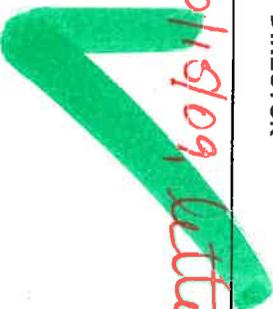


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-8-09</i>
---------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000167</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/19/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-19-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input 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.			



RECEIVED

OCT 08 2009

House of Representatives

State of South Carolina

Department of Health & Human Services
OFFICE OF THE DIRECTOR

J. Roland Smith

District No. 84 - Aiken County
183 Edgar Street
Warrenville, SC 29851

Committees:

Ethics, Chairman
Ways and Means
Ways and Means Budget and Finance
Ways and Means Economic Development,
Capital Improvement and Other Taxes
Ways and Means Public Education and
Special Schools Subcommittee, Chairman
Ways and Means Proviso
Ways and Means Revenue Policy
School Bus Specification Committee

519-B Blatt Building
Columbia, SC 29211
Tel. (803) 734-3114

October 6, 2009

The Honorable Robert Kerr, Director
SC Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202

RE: Mrs. Kathryn Furtick, 475 Beech Island Avenue, Beech Island, SC 29842
Telephone Number: 803-827-1603
DOB: September 8, 1932

Dear Mr. Kerr:

I am writing this letter to request assistance for Mrs. Kathryn Furtick regarding her flu shot.

On September 30, 2009, Mrs. Furtick went to the Medical Center West Pharmacy in Evans, Georgia to get her flu shot. During the process, she was asked to show her Medicare Card, insurance information and driver's license. She was told that Medicare, her individual insurance provider nor prescription drug card would cover the cost of the flu shot.

Ms. Furtick is 77 years old, and she was expecting Medicare or her other insurance to pay for her flu shot, which was \$30.00 out of pocket.

I would appreciate any assistance you could give to Mrs. Furtick regarding this matter.

Sincerely,

J. Roland Smith

JRS/dks/2009oct6-2

cc: Ms. Kathryn Furtick, 475 Beech Island Avenue, Beech Island, SC 29842
The Honorable Scott Richardson, Director, SC Department of Insurance, P. O. Box 100105, Columbia, SC 29202

Dan Furtick
475 Beech Island Avenue
Beech Island, SC 29842
803-827-1603

October 1, 2009

Dear Sir:

I am requesting your assistance on behalf of my mother, Kathryn Furtick. On September 30, 2009, I took my mother to get her flu shot at the Medical Center West Pharmacy in Evans, GA (Phone number 706-854-2424). She was asked to show her Medicare card, her insurance information, and a photo ID (driver's license). The pharmacy personnel told my mother neither Medicare nor her individual insurance provider—nor her prescription card—would cover the cost of the flu shot.

My mother is 77 years old. It was our understanding Medicare or her other insurance would pay for her flu shot, but she had to pay \$30 out of her pocket for the shot. We were extremely disappointed as she is on a fixed income.

Is there any way to help us with this or provide us with the appropriate contact for this concern? We felt sure that Medicare should cover this as she pays a premium out of her social security check which surely should have covered a simple flu shot. Other people that we know are getting their flu shots covered under Medicare and did not have to pay.

This seems to be a reoccurring pattern as in previous years, she has had to pay for flu shots out of pocket while people we know do not. The pharmacy tells us that she calls Medicare and her private insurance, and both say the other is responsible. This is frustrating problem, and we would like to know why this is happening.

Sincerely,



Dan Furtick / Kathryn Furtick



* Rph KWP Tech Prescription On-Line Edit Wed Sep 30, 2009 *

Patient FURTICK, KATHRYN Phone (803) 827-1603 Rx # 174690
DOB 09/08/1932 77

Doctor SANDERS, MARGARET P. Phone (706) 774-7400 DEA BS-6866719
REFILL LINE 774-7480 SN GA04051380
Drug FLULAVAL 2009-2010 Qty 1 Dispensed 1 QtyLeft 0
NDC 19515-0886-07 BRAND PS 1.00 Onhand 147 IstQty 1 On 09/30/09
A10 DOSES PER VIAL \$30/DOSE 18 >> Unit Dose? N Refills 0 Remaining 0

REJECT CODES AND MESSAGES
65 Patient is not Covered (Fields 303, 306)
Verify Cardholder ID, contact On-line Processor to verify coverage.

PLAN INFORMATION
Name FLU-MEDICARE Phone
BIN 004766 Processor USFLU Help Desk

PATIENT INFORMATION
ID1 249568560A ID2 ID3 REL: I

PHARMACY INFORMATION
MEDICAL CENTER WEST PHARMACY Phone (706) 854-2424 Fax (706) 854-2425

***** ADDITIONAL MESSAGES *****
* Bill to Medicare Advantage Plan. Restrictive MA Plan effective 20070101. *
* Contact (FIRST HEALTH LIFE AND HEALTH INSURA) if you require claim filling *
* assistance. *
* *

Rx Fill Date: 09/30/2009 Day Supply: 1

Medicare Red + White + Blue Card

* Rph KWP Tech Prescription On-Line Edit Wed Sep 30, 2009 *

Patient FURTICK, KATHRYN Phone (803) 827-1603 Rx # 174690

Doctor SANDERS, MARGARET P. Phone (706) 774-7400 DEA BS-6866719
REFILL LINE 774-7480 SN GA04051380
Drug FLULAVAL 2009-2010 Qty 1 Dispensed 1 QtyLeft 0
NDC 19515-0886-07 BRAND PS 1.00 Onhand 147 LstQty 1 On 09/30/09
A10 DOSES PER VIAL \$30/DOSE 18 >> Unit Dose? N Refills 0 Remaining 0

REJECT CODES AND MESSAGES
70 NDC Not Covered
Verify NDC # or Drug Third Party Record.

