DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hess	10-15-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 10109	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____ cc: Mr. Keck, Singleton Cleared 10/17/12, letter attached.	[X] Prepare reply for appropriate signature DATE DUE 10-24-12 [ ] FOIA DATE DUE _____ [ ] 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.			

CARE REACH[sm]

Partnering with Schools to Keep Kids Healthy

TUOMEY MEDICAL PROFESSIONALS

October 10, 2012

SC State Medicaid
P. O. Box 8206
Columbia, SC 29202
Attn: Mr. Tony Keck

Dear Mr. Keck:

I am writing this letter to you to state several concerns I have that have affected the agency where I am employed, Tuomey Care Reach, in Sumter, SC. We are a charity agency that assists all children in the public school setting that have unmet medical needs and/or would otherwise fall through the cracks without the proper medical care. Our agency is funded through the Tuomey Foundation. We have one pot of money to disperse as best we can throughout the year. We try to stretch those dollars to reach as many unmet medical needs as possible.

Herein lies my dilemma. On September 1, 2012 Care Reach enrolled a former client into the Medicaid program. While we were waiting for the Medicaid to become active we obtained a prescription for $221 that was charged to our agency in good faith trusting and believing that the Medicaid would become active. We obtained the generic form of the medicine due to it being the lesser dollars. The Medicaid did become active and was straight Medicaid for that month even though at the time of the application mom requested to be put on First Choice. First Choice became active on Oct. l, 2012. The dilemma comes with who pays for the name brand vs. who pays for the generic brand. Since our client was on straight Medicaid for the month of September the medicine was not covered. Don't you think that is a little backwards? Medicaid will pay for the name brand but not the generic. First Choice will pay for the generic brand but not the name brand. My question for you is how are agencies likes ours suppose to know this information?

Another concern is the changing of the HMO per client per month. One month the client is enrolled in First Choice and the following month will be enrolled in another HMO. This affects the timing of obtaining medications. The pharmacy where the prescription is being filled nor our agency has the seven digit HMO number for each client. At the time of enrollment the client is not always able to give us that number. My question is why does the client not remain on the same HMO per year outside of the straight Medicaid being transferred to an HMO? Your immediate assistance to these concerns will greatly impact our delivery of service. Thank you for responding in advance.

Sincerely,

Nancy B. Jones

Nancy B. Jones, LMSW
Tuomey Care Reach

12 N. Washington St. ■ Sumter, SC 29150 ■ phone: 803.774.9009 ■ fax: 803.774.9594

CARE REACH[sm]

Partnering with Schools to Keep Kids Healthy

12 N. Washington St.
Sumter, SC 29150

COLUMBIA SC 290

RETURN SERVICE REQUESTED

UNITED STATES POSTAGE

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0004282484 OCT 12 2012

MAILED FROM ZIP CODE 29150

SC State Medicaid
P. O. Box 8206
Columbia SC 29202
Attn: Mr. Tony Keck

RECEIVED

OCT 15 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

29202820606

Log letter 000109

South Carolina Department of Health & Human Services

Anthony E. Keck, Director
Nikki R. Haley, Governor

Nancy B. Jones, LMSW
12 North Washington Street
Sumter, South Carolina 29150

Dear Ms. Jones:

Thank you for your recent letter to Director Tony Keck expressing your concerns regarding pharmacy benefits for managed care and fee-for-service (FFS) Medicaid beneficiaries, and monthly changes in managed care enrollment. I appreciate your bringing this matter to our attention.

Concerning pharmacy benefits, preferred drug lists (PDLs) do vary slightly across Managed Care Organizations (MCOs) and FFS or Medical Homes Networks (MHNs). Each MCO's PDL is located on the SCDHHS website at https://msp.scdhhs.gov/managedcare/?page_id=69, while the PDL for FFS and MHN enrolled beneficiaries can be found at http://southcarolina.fhsc.com/providers/pdl.asp. Should you need assistance with the pharmacy claim filed during the month of September, please contact the Provider Service Center at (888)289-0709.

Regarding the changing of managed care plans from one month to the next, each Medicaid beneficiary enrolled into a managed care plan has a 90-day choice period following initial enrollment during which they may request to change health plans. Once the 90-day choice period expires, or the one change is requested, beneficiaries are transitioned into their lock-in period and no additional changes may be made without cause for the remainder of their 12-month enrollment period. Providers are always encouraged to check eligibility on the date of service to minimize administrative burden. Eligibility may be confirmed by accessing the SCDHHS WebTool http://www.scdhhshipaa.org/internet/hrsm/mdc/medicaid.nsf.

Additionally, in an effort to alleviate obstacles related to prescription drugs, the MCO Policy and Procedure Guide (http://www.scdhhs.gov/internet/pdf/MCOPnP.pdf) explains an MCO is responsible for pharmacy benefits for new members for up to thirty days without any form of prior approval or regard to whether or not services are being provided by a contracted provider. This policy was put into place as a means of ensuring no disruption in pharmacy benefits and to permit the new health plan adequate time to discuss the member's plan of care with the member and providers.

Thank you again for taking the time to express your concerns. If we can be of further assistance, please contact Mel Martin at 803-898-3202.

Sincerely,

Roy Hess
Deputy Director

MG/mcc

No Date on letter. by 11/7/12 letter already gone out.

Medical and Managed Care Services
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-0178 Fax (803) 255-8235