pay most of his/her income for the cost of care; or
- A person who was 55 years of age or older when he/she received medical assistance consisting of nursing facility services, home and community based services, and hospital and prescription drug services provided to individuals in nursing facilities or receiving home community-based services.

I understand that upon receiving any of these services, the Department of Health and Human Services will file a claim against my estate (all personal and real property owned by me at my death) for the amount Medicaid has paid for my services.

I have received a copy of the Estate Recovery Brochure.

Colleen Jean Garrison 3/30/07  
Applicant/Beneficiary/Authorized Representative Date

None  
Relationship to Applicant/Beneficiary

Andrea Thompson 4/18/2007  
Eligibility/CLTC/DDSN Caseworker Date

Questions concerning Estate Recovery should be directed to:

Department of Health and Human Services  
ATTN: Medicaid Estate Recovery  
Post Office Box 100127  
Columbia, South Carolina 29202-3127  
(803) 898-2932



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

Mark Sanford  
Governor

Susan B. Bowling  
Acting Director

July 16, 2007

Ms. Bobbie Jean Lawson  
1232 Arthur Boulevard  
Union, South Carolina 29379

Re: Estate Recovery/Louise Gossett

Dear Ms. Lawson:

Thank you for your inquiry concerning the State's Estate Recovery Program.

The Omnibus Budget Reconciliation Act (OBRA) of 1993 required that states implement an estate recovery program. This means that the federal government mandated estate recovery for all states. Therefore, effective July 1, 1994, the State of South Carolina enacted legislation to enforce OBRA.

At the time of a Medicaid recipient's death, if the recipient, regardless of age was a patient in a long term care facility OR the recipient was 55 years of age or older and received home/community based service care to include prescriptions and hospital stays associated with either of these services, a claim will be presented against the decedent's estate for medical expenses paid by Medicaid beginning July 1, 1994 until death. This claim will be similar to claims for funeral expenses, attorney's fees to administer the estate, and taxes. This claim will need to be satisfied in order to close the estate; however, it may not require the selling of the decedent's home and land if there are other assets available to pay the Medicaid claim.

For the purposes of eligibility, the home and land on which it sits would not be counted as a resource, which could make a person ineligible for Medicaid benefits. However, at the time of death, the home and all land will be considered an asset of the estate. In the event other assets are insufficient to repay the Medicaid claim, the Personal Representative (Administrator, Executor, Executrix) may choose other options to repay the Medicaid debt.

To Close -  
Log 000017

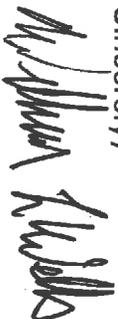
Ms. Bobbie Jean Lawson  
July 16, 2007  
Page Two

The state is not interested in taking title to anyone's home. The law does require that the Medicaid payments be recovered. This law does not affect the present status of the Medicaid recipient's benefits and no refund is due until their death.

As of today, we have paid \$83,504.80 in Medicaid benefits for Ms. Gossett. I have enclosed an itemization of the claims paid by Medicaid.

Hopefully, this information will be helpful to you. We appreciate the opportunity to provide information about a program, which affects so many of our citizens. Please let us know if we can be of further assistance to you in this matter.

