

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

ACTION REFERRAL

TO <i>Meyer</i>	DATE <i>4-2-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000509</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claud 4/14/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-9-08</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

APR 02 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State of South Carolina

House of Representatives

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Economic Development,
Capital Improvement and Other Taxes
Ways and Means Public Education and
Special Schools Subcommittee, Chairman
Ways and Means Proviso
Ways and Means Revenue Policy
School Bus Specification Committee

519-B Blatt Building
Columbia, SC 29211
Tel. (803) 734-3114

March 31, 2008

The Honorable Emma Forkner, Director
Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202

RE: Ms. Virginia Odum, 222 Juliane Lane, Graniteville, SC 29829
Telephone Number: 803-663-9178
Social Security Number: 145-54-5564

Dear Ms. Forkner:

I am writing this letter on behalf of Ms. Virginia Odum. Ms. Odum is on Medicaid because of her severe medical problems. She is required by her physician to take ten vials of Novolog per month. This medication is required in order for her to have any quality of life whatsoever.

I would appreciate it if you would look into her situation and see if there is any way she can receive additional benefits per month for her medication. I talked with her husband on Saturday, and he informed me there are other medications Ms. Odum is required to take.

If I can provide any additional information, please do not hesitate to contact me.

Sincerely,


J. Roland Smith

JRS/dks/2008march31-1

cc: Ms. Virginia Odum, 222 Juliane Lane, Graniteville, SC 29829

4EDHMS54 P. S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 04/02/08

MEDSPROD

RECIPIENT INFORMATION

ACTION:

MEMBER PERIOD START: 08/14/07 END:

PAGE: 0001

NAME: ODUM VIRGINIA L

HH NAME: ODUM VIRGINIA L

RCP NUMBER: 2630264909

HH NUMBER: 100999438

ACTION TYPE: MAINTENANC

SSN: 145-54-5564 VC: V

APL STATUS:

ACTION DATE: 07/02/07

PRIMARY INDIVIDUAL:

APL CO: 02

WORKER ID: FHMM

LOCATION: 001

222 JULIANNE DRIVE

SSCN: 145545564A

RRN:

RACE: 03

SEX: F

MARITAL STATUS: M

TPL: N

RSP: 0

RELATION: SELF

GRANITEVILLE

SC 29829-

DOB: 01/22/1959

DOD:

CORRECT RCP NUMBER:

LIV ARRANGEMENT: HOME INCOME TRUST:

PROVIDER:

BG	BEG	END	BENEFITS QMB RETRO % OF POV				SPONSOR			
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	
-	89393686	09/01/2006		32	50	FULL	N	N	.29	
-	68922525	08/01/2005	09/01/2006	32	50	FULL	N	Y	.72	
-	07290446	12/01/1999	08/01/2005	80	50	FULL	N		.00	
-		04/01/1999	12/01/1999	11					.00	
-		08/01/1997	04/01/1999	30					.00	

UPDATED: USER ID: HPRES DATE: 09/27/06 SYSTEM ID: SDX1000 DATE: 06/11/05

ME900063 RECIPIENT RECORD FOUND

PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV

PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 14, 2008

The Honorable J. Roland Smith
South Carolina House of Representatives
District No. 84
183 Edgar Street
Warrenville, South Carolina 29851

Dear Representative Smith:

Thank you for your letter regarding your constituent, Ms. Virginia Odum, and her request for Medicaid approval of 10 vials of Novolog® insulin per month (100 mls in total). As you may be aware, the monthly quantity limit for insulin products is 40 mls; however, for those beneficiaries needing greater quantities, clinical prior authorization may be requested.

I am pleased to inform you that on March 31, 2008, approval for this larger quantity of insulin was granted, and the approval is in effect for one year. After that timeline has elapsed, Ms. Odum's practitioner must request continued prior authorization if such a quantity of Novolog® is deemed clinically appropriate. As stated in your letter, Ms. Odum has other medication needs, but our research reveals her pharmacist uses the monthly prescription limit override billing mechanism for those medications believed to meet stipulated override criteria.

I trust you will find this information helpful. If you have questions or need further assistance, please do not hesitate to contact Mr. James M. Assey, RPh, Director, Division of Pharmacy and Durable Medical Equipment (DME) Services. He may be reached at (803) 898-2875.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner", is written over the typed name and title.

Emma Forkner
Director

EF/mga

Log #509

