


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>12-19-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000414</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 1/4/06, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-3-07</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.			

BAPTIST MEDICAL
CENTER EASLEY

your Hospital
Specialists Who Care

Together
We Can
REACH OUR GOAL
\$3 million

RECEIVED

DEC 18 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sue:

It's so unclear to
try and call, you are
always so busy. So I thought
I would write to you and
request information about the GAPS.
We have a letter asking to
see that we were eligible for
it. Does it cost? we have PDP
& regular PMS with Prescription Pathway.

your Hospital
Specialists Who Care

WE
REACH OUR GOAL
\$3 million

My husband is paying out of
pocket now for his drugs. It
would sure help us a lot if
we could be included and
get this.
Thanks;

Fred + Bobbi Gilstrap
214 E. Preston McDaniel
Pickens, SC 29671

Love, Kris

App. Susan

RECEIVED

DEC 19 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

UPSTATE PAIDC 296

RECEIVED

18 DEC 2006 PM 3 T

DEC 19 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

*Office of Health & Human Services
Office of the Director*

P.O. Box 8206

Columbia, S.C. 29202-8206

8044





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Karr
Director

January 4, 2007

Mrs. Fred H. Gilstrap
216 E. Preston McDaniel Road
Pickens, South Carolina 29671

Dear Mrs. Gilstrap:


Thank you for your recent letter requesting information about the South Carolina Gap Assistance Pharmacy Program for Seniors (GAPS).

You and your husband are both currently enrolled in the GAPS program, however, to benefit from GAPS, an individual must select a Prescription Drug Plan (PDP) that is participating with GAPS. Not all PDPs will be participating with GAPS. We previously mailed you a letter with a list of plans participating with GAPS (a generic copy is attached). GAPS beneficiaries must join one of these plans to get drug cost savings. If you choose to enroll in one of the GAPS plans, you will automatically be dropped from your current plan provider, Prescription Pathway.

The Insurance Counseling Assistance Referral for Elders (I-CARE) has established a special program to assist seniors in determining which GAPS provider may be best to cover their specific prescription needs. You may contact the Pickens County I-CARE representative at (864) 242-9733 or 1-800-868-9095 if you have any questions.

I hope this information proves useful to you in meeting your family's healthcare needs.

Sincerely,


Gary Ries
Deputy Director

GR/jod
Enclosure

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2502 • Fax (803) 255-8235

#414
✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Dear Medicare Beneficiary:

According to our records, you are eligible for the South Carolina Gap Assistance Pharmacy Program for Seniors (GAPS). For eligible Medicare beneficiaries, GAPS provides state pharmacy assistance to supplement the Part D drug coverage available through a Medicare Prescription Drug Plan (PDP).

Based on income, many beneficiaries enrolled in a PDP for Medicare Part D coverage experience a lapse in prescription coverage (when the beneficiary is responsible for 100% of the prescription costs) after prescription expenses total a certain dollar amount. During this coverage gap (also known as the doughnut hole), the GAPS benefit provides assistance by reducing the prescription co-pay from 100% to 5%.

To take advantage of the GAPS benefit in 2007, you must be enrolled in a Medicare Part D prescription drug plan that participates in GAPS. The plans that have agreed to participate with GAPS in 2007 are included with this letter.

Open enrollment for 2007 Medicare Part D began November 15, 2006 and ends December 31, 2006. Several new plans that were not offered in South Carolina in 2006 are available for 2007 enrollment. Many of the 2006 plans have made changes to their benefit structure. It is very important that you review all of the materials that you have received from the Part D plans and Medicare.

Re-enrollment in GAPS for 2007 is not necessary for any currently enrolled GAPS members; however, non-enrolled GAPS-eligible Medicare beneficiaries may enroll in GAPS by calling 1-888-549-0820.

I hope this information is of assistance to you and encourage you to take appropriate action. Please call the telephone number indicated on the list if you need further assistance.

Sincerely,

Robert M. Kerr
Director

RMK/

Calendar Year 2007

GAPS Participating Company	GAPS Participating Plan	Enrollment
BlueCross BlueShield of SC (S5953)	MedBlue Rx (001)	1-800-930-2836
BlueCross BlueShield of SC (S5953)	MedBlue Rx Plus (002)	1-800-930-2836
Community Care Rx [Member Health, Inc.] (S5803)	Community Care Rx Basic (078)	1-888-868-5854
Community Care Rx [Member Health, Inc.] (S5803)	Community Care Rx Choice (146)	1-888-868-5854
Community Care Rx [Member Health, Inc.] (S5803)	Community Care Rx Gold (112)	1-888-868-5854
Coventry Health and Life Insurance Company (S5670)	AdvantRx Value (051)	1-800-882-3822
Coventry Health and Life Insurance Company (S5670)	AdvantRx Premier (052)	1-800-882-3822
First Health Life and Insurance Company (S5768)	First Health Part D (012)	1-800-588-3322
Instil Health Insurance Company (S5946)	Instil Rx (001)	1-877-446-7845
Instil Health Insurance Company (S5946)	Instil Rx Plus (003)	1-877-446-7845
WellCare (S5967)	WellCare Signature (043)	1-888-481-5252
Humana Insurance Company (S5884)	Humana PDP Standard (067)	1-800-706-0872
Humana Insurance Company (S5884)	Humana PDP Enhanced (008)	1-800-706-0872