Sincerely,



William L. Wells, CPA  
Deputy Director

WLW/bep  
Enclosures

**South Carolina Department of Health and Human Services  
Detailed Claims Report**

**GOSSETT, LOUISE B Medicaid ID: 1440130101 SSN: 248240870 DOB: 11/5/1922 County Elig: UNION Qual Cat: 10 Aged**

Claim Type Code	Provider Type Code	Provider Type	Provider Name	Service Date	Last Svc Date	Days	Proc Code	Procedure/Drug Name	Net Payment
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	07/20/04	07/20/04		A0160	NON EMERGENCY TRANS PER MILE	\$4.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	07/20/04	07/20/04		A0160	NON EMERGENCY TRANS PER MILE	\$4.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	07/20/04	07/20/04		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	07/20/04	07/20/04		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	09/28/04	09/28/04		A0425	GROUND MILEAGE, PER STATUTE MI	\$9.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	09/28/04	09/28/04		A0428	AMB. SVC, BLS, NON-EMERGENCY T	\$117.71
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	09/28/04	09/28/04		A0428	AMB. SVC, BLS, NON-EMERGENCY T	\$117.71
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	09/28/04	09/28/04		A0425	GROUND MILEAGE, PER STATUTE MI	\$9.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	12/14/04	12/14/04		A0160	NON EMERGENCY TRANS PER MILE	\$5.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	12/14/04	12/14/04		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	12/14/04	12/14/04		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	12/14/04	12/14/04		A0160	NON EMERGENCY TRANS PER MILE	\$5.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	03/01/05	03/01/05		A0160	NON EMERGENCY TRANS PER MILE	\$3.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	03/01/05	03/01/05		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	03/01/05	03/01/05		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	03/01/05	03/01/05		A0160	NON EMERGENCY TRANS PER MILE	\$3.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	05/17/05	05/17/05		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	05/17/05	05/17/05		A0160	NON EMERGENCY TRANS PER MILE	\$4.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	05/17/05	05/17/05		A0160	NON EMERGENCY TRANS PER MILE	\$4.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	05/17/05	05/17/05		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	08/16/05	08/16/05		A0160	NON EMERGENCY TRANS PER MILE	\$4.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	08/16/05	08/16/05		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	08/16/05	08/16/05		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	08/16/05	08/16/05		A0160	NON EMERGENCY TRANS PER MILE	\$4.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	11/01/05	11/01/05		A0160	NON EMERGENCY TRANS PER MILE	\$4.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	11/01/05	11/01/05		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	11/01/05	11/01/05		A0160	NON EMERGENCY TRANS PER MILE	\$4.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	11/01/05	11/01/05		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	03/28/06	03/28/06		A0425	GROUND MILEAGE, PER STATUTE MI	\$9.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	03/28/06	03/28/06		A0425	GROUND MILEAGE, PER STATUTE MI	\$9.00
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	03/28/06	03/28/06		A0428	AMB. SVC, BLS, NON-EMERGENCY T	\$117.71
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	03/28/06	03/28/06		A0428	AMB. SVC, BLS, NON-EMERGENCY T	\$117.71
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	06/13/06	06/13/06		A0428	AMB. SVC, BLS, NON-EMERGENCY T	\$117.71
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	06/13/06	06/13/06		A0428	AMB. SVC, BLS, NON-EMERGENCY T	\$117.71

