

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Hess</i>	DATE <i>2-21-13</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000261</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Singleton</i> <i>* Ref Log #109 which is attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-4-13</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
<i>1. Close 4/8/13, see attached note on blue sheet</i>			
2.			
3.			
4.			

# CARE REACH<sup>sm</sup>

Partnering with Schools to Keep Kids Healthy

TUOMEY MEDICAL PROFESSIONALS

February 19, 2013

SC State Medicaid  
P. O. Box 8206  
Columbia, SC 29202  
Attn: Mr. Tony Keck

**RECEIVED**

FEB 20 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

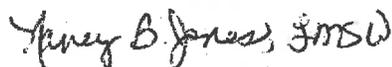
Dear Mr. Keck:

I am writing this letter to you to state several concerns I have that have affected the agency where I am employed, Tuomey Care Reach, in Sumter, SC. We are a charity agency that assists all children in the public school setting that have unmet medical needs and/or would otherwise fall through the cracks without the proper medical care. Our agency is funded through the Tuomey Foundation. We have one pot of money to disperse as best we can throughout the year. We try to stretch these dollars to reach as many unmet medical needs as possible.

Herein lies my dilemma. On February 1, 2013 Care Reach enrolled a client into the Medicaid program. While Care Reach was waiting on the Medicaid to become active we obtained a prescription for \$198.32 on January 25, 2013, that was charged to our agency in good faith trusting and believing that the Medicaid would become active. Care Reach obtained the generic form of the medicine due to it being the lesser amount. The Medicaid did become active. An HMO was placed on this account. For our records we were under the assumption the client had 30 days to choose an HMO and after that 30 days the state would choose an HMO for the above client. Since all HMO's require the client purchasing the name brand of the medication, Care Reach has once again been left to pay for this prescription. This is the second occurrence for our program this year. As I questioned, in my first correspondence to you (dated October 10, 2012), there is no way for our agency to know prior to a client being awarded Medicaid as to whether the client will be placed on straight Medicaid or will have an HMO attached.

Our agency is in the business of doing whatever it takes to help a client remain in school vs. being put out of school due to not being able to control behaviors. Our program would greatly appreciate any assistance you can offer in order to alleviate this problem. Care Reach strives to meet as many needs as possible with the monies that we are entrusted. Unfortunately matters such as the above limit to how far those monies can be stretched. I await hearing from you very soon.

Sincerely,



Nancy B. Jones, LMSW  
Tuomey Care Reach

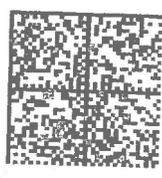
**CARE REACH**<sup>SM</sup>

Partnering with Schools to Keep Kids Healthy



12 N. Washington St.  
Sumter, SC 29150

**RETURN SERVICE  
REQUESTED**



U.S. POSTAGE PITNEY BOWES  
ZIP 29150 \$ 000.46<sup>0</sup>  
02 1M  
0001382929 FEB 19 2013

**RECEIVED**

FEB 20 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

SC State Medicaid  
P.O. Box 8206  
Columbia SC 29202  
Attn: Mr. Tony Keck

29202920606



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Hess</i>	DATE <i>10-15-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000109</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Singleton Cleared 10/7/12, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-24-12</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.			

# CARE REACH<sup>SM</sup>

Partnering with Schools to Keep Kids Healthy

TUOMEY MEDICAL PROFESSIONALS

October 10, 2012

SC State Medicaid  
P. O. Box 8206  
Columbia, SC 29202  
Attn: Mr. Tony Keck

RECEIVED

OCT 15 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

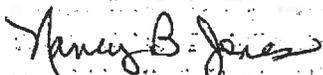
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Herein lies my dilemma. On September 1, 2012 Care Reach enrolled a former client into the Medicaid program. While we were waiting for the Medicaid to become active we obtained a prescription for \$221 that was charged to our agency in good faith trusting and believing that the Medicaid would become active. We obtained the generic form of the medicine due to it being the lesser dollars. The Medicaid did become active and was straight Medicaid for that month even though at the time of the application mom requested to be put on First Choice. First Choice became active on Oct. 1, 2012. The dilemma comes with who pays for the name brand vs. who pays for the generic brand. Since our client was on straight Medicaid for the month of September the medicine was not covered. Don't you think that is a little backwards? Medicaid will pay for the name brand but not the generic. First Choice will pay for the generic brand but not the name brand. My question for you is how are agencies like ours suppose to know this information?

