


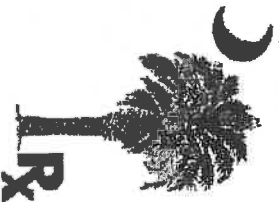
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO  <i>Myers</i>	DATE  <i>10/10/07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  000189	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
<input type="checkbox"/> FOIA DATE DUE _____			
<input checked="" type="checkbox"/> Necessary Action			

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			.
4.			



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810 E. Elm Street  
(Inside Piggy Wigly)  
P O Box 853  
Hampton, SC 29924

**RECEIVED**

**PALMETTO PHARMACY**  
803-943-9327

OCT 08 2007

Rhonda G. Hardison, RPh.  
October 08, 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

SC-DHHS  
Cost Saving Ideas For 803-898 4515

**Idea #1.**

It is my suggestion that DHHS allow pharmacist immunizers to bill SC Medicaid for Influenza, Pneumonia, Zostavax and other relevant vaccines. This billing should cover the cost of vaccine, dispensing fee and administration fee. Not only would this be less expensive than an office visit, but it would also be a time saver and health advantage for the client. They wouldn't be waiting in a room full of "sick" people at a provider's office for hours to get an immunization. Many pharmacists, including myself are trained immunizers and are already getting reimbursement from Medicare Part B and Medicare Advantage plans for these immunizations. It is a shame that pharmacists are not currently recognized or utilized for the value added services of pharmacists as providers.

**Idea #2.**

Implement Medication Therapy Management sessions conducted by Pharmacists for DHHS Clients that would qualify by having certain disease states, numerous medications or yearly drug spend equal to or over a predetermined limit. This would operate similar to the MTM programs offered by Medicare Part D. The target population of DHHS clients is important because this is the sector of society that can be less educated, have learning disabilities and be suffering from a multitude of health problems requiring multiple drug therapies. By educating this group on the indication, dosage and proper use of each medication and about the disease state itself, the DHHS program could save substantial costs in emergency room visits, and hospitalizations due to improper use, improper dosing and non-adherence to drug therapies. Again it is time to recognize and utilize pharmacists for their value added service potentials that are today unrecognized, under utilized and non-compensated.

Thank you for your time and thoughts on these matters.

*Rhonda G. Hardison, RPh,*

*Log: Myers  
rec. action*