

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

ACTION REFERRAL

TO <i>W. Hyatt</i>	DATE <i>12-28-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000313	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 1/8/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-9-08</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

DEC 27 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Dear GAPS Beneficiary:

According to our records, you are enrolled in the South Carolina Gap Assistance Pharmacy Program for Seniors (GAPS). This program provides assistance to help with your Medicare Part D drug coverage.

Open enrollment for 2008 Medicare Part D began November 15, 2007 and ends December 31, 2007. Several new plans that were not offered in South Carolina last year are available for 2008. Some plans have changed their benefits this year. It is very important that you review all of the materials that you receive from the Medicare Part D plans and Medicare.

To continue in GAPS, you must be enrolled in a Medicare Part D prescription drug plan that participates in GAPS. Otherwise, your GAPS coverage will not be of any benefit to you. On the other side of this letter there is a list of the plans that have agreed to participate with GAPS in 2008. If you wish to change plans, call the new plan of your choice to enroll. If you are already in a GAPS participating plan on the list and do not wish to change, you do not have to do anything.

You do not have to do anything to stay in GAPS as long as you are enrolled in a Medicare Drug Plan listed on the other side of this letter. If you have any questions about this letter, please call 1-888-549-0820. This toll-free line is available Monday – Friday, 7:00am to 7:00pm.

I hope this information is helpful.

Sincerely,

Sorry,
I have no knowledge of
Emma Forkner
Emma Forkner
Director

Being a GAPS beneficiary -
Since Silver's card expired, I have
had no prescription drug coverage,
just A/B-Medicare

Office of the Director
P.O. Box 8206 • Columbia, South Carolina 29202-8206

Rosie A Summers

Over

313



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

January 8, 2008

Emma Forkner
Director

Ms. Bessie Simmons
101 Hollingsworth Drive
Easley, South Carolina 29640

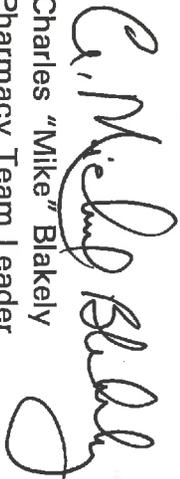
Dear Ms. Simmons:

Thank you for your letter regarding the Gap Assistance Plan for Seniors (GAPS) beneficiary program and a subsequent phone conversation between you and Janet Giles of the South Carolina Department of Health and Human Services (DHHS) Pharmacy Division staff.

Our understanding is that you wish to have your name removed from any mailing lists regarding the GAPS program at this time. Since you are not a GAPS participant, you are not presently enrolled in a Medicare Part D prescription drug plan and therefore would not qualify for GAPS coverage by the State.

We appreciate your taking the time to talk with us. If we can be of services to you in the future, please do not hesitate to call us.

Sincerely,


Charles "Mike" Blakely
Pharmacy Team Leader