

2026 MEMBER HANDBOOK CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
7/1/2026	Important Phone Numbers	7	Changed Member Services Hours to “8 a.m. – 8 p.m.”
1/15/2026	Your Member Identification (ID) Card	8	ID card images replaced with updated ID cards
7/1/2026	Member Services	9	Changed Member Service Hours to “8 a.m. – 8 p.m.”
3/02/2026	Choosing Your Primary Care Provider (PCP)	13	Added, “Indian members may choose a participating Indian Health Care Provider (IHCP) PCP as their PCP if the provider has the capacity to provide services.”
1/15/2026	Benefit Information: Services Covered and Not Covered by Absolute Total Care	17	Autism Spectrum Disorder (ASD) Treatment Services – Limits changed to “Ages 21 and younger” and Authorization Requirements changed to “Prior approval may be required for some services.”
1/15/2026	Benefit Information: Services Covered and Not Covered by Absolute Total Care	18	Dental Services removed
1/15/2026	Benefit Information: Services Covered and Not Covered by Absolute Total Care	19	Hospice Care removed
1/15/2026	Benefit Information: Services Covered and Not Covered by Absolute Total Care	20	Long Term Care Facility removed
1/15/2026	Benefit Information: Services Covered and Not Covered by Absolute Total Care	20	Non-Emergency Medical Transportation removed
3/02/2026	Out-of-Network Services and Doctors	26	Added, “Indian members may obtain covered services from out-of-network Indian Health Care Providers (IHCPs) from whom the member is otherwise eligible to receive such services.”
1/15/2026	State-Covered Services	27	Added Community Long Term Care Waiver Services, HIV/AIDS Waiver Services, Mechanical Ventilator Dependent (VENT) Waiver Services, Targeted Case Management (TCM); Removed “for stays over 90 days” from Long-term institutional care; Changed Transportation to “Non-Emergency Medical Transportation”
1/15/2026	Community Long Term Care Waiver Services	27	Added Community Long Term Care Waiver Services section

1/15/2026	Dental Services	28	Added Dental Services section
1/15/2026	HIV/AIDS Waiver Services	28	Added HIV/AIDS Waiver Services section
1/15/2026	Hospice Services	28	Added Hospice Services section
1/15/2026	Long-Term Institutional Care	28	Added Long-Term Institutional Care section
1/15/2026	Mechanical Ventilator Dependent (VENT) Waiver Services	28	Added Mechanical Ventilator Dependent (VENT) Waiver Services section
1/15/2026	Targeted Case Management	29	Added Targeted Case Management section
1/15/2026	Prior Authorization	30	Changed 14 calendar days to 7 calendar days for “Standard (Non-Urgent) Prior Authorization Requests
3/20/2026	Pharmacy	31	Added, “Select preferred drugs used to treat conditions such as, but not limited to, diabetes, hypertension and high cholesterol may be eligible for up to a maximum of 90 days’ supply.” to paragraph below “How do you get your prescriptions?” table.
3/20/2026	Extra Benefits	34	Added “90-Day Medication Supply”
1/15/2026	Protecting Your Privacy: Notice of Privacy Practices	61	Changed Effective Date to 1/1/2026
1/15/2026	Protecting Your Privacy: Notice of Privacy Practices	64	Added “Substance Use Disorder Records (SUD) – We will not use or disclose your SUD records in legal proceedings against you unless: • We receive your written consent, or • We receive a court order, you’ve been made aware of the request and been given a chance to be heard. The court order must include a subpoena or similar legal document requiring a response.”
1/15/2026	Definitions	68	Appeal definition changed to, “A request for review of an Adverse Benefit Determination, as defined in 42 CFR §438.400.”
1/15/2026	Definitions	69	Copayment definition changed to, “Any cost-sharing payment for which the Member is responsible.”
1/15/2026	Definitions	69	Durable Medical Equipment (DME) definition changed to, “Equipment that provides therapeutic benefits or enables Beneficiaries to perform certain tasks that they are unable to undertake otherwise due to certain medical conditions and/or illness.

1/15/2026	Definitions	69	Grievance definition: “Adverse Benefit Determination” capitalized; Added at the end of the definition: “Grievance includes Member’s right to dispute an extension of time proposed by the Contractor to make an authorization decision.”
1/15/2026	Definitions	70	Added “Health Insurance Plan”
1/15/2026	Definitions	70	Home and Community Based Services (HCBS) definition changed to, “Services delivered to persons with long-term care needs that allow them to remain in a community-based environment, as authorized in an approved 1915(c) Waiver or 1915(i) State Plan.”
1/15/2026	Definitions	70	Hospice Services definition changed to, “Services in which the Member is provided with palliative care (relief of pain and uncomfortable symptoms) as opposed to curative care for terminally ill individuals.”
1/15/2026	Definitions	70	Added “Hospital Outpatient Services”
1/15/2026	Definitions	70	Removed “In-Network Physician/Provider”
1/15/2026	Definitions	70	Medical Necessity definition changed to, “Services utilized in the State Medicaid Program, including quantitative and non-quantitative treatment limits, to determine the level of need for medical services rendered, as indicated in State statutes and regulations, the State Plan, and other State policy and procedures.”
1/15/2026	Definitions	70	Added “Network Provider”
1/15/2026	Definitions	70	Non-Participating Physician/Provider changed to “Non-Participating Provider”; definition changed to, “A Provider licensed to practice who has not contracted with or is not employed by Absolute Total Care or Healthy Connections Medicaid to provide health care services.”
1/15/2026	Definitions	71	Removed “Plan/Health Plan”
1/15/2026	Definitions	71	Added “Premium”
1/15/2026	Definitions	71	Primary Care Provider (PCP): last sentence updated to, “The PCP is responsible for providing primary care, coordinating, and monitoring

			referrals to specialist care, authorizing hospital services and maintaining Continuity of Care.”
1/15/2026	Definitions	71	Prior Authorization updated to, “The act of authorizing specific approved services by Absolute Total Care before rendered.”
1/15/2026	Definitions	71	Provider definition changed to, “Any individual or entity furnishing Medicaid services under a Provider agreement with Absolute Total Care or the Medicaid agency. See 42 CFR 400.203. These may include the following: any individual, group, Physicians (e.g. Primary Care Providers and Specialists) or entity (e.g. hospitals, ancillary Providers, outpatient center (free standing or owned) clinics and laboratories) furnishing Medicaid services under an agreement with the SCDHHS; or for the Medicaid Managed Care Program, any individual, group, Physicians (e.g. Primary Care Providers and Specialists) or entity (e.g. hospitals, ancillary Providers, clinics, outpatient centers (free standing or owned) and laboratories) that is engaged in the delivery of health care services and is legally authorized to do so by the state in which it delivers services.”
1/15/2026	Definitions	71	Added “Single Preferred Drug List (sPDL)”
1/15/2026	Definitions	71	Specialist definition changed to, “A healthcare professional with advanced training who treats only certain parts of the body, certain health conditions or certain age groups, and who is distinct from a Primary Care Provider.”
1/15/2026	Definitions	71	Added “Special Populations”
1/15/2026	Definitions	72	Urgent Care definition changed to, “Medical conditions that require attention within forty-eight (48) hours. If the condition is left untreated for forty-eight (48) hours or more, it could develop into an emergency condition.”