

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>5-20-13</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000365</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck</i> <i>Cleared 5/22/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-28-13</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
1.			
2.			
3.			
4.			

LINDSEY O. GRAHAM
SOUTH CAROLINA280 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6972UNITED STATES SENATE
Fax Transmittal SheetTO: SC DHH 898 4515FROM: Sen. L. GrahamDATE: 05/16

COMMENTS: _____

12 PAGE(S) TO FOLLOW

RECEIVED

MAY 17 2013

Department of Health & Human Services
OFFICE OF THE DIRECTORIF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE
CALL (803) 933-0112.

Confidentiality: This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.

Thank you.

LINDSEY O. GRAHAM
SOUTH CAROLINA



280 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-8972

UNITED STATES SENATE

May 16, 2013

Mr. Anthony Keck
Director
S.C. Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Keck:

The attached letter concerns an issue outside my official jurisdiction. Therefore, as a courtesy to my constituent, I am sending this correspondence to your attention.

Thank you for your attention to this matter, and I ask that you please respond directly to the individual.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Graham".

Lindsey O. Graham
United States Senator

LOG/jsj

Enclosure

FAX COVER SHEET

Fax: 1-803-279-2948

Date: 4-24-13Total Pages, including cover: 12To: Senator Lindsey GrahamFax: (803) 933-0957From: Terry L. ProthmanFax: (803) 279-2948

Comments:

Please Fax Back acceptance formThis is a request for Permission
form for Mr. Graham to speak with
medicaid on Terry Lynn Prothman's

Behalf

DOB: 11-26-59

SS# 247-27-3897

Chronic Chronic
Jenny has COPD / RAD / (High Blood Pressure) Free
Med's from Public Pharmacy
Chronic Severe Sleep Apnea.

w/ e-pap - set on 14. + much more Sinusitis/Rhinitis
Plantifias - Borge Spun

He Is Presently on First choice medicade. At
PPG med clinics. He Is Also IN critical care
Pulmonary At PPG formerly mca clinics. Dr. Liverato
His Pul. function Test. Is Tested At Full Blowing
w/ albuterol Inhaler. 34/ If In not mistaken
He Also has digestive Problems Along w/ colon.
Colon To Be done 4-17-2013 By Dr David Gibbs.
In Aiken SC. At ARMCenter out patient
I Am sending This In Hope That Someone Will
Realize That He Is A Very sick man + All of
His Illness Are Life Threating. All of his med's
Are Life Threating med's. As well. Resistance To Antibiotics
To clear up infection
In nasal passages

He Also Just had (2nd) Nasal Polyp removal
1st one 2011 - His (TERREY) SSA check w/ increase \$1344.00 monthly.
2nd one 2013 - March 20. As you would All know If
Not Removed could Turn Into Brain Cancer. Besides
He can't Breathe. He has To wear A mask over
His Nose + mouth. As well. To Even walk outside, +
Go To Drs, Etc.

If he had Medicade In March 2012. We did
Not Receive Notification. (maybe Sep Oct Nov 2012)
When He Received His Blue / white / Green medicade
He also later on Received Gold medicade Took
Effect - 1-1-13-

Columbia medicade Told him He was suppose To
Be Covered until 2014. He would Be 55 yrs old then
+ That He go on medicade. He simply CAN NOT pay
for These Medications (See Attached prices from Pharmacy)
Noting These Specialist. We get \$16.00 A month Food stamps.
They said His Income for 2 is EXACTLY 100% A month
To much. This could go on too. Please help me. My needs
Are LIVING medications. Thank you so much. Terry L. Prothman

Primary Care
ENT / Lung Specialists
All In same Building.

Medicade does not pay for any of
my wifes. Dr visits, med's, or my
over the counter Drugs +

He was suppose To go back
for lung Xrays + Test
In 2013

Nov-26-1969
Bld.

PH#
803-663-9699 N/A
800



**Amerigroup
RealSolutions**

in healthcare

1-800-600-4441

Next ENT Appt. at PPG

228 Dr. Visit

310 Scope

\$538.00 Total Price without
INSURANCE

Dr. Kountakis Appt.

