

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>6-18-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000663</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Forney Cleared 6/22/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-27-08</i> DATE DUE _____		
		<input type="checkbox"/> Necessary Action DATE DUE _____	

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



THOMAS Drug Store

Prescription & Medical Equipment Specialists

203 W. Marion Street • Karshaw, SC 29720
803-475-9665 • Fax 803-475-0669

FAX

TO: Emma Forkner

FROM: Chuck Spencer, RPh

Fax #: 803-255-8235

DATE: 6-18-08

No. of Pages: 12
(Including cover sheet)

RE: Rx Processing Problems

After 2 months of complete and total frustration, I thought it time to make sure that the top of administration knew that there was a tremendous problem with the Medicaid HMO Prescription Drug Plan.

FYI- Fred Williams does not know I am sending you this, as it was an after thought after sending him the attached FAX. He has been very helpful during this process.

Pharmacists frustration is high. We have to work MUCH HARDER and WASTE MUCH TIME trying to find out how to help people. My and other pharmacists expectation is first of all never to have to put up with this type mess. Secondly we are expecting a successful July, after two months of disaster.

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Prescription & Medical Equipment Specialists

203 W. Marion Street • Kershaw, SC 29720
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FAX

TO: Fred Williams

FROM: Chuck Spencer

Fax #: 803-255-8353

DATE: 6-18-08

No. of Pages: 11
(including cover sheet)

RE: Documentation of Problems

Fred, here are some examples of some of the problems that I am having. Hope this helps to show everyone some of the situations we as Pharmacists get **FORCED INTO** without our approval.

At this point I will also say that I do not think that RFP's were properly done up front and really question whether a Pharmacist was involved at all. It is very obvious that nobody involved properly planned ahead. It seems to be the normal governmental operations of, "let's just do it and then we'll fix it as we go".

FRUSTRATION LEVELS ARE VERY HIGH!

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06/18/2008 15:41
vs/1 19620
Rel 18.1

(R X)
THOMAS DRUG STORE

Date: 06/18/08
(Wednesday)

Function... E L E C T R I C C L A I M S S T A T U S
ECS#...15D6

Who RxNumb :.Date.. Code Customer..... Auch# 00010162585901
M 06344354 06/18/08 TRRDB TERRY, HENRY DAVID
Status Rejected

CD Description..... CD Description.....
70 Product/Service No: Covered
Recipient Enrolled in Medicaid HMO plan

D no card

First Choice (Select quarter)

06/18/2008 15:41

8034750669

(R X)

THOMAS DRUG STORE

Date: 06/10/08

(Tuesday)

Rel 18.1 E L E C T R O N I C C L A I M S S T A T U S

Function... BCS#...0D01

Who RxCNumb

.Date.

Code

Customer.....

Auth# 00010140384901

M 02016598

06/10/08

STEMN

STEMART, NATHANIEL

Status

Rejected

CD Description.....

Product/Service No: Covered

CD Description.....

Recipient enrolled in Medicaid HMO

1 not card

Thomas

06/18/2008 15:41 8034750669
Rel 18.1

(R X)
THOMAS DRUG STORE

Date: 06/10/08
(Tuesday)

Function... E L E C T R O N I C C L A I M S S T A T U S
ECS#...0CFA

Who RxNumb .:Date.. Code Customer..... Auth# 00010140370301
M 06343651 06/10/08 STACD STACEY, DASHIA Status
Rejected

CD Description..... CD Description.....
70 Product/Service Not Covered
Recipient enrolled in Medicaid HMO

1 mt card
Wmason

06/18/2008 15:41 8034750669
Rel 18.1

THOMAS DRUG STORE

PAGE 07/12

Function... ECS#...0AFA
E L E C T R O N I C C I L A I M S S T A T U S

Date: 06/09/08
(Monday)

Who RxNumb . . . Date . . . Code Customer . . .
U5 06338557 06/09/08 DANZMB DANZY, MILDRED

Auth# 30000281620528
Status
Rejected

CD Description CD Description
88 DUR Reject Error
USE AGE BEFORE ARR. Drug Is Non-Compliant with Step Therapy.

- ① No card put in machine
- ② PA in different - patient out but no transcription allowed

Jan

Jan

David Smith 2639

4614

803-898-2816

Frank Williams

803-898-2816

803-2255-8353 (Fax)

06/18/2008 15:41

8034750669

THOMAS DRUG STORE

PAGE 08/12

QS/1 19620
Rel 18.1

(R X)
THOMAS DRUG STORE

Date: 06/09/08
(Monday)

Function... ECG#...0BAA
B L E C T R O N I C C L A I M S S T A T U S

Who RcdNumb .:Date.. Code Customer..... Auth# 00010137088501
M 06343504 06/09/08 WORGKA MORGAN, XALILE Status Rejected

CD Description.....
70 Product/Service Not Covered
Recipient enrolled in Medicare d HMO

CD Description.....