Another concern is the changing of the HMO per client per month. One month the client is enrolled in First Choice and the following month will be enrolled in another HMO. This affects the timing of obtaining medications. The pharmacy where the prescription is being filled nor our agency has the seven digit HMO number for each client. At the time of enrollment the client is not always able to give us that number. My question is why does the client not remain on the same HMO per year outside of the straight Medicaid being transferred to an HMO? Your immediate assistance to these concerns will greatly impact our delivery of service. Thank you for responding in advance.

Sincerely,



Nancy B. Jones, LMSW  
Tuomey Care Reach

**CARE REACH**<sup>SM</sup>  
Partnering with Schools to Keep Kids Healthy



12 N. Washington St.  
Sumter, SC 29150

COLUMBIA, SC 299

RETURN SERVICE  
REQUESTED



02 1M  
000 4282484  
MAILED FROM ZIP CODE 29150  
RITNEY BOWES  
\$ 00.45<sup>00</sup>  
OCT 12 2012

SC State Medicaid

P.O. Box 8206

Columbia SC 29202

Attn: Mr. Tony Keck

**RECEIVED**

OCT 15 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

29202820606





Nancy B. Jones, LMSW  
12 North Washington Street  
Sumter, South Carolina 29150

Dear Ms. Jones:

Thank you for your recent letter to Director Tony Keck expressing your concerns regarding pharmacy benefits for managed care and fee-for-service (FFS) Medicaid beneficiaries, and monthly changes in managed care enrollment. I appreciate your bringing this matter to our attention.

Concerning pharmacy benefits, preferred drug lists (PDLs) do vary slightly across Managed Care Organizations (MCOs) and FFS or Medical Homes Networks (MHNs). Each MCO's PDL is located on the SCDHHS website at [https://msp.scdhhs.gov/managedcare/?page\\_id=69](https://msp.scdhhs.gov/managedcare/?page_id=69), while the PDL for FFS and MHN enrolled beneficiaries can be found at <http://southcarolina.fhsc.com/providers/pdl.asp>. Should you need assistance with the pharmacy claim filed during the month of September, please contact the Provider Service Center at (888)289-0709.

Regarding the changing of managed care plans from one month to the next, each Medicaid beneficiary enrolled into a managed care plan has a 90-day choice period following initial enrollment during which they may request to change health plans. Once the 90-day choice period expires, or the one change is requested, beneficiaries are transitioned into their lock-in period and no additional changes may be made without cause for the remainder of their 12-month enrollment period. Providers are always encouraged to check eligibility on the date of service to minimize administrative burden. Eligibility may be confirmed by accessing the SCDHHS WebTool <http://www.scdhshipaa.org/internet/hrsm/mdc/medicaid.nsf>.

Additionally, in an effort to alleviate obstacles related to prescription drugs, the MCO Policy and Procedure Guide (<http://www.scdhhs.gov/internet/pdf/MCOPnP.pdf>) explains an MCO is responsible for pharmacy benefits for new members for up to thirty days without any form of prior approval or regard to whether or not services are being provided by a contracted provider. This policy was put into place as a means of ensuring no disruption in pharmacy benefits and to permit the new health plan adequate time to discuss the member's plan of care with the member and providers.

Thank you again for taking the time to express your concerns. If we can be of further assistance, please contact Mel Martin at 803-898-3202.

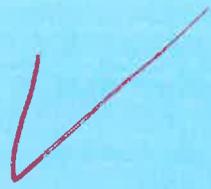
Sincerely,

Roy Hess  
Deputy Director

MG/mcc

No Date on  
letter. by  
11/7/12  
letter already  
gone out.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR



ACTION REFERRAL

TO <i>Hess</i>	DATE <i>2-21-13</i>
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	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE _____

*Spoke with Ms. Jones on several occasions. Beneficiary was Medicaid AT the time of purchasing DRUGS. LISA with Magellan*

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer)	COMMENT
1.			<i>was contacting Ms. Jones to determine why they were paying for prescriptions, we will continue to follow up with Mrs. Jones.</i>
2.			<i>Pharmacist was not sharing all Medicaid info with Mrs. Jones RE: coverage of DRUGS</i>
3.			<i>LISA Concell is working with Mrs. Jones to find a new pharmacy &amp; EDUCATE her on Medicaid enrollment +</i>
4.			<i>decision for Mrs. Jones pleased with Magellan + DRUGS working with the Case Review</i>

*Close*

*For Hess  
8 April 13*



Partnering with Schools to Keep Kids Healthy

TUOMEY MEDICAL PROFESSIONALS

February 19, 2013

SC State Medicaid  
P. O. Box 8206  
Columbia, SC 29202  
Attn: Mr. Tony Keck

RECEIVED

FEB 20 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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Sincerely,

