

Welcome to Absolute Total Care!

Dear Absolute Total Care Member:

Thank you for choosing Absolute Total Care as your new South Carolina Medicaid health plan. You became an Absolute Total Care member because you live in our service area* and are eligible for the South Carolina Medicaid program. Absolute Total Care is a plan that gives you choices – from choosing your primary care provider (PCP) to participating in special programs that help you stay healthy.

Please check the Absolute Total Care ID cards that came with this handbook to make sure they are correct. If you find a mistake, please call our Member Services department at 1-866-433-6041 (TTY 711). We will change it for you. Be sure to bring your Absolute Total Care ID cards with you when you see your doctor. Also, bring them with you when you go to the hospital or pharmacy. Keep these cards in a safe place.

If you have not chosen a PCP for yourself and your family, please choose one now. You may call our Member Services department at 1-866-433-6041 (TTY 711) and choose a PCP over the phone. You can also make a PCP change request by visiting our website at www.absolutetotalcare.com or by filling out the PCP change form included in in your Member To-Do List booklet (item #5).

Please read this Member Handbook. Keep it handy, it tells you about your benefits and who to call when you have questions.

Wishing you a healthy year,

Absolute Total Care

**Please check our website at www.absolutetotalcare.com for a current map of our service area, or refer to the map following this page in the handbook.*

Map of Counties Served



 Counties approved

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IMPORTANT RESOURCES

Notice

Do you need this book translated? Do you need help understanding this book? If you do, call Absolute Total Care's Member Services line at 1-866-433-6041. Call TTY 711 if you are hearing impaired. To get this information in large font or as an audio CD, call Member Services.

Statement of Understanding

This is your Absolute Total Care Member Handbook and Certificate of Coverage. The information in this booklet will explain how Absolute Total Care works. Please review the information and keep it handy for future reference.

This handbook was designed to help guide you through the Absolute Total Care system. Please take time to review it carefully. Make sure both you and your family understand your benefits before a time arises when you may need to use them. Keep this handbook in a safe place.

Please take time to review and understand these important benefit documents.

Interpreter and Translation Services

Interpreter services are provided free of charge to you. This includes sign language. Absolute Total Care has a telephone language line available 24 hours a day, seven days a week. We can help you talk with your provider when another translator is not available.

Here is what to do when you call Absolute Total Care:

- Call Member Services at 1-866-433-6041 or TTY 711.
- Tell them the language you speak. We will make sure an interpreter is on the phone with you.

Here is what to do when you call a provider's office to make an appointment:

- Tell them you need help with translation. You should also tell them what language you speak. We will make sure you get help at your visit.
- If you have any problems getting a translator, please call Member Services.

Important Phone Numbers

If you have any questions, Member Services will help you. Our normal business hours are 8 a.m. – 6 p.m. Eastern Standard Time, Monday through Friday. If you would like to speak with a nurse, NurseWise® is available 24 hours a day, seven days a week.

Member Services	1-866-433-6041
	Fax 1-866-912-3610
	TTY 711
South Carolina Relay Services	Voice 1-800-735-2905
	TDD/TTY 1-800-735-8583
NurseWise Services	1-866-433-6041
To Change Your Doctor	1-866-433-6041
Vision Questions/Problems (covered by Medicaid)	Call your local DHHS office.
Pharmacy Questions/Problems	1-866-433-6041
MemberConnections®	1-866-433-6041
Start Smart for Your Baby®	1-866-433-6041
Language Assistance	1-866-433-6041
County Transportation Services (covered by Medicaid)	1-866-433-6041

Non-emergency transportation requires prior approval by the South Carolina Department of Health and Human Services (SCDHHS). Contact the SCDHHS Call Center at 1-888-549-0820 to find out which transportation broker serves your county. Call Absolute Total Care Member Services at 1-866-433-6041 if you have difficulty scheduling a ride. Someone will help you arrange transportation.

If You Are Hearing, Speech or Sight Impaired

Are you hearing, speech or sight impaired?

