

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bowling	8-28-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER CC0180	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 9/5/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>9-8-06</u> <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.			

Marvin E King  
126 Caropine Dr.  
Surfside Beach, SC 29575  
Phone: 843-650-9328  
August 25, 2006

*Doc. Bowling*  
*"a Approp. Sign"*

**RECEIVED**

AUG 28 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Office of Director  
Dept of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Reference: Medicare case number 247-10-3228-D, Louise K King

Dear: DHHS Person

My aunt, Louise K King whom I have been designated as Guardian by the VA and Representative Payee by Social Security has what I'm afraid could become a problem by no fault of ours and I'm not sure who to contact about it. The first of January I called Medicare ( after being told by you that her Silver Card was expiring and Her being approved for assistance and GAP ) to get her signed up for Prescription Drug Coverage, after going over programs we chose InStil Health and got signed up and approved and issued card with ID # 067688981809. then in about two (2) months we also received a card from First Health Premier with Member ID number: 90227226801. I called First Health Premier and told them I thought there was a mistake as we had never requested enrollment. I was then told I would have to dis-enroll ? I called Medicare and was told all was well. Each month we receive a statement from InStil Health with medicines they have paid for, also a statement from First Health Premier showing claims for past month which in case of First Health Premier is "0". ( I'm sending you a copy of each statement ).

Would you please help me with this ? Point me in right direction and tell me what to do, please. No wonder us old folks get confused with new policies.

You can call me at (843) 650-9328 .

Thank you,

*Me: E King*

Marvin E King  
Guardian & Representative Payee to Louise K King

Enclosures (1) statement from InStil Health

(2) statement from First Health Premier



InStil Rx Plus Prescription Drug Coverage



RxBin: 003585

RxPCN: 98544

RxGrp: 98544

Issuer: (80840)

ID: 067688981809

Name: LOUISE KING

MedicareRx  
Prescription Drug Coverage

S5946 1009-06 (09/2005)

MEDICARE



HEALTH INSURANCE

HEALTH CARE FINANCING ADMINISTRATION

NAME OF BENEFITARY

LOUISE K KING

MEDICARE CLAIM NUMBER

247-10-3228-D

SEX

FEMALE

IS ENTITLED TO

HOSPITAL (PART A) 10-01-1987  
MEDICAL (PART B) 10-01-1987

ENROLLMENT DATE



**First Health Premier**  
Medicare Prescription Drug Coverage  
First Health Life & Health Insurance Company  
2222 Ewing Road  
Moon Township, PA 15108

## THIS IS NOT A BILL

### Keep This Notice for Your Records

29682 1 AT 0.308 \*\*\* 29682 3192  
LOUISE K KING  
126 CAROPINE DR  
MYRTLE BEACH SC 29575  
|||||

2  
Date: 08/16/2006  
Member ID Number: 90227226801  
Medicare ID: 247103228D

#### Your Medicare Prescription Drug Coverage

This document includes a summary of claims processed from 07/01/2006 through 07/31/2006. It also includes a cumulative statement of the benefits you have been provided this year.

#### Explanation of Benefits (NOTES ARE DESCRIBED BELOW)

Dates of Service	Name of Drug	Quantity Dispensed	Cost of Prescription	Amount Paid by First Health Life & Health Insurance Company	Amount Paid by You	Notes
Total				\$0.00	\$0.00	

#### Annual Deductible

If you are getting extra help paying for your prescription drugs, you do not have a deductible this year.

To ensure that your benefit plan was properly billed, please review the services listed on your explanation of benefits. If you believe any of the services were incorrectly billed, contact a customer service representative using the toll free number listed on the next page.

#### Amount Paid for Prescriptions

You and/or others who have paid for your prescriptions have spent \$0.00 in co-payments and/or co-insurance this year. In addition, this amount also includes any extra help you get for paying for your drugs. This amount may also include payments made by your current or former employer/union, other insurance plan or policy. This amount counts toward your initial coverage limit.

First Health Life & Health Insurance Company has paid \$0.00. These payments count towards your initial coverage limit.

Together, \$0.00 has been paid by both First Health Life & Health Insurance Company, you and/or others. This is the total that counts towards your initial coverage limit of \$2,250.

InStill Health  
P.O. Box 100298  
Columbia, SC 29202-3298



LOUISE KING  
126 CAROPINE DR  
SURFSIDE BEACH SC 29575-4714

07/18/06  
Member ID Number: 067688981809

### Your Medicare Prescription Drug Coverage

This document includes a summary of claims processed from 06/01/2006 through 06/30/2006. It also includes a cumulative statement of the benefits you have been provided this year.

- **Annual Deductible**

If you are getting extra help for your prescription drugs, you do not have a deductible this year.