06/04 make ENT
June - 4 2 month follow up
BY

4-17 Called 1-888-549-0820
Should SC. Dept of Health Human Resources
apt 400 Columbia St
27202-4431
(Not Resolved)
Some - stops
1-800-600-4441 match 30
www.amerigroup.com 2013

Malgreans

Patient Info:

THERRY PROTHMAN
20 BOX 606 / 124 CHAAPP
GROVERVILLE, SC 29628

Confidential Patient Information
Prescription Profile
01/01/2012 through 04/10/2013

Report date/time: 04/10/2013 02:08 PM
Page: 1

Patient Info:

Patient Phone: (803)663-2839
Date of Birth: 11/16/1953

Gender: M

Allergy Conditions: BIRCHPOLAR LONG TRUNKS
Avalia Condition: None on file

Store Info: 3510 RICHARD AVE N
ALBEM, SC 29801
(803)641-6953

Prescription

Number	Medication	NDC	RXN	Prescriber	Ins. Plan(s)	Date of	Service	Quantity	Price
0113647-12795	HYDROCODONE / ACETAMINOPHEN 5-500 TB	00591-0348-05	XRP	MCANDRILL, W.	SELB /	01/16/13		45.000	8.75
Your Insurance saved you \$13.74									

Total Filling(s): 1 Subtotal: 45.000 B.75

0151258-12795 ADVAIR DISKS 500/50MCS (RED) 60'S
Your Insurance saved you \$359
00173-0697-00 NMP LIVERMAYOS, S.
287CH / 01/05/13 60.000 3.40
A013405688821

0151258-12795 ADVAIR DISKS 500/50MCS (RED) 60'S
Your Insurance saved you \$159
00173-0697-00 JMR LIVERMAYOS, S.
287CH / 02/05/13 60.000 3.40
A0134165230651

0151258-12795 ADVAIR DISKS 500/50MCS (RED) 60'S
Your Insurance saved you \$184.58
00173-0697-00 JMR LIVERMAYOS, S.
287CH / 03/04/13 60.000 3.40
A0134635925061

0151258-12795 ADVAIR DISKS 500/50MCS (RED) 60'S
Your Insurance saved you \$184.58
00173-0697-00 JMR LIVERMAYOS, S.
287CH / 04/01/13 60.000 3.40
A0134910258351

Total Filling(s): 4 Subtotal: 240.000 13.60

Patient Name

Patient Info:

TERRY FREDERICK
P O BOX 606 / 124 GRABAR
GROVERVILLE, SC 29618

Confidential Patient Information
Prescription Profile
01/01/2012 through 04/10/2013

Page: 2
Report date/time: 04/10/2013 02:08 PM

Patient Phone: (803)663-9099
Date of Birth: 11/26/1959
Gender: M

Store Info: 3510 RICHMOND AVE W

ATKIN, SC 29801
(803)641-6959

Prescription

Number

Medication

NDC

NPI

Prescriber

Line, Start/End
Claim Ref(s)Date of
Service

Quantity

Price

0151259-12795

VENTOLIN HFA INH N/DOS CTR 200PUFFS
Your Insurance saved you \$35.89

00173-0662-20

NRP LIVERMORE, S.

PSTCH /

01/05/13

18.000

3.40

0151259-12795

VENTOLIN HFA INH N/DOS CTR 200PUFFS
Your Insurance saved you \$42.86

00173-0662-20

JMR LIVERMORE, S.

PSTCH /

02/05/13

18.000

3.40

0151259-12795

VENTOLIN HFA INH N/DOS CTR 200PUFFS
Your Insurance saved you \$42.86

00173-0662-20

JMR LIVERMORE, S.

PSTCH /

04/03/13

18.000

3.40

Total Fillings: 3

Subtotal: 54.600

10.20

0151260-12795

FLUTICASON E NASAL SP (120INH)
Your Insurance saved you \$52.09

50383-0700-16

NRP LIVERMORE, S.

PSTCH /

01/05/13

16.000

3.40

0151260-12795

FLUTICASON E NASAL SP (120INH)
Your Insurance saved you \$52.09

50383-0700-16

JMR LIVERMORE, S.

PSTCH /

02/05/13

16.000

3.40

0151260-12795

FLUTICASON E NASAL SP (120INH)
Your Insurance saved you \$52.09

50383-0700-16

JMR LIVERMORE, S.

PSTCH /

03/05/13

16.000

3.40

0151260-12795

FLUTICASON E NASAL SP (120INH)
Your Insurance saved you \$52.09

50383-0700-16

NRP LIVERMORE, S.

PSTCH /

04/01/13

16.000

3.40

Total Fillings: 4

Subtotal: 64.000

13.60

Nalysens

Confidential Patient Information
Prescription Profile
01/01/2012 through 04/10/2013

Patient Info:

TERRY RUTENBERG
P O BOX 606 / 124 CHAMPE
GLOVERVILLE, NC 29828

Store Info: 3510 RICHLAND AVE W

AIREW, NC 29501

[803] 641-6958

Patient Phone:

(803) 663-9099

Date of Birth:

11/26/1959

Gender:

M

Prescription

Number

Medication

NDC

RPh

Prescriber

No. Fill(s)
Clin Ref(s)Date of
Service

Quantity

Price

0151261-12795

SPIRIVA 18MG CAPS 306 & HANDHELMER

08537-0075-41

MRP LIVERNAUOS, S.