**South Carolina Department of Health and Human Services  
Detailed Claims Report**

**GOSSETT, LOUISE B Medicaid ID: 1440130101 SSN: 248240870 DOB: 11/5/1922 County Ellg: UNION Qual Cat: 10 Aged**

Claim Type Code	Provider Type Code	Provider Type	Provider Name	Service Date	Last Svc Date	Days	Proc Code	Procedure/Drug Name	Net Payment
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	06/13/06	06/13/06		A0425	GROUND MILEAGE, PER STATUTE MI	\$11.25
A	82	Transportation Ambulance	AMERICAN TRANSMED INC	06/13/06	06/13/06		A0425	GROUND MILEAGE, PER STATUTE MI	\$11.25
A	35	Podiatrist Ind	BRUCE H WELLMON DPM	01/17/06	01/17/06		11056	PARING/CUT BEN HYPERKERATOTIC	\$36.75
A	35	Podiatrist Ind	BRUCE H WELLMON DPM	03/28/06	03/28/06		20612	ASPIRATION &/OR INJECTN OF GAN	\$41.62
A	35	Podiatrist Ind	BRUCE H WELLMON DPM	03/28/06	03/28/06		J0704	INJEC BETAMETHASONE SODIUM PHO	\$2.15
A	35	Podiatrist Ind	BRUCE H WELLMON DPM	06/13/06	06/13/06		J0704	INJEC BETAMETHASONE SODIUM PHO	\$0.51
A	35	Podiatrist Ind	BRUCE H WELLMON DPM	06/13/06	06/13/06		20600	ARTHROCENTESIS DRAIN/INJ SM JO	\$9.14
A	20	Physician Individual	HELEN M STOCKINGER MD	06/13/05	06/13/05		93010	EKG INTERPRETATION REPORT ONLY	\$1.08
A	20	Physician Individual	JOHN T TATE MD	03/03/05	03/03/05		93923	NONINVAS PHYSIO STU U OR L EXT	\$6.43
A	82	Transportation Ambulance	METRO-CARE LLC	01/17/06	01/17/06		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	METRO-CARE LLC	01/17/06	01/17/06		A0160	NON EMERGENCY TRANS PER MILE	\$5.00
A	82	Transportation Ambulance	METRO-CARE LLC	01/17/06	01/17/06		A0130	WHEELCHAIR VAN LOADED ONE WAY	\$28.63
A	82	Transportation Ambulance	METRO-CARE LLC	01/17/06	01/17/06		A0160	NON EMERGENCY TRANS PER MILE	\$5.00
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/23/04				RISPERDAL 0.25MG TABLET	\$176.69
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/28/04				FUROSEMIDE 40MG TABLET	\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/06/04				RISPERDAL 0.5MG TABLET	\$186.58
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/12/04				PROPOXY-N/APAP 100-650 TAB	\$5.91
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/19/04				POTASSIUM CL 10MEQ CAP SA	\$9.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/19/04				ALLOPURINOL 100MG TABLET	\$3.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/29/04				FUROSEMIDE 40MG TABLET	\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/03/04				RISPERDAL 1MG TABLET	\$198.27
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/17/04				PROPOXY-N/APAP 100-650 TAB	\$5.91
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/19/04				POTASSIUM CL 10MEQ CAP SA	\$9.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/19/04				ALLOPURINOL 100MG TABLET	\$3.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/19/04				~Missing	-\$3.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/26/04				FUROSEMIDE 40MG TABLET	\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/30/04				RISPERDAL 1MG TABLET	\$198.27
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/05/04				ACTICIN 5 CREAM	\$27.28
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/10/04				NOVOLIN 70/30 100U/ML VIAL	\$29.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/23/04				FUROSEMIDE 40MG TABLET	\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/23/04				POTASSIUM CL 10MEQ CAP SA	\$9.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/24/04				ALLOPURINOL 100MG TABLET	\$3.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/24/04				HYDROCODONE/APAP 5/500 TAB	\$11.69
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/30/04				RISPERDAL 1MG TABLET	\$198.27

**South Carolina Department of Health and Human Services  
Detailed Claims Report**

**GOSSETT, LOUISE B Medicaid ID: 1440130101 SSN: 248240870 DOB: 11/5/1922 County Elig: UNION Qual Cat: 10 Aged**

Claim Type Code	Provider Type Code	Provider Type	Provider Name	Service Date	Last Svc Date	Days	Proc Code	Procedure/Drug Name	Net Payment
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/05/04				NOVOLIN 70/30 100 UNITS/ML VI	\$29.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/13/04				LIPITOR 10 MG TABLET	\$70.81
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/21/04				ALLOPURINOL 100 MG TABLET	\$3.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/22/04				HYDROCODONE/APAP 5/500 TAB	\$11.69
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/25/04				FUROSEMIDE 40 MG TABLET	\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/25/04				POTASSIUM CL 10 MEQ CAP SA	\$9.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/28/04				RISPERDAL 1 MG TABLET	\$198.27
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/05/04				ZINC SULFATE 220 MG CAPSULE	\$4.64
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/10/04				NOVOLIN 70/30 100 UNITS/ML VI	\$29.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/13/04				CELEBREX 200 MG CAPSULE	\$85.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/15/04				ALLOPURINOL 100 MG TABLET	\$3.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/22/04				POTASSIUM CL 10 MEQ CAP SA	\$9.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/22/04				HYDROCODONE/APAP 5/500 TAB	\$10.05
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/22/04				FUROSEMIDE 40 MG TABLET	\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/29/04				RISPERDAL 1 MG TABLET	\$198.27
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/02/04				ZINC SULFATE 220 MG CAPSULE	\$4.64
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/02/04				-Missing	-\$4.64
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/02/04				ZINC SULFATE 220 MG CAPSULE	\$4.64
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/06/04				NOVOLIN 70/30 100 UNITS/ML VI	\$29.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/07/04				SANTYL OINTMENT	\$53.28
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/09/04				CELEBREX 200 MG CAPSULE	\$85.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/16/04				ALLOPURINOL 100 MG TABLET	\$3.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/20/04				SANTYL OINTMENT	\$53.28
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/23/04				-Missing	-\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/23/04				FUROSEMIDE 40 MG TABLET	\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/23/04				-Missing	-\$10.05
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/23/04				HYDROCODONE/APAP 5/500 TAB	\$10.05
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/23/04				FUROSEMIDE 40 MG TABLET	\$2.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/23/04				POTASSIUM CL 10 MEQ CAP SA	\$9.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/23/04				HYDROCODONE/APAP 5/500 TAB	\$10.05
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/27/04				RISPERDAL 1 MG TABLET	\$211.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/30/04				ZINC SULFATE 220 MG CAPSULE	\$4.64
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/03/05				SANTYL OINTMENT	\$53.28
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/06/05				CELEBREX 200 MG CAPSULE	\$85.13