9-12-98

9293165802

① Mr Carl

Not for Caroline Carl

06/18/2008 15:41

8034750659

THOMAS DRUG STORE

PAGE 09/12

OS/1 19650
Rel 18.1

Function... ECS#...0E79
RECTORNIC CLAIMS STATUS

Date: 06/09/08
(Monday)

Who RcnNumb ..Date... Code Customer..... Auth# 00010136408601
M 04052045 06/09/08 IMSTI SIMS, TONI Status
Rejected

CD Description..... CD Description.....
70 Product/Service Not Covered
Recipient enrolled in Medicaid HMO

DM card

Notal antibiotic case

06/18/2008 15:41

8034750669

THOMAS DRUG STORE

PAGE 10/12

Us/1 19620
Rel 18.1

(R X)
THOMAS DRUG STORE

EL E C T R (N I C C L A I M S S T A T U S
Function... EGS#...0B38

Date: 06/09/08
(Monday)

Who RxNumb ..Date..<pede Customer.....
SH 06341429 05/14/08 HUGAR HUGHES, RAHEM

Status
Rejected

CD Description..... CD Description.....
65 Patient Not Covered
ELIGIBILITY ON FILE:06-01-08 TO 08-31-58HUGHES RAHEM-N

Dr Carl

Do West??

3 minutes to find out what HMO plan he was on

4 minutes to get his account working

P A T I E N T R E C O R D Pat Code..FRAIS

Last Name..FRAIX First..SAVANNAH MI.D Title.. PRVB: .00
 In Care... PC>SH FULLN.N Chgs: .00
 Street....7443 SUNCREST DRIVE City..... KERSHAW Pays: .00
 Home.....803-288-0691 St.SC Zip..29067- PYDt:00/00/00
 DriverLic. Work...000-000-0000 SSN #.. CBal: .00
 Small.....> SBN #.. Pat ID.>N Alt Address...>N
 LtrRx:6343358

Birth Dte.04/13/2007 Sex..F Allergy.>Y ADJUMENTIN
 Med Rod #. Wght. Med Conds
 A-Acct #.> Preg.N Misc..... Msg Codes>
 Doctor...> Lang.E HIC ID...

Group... Room#... Level... Locat..00 Adm Dte..00/00/00
 C-Acct. \$LmIt..00 Frozen. AutoAR.N YTD Rxs...00
 Ded \$....00 Disc...>00 Tax Cd>00 Interfces>
 DMgt..Y RefRem. Delete. HMG Pat..N
 HIPAA.>N Safecapy Additl>

6.8.08 no card for Subject Health

SH = Robert Health
EC = Con Line Account

6-2-08

SH

^{DOB: 1/27/99}
Stephen K. Lincoln ID# 1293302201
mom states got some papers in HMD but no
insurance cards yet

6-3-08

EC

^{DOB: 4/1/99}
Stanley D. Nelson, Jr ID# 6132887201
Knoice going to HMD plan but no insurance
card yet, agent about 90 minutes trying
to fill in

663



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

June 27, 2008

Chuck Spencer, RPh
Thomas Drug Store
203 W. Marion Street
Kershaw, South Carolina 29720

Dear Mr. Spencer:

Thank you for your recent correspondence regarding the experiences you have had with several managed care plans when attempting to fill prescriptions. Agency staff has researched the examples you submitted. In some cases, the plan cards were provided to the members and the beneficiaries failed to bring them to your pharmacy. In other cases, due to difficulties with exchange of needed information by the agency, the plans did not have what they needed in order to send cards out in a timely fashion. We are taking necessary steps to ensure that the plans have this information so that this scenario will not continue.

The issues you have identified are frustrating and do take away time from your business. We are working hard to rectify these problems and have created a workgroup comprised of South Carolina Department of Health and Human Services (DHHS) staff (both managed care and pharmacy) and representatives from each of the managed care plans. They are specifically working to address all of the issues you and other pharmacists have highlighted to us. First and foremost, the system is being updated to allow you to identify the specific managed care plan in which each member is enrolled. We will also be issuing a bulletin that will provide specific information such as BIN, PCN and Group numbers, pharmacy help desk contact numbers, over-ride policies and processes and other helpful information for all plans. We also are developing an education initiative for members and physicians regarding prior approval and over-ride policies.

I am sure these and other initiatives will be established in the coming weeks. In the interim, we appreciate your willingness to serve the Medicaid beneficiaries and will do all we can to minimize the difficulties you encounter. Please contact Roy Hess, Division Director for Care Management, at (803) 898-4614 should you need additional information.

Sincerely,

Handwritten signature of Emma Forkner in cursive.

Emma Forkner
Director

EF/mhc