- **Amount Paid For Prescriptions**

You and/or others who have paid for your prescriptions have spent \$731.04 in copayments and/or co-insurance this year. In addition, this amount also includes any extra help you get for paying for your drugs. This amount may also include payments made by your current or former employer/union, other insurance plan or policy. This amount counts toward your initial coverage limit. InStill RX Plus has paid \$1518.96. These payments count towards your initial coverage limit.

Together, \$2250.00 has been paid by InStill RX Plus, you and/or others. This is the total that counts towards your initial coverage limit of \$2250.00.

- **Total Out-Of-Pocket Expenditures That Count Towards the Catastrophic Coverage Threshold**

You and/or others on your behalf have spent a total of \$1360.44 on prescription drugs covered by InStill RX Plus for 2006. This total includes the amounts spent for your deductible, copayments and co-insurance, and coverage gap payments. This amount includes any extra help you get for paying for drugs. However, this amount does not include payments made by your current or former employer/union, another insurance plan or policy, or other excluded parties.

- **Total Amount Paid For Your Drugs This Year**

\$2879.40. This is the total amount that has been spent on your drugs this year. It includes the amount paid by you and/or others on your behalf towards the initial coverage limit, coverage gap payments and catastrophic coverage. It also includes the amount InStill RX Plus paid for drugs during your initial coverage limit and catastrophic coverage.

THIS IS NOT A BILL. Keep this notice for your records.

Explanation of Benefits  
For period beginning 06/01/2006 and ending 06/30/2006  
Member ID Number: 067688981809

Dates of Service	Name of Drug*	Quantity Dispensed	Cost of Prescription	Amount Paid by Instil RX Plus	Amount Paid by You	Notes
06/01/2006	RAZADYNE 8 MG TABLET	60	\$170.07	\$0.00	\$5.00	Others Paid: \$165.07
06/01/2006	NEFAZODONE HCL 150 MG TABLET	30	\$48.60	\$0.00	\$2.00	Others Paid: \$46.60
06/01/2006	NORVASC 5 MG TABLET	30	\$54.83	\$0.00	\$2.74	Others Paid: \$52.09
06/01/2006	LISINPIL 40 MG TABLET	30	\$34.54	\$0.00	\$1.73	Others Paid: \$32.81
06/05/2006	AMBIEN 5 MG TABLET	30	\$111.43	\$0.00	\$5.00	Others Paid: \$106.43
06/08/2006	DETROL LA 4 MG CAPSULE SA	30	\$104.98	\$0.00	\$5.00	Others Paid: \$99.98
06/09/2006	HYDROCODONE/APA P 5/500 TAB	30	\$9.00	\$0.00	\$0.45	Others Paid: \$8.55
06/09/2006	IBUPROFEN 400 MG TABLET	30	\$7.98	\$0.00	\$0.40	Others Paid: \$7.58
06/20/2006	METOPROLOL 25 MG TABLET	180	\$19.46	\$0.00	\$0.97	Others Paid: \$18.49
06/22/2006	HYDROCODONE/APA P 5/500 TAB	30	\$9.00	\$0.00	\$0.45	Others Paid: \$8.55
06/28/2006	CIPROFLOXACIN HCL 500 MG TAB	14	\$12.80	\$0.00	\$0.64	Others Paid: \$12.16



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

Mark Sanford  
Governor

September 5, 2006

Robert M. Kerr  
Director

Mr. Marvin E. King  
126 Caropine Drive  
Surfside Beach, South Carolina 29575

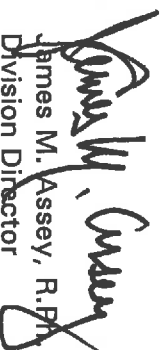
Dear Mr. King:

Thank you for your letter to Director Robert M. Kerr regarding the problems your aunt, Louise K. King, is having with enrollment in her chosen Medicare Part D Prescription Drug Plan (PDP). Thank you as well for discussing this issue by phone with Mr. Fred Williams of the Pharmacy Services department. Mr. Kerr has asked that I research this matter and respond to you.

We have contacted First Health Premier and advised them that Ms. King is enrolled with InStil Health, her selected and preferred PDP. InStil is the only PDP that has processed Medicare Part D prescription claims on her behalf and is the only PDP that has received premium payments from the Centers for Medicare and Medicaid (CMS). As Mr. Williams advised you, you will be receiving a disenrollment form that you are requested to complete and return to First Health Premier with proof of InStil Health coverage, i.e. a copy of the InStil ID card and a copy of an Explanation of Benefits (EOB) statement. This completed form and information may be faxed to First Health Premier at (866) 415-2232 if you choose. This action will insure the removal of Ms. King from their rolls within five (5) business days.

I apologize for the difficulties you have experienced in this matter. I hope this information is of assistance to you. Should further assistance be needed, you may contact me at (803) 898-2875 or Fred Williams at (803) 898-2511.

Sincerely,

  
James M. Assey, R.Ph.  
Division Director

JMA/m