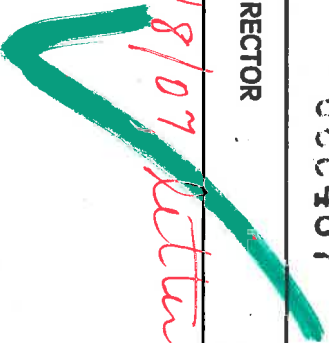


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Fics</i>	DATE <i>1-30-07</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000487</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 2/8/07 letter attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-8-07</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.			



Dr. Rie
Approp. Sign.



RECEIVED

January 22, 2007

JAN 24 2007

Dawn Beard

DOB 08/05/1968

SSN 249-29-2243

**MEDICAL SERVICES
DHHS**

To Whom It May Concern:

Ms Dawn Beard is my patient. I see her on a regular basis for chemotherapy-induced cardiomyopathy. She has also been diagnosed with breast cancer and is also on chronic coumadin therapy. Ms. Beard is totally and completely disabled and has been since October 2004. She is unable to work in any capacity. She is in need of assistance with monthly bills. Since she cannot work she does not have any income. She needs your assistance in helping her with monthly bills such as doctor bills, paying for medications, electric bill, and so forth. Her current medication regimen includes 15 different types of medicines. Of those 15, she takes 2 or more of those pills making her daily total of pills to equal 22. This alone is a huge expense.

If you have any questions regarding Ms Beard's condition or her medications please do not hesitate to call my office at 803-794-3950.

Thank you,

H. Dasgupta, MD/ dkk

^MDRSS02

SC DHHS - RECIPIENT INFORMATION

01/29/07

NAME: DAWN M BEARD RECIP #: 2530571501 FAM #: 08575517
ADDR: 111 HENDRIX DR SSCN (MCN/RRN):

WEST COLUMBIA SC COUNTY: 32 PREFIX SSCN-MCN/RRN SUFFIX
RSP IND: 0 TPL: N FACIL: HH LIV ARR: HOME QUAL CAT: 30

ZIP: 29170 DSSDLU: 12/20/06 VA: N RACE: 01 BIRTH: 08/05/1968 PAY CAT: 59

PAT NO: CBROW HHSIDL: 12/28/06 POV: N ML DEP: 0 SEX: 2 DEATH: 00/00/00

MEDICAID ELIG INELIG PAY Q LS BUYIN-B ST ELIG BUYIN-A ST ELIG

CURR: 09/01/04 00/00/00 59 CURR: 0000 00/00 00/00 CURR: 0000 00/00 00/00

PRV1: 12/01/97 10/01/98 * 55 PRV1: 0000 00/00 00/00 PRV1: 0000 00/00 00/00

PRV2: 00/00/00 00/00/00 PRV2: 0000 00/00 00/00 PRV2: 0000 00/00 00/00

PRV3: 00/00/00 00/00/00 PRV3: 0000 00/00 00/00 PRV3: 0000 00/00 00/00

PRV4: 00/00/00 00/00/00 PRV4: 0000 00/00 00/00 PRV4: 0000 00/00 00/00

PRV5: 00/00/00 00/00/00 07/06 07/05 07/04

PRV6: 00/00/00 00/00/00 06/07 06/06 06/05

PRV7: 00/00/00 00/00/00 AM 5 14 12

PRV8: 00/00/00 00/00/00 HH 0 0 0

ESRD: REV IND: 0 CP 0 0 0

ALT RECIP ID: MH

*NOTE RECIPIENT IS ELIGIBLE FOR FAMILY PLANNING PRESCRIPTIONS & SERVICES ONLY
PF3->RSP SUMMARY PF4->INQUIRY PF5->FAMILY INFO PF9->LIST SKEL CLAIMS
PF10->PREV MENU PF11->LIST FAMILY MBRS PF12->SKEL CLM INFO PF14->MCR INFO



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

February 8, 2007.

Robert M. Kerr
Director

H. Dasgupta, M.D.
South Carolina Heart Center
2728 Sunset Boulevard, Suite 401
West Columbia, South Carolina 29169

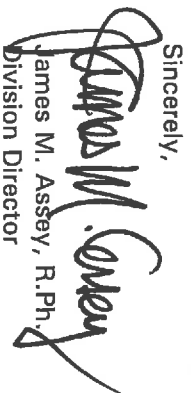
Re: Ms. Dawn M. Beard [MID 2530571501]

Dear Dr. Dasgupta:

Thank you for your recent letter to our Medical Director, Dr. Marion Burton, regarding Ms. Beard's need for medical and financial assistance, particularly in light of the many medications prescribed for her. Since Ms. Beard's need for multiple medications each month is such a critical issue, your letter was forwarded to me in order to address that specific concern. Under separate cover, Constituent Services staff mailed a resource packet to Ms. Beard. It contains information regarding various financial resources such as the Lifeline Assistance Telephone Program, the Low-Income Home Energy Assistance Program (for help with heating bills), and the Community Action Agency that serves Lexington county residents (for general assistance).

Regarding the issue of a four prescriptions per month limit, pharmacists may employ a prescription limit "override" code if: 1) the monthly prescription limit has been met, 2) the patient has one of the specified medical conditions or disease states, and 3) the prescription is for an essential drug used in the patient's treatment plan for that condition or disease state. From October 2006 through January 2007, Ms. Beard received anywhere from eight to 13 prescriptions in any given month; thus, her pharmacist is already utilizing the override code. Due to her several life-threatening illnesses, virtually all of her medications exceeding the monthly limit would likely meet the above criteria and could, therefore, be overridden.

Additionally, Ms. Beard may wish to contact the Social Security Administration's office in Columbia (803-929-7635) to determine if she meets eligibility criteria for supplemental security income (SSI). Your concern for your patient is commendable, and I trust you will find this information helpful. If you have questions or need further assistance, I may be reached at 803-898-2876.

Sincerely,

James M. Assey, R.Ph.
Division Director

JMA/sm

#487
✓