

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Miles</i>	DATE <i>9-8-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000137</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-17-08</i>	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 9/16/08 after attached.</i>	<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.			

JAMES E. CLYBURN
5TH DISTRICT SOUTH CAROLINA

MAJORITY WHIP

NAME
FAMILY WORKING GROUP



Congress of the United States

House of Representatives

Washington, DC 20515-4006

Florence Office

Post Office Box 6286

Florence, SC 29502

Ph. (843) 662-1212 - Fax (843) 662-8474

HOUSE OF REPRESENTATIVES
TERMINATING STEERING
AND POLICY COMMITTEE

CONGRESSIONAL BLACK CAUCUS

NAME: James Earl Clyburn
WWW: www.house.gov

Dear Congressman Clyburn:

In response to my request for assistance, you have informed me that the Privacy Act of 1974 requires you have my authorization in writing to inquire into this matter on my behalf.

I hereby authorize you to obtain necessary information for the purpose of assisting me from:
Department of Social Services

19-22-75 (Christopher Jacob Rogers)
Date of Birth

Mother's- Phoebe Elaine Rogers

249-609-5378

Print Name in Full

Social Security Number

Phoebe Rogers

8-21-08

Signature in Writing

Date

1110 Kenwood Avenue

Current Mailing Address

Florence

SC

29501

City

State

Zip Code

843-6609-7533

Florence

Area Code & Phone Number

County in Which You Live

Briefly State Your Request Below:

My child Christopher Jacob Rogers (7-28-97) has

medicaid until my husband's insurance begins.

My child uses the Paytransa 20mg patch for ADHD and

medicaid will not pay for it because he does not have

a "swallowing disorder". The doctor's office (Dr. Farish) and

the pharmacy have both called medicaid telling them that

2120 RAYBURN HILL OFFICE BUILDING
WASHINGTON, DC 20515-4006
(202) 226-5015
(202) 226-5016
(202) 226-5015 FAX

1376 LARRY STREET
SUITE 200
COLUMBIA, SC 29901
(803) 708 1100
(803) 708 0820 FAX

187 LINDSEY DRIVE
FLORENCE, SC 29506
(843) 662 1212
(843) 662-8470 FAX

1815 OUI RICHWAY B
FLORENCE, SC 29502
(803) 664-1700
(843) 664-4900 FAX

427 GARDNER STREET
CHARLESTON, SC 29403
(803) 583 1000
187 & JAC MONROVE'S

317 NORTH MAIN STREET
SUMMER, SC 20120
(803) 436-4500
2ND & 4TH MONROVE'S

"Jacob" needs this medicine to have a successful school year and medicaid still refuses to cover it. (See 2nd sheet)



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

September 16, 2008

Emma Forkner
Director

The Honorable James E. Clyburn
United States House of Representatives
Post Office Box 6286
Florence, South Carolina 29502

Dear Representative Clyburn:

Thank you for contacting our agency on behalf of Christopher Jacob Rogers concerning his healthcare needs and Medicaid coverage for his medication.

A member of our staff has been in direct contact with Mrs. Rogers, and we were pleased to address her questions regarding Medicaid covered services.

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 blue ink that reads "Emma Forkner".

Emma Forkner
Director

EF/gj

cc: Kenneth Barnes

Log 137
to close



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 16, 2008

Mrs. Phoebe Rogers
1110 Kenwood Avenue
Florence, SC 29501

Dear Mrs. Rogers:

Representative James Clyburn contacted our agency on behalf of your son, Christopher Jacob Rogers, regarding Medicaid coverage for his medication.

We are pleased to inform you that after reviewing the information you provided, Medicaid coverage for Daytrana® 20mg/9 Hour patches has been granted for Jacob; approval is retroactive back to August 20, 2008, the date of the initial denied claim. According to our records, Jacob now is enrolled in the Unison Health Care plan. Effective October 1, 2008 coverage of Daytrana® will be through Unison and new prior authorization will be needed. Since Unison has clinical criteria that must be met for this medication, your physician must contact Unison at 1-877-651-2217 for prior authorization approval.

If you have any questions regarding this matter, please contact Mr. James M. Assey, RPh, Director, Division of Pharmacy Services and Durable Medical Equipment, at (803) 898-2875, and he will be happy to help you.

Sincerely,

Emma Forkner
Director

EF/gj