Nancy B. Jones, LMSW  
Tuomey Care Reach

**CARE REACH** SM

Partnering with Schools to Keep Kids Healthy



12 N. Washington St.  
Sumter, SC 29150

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FEB 20 2013

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OFFICE OF THE DIRECTOR

SC State Medicaid  
P.O. Box 8206  
Columbia SC 29202  
Attn: Mr. Tony Kece

RETURN SERVICE  
REQUESTED



U.S. POSTAGE  **PTIMEY BOWES**  
ZIP 29150 \$ 000.46<sup>0</sup>  
02 1M  
0001382929 FEB 19 2013

29202920605



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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# CARE REACH<sup>SM</sup>

Partnering with Schools to Keep Kids Healthy

TUOMEY MEDICAL PROFESSIONALS

October 10, 2012

SC State Medicaid  
P. O. Box 8206  
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Attn: Mr. Tony Keck

RECEIVED

OCT 15 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

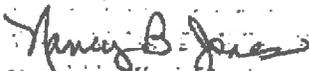
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Tuomey Care Reach

**CARE REACH**<sup>SM</sup>  
Partnering with Schools to Keep Kids Healthy



12 N. Washington St.  
Sumter, SC 29150

COLUMBIA, SC 29202

RETURN SERVICE  
REQUESTED



PRIMEY BOWERS

02 1M  
000 4282484  
\$ 00.450  
OCT 12 2012  
MAILED FROM ZIP CODE 29150

SC State Medicaid  
P.O. Box 8206  
Columbia SC 29202  
Attn: Mr. Tony Keec

**RECEIVED**

OCT 15 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

29202820606





Log letter 000109

Nancy B. Jones, LMSW  
12 North Washington Street  
Sumter, South Carolina 29150

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Sincerely,

Roy Hess  
Deputy Director

MG/mcc

No Date on  
letter. by  
11/7/12  
letter already  
gone out.



**TUOMEY**  
MEDICAL PROFESSIONALS

**Care Reach Department**  
12 N. Washington Street  
Sumter, SC 29150  
Phone: (803) 774-9009 Fax: (803) 774-9594

# FAX

To: Roy

Fax: 803-255-8235

From: Nancy Jones, LMSW

Date: 3/8/13

Re: Medicaid payments/prescriptions

Pages: 5

CC:

Urgent  For Review  Please Comment  Please Reply

CONFIDENTIALITY NOTICE

The information contained in the facsimile transmission cover sheet, and/or any documents which accompany it, is intended only for the personal and confidential use of the recipient named above. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this communication is strictly prohibited. The facsimile transmission, and accompanying documents, may contain information that is privileged, confidential, and/or otherwise exempt from disclosure under applicable law. This information may be protected by Federal Law relating to confidentiality prohibiting any further disclosure.  
(42 CFR Part 2)

Comments:

### Selection Criteria for response 1

Date Of Service: 09/14/2012 Provider ID: 1134164437 SC Medicaid: 4780219340

#### Beneficiary Data

Name: ✓ JOSEPH D OUTLAW Gender: MALE  
 Address: 4267 N. LAKE CHERRYVALE D  
 ID Number: ✓ 4780219340 Birth Date: ✓ 07/03/1994  
 City/State/Zip: SUMTER, SC 29154

#### Eligibility or Benefit Information

Beneficiary is: ELIGIBLE  
 Payment Category: CHILDREN UNDER POVERTY  
 CoPay: BENEFICIARY UNDER 19 YEARS OF AGE, EXEMPT FROM COP  
 Limited Benefit:

N/A

Qual. Category: AFDC AND AFDC RELATED GROUPS

Qualified Medicare Beneficiary: N/A

Home visits remaining: 50

Ambulatory visits remaining: N/A

Chiropractic visits remaining: 6

Mental Health services remaining: 12

Rehabilitative services remaining: 300

#### Beneficiary Special Programs Data

Description: N/A  
Message: N/A

#### TPL - Third Party Liability

Medicare A: N/A Medicare B: N/A Medicare ID: N/A

*Sept.*  
 No HMO in month of purchase of methylphenidate ER 54 mg for \$221.98. Payment upon receipt of bill in month of Oct. shows HMO of 1st Choice.

