

JAMES R. SMITH
COMMISSIONER



STATE OF CONNECTICUT
Office of Claims Commissioner

999 Asylum Avenue
Suite 204
Hartford, CT 06105
Telephone (860) 566-2024
Facsimile (860) 566-3406

*Rec'd 3/10/10
HJ 44*

June 22, 2009

Carolyn Shirshac
c/o East Hartford Healthcare & Rehabilitation
51 Applegate Lane
East Hartford, CT 06118

Re: Claim of CAROLYN SHIRSHAC – FILE NO. 21714

Dear Ms. Shirshac,

Your request for review of the decision of the Claims Commissioner has been received and your claims will be submitted to the next regular session of the General Assembly in February, 2010 pursuant to Connecticut General Statute Section 4-159. A public hearing will be scheduled before the Judiciary Committee after the session convenes on February 3, 2010.

When the Committee schedules a date for the public hearing, you may appear at date and time and testify regarding your claim.

Information regarding the date of the public hearing can be obtained either by review of meeting schedules on the State of Connecticut Legislative website (www.cga.ct.gov), or by contacting the Office of the Judiciary Committee by telephone at (860) 240-0530 after the session convenes.

Very truly yours,

James R. Smith
TM

James R. Smith
Commissioner

JRS/tm

Office of the claims commissioner
999 Asylum Ave Ste 204
Hartford, CT 06105

Dear James R. Smith:

I would like to have the General Assembly review the decisions of the Claims Commissioner at the next session. The general statutes for the earlier incidents from 1986 to 2003 were validated as beyond the one year limit by general statute as told to me by various attorneys that I called. However the latest events 2004 to Dec 2008 by Genesis Clinic in Meriden referring me to Sterling Manor

871 Riverside Ave E Hartford for low income housing on the basis of mental health + physical problems GERD and arthritis. Dr Kucer the medical director stated he did not believe I was mentally ill. And referred to E Hartford Health and Rehabilitation also for low income housing have requested a letter from Dr Rada the psychiatric attending physician. Let me know where and when the General Assembly meets. Thank you

Sincerely

Cathy E. Thurston

12/08 to
6/09

Claims Commissioner
999 Asylum Ave Ste 204
Hartford 06105

Dear Claims

I have been in Sterling Manor for 4 years and a total of 22 years in mental health therapy and poor quality housing. I have not exhibited any symptoms of the psychiatric diagnosis that were originally attached to my chart papers. I originally started this troublesome period of my life by applying for Social Security for my pension funds from Hawaii because I was broke + out of work on the advice of a friend. This was in 1986. The doctor at the clinic said he had to put down a diagnosis according to regulations from I to II. I flew back to CT, and soon received my SSI + SSD. The agreement with Social Security was that I could work a 9 month trial work period and then the pension would be discontinued and I would go back to my regular deductions. At this time I was residing in Willimantic and the Soc Sec Mental Health Agency hunted me down and insisted I keep appointments with them. I was sent to Norwich hospital twice. I went to a Psych class at ECSEI and applied for and received my RH license. I went to Windham Hospital for a RN job and reminded them that I had worked there in the ER when I was 16 yrs old.

bipolar

5

I was

Dr. Kwon stated that he didn't believe ^{mentally ill}

Here at Sterling Manor no one has accused me of mental impairment but it shows up on my record from time to time.

Dr. Gottlieb the staff psychiatrist said when queried that my behavior was fine. It just doesn't give that an ICU nurse and nurse managers could be incompetent. Also I spoke with Dr. David Buonavertor psychologist.

After backsliding financially over the years I find I have nothing. I need to buy a house, a car, savings and retirement funds for the future and plan to go to graduate school. I have mixed feelings about

and clothes

working in medicine in the future. I had inquired at the capitol about running for Congress or Senate and the person I spoke to said that I needed a lot of money. Well the Dept of Mental Health was listed in print with an annual budget of \$250,000,000

and so after 22 years of harassment I would like to ask for [150,000,000] and I would like to leave my career options open. at this time all my records cleared.