PSICH /
2513405686131

01/05/13

30.000

3.40

0151261-12795 SPIRIVA 18MG CAPS 306 & HANDHELMER
Your Insurance saved you \$309.8

08537-0075-41

MRP LIVERNAUOS, S.

PSICH /
A413436886631

02/05/13

30.000

3.40

0151261-12795 SPIRIVA 18MG CAPS 306 & HANDHELMER
Your Insurance saved you \$310.59

08537-0075-41

MRP LIVERNAUOS, S.

PSICH /
A4134635925101

03/04/13

30.000

3.40

0151261-12795 SPIRIVA 18MG CAPS 306 & HANDHELMER
Your Insurance saved you \$310.59

08537-0075-41

MRP LIVERNAUOS, S.

PSICH /
A6134916853551

04/01/13

30.000

3.40

0154126-12795 LEVOCETIZINE 5MG TABLETS
Your Insurance saved you \$13.95

45802-0504-75

MRP CLECK, R.

PSICH /
A4134293689771

01/29/13

5.000

0.00

0160165-12795 OXYCODONE/ACETAMINOPHEN 5-325MG TAB
Your Insurance saved you \$13.50

00591-0749-05

MRP JUNG, D.

PSICH /
A213479705391

03/20/13

30.000

3.40

Total Fillings: 1 Subtotal: 10.000

3.40

Walgreens

Patient Info:

TERRY PROTERMAN
R D BOX 606 / 124 CRABAPPLE
C/O/REYNOLDS, SC 29523

Confidential Patient Information
Prescription Profile
01/01/2013 through 04/30/2013

Page: 4
Report date/time: 04/19/2013 02:08 PM

Patient Phone: (803) 653-9099
Date of Birth: 11/26/1959
Gender: M

Share Info: 3510 RICHMOND AVE W

ALYXON, SC 29901
(803) 644-6959

Prescription

Number

Medication

NDC

RPH

Prescriber

Inp. Date(s)

Claim Ref#(s)

Date of

Service

Quantity

Price

0160167-12795 DDC-P-LAGE 180MG CAPSULES

00603-0150-21

RMP JANG, D.

QASH /

03/26/13

30.000

3.99

Total Fillings: 1 Subtotal: 30.000 3.99

0160167-12795 PREDNISONE 10MG TABLETS

00631-5442-10

RMP JANG, D.

RMPCH /

03/20/13

61.000

3.40

Total Fillings: 1 Subtotal: 61.000 3.40

0160166-12795 CIPROFLOXACIN 500MG TABLETS

16252-0515-01

RMP JANG, D.

RMPCH /

03/20/13

14.900

3.40

Total Fillings: 1 Subtotal: 14.900 3.40

0261210-10561 CLOMIPHENE 0.5MG TABLETS

00378-1910-10

RMP PORTER, A.

RMPCH /

03/11/12

180.000

19.26

Total Fillings: 1 Subtotal: 180.000 19.26

Your Insurance saved you \$34.71

Walgreens

Confidential Patient Information
 Prescription Profile
 01/01/2012 through 04/10/2013

Page: 5
 Report date/time: 04/10/2013 12:00 PM

Patient Info:

TERRY PROTHMAN
 P O BOX 606 / 124 CRABAP
 GROVERVILLE, SC 29828

Store Info: 3610 RICHLAND AVE W
 Aiken, SC 29801

Patient Phone:

(803) 663-9099

(803) 641-6359

Date of Birth:

11/26/1959

Gender:

M

Prescription

Number

Medication

NDC

XPN

Prescriber

Ins. Plan(s)
 Claim Ref(s)Date of
 Service

Quantity

Price

Total Scripts: 22 Total Price: 93.26
 Using generics saved you a total of 4.00
 Using more generics could have saved you a total of 4.00
 Your insurance saved you a total of 3164.24
 Your cash quantity discount saved you a total of 0.00

The Manager and Staff at Walgreens
 Thank You For Your Patronage
 For your convenience, this information is available online at www.walgreens.com
 Ask our pharmacy staff for more information.

CHANGE IN BENEFITS NOTICE

AIKEN COUNTY DHHS
P. O. Box 2748
Aiken SC 29802-2748

Date: 03/28/2013

Worker Name:

VERITA JOHNSON

Telephone: 803 642-7505

HH #: 101588064

SAID Benefits
Would End

5-1-2013

Returning
April 8th
midnight.