**Selection Criteria for response 1**

Date Of Service: 10/01/2012 Provider ID: 1134164437 SC Medicaid: 4780219340

**Beneficiary Data**

Name: JOSEPH D OUTLAW Gender: MALE  
 Address: 4267 N. LAKE CHERRYVALE D  
 ID Number: 4780219340 Birth Date: 07/03/1994  
 City/State/Zip: SUMTER, SC 29154

*Handwritten notes:*  
 HCK BB 8-08 → 10-10  
 10-10 → 11-11  
 BB SKIP 9-12 →  
 1st choice  
 8-08 → 8-31-09  
 10-1-09 → 10-31-11  
 10-1-12

**Eligibility or Benefit Information**

Beneficiary is: ELIGIBLE  
 Payment Category: CHILDREN UNDER POVERTY  
 CoPay: BENEFICIARY UNDER 19 YEARS OF AGE, EXEMPT FROM COP  
 Limited Benefit:

N/A  
 Qual. Category: AFDC AND AFDC RELATED GROUPS  
 Qualified Medicare Beneficiary: N/A  
 Home visits remaining: 50  
 Ambulatory visits remaining: N/A  
 Chiropractic visits remaining: 6  
 Mental Health services remaining: 11  
 Rehabilitative services remaining: N/A

**Beneficiary Special Programs Data**

Description: MCHM, MCO  
 Message: NOTE! BENEFICIARY(-IES) WITH A MGD CARE INDICATOR PARTICIPATE IN A MANAGED CARE PLAN. MOST SERVICES REQUIRE PRIOR AUTHORIZATION FROM THE PROVIDER OR HMO LISTED BELOW.

Anniversary Date: N/A

Provider ID: HM1000  
 Organization: FIRST CHOICE  
 Address: PO BOX 40849  
 City/State/Zip: CHARLESTON, SC 29423-0024  
 Telephone: 888-276-2020

*Handwritten:* ✓ # 40629619

**TPL - Third Party Liability**

Medicare A: N/A Medicare B: N/A Medicare ID: N/A

*Handwritten:*  
 888  
 Tony Keck  
 P.O. Box 8206  
 Columbia SC 29202

### Selection Criteria for response 1

Date Of Service: 02/14/2013 Provider ID: 1134164437 SC Medicaid: 0780432789

#### Beneficiary Data

Name: TAQUAWN D JUNE

Gender: MALE

Address: 350 HARMONY COURT APT # 5

ID Number: 0780432789

Birth Date: 03/16/2005

City/State/Zip: SUMTER, SC 29153

#### Eligibility or Benefit Information

Beneficiary is: ELIGIBLE

Qualified Medicare Beneficiary: N/A

Payment Category: LOW INCOME FAMILIES

Home visits remaining: 50

CoPay Exempt: YES

Ambulatory visits remaining: N/A

Limited Benefit: N/A

Chiropractic visits remaining: 6

Qual. Category: AFDC AND AFDC RELATED GROUPS

Mental Health services remaining: 12

Rehabilitative services remaining: 420

#### Beneficiary Special Programs Data

Description: N/A

Message: N/A

#### TPL - Third Party Liability

Medicare A: N/A Medicare B: N/A Medicare ID: N/A

No HMO in purchase month of Feb. for methylphenidate ER 27mg in the amount of \$198.32. Payment upon receipt of bill in March shows an HMO of 1st Choice.

LIF

1-12 → 1-13 FFS  
FFS

### Selection Criteria for response 1

Date Of Service: 03/04/2013 Provider ID: 1134164437 SC Medicaid: 0780432789

#### Beneficiary Data

Name:	TAQUAWN D JUNE	Gender:	MALE
Address:	350 HARMONY COURT APT # 5	Birth Date:	03/16/2005
ID Number:	0780432789		
City/State/Zip:	SUMTER, SC 29153		

#### Eligibility or Benefit Information

Beneficiary is:	ELIGIBLE	Qualified Medicare Beneficiary:	N/A
Payment Category:	LOW INCOME FAMILIES	Home visits remaining:	50
CoPay Exempt:	YES	Ambulatory visits remaining:	N/A
Limited Benefit:	N/A	Chiropractic visits remaining:	6
Qual. Category:	AFDC AND AFDC RELATED GROUPS	Mental Health services remaining:	12
		Rehabilitative services remaining:	N/A

#### Beneficiary Special Programs Data

Description: MCHM, MCO  
 Message: NOTE! BENEFICIARY(-IES) WITH A MGD CARE INDICATOR PARTICIPATE IN A MANAGED CARE PLAN. MOST SERVICES REQUIRE PRIOR AUTHORIZATION FROM THE PROVIDER OR HMO LISTED BELOW.

Anniversary Date: 09/01/2013

Provider ID: HM1000  
 Organization: FIRST CHOICE  
 Address: PO BOX 40849  
 City/State/Zip: CHARLESTON, SC 29423-0024  
 Telephone: 888-276-2020

#### TPL - Third Party Liability

Medicare A:	N/A	Medicare B:	N/A	Medicare ID:	N/A
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