

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

**ACTION REFERRAL**

TO <i>Mikes</i>	DATE <i>9-8-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC 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>	
2. DATE SIGNED BY DIRECTOR  <i>Cleared 9/16/08 with attached.</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.			

JAMES E. CLYBURN  
5TH DISTRICT SOUTH CAROLINA

MAJORITY WHIP

NAME  
FAMILY WORKING GROUP



CLARENCE J. L.  
THERAPEUTIC STEERING  
AND POLICY COMMITTEE

CONGRESSIONAL MACK CAUCUS

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

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

12-22-75 (Christopher Jacob Rogers DOB 1-28-97)

Name of Agency

Date of Birth

Mother's- Phoebe Elaine Rogers

249-669-5378

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

843-669-7533

Area Code & Phone Number

Florence  
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 Paytrans 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

2130 RAYMOND HILL DRIVE BUILDING  
WASHINGTON, DC 20515-4006  
(202) 226-3210  
(202) 226-3210 FAX  
(202) 226-3210 FAX

1370 LANE STREET  
SUITE 200  
COLUMBIA, SC 29801  
(803) 706-1100  
(800) 706-0800 FAX

1671 LANE STREET  
FLORENCE, SC 29604  
(843) 662-1212  
(843) 662-8474 FAX

1671 LANE STREET  
FLORENCE, SC 29604  
(843) 662-1212  
(843) 662-8474 FAX

427 SOUTH STREET  
CHANDLER, NC 28015  
(703) 583-1000  
(703) 583-1000 FAX

317 NORTH MAIN STREET  
SOUTH, SC 20120  
(803) 430-4000  
(803) 430-4000 FAX

"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

Emma Forkner  
Director

September 16, 2008

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 cursive script, reading "Emma Forkner".

Emma Forkner  
Director

EF/gj

cc: Kenneth Barnes

Leg 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