Thank you for your consideration

Carolyn Shiska
over

Of course the money is up to you but
I need everything house car clothes tuition
retirement funds something for my children
and I appreciate your consideration of these
issues.

Sincerely
Carolyn Christian

School 5 yrs x \$120,000

University of Hartford

house \$50,000 taxes insurance 4 yrs 100,000
insur

clothes 150,000

gasoline \$150 mo

car 26,000

taxes

insur

food 1000 month

retirement insurance 70,000 year til ~~2045~~ or death

taxes ~~5,000,000~~ 5,000,000

insurance

with the below figures

State source Hartford Edward
 Dept of Mental Health Budget \$250 million per year
 Budget Pharmacia \$70 billion per year
 Pizer pharmaceuticals 250-350 billion year

grandchildren

Dillion Beaudette \$1000mo

college tuition

Snayla Beaudette \$1000mo

" 2010 - "

6983 S. Teelwilde
Joplin Mo 648016

finals burial expenses \$10,000

Carolyn Shieshae

Carolyn Shirshac
144 Center Street
Manchester, Connecticut. 06040
Ct RN license # R43947

Education:

Mary Hitchcock School of Nursing Dartmouth College Hanover, New Hampshire	1966-1969 R.N. Diploma
University of Connecticut Storrs, Connecticut	1964-1965 B.S. credits
University of Colorado Denver, Colorado	1980 Business, Fine Arts
Eastern Connecticut State University Willimantic, Connecticut	1988 Psychology

Employment History:

Children's Asthmatic and Research Institute Denver, Colorado	1969
Denver Children's Hospital Denver, Colorado	1970-1972 Staff Registered Nurse, ICU, Premature and Newborn <i>Early Childhood</i>
St. Luke's Hospital Houston, Texas	1972-1974 Head Registered Nurse Post Op. Cardiovascular And Open Heart Surgery ICU
Texas Institute for Rehabilitation And Research Houston, Texas	1973 Coordinator; Respiratory ICU
Porter Memorial Hospital Denver, Colorado	1976-1980 ICU and CCU
Professional Nurses Bureau San Francisco, California	1981 Private Duty And Hospital Staffing
<i>Kaiser Permanente San Rafael, Calif.</i>	<i>RN-ICU</i>
<i>St. Francis Hospital 900 Hyde St San Francisco Calif</i>	<i>Coordinator Ambulatory Surgery</i>

Veteran's Hospital
Newington, Connecticut

1990
MedSurg.

St. Elizabeth's Healthcare
East Hartford, Connecticut

1996
Charge Nurse,
Long-term care

Salmon Brook Healthcare
Glastonbury, Connecticut

1997
Charge Nurse, long-
Term and rehab

Bickford Healthcare
Windsor, Connecticut

1998
Charge Nurse,
Rehab and geriatric

Ready Nurse
West Hartford, Connecticut
3 Emily Way
StarMed
E Hartford
10 main st.

2001-2002 + current
per-diem

til Dec 2003

Then out for back
disability injury
2004

Omni Healthcare
West Hartford

Wadsworth Glen
Middletown CT
Boston Post Rd

343 5024
9860 3477286

Harbor Hill
Water Edge
Lisa Moon

Water's
Edge

Harbor Hill
Middletown CT
11 Church St
Human Services
Lisa Moon

per diem 2003
+ 2004

Ready Nurse
Christine
Mason
313
0451
313 0564

I try to remain current by reading new drug releases and literature in my field.

SilverScript
P.O. Box 280200
Nashville, TN 37228

SILVERSCRIPT™
A CVS CAREMARK COMPANY

0000801 01 AT 0.357 **AUTO 4 3 6417 06118-120151 -C09-1 -P00801



CAROL E SHIRSHAC
51 APPLGATE LANE
E HARTFORD HLTH
EAST HARTFORD CT 06118-1201



04/30/2009
Member #: G0003085001
RxPCN#: ADV

Explanation of Benefits (EOB) for Your Medicare Prescription Drug Coverage (Part D)

THIS IS NOT A BILL. Keep this notice for your records.

