DATE MAILED

RECIP NAME

330 ADDRESS

CITY, STATE ZIP

RE: Placement into the South Carolina Medicaid Pharmacy Lock-In Program:

Based on claims history data from: 6 MONTH REVIEW PERIOD, you are being enrolled in the South Carolina Medicaid Pharmacy Lock-In Program. The program was designed to assist Medicaid members whose claims history indicates a need for better coordination of medical care to assure they get the right medicines to stay healthy. **This program does not affect your eligibility for Medicaid, only how Medicaid prescription drugs are purchased.**

Beginning on the Effective Start Date below, the Lock-In Pharmacy at the address specified below will be the only location where Medicaid will pay for prescriptions. Medicaid will not pay other pharmacies. You will need to transfer all Medicaid prescriptions from other pharmacies to the Lock-In Pharmacy below. If you need assistance, please speak to your pharmacist. **Your Medicaid ID number is: \*\*\*\*\*\*\*\*\*\*.**

Effective Start Date: \*\*/\*\*/\*\* End Date: \*\*/\*\*/\*\*

Lock-In Pharmacy: PHARM NAME

Pharmacy Address: PHARM ADDRESS

 PHARM CITY, STATE ZIP

The Lock-In Pharmacy was selected for you based on 6 months of your recent claims data. If you wish to choose a different pharmacy, you must call 803-898-3128 with the name, address and phone number of the pharmacy of choice **within 20 days** from the date of this letter. After the Effective Date, all changes require a request and approval.

Please see the attached PHARMACY LOCK-IN PROGRAM INSTRUCTIONS.

You have 30 days from the date of receipt of this letter to file an appeal if you believe the claims Medicaid paid and reviewed for the above 6-month period contain an error. Your appeal must be in writing and include a copy of this letter. Send to:

Director of Appeals and Hearings

Department of Health & Human Services

PO Box 8206

Columbia, SC 29202-8206

If you have any questions concerning this letter or the Pharmacy Lock-In Program, please call Caprise Young at: 803-898-3128 or Chano Braye at 803-898-2673.

 Thank You,

 Barry Hames, Supervisor

 Department of Recipient Utilization