**South Carolina Department of Health and Human Services  
Detailed Claims Report**

**GOSSETT, LOUISE B Medicaid ID: 1440130101 SSN: 248240870 DOB: 11/5/1922 County Elig: UNION Qual Cat: 10 Aged**

Claim Type Code	Provider Type Code	Provider Type	Provider Name	Service Date	Last Svc Date	Days	Proc Code	Procedure/Drug Name	Net Payment
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/06/05				NOVOLIN 70/30 100 UNITS/ML VI	\$29.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/11/05				ALLOPURINOL 100 MG TABLET	\$3.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/17/05				SANTYL OINTMENT	\$56.28
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/18/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/21/05				RISPERDAL 1 MG TABLET	\$214.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/24/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/31/05				HYDROCODONE/APAP 5/500 TAB	\$13.05
D	70	Pharmacy	PHARMACY CONSULTANTS INC	01/31/05				ZINC SULFATE 220 MG CAPSULE	\$7.64
D	70	Pharmacy	PHARMACY CONSULTANTS INC	02/07/05				CELEBREX 200 MG CAPSULE	\$92.33
D	70	Pharmacy	PHARMACY CONSULTANTS INC	02/07/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	02/15/05				NOVOLIN 70/30 100 UNITS/ML VI	\$32.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	02/21/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	02/21/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	02/28/05				LEVAQUIN 500 MG TABLET	\$109.43
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/01/05				ZINC SULFATE 220 MG CAPSULE	\$7.64
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/01/05				RISPERDAL 1 MG TABLET	\$214.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/01/05				HYDROCODONE/APAP 5/500 TAB	\$13.05
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/07/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/07/05				CELEBREX 200 MG CAPSULE	\$92.33
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/17/05				NOVOLIN 70/30 100 UNITS/ML VI	\$32.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/24/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/24/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/31/05				HYDROCODONE/APAP 5/500 TAB	\$13.05
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/31/05				ZINC SULFATE 220 MG CAPSULE	\$7.64
D	70	Pharmacy	PHARMACY CONSULTANTS INC	03/31/05				RISPERDAL 1 MG TABLET	\$214.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	04/04/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	04/08/05				CELEBREX 200 MG CAPSULE	\$92.33
D	70	Pharmacy	PHARMACY CONSULTANTS INC	04/14/05				NOVOLIN 70/30 100 UNITS/ML VI	\$32.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	04/21/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	04/21/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	04/27/05				HYDROCODONE/APAP 5/500 TAB	\$13.05
D	70	Pharmacy	PHARMACY CONSULTANTS INC	04/28/05				RISPERDAL 1 MG TABLET	\$214.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	05/05/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	05/09/05				CELEBREX 200 MG CAPSULE	\$92.33