This notice includes:

1. How much you've paid so far this year for your prescriptions
2. Your recent claims for prescriptions
3. Updates to our formulary drug list (if applicable)

1. Summary of your Year-to-Date Medicare Prescription Drug Costs

Definitions of the terms used are provided on the next page of this document.

<p style="text-align: center;"> Initial Coverage Period</p>	<p>Maximum you/others on your behalf pay in this period: \$4,350.00</p>	<p>Total SilverScript Paid: \$2,187.95</p>	<p>Total you/others on your behalf paid: \$2,246.46</p>	<p>Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$2,246.46</p>	<p>Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$0.00</p>	<p>Amount left before catastrophic coverage: \$2,103.54</p>
<p>Catastrophic Coverage</p>	<p>No Maximum</p>	<p>Total SilverScript Paid: \$0.00</p>	<p>Total you/others on your behalf paid: \$0.00</p>	<p>Out-of-Pocket Cost to Date: \$2,246.46 Total Drug Costs to Date: \$4,434.41</p>		



Initial Coverage Period -

You generally pay a copayment for each prescription during this period. The initial coverage period ends when your ~~out-of-pocket~~ drug costs reach \$4,350.00 during the coverage year.

Out-of-Pocket Costs -

Includes payments that you and/or certain others on your behalf paid for covered drugs during the coverage year. This includes payments made in the initial coverage period this coverage year. Payments made by certain others that **count** toward your out-of-pocket costs include those made by family members, Medicare's extra help, State Pharmaceutical Assistance Programs (SPAPs), and most charities. This amount does not include amounts paid by SilverScript or certain others making payments on your behalf. Payments made by certain others that **don't count** toward your out-of-pocket costs include those made by group health plans (like from a current or former employer or union), other insurance, or Government-funded

health programs. Once your out-of-pocket costs reach \$4,350.00, you move into the catastrophic coverage period.

Catastrophic Coverage -

This period begins once your out-of-pocket drug costs reach \$4,350.00. This is the period where you pay \$0.00 copayment for your covered drugs for the remainder of the coverage year.

Total Drug Costs -

This is the total amount spent on your covered drugs this coverage year by SilverScript, you, and/or all others making payments on your behalf during all coverage periods. This amount also includes any extra help you got from Medicare this year.

Note: We offer extra coverage for some drugs not generally covered by Medicare. These drugs were noted on your summary of claims section. The amounts paid for these drugs don't count toward your out-of-pocket costs or total drug costs.

2. Summary of Prescription Claims Processed from 04/01/2009 through 04/30/2009

Date Prescription Filled	Prescription Claim Number	Name of Drug	Quantity Filled	Cost of Prescription	Amount SilverScript Paid	Amount You Paid	Amount Paid by Secondary Coverage/ Other Sources	Extra Help from Medicare	Notes
04/21/2009	3290465	LITHIUM CARB CAP 600MG	30.00	\$15.21	\$0.00	\$0.00	\$0.00	\$15.21	
04/21/2009	3290473	OMEPRAZOL E CAP 20MG	30.00	\$40.87	\$0.00	\$0.00	\$0.00	\$40.87	
04/23/2009	3290460	ZYPREXA TAB 20MG	30.00	\$800.88	\$0.00	\$0.00	\$0.00	\$800.88	
04/26/2009	3290468	LITHIUM CARB TAB 300MG	30.00	\$10.61	\$0.00	\$0.00	\$0.00	\$10.61	
04/27/2009	3290463	SIMVASTATI N TAB 20MG	30.00	\$29.77	\$0.00	\$0.00	\$0.00	\$29.77	

Totals

- Total Drug Costs from 04/01/2009 to 04/30/2009: \$897.34
- Out-of-Pocket costs: \$897.34
- Amount you paid: \$0.00

Total Amount left to pay before catastrophic coverage: \$2,103.54

Notes:

The amount listed in "Amount Paid by Secondary Coverage/Other Sources" includes payments made by all sources other than yourself or extra help from Medicare. Amounts paid on your behalf that do not count toward your out-of-pocket costs described in section 1 include those made by group health plans (like from a current or former employers or union), other insurance, or Government-funded health programs. Amounts paid on your behalf that do count toward your out-of-pocket costs include those made by family members, Medicare's extra help, State Pharmaceutical Assistance Programs (SPAPs), and most charities.