PLAN INFORMATION
Name WELLPPOINT-MCARE Phone (800) 662-0210
BIN 610575 Processor 00890000 Help Desk

PATIENT INFORMATION
ID1 596A21685 ID2 ID3 180050D001 REL: I

PHARMACY INFORMATION
MEDICAL CENTER WEST PHARMACY Phone (706) 854-2424 Fax (706) 854-2425

* MAY BE COVERED UNDER PART BECL;RC:A6;&. *****
* * * * *

Rx Fill Date: 09/30/2009 Day Supply: 1 *****

Medical Center West Pharmacy 

465 N. Belair Rd. Ste 1A 854-2424 Evans, GA 30809

Rx 174690 09/30/09
KATHRYN FURTICK
FLULAVAL 2009-2010

Medical Center West Pharmacy 

465 N. Belair Rd, Ste 1A 854-2424 Evans, GA 30809

FURTICK, KATHRYN
475 BEECH ISLAND AVE
Beech Island, SC 29842
803-827-1603
FLULAVAL 2009-2010
NDC: 19515-886-07

RX: 174690 09/30/09
QTY: 1 RFLS: 0

DR. SANDERS, MARGARET P.

PRICE: \$30.00
COPAY: \$30.00
AMT DUE: \$30.00

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR
YOUR TAX OR INSURANCE

Medical Center West Pharmacy 

465 N. Belair Rd, Ste 1A 854-2424 Evans, GA 30809

FURTICK, KATHRYN
475 BEECH ISLAND AVE
Beech Island, SC 29842
803-827-1603



Rx 174690-00

Delivery Method: Rx Pickup

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR
YOUR TAX OR INSURANCE

MEMBERSHIP INFORMATION
MEDHMS54.P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/08/09
MEDSPROD MEMBER PERIOD START: 05/26/09 END: ACTION: PAGE: 0001

NAME: FURTICK KATHRYN O HH NAME: FURTICK KATHRYN O
RCP NUMBER: 8780899378 HH NUMBER: 101276700 ACTION TYPE: MAINTENANCE
SSN: 249-56-8560 VC: APL STATUS: ACTION DATE: 07/25/08
PRIMARY INDIVIDUAL: APL CO: 02 WORKER ID: OHENR LOCATION: 077
475 BEECH ISLAND AVE SSCN: 249568560A RRN:

BEECH ISLAND SC 29842-
CORRECT RCP NUMBER: _____ LTV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	
_	70195499	08/01/2008	92	10	LIMITED	N	N	N	1.74	9955

UPDATED: USER ID: OHENR DATE: 07/24/08 SYSTEM ID: IEV7115 DATE: 07/29/08
ME900063 RECIPIENT RECORD FOUND
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

Open Under GPS- No claims for this recipient in MMIS



Copy #0167 ✓

October 15, 2009

Ms. Kathryn O. Furtick
475 Beech Island Avenue
Beech Island, South Carolina 29842

Dear Ms. Furtick:

Representative Roland Smith asked our agency to assist with your concerns regarding your out-of-pocket expense for the recent flu shot you received at the Medical Center West Pharmacy in Evans, Georgia. We understand that after a recent telephone conversation with a representative from Advantage Freedom, they have agreed to reimburse you \$30 for the flu shot you received.

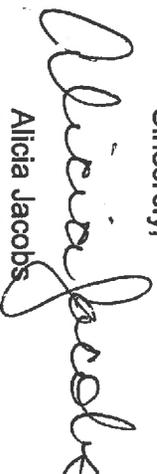
Although not related to the pharmacy issue above, we would like to take this opportunity to inform you of your current enrollment in the Gap Assistance Pharmacy Program for Seniors (GAPS). Most people who join a Medicare Prescription Drug Plan (PDP), after paying a monthly premium, will be responsible for 100% of their drug costs between \$2,700 and \$6,153.75. This gap in Medicare drug coverage that many people will face is referred to as the "donut hole". GAPS will provide state pharmacy assistance to seniors when their drug costs reach the donut hole. GAPS will pay 10% of the cost of the covered drugs during the donut hole, and the Medicare recipient will pay 90%.

In order to benefit from GAPS, an individual must select a PDP that is participating with GAPS. Enclosed is a list of plans participating with GAPS. 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, Unicare.

Making choices regarding your prescription drug coverage can be difficult, please call the Lt. Governor's Office on Aging for guidance on your options (toll-free) at 1-866-845-1550.

If you have questions about the GAPS program, please contact Ms. Daisy Myers at (803) 898-2629. We hope this information is helpful.

Sincerely,


Alicia Jacobs
Deputy Director

AJ/cl
Enclosure



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 15, 2009

The Honorable J. Roland Smith
South Carolina House of Representatives
519-B Blatt Building
Columbia, South Carolina 29211

Dear Representative Smith:

Thank you for contacting our agency on behalf of Ms. Kathryn Furtick regarding her out-of-pocket expense for a flu shot she received at the Medical Center West Pharmacy.

In a recent phone conversation with Ms. Furtick, she informed us that Advantage Freedom will reimburse her \$30 for her out-of-pocket expense. She understands that she should contact Medicare if she has additional concerns regarding pharmacy expenses.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner
Director

EF/jcl