**South Carolina Department of Health and Human Services  
Detailed Claims Report**

**GOSSETT, LOUISE B Medicaid ID: 1440130101 SSN: 248240870 DOB: 11/5/1922 County Elig: UNION Qual Cat: 10 Aged**

Claim Type Code	Provider Type Code	Provider Type	Provider Name	Service Date	Last Svc Date	Days	Prior Code	Procedure/Dr. Name	Net Payment
D	70	Pharmacy	PHARMACY CONSULTANTS INC	05/09/05				NOVOLIN 70/30 100 UNITS/ML VI	\$28.83
D	70	Pharmacy	PHARMACY CONSULTANTS INC	05/19/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	05/19/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	05/31/05				RISPERDAL 1 MG TABLET	\$214.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	05/31/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/06/05				NOVOLIN 70/30 100 UNITS/ML VI	\$32.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/06/05				CELEBREX 200 MG CAPSULE	\$92.33
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/06/05				~Missing	-\$92.33
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/13/05				METRONIDAZOLE 500 MG TABLET	\$6.28
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/13/05				CIPROFLOXACIN HCL 500 MG TAB	\$9.72
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/17/05				~Missing	-\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/17/05				HYDROCODONE/APAP 5/500 TAB	\$6.30
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/17/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/17/05				~Missing	-\$6.30
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/17/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/17/05				~Missing	-\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/23/05				ALLOPURINOL 100 MG TABLET	\$2.12
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/23/05				~Missing	-\$2.12
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/24/05				~Missing	-\$210.83
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/24/05				RISPERDAL 1 MG TABLET	\$210.83
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/27/05				ZOLOFT 25 MG TABLET	\$85.51
D	70	Pharmacy	PHARMACY CONSULTANTS INC	06/27/05				~Missing	-\$85.51
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/18/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/18/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/18/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/20/05				RISPERDAL 1 MG TABLET	\$214.88
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/21/05				NOVOLIN 70/30 100 UNITS/ML VI	\$35.18
D	70	Pharmacy	PHARMACY CONSULTANTS INC	07/25/05				ZOLOFT 25 MG TABLET	\$85.51
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/18/05				RISPERDAL 1 MG TABLET	\$221.00
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/18/05				RISPERDAL 0.5 MG TABLET	\$208.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/18/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/18/05				ZOLOFT 50 MG TABLET	\$85.51
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/18/05				RISPERDAL 1 MG TABLET	\$112.52
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/18/05				~Missing	-\$221.00

**South Carolina Department of Health and Human Services  
Detailed Claims Report**

**GOSSETT, LOUISE B Medicaid ID: 1440130101 SSN: 248240870 DOB: 11/5/1922 County Elig: UNION Qual Cat: 10 Aged**

Claim Type Code	Provider Type Code	Provider Type	Provider Name	Service Date	Last Svc Date	Days	Proc Code	Procedure/Drug Name	Net Payment
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/22/05				NOVOLIN 70/30 100 UNITS/ML VI	\$35.18
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/22/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	08/29/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/12/05				ALLOPURINOL 100 MG TABLET	\$2.12
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/12/05				ZOLOFT 50 MG TABLET	\$81.46
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/15/05				NOVOLIN 70/30 100 UNITS/ML VI	\$31.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/22/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	09/26/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/07/05				HYDROCODONE/APAP 5/500 TAB	\$6.30
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/10/05				NOVOLIN 70/30 100 UNITS/ML VI	\$35.18
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/12/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/13/05				ZOLOFT 50 MG TABLET	\$85.51
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/17/05				RISPERDAL 0.5 MG TABLET	\$208.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	10/20/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/03/05				NOVOLIN 70/30 100 UNITS/ML VI	\$31.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/03/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/07/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/11/05				HYDROCODONE/APAP 5/500 TAB	\$6.30
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/11/05				ZOLOFT 50 MG TABLET	\$85.51
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/17/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/21/05				RISPERDAL 0.5 MG TABLET	\$208.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/28/05				CEPHALEXIN 500 MG CAPSULE	\$7.91
D	70	Pharmacy	PHARMACY CONSULTANTS INC	11/29/05				NOVOLIN 70/30 100 UNITS/ML VI	\$35.18
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/01/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/01/05				ALLOPURINOL 100 MG TABLET	\$2.12
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/09/05				ZOLOFT 50 MG TABLET	\$85.51
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/15/05				FUROSEMIDE 40 MG TABLET	\$5.67
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/15/05				HYDROCODONE/APAP 5/500 TAB	\$6.30
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/19/05				RISPERDAL 0.5 MG TABLET	\$208.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/23/05				NOVOLIN 70/30 100 UNITS/ML VI	\$31.13
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/29/05				ALLOPURINOL 100 MG TABLET	\$6.17
D	70	Pharmacy	PHARMACY CONSULTANTS INC	12/29/05				POTASSIUM CL 10 MEQ CAP SA	\$12.59
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	06/23/04		8			\$878.08
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	07/01/04		31			\$2,726.45