3. Updates to SilverScript's Drug List (formulary)

SilverScript may remove drugs from our formulary or add rules about whether and when certain drugs are covered during the year. This chart lists upcoming changes. Unless otherwise noted in the chart below, these changes will be effective in 60 days.

Name of Affected Drug	Effective Date	Description of Change	Reason For Change
PHENAZOPYRIDINE TABS 100 MG	August 1, 2009	Deletion of Drug from Formulary	Medicare Will No Longer Cover
RAPTIVA INJ		Deletion of Drug from Formulary	Manufacturer Withdrawal - Until supplies run out

* This change will not affect your coverage for this drug for the remainder of the plan year if you are currently taking this drug

** The amount you will pay depends on which coverage period you are in. Call our Customer Service number to find out how much you will pay for these drugs.

*** Removal of drug from formulary, a change in its preferred or tiered cost-sharing status, or a classification change such as prior authorization needed, quantity limits apply and/or step therapy limits.

- **Prior authorization** - This means your doctor must contact the plan before the plan will cover the drug. Your doctor must show that the drug is medically necessary for it to be covered.
- **Quantity limits** - This means there is a limit to the dosage amount or how many pills you can get at a time.
- **Step therapy** - This means one or more similar lower cost drugs must be tried before the step-therapy drug is covered.

What to do if you have any questions.

If you have questions, please call toll-free 1-866-235-5660, 24 hours a days, 7 days a week or, visit www.silverscript.com on the web. TTY users should call 1-866-236-1069.

Para obtener una copia de esta información en español, llame GRATIS al 1-866-235-5660. Los usuarios de TTY deben llamar al 1-866-236-1069.

What to do if you disagree with the accuracy of this Explanation of Benefits.

If you have a question or complaint about any information contained here we encourage you to contact us at the number shown. If still dissatisfied you have the right to file a grievance with us. Grievances should be sent to SilverScript Grievance Team, P.O. Box 280500, Nashville, TN, 37228, 1-866-788-5143.

What to do if you disagree with a Medicare Drug Plan's coverage decision.

If we deny your request for a drug you haven't received, or deny your request to pay you back for a drug you have received, we will send you a letter explaining our decision. If you disagree with our decision, you can request an appeal within 60 calendar days from the date of our first decision. You can request a standard or fast (expedited) appeal. We will automatically give you a fast appeal if your physician tells us that your life or health may be seriously jeopardized by waiting for a standard decision. You can request an appeal by:

- Writing a letter to SilverScript Appeals Dept., P.O. Box 52000 MC 109, Phoenix, AZ, 85072.
- Calling 1-866-235-5660.
- Sending a fax to 1-866-884-9475.

Your doctor needs to give us a statement explaining that the drug you need is medically necessary to treat your condition if you or your doctor believe:

- You need a drug that isn't on our list of covered drugs (formulary),
- The plan should waive a coverage rule or limit on a drug you need, or
- You can't take any of the drugs on our preferred tier for your condition, and you would like us to cover a non-preferred drug at the preferred cost-sharing amount.

Your doctor needs to give us a statement by fax number 1-888-836-0730 or calling us at 1-800-294-5979.

Suspect fraud?

If you suspect fraud, please contact SilverScript Grievance Team, P.O. Box 280500, Nashville, TN, 37228, 1-866-235-5660. Or, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week. TTY users should call 1-877-486-2048.

Do you have limited income and resources?

You may qualify for extra help paying your Medicare prescription drug costs. For more information about applying for extra help, visit www.socialsecurity.gov on the web or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.