

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>8-21-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000103</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 8/28/06, &amp; then attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.			



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard  
Baltimore, MD 21244

Mr. Robert M. Kerr  
Executive Director  
Department of Health and Human Services  
P.O. Box 8206  
Columbia, S.C. 29202-8206

**RECEIVED**

AUG 15 2006

*Fog-Wells*  
*"No Action"*

AUG 21 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Sir or Madam:  
SUPPLEMENTAL

The grant awards listed below have been approved for the period 07/01/2006 - 09/30/2006 under Appropriation 75X0512 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

Medical Assistance Payments	\$0
Medicaid State Children's Health Insurance Program Payments	\$4,701,000
Administration Payments	\$4,701,000
Total Grant Awards	

The above listed grant awards provide Federal funds for expenditures made in accordance with your State plan approved under Title XIX of the Social Security Act. Computation of the awards is shown on the enclosed statement.

With the acceptance of these awards, you agree to be responsible for limiting the drawing of Federal funds so as to minimize Federal cash on hand in accordance with policies established in Treasury Circular 1075 (Revised), and procedures established by the Department of Health and Human Services. You also agree to submit timely reports as required. Withdrawals of Federal funds are not to exceed the individual programmatic grant awards shown above. You also are required to provide for effective control over the accountability for all Federal funds as stated in Office of Management and Budget Circular No. 1075 (Revised). Failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked. Part 92, Title 45, Code of Federal Regulations implements these circulars for this Department.

Any questions you may have in connection with the grant award should be referred to the appropriate Centers for Medicare & Medicaid Services regional office financial contact for your State.

Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Inquiries regarding payment should be directed to:

Director, Division of Payment Management  
Post Office Box 6021  
Rockville, Maryland 20852-0605  
Telephone Number (301) 443-1660

Please transmit a copy of this grant award document to the State official authorized to request funds from the Division of Payment Management.

Sincerely yours,  
*D. Stephen Moore*  
Director,  
Division of Financial Management

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATE	South Carolina			
FISCAL YEAR	2 0 0 6			
QUARTER	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input checked="" type="checkbox"/>

COMPUTATION OF AMOUNTS FOR MEDICAL ASSISTANCE  
GRANTS UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

1. ADJUSTMENTS FOR  
QUARTER ENDED March 31, 2006
- A. ACTUAL FEDERAL SHARE OF  
EXPENDITURES.....
- B. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES PREVIOUSLY FUNDED....
- C. DIFFERENCE.....
- D. NET ADJUSTMENTS APPLICABLE TO  
PRIOR PERIODS.....

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
\$	0	0	\$
	0	0	0
	0	0	0
	0	0	0
A.	0	0	A. 4,701,000
\$	0	0	\$ 4,701,000

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....
2. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES FOR QUARTER  
BEGINNING July 1, 2006
3. NET AMOUNT TO BE CERTIFIED.....

TOTAL AMOUNT TO BE CERTIFIED.....

DATE APPROVED AUG 15 2006

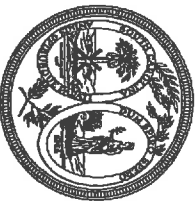
INTERNAL TRANSMITTAL NO. 18

COMPUTATION CHECKED BY

\$B. 4,701,000

*[Signature]*

*WV*



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

August 28, 2006

Robert M. Kerr  
Director

Ms. Louise M Brown  
701 Glenwood Avenue  
Anderson, South Carolina 29625-2858

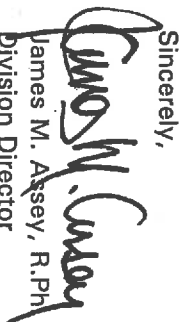
Dear Ms. Brown:

Thank you for your recent letter to Mr. Robert Kerr, Director, South Carolina Department of Health and Human Services, regarding your request for any additional information or assistance with your prescription medications that might be available to you. You indicated in your letter that you are currently enrolled in Medicare Part D with Humana as your prescription drug plan (PDP). You received the letter from Mr. Kerr because you are enrolled in a PDP that does not coordinate with the Gap Assistance Pharmacy Program for Seniors (GAPS). The letter was to advise you that you may change to a prescription drug plan that coordinates with the state-sponsored GAPS benefit. If you would like to change from Humana, your current GAPS non-participating drug plan, to a GAPS-participating plan, then you must enroll in one of the GAPS-participating plans listed on the reverse side of the enclosed letter.

Under the Humana plan in which you are enrolled, you will be responsible for 100% of the cost of brand named drugs when your prescription expenses are between \$2,250 and \$5,100. Your Humana plan will cover your generic prescription drug costs during this period but not the brand name drugs. You should carefully review your medication needs, and select the plan that best meets your individual needs. You may switch your prescription drug plan without penalty if you choose to do so. Once a Gap Assistance Pharmacy member enrolls in a prescription drug plan (PDP) that coordinates with GAPS, they will be automatically disenrolled from their former PDP. No further action on their part is required.

Additionally, I am also enclosing information on various prescription assistance programs that you might find helpful. Please contact them if you feel you might qualify for their assistance.

I hope this information is helpful to you. Any remaining questions regarding this matter should be directed to Pharmacy Services at (803) 898-2876.

Sincerely,  
  
James M. Assey, R.Ph.  
Division Director

JMA/am

Enclosures

Log #166

# Prescription Assistance Programs Available for South Carolinians

There are several specialized programs sponsored by pharmaceutical companies, business associations or non-profit organizations to assist low-income or needy individuals in obtaining necessary prescription medicines at little or a substantially reduced cost. The following is a list of some of these programs and contact information for those who may want to apply for assistance:

## **Together RX Access**

1-800-444-4106

[www.TogetherRXAccess.com](http://www.TogetherRXAccess.com)

Savings of 25-40% on some 275 brand-name prescriptions. Must meet specific income levels, have no private or public prescription insurance coverage, be a legal US resident and not be eligible for Medicare.

## **Partnership for Prescription Assistance**

1-888-477-2669

[www.pparx.com](http://www.pparx.com)

Combined efforts of major pharmaceutical companies, doctors, health care providers, patient groups and community organizations to assist qualified patients without access to prescription medications obtain them at little or no cost. Recipients must lack any form of prescription insurance coverage and must meet specific income and other eligibility requirements of some 150 drug assistance programs nationwide.

## **Pfizer Helpful Answers**

1-866-706-2400

[www.pfizerhelpfulanswers.com](http://www.pfizerhelpfulanswers.com)

Pharmaceutical company program offering several options for free or reduced cost prescriptions of their products through doctors and community health centers for low-income patients. Must meet set income limits and have no private or public prescription coverage.