LEGISLATIVE LOG #	0414
LEGISLATOR/INQUIRER	
CONSTITUENT	Fred & Bobbi Gilseap
SSN	
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	12/19/2006
DATE DRAFT DUE GR	1/2/2006
LOG LETTER DUE DATE	1/3/2007
DATE REFERRED TO BC	12/19/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
Asks about GAPS coverage-Does it cost? "It would surely help us a lot if we could e enrolled and get this."	12/19/2006	Jan	8-2502	Jacobs box.
	12/19/2006	Jill	8-3936	Gave to Jenny to distribute (3:45pm)
	12/19/2006	Jenny	8-3965	I'm handling. Researched MEDS-currently receive GAPS. Spoke to Fred Williams in Pharmacy Serv. Because I didn't see the Part D coverage in MEDS. He said it was due to the COBC file, that has not been updated. He said the issue is Perscription Pathway is not participating in GAPS, so they are not receiving any benefits from it. He said they need to swich to a GAPS provider to get the benefits-and I just need to mail them the list of providers-when they enroll in a GAPS plan, they will automatically be dropped from their current plan. I called and spoke with Mr. Gilstrap and explained this information to him. I said I would be mailing him the GAPS Participating Providers and to call me if any questions. I went ahead and mailed the list today.
	12/20/2006	Jenny	8-3965	Drafted letter to Mark.
	12/20/2006	Jan	8-2502	Jenny brought up and to Gary
	12/21/2006	Jan	8-2502	Returned: Gary's comments: How about we send them a copy of the previous letter with the participating plans?
	12/21/2006	Jill	8-3936	Gave folder to Mark (12:30pm)
	12/27/2006	Denise	8-2505	Rec'd folder from Mark w/Gary's notation - found letter I think may be what he's referencing & gave to Jenny.
	12/28/2006	Jenny	8-3965	Gave letter to Mark to review.

CHECKLIST

Family Size
Income/Resources

Other Resources:
Communicare

Programs:

ABD	(32)	<input type="text"/>
Foster Children	(31,60)	<input type="text"/>
General Hospital	(14)	<input type="text"/>
HCBS	(15)	<input type="text"/>
LIF	(59)	<input type="text"/>
MBCCP	(71)	<input type="text"/>
Nursing Home	(10)	<input type="text"/>

4EDEL02 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 12/19/06
 MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 01 / 2006 THRU: / PAGE: 3 OF 3

HH NAME: FRED H GILSTRAP HH NUMBER: 100967803

BG NUMBER: 77982023 CATEGORY: GAPS ACTION TYPE: MAINTENANCE

BG: A BGP: A WKR: VMCKI VANESSA MCKIE ACTION DATE: 03/24/06

RCP NAME: FRED H GILSTRAP RCP NUMBER: 7780092132

PREVIOUS BG: NEW BG: CORRECT RCP NUMBER:

IT: PING-PONG: RETRO: N EXPARTE: N QMB: N PROT PER DATE:

ACTUAL ELIGIBILITY DATES

LIMITED

---BENEFIT DATES---

--MEDICAID+QMB DATES--

SERVICE REASON REASON
 TYPE CODE 1 CODE 2

BEGIN END BEGIN END

03/01/2003

UPDATED: USER ID: DATE: SYSTEM ID: ELD4000 DATE: 03/24/06

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU

PF11-HH MBRS PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD

12/19: Spoke to Fred in Pharmacy. Need to enroll in a Graps
 Participating Provider. He said letters have already
 been mailed. When they enroll in a Graps plan, they
 will be auto. dropped from current plan.
 I mailed the list of Graps participating Plans.

ACTION:

PAGE: 3 OF 3

HH NUMBER: 100967803

ACTION TYPE: MAINTENANCE

ACTION DATE: 03/24/06

RCP NUMBER: 7780092133

CORRECT RCP NUMBER:

PROT PER DATE:

100

SERVICE

TYPE

CODE 2

DATE: 03/24/06

PF1-HELP PF2-PREV MBR PF3-NEXT MBR PF5-HH MBR DTL PF6-RETURN PF10-MENU
PF11-HH MBR PF15-MD PF16-BG DET PF18-RCP INFO PF21-HIST- PF22-HIST+ PF24-AOD