0001 0000064

Single-Piece

|||||
TERRY L. PROTHMANPO BOX 606
GLOVERVILLE SC 29828

Benefits will change for some individuals on the dates listed or remain the same for others listed below. You will continue to receive benefits based on the information listed in the "Change in Benefits" column. The descriptions of "Change in Benefits" are listed on the back of this notice.

Name	Beneficiary ID#	Change in Benefits	Change Date
TERRY L. PROTHMAN	9781245355	ELIGIBILITY PENDING	05/01/2013

The following Reason(s)/Policy Manual Reference(s) applies only to those members experiencing a change in benefits.

Your income is more than policy allows.

803.01.03

You may be eligible in another coverage group.

101.01.01

If there are other members not listed on this notice, please call your worker.

Fair Hearing

If you feel that this is taken in error, you may ask for a fair hearing before the South Carolina Department of Health and Human Services.

- To ask for a fair hearing, send a request in writing, along with a copy of this letter, within 30 days of the date of this letter to your worker.
- You can hire an attorney to help you or you can have someone come to the hearing and speak for you.
- If you request a hearing before the effective date, your benefits will continue until a final decision is made by the hearing officer. However, if the hearing officer does not rule in your favor, you will be required to pay back any benefits you received while your case was being reviewed.

You must tell your caseworker within 10 days if your address changes.

YOU WILL RECEIVE A REVIEW FORM IN THE MAIL EVERY 12 MONTHS (SOMETIMES SOONER). WHEN YOU RECEIVE THE REVIEW FORM, YOU MUST COMPLETE AND RETURN IT OR YOUR MEDICAID WILL STOP.

Certificate of Creditable Coverage

AIKEN COUNTY DHHS
P. O. Box 2748
Aiken SC 29802-2748

TERRY L PROTHMAN
PO BOX 806
GLOVERVILLE SC 29828

Date: 03/28/2013

Worker Name:

VERTA JOHNSON

BG#: 92312512

HH #: 101588084

Name of Group Health Plan: Medicaid

IMPORTANT

This certificate provides information about prior coverage for the individual(s) listed. If you enroll in another health plan, you may need to give them a copy of this certificate. Keep this certificate in a safe place.

Beneficiary Name: TERRY L. PROTHMAN

Beneficiary ID#: 9781245356

COVERAGE PERIODS:

MAR12 - APR13

If there are other members not listed on this notice, please call your worker.

SOUTH CAROLINA HEALTH INSURANCE SERVICES

Inpatient Hospital
Well Child Care
Family Planning
Laboratory and X-Ray
Home Health
Targeted Case Management
Home and Community Based Waivers
Evaluation/Counseling/Education for Special Needs
Non-emergency Transportation to Medical Appointments

Outpatient Hospital
Vision Care
Durable Medical Equipment
Ambulance Transportation
Rehabilitative Therapies
Long-term Care/Nursing Home Facilities
Residential Treatment Facility

Physician Visits
Dental
Prescription Drugs
Hospice
Mental Health
Alcohol and Other Substance Abuse

*FOR FURTHER INFORMATION REGARDING THIS NOTICE OR SERVICE DESCRIPTIONS AND LIMITATIONS CALL 1-888-548-0820.
8:00 a.m. - 6:00 p.m. (This is a free call) Or write to: S.C. Department of Health and Human Services, P.O. Box 100177,
Columbia, S.C. 29202-3181



May 29, 2013

The Honorable Lindsey O. Graham
United States Senate
530 Johnnie Dodds Boulevard, Suite 202
Columbia, South Carolina 29464

Dear Senator Graham:

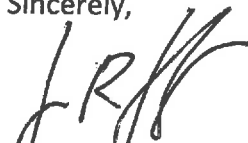
Thank you for referring Mr. Terry Prothman to our Agency with his concerns regarding his unpaid Medicaid claims.

We have researched our Medicaid Management Information System (MMIS) and were not able find where his Medicaid providers billed the Medicaid program for services in March 2012. A Medicaid provider has one year to resolve a medical claim; the one-year expired March 2013.

If Mr. Prothman has additional questions, please contact our Member Relations Leader, Ms. Carolyn Roach, and she will be happy to assist him. Ms. Roach can be reached at (803) 898-3967.

We appreciate your continued interest and support of the South Carolina Healthy Connections Medicaid program. If I may be of further assistance, please let me know.

Sincerely,



John R. Supra, Jr.
Deputy Director

JRS:j