**South Carolina Department of Health and Human Services  
Detailed Claims Report**

**GOSSETT, LOUISE B Medicaid ID: 1440130101 SSN: 248240870 DOB: 11/5/1922 County Elig: UNION Qual Cat: 10 Aged**

Claim Type Code	Provider Type Code	Provider Type	Provider Name	Service Date	Last Svc Date	Days	Proc Code	Procedure/Drug Name	Net Payment
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	08/01/04		31			\$2,726.45
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	09/01/04		30			\$2,587.80
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	10/01/04		31			\$3,043.58
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	11/01/04		30			\$2,923.80
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	12/01/04		31			\$3,043.58
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	01/01/05		31			\$3,009.79
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	02/01/05		28			\$2,649.64
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	03/01/05		31			\$3,009.79
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	04/01/05		30			\$2,889.60
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	05/01/05		31			\$3,009.79
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	06/01/05		8			\$770.56
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	06/13/05		4			\$385.28
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	07/01/05		31			\$3,009.79
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	08/01/05		31			\$3,009.79
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	09/01/05		30			\$2,889.60
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	10/01/05		31			\$3,009.79
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	11/01/05		30			\$2,967.60
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	12/01/05		31			\$3,090.39
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	01/01/06		31			\$3,060.32
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	02/01/06		28			\$2,692.48
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	03/01/06		31			\$3,060.32
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	04/01/06		30			\$2,937.60
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	05/01/06		31			\$3,060.32
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	06/01/06		30			\$2,937.60
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	07/01/06		15			\$1,480.80
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	07/24/06		8			\$789.76
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	08/01/06		31			\$3,060.32
G	00	Nursing Home	ELLEN SAGAR NURSING HOME	09/01/06		10			\$979.20
Z	02	Outpatient Hosp	SPARTANBURG REG MED CENTER	03/03/05	03/03/05	0			\$42.43
<b>Claim Count:</b>									
233									
<b>Total Paid:</b>									





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

Mark Sanford  
Governor

Robert M. Karr  
Director

July 16, 2007

The Honorable Glenn G. Reese  
Member, South Carolina Senate  
Post Office Box 142  
Columbia, South Carolina 29202

Dear Senator Reese:

Thank you for referring Ms. Bobbie Jean Lawson to our agency regarding her aunt, Ms. Louise B. Gossett, and her questions regarding the State's Estate Recovery Program. We appreciate the opportunity to be of assistance in this matter.

The Omnibus Budget Reconciliation Act (OBRA) of 1993 required that states implement an estate recovery program. This means that the federal government mandated estate recovery for all states. Therefore, effective July 1, 1994, the State of South Carolina enacted legislation to enforce OBRA. We have provided information to Ms. Lawson on this program and explained in detail how it works. Ms. Lawson also wanted to know how much Ms. Gossett owes Medicaid to date, and we have provided her an itemization of the claims paid by Medicaid.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "William L. Wells".

William L. Wells, CPA  
Deputy Director

WLW/jp



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

Mark Sanford  
Governor

Robert M. Karr  
Director

July 16, 2007

The Honorable Harvey S. Peeler, Jr.  
Chairman, Senate Medical Affairs Committee  
Post Office Box 142  
Columbia, South Carolina 29202

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A handwritten signature in black ink, appearing to read "William L. Wells".

William L. Wells, CPA  
Deputy Director

WLW/jjp