If so, we can help you. Call us at these numbers:

- 711 for Absolute Total Care telecommunications device calls
- 1-800-735-8583 (TTY) / 1-800-735-2905 (Voice) for South Carolina Relay service calls

Absolute Total Care also has audio CDs for members who cannot see well. If you need help in person, we can visit you at your home or in our office. Let us know.

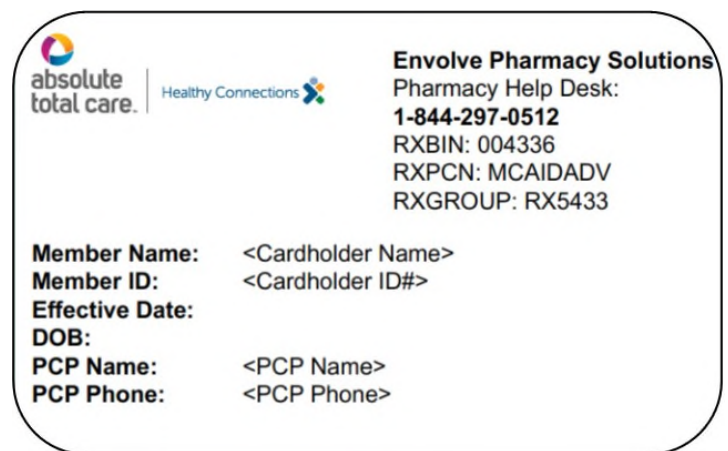
Your Member Identification (ID) Card

Always carry your Absolute Total Care ID card with you. Show it every time you get care. You may have problems getting care or prescriptions if you do not have it with you. If you have other health insurance cards, bring them with you too. Each family member will also receive a state Medicaid ID card. Always carry both cards at all times. Remember to show your Medicaid ID card for items not covered by Absolute Total Care.

The ID cards can only be used by the member whose name is on the card. Do not let anyone else use your card. If you do, you may be responsible for their costs. You could also lose your eligibility for Medicaid.

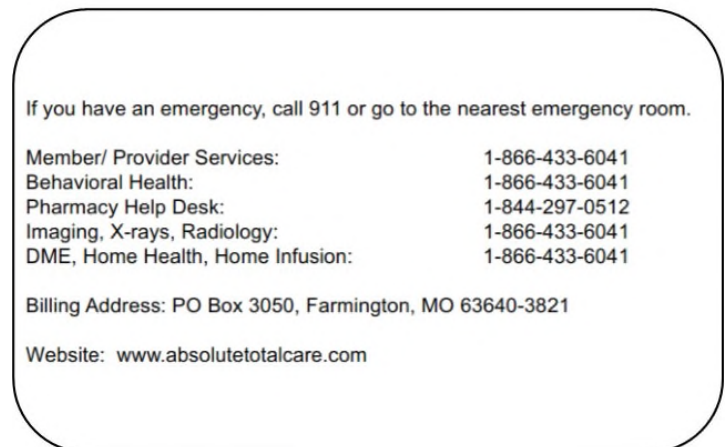
Front

1. Absolute Total Care and Healthy Connections Logo
2. Member Name
3. Member ID
4. Effective Date
5. Date of Birth
6. PCP Name
7. PCP Phone Number
8. Pharmacy Information



Back

9. Emergency Phone Number
10. Important Phone Numbers
11. ATC Address
12. ATC Website



Member Services

Our Member Services staff is ready to help you get the most from Absolute Total Care. The Member Services department will tell you how Absolute Total Care works and how to get the care you need. Calls received after business hours are routed directly to NurseWise. We are here to help you 24 hours a day.

Member Services can help you with the following:

- PCP changes
- Lost ID cards
- Change of address
- Benefit questions
- Appropriate utilization of services
- How to access services
- Access to out-of-plan care
- Emergency care (in- or out-of-area/network)
- Process for prior authorization of services
- Explanation of medical information release authorizations

Member Services Hotline

1-866-433-6041

TTY 711

8 a.m. – 6 p.m. (EST)

Monday – Friday

Closed on State Holidays

Website

www.absolutetotalcare.com

You may also write us at:

Absolute Total Care

1441 Main Street, Suite 900

Columbia, SC 29201

Absolute Total Care's website helps you get the answers. The website has resources and features that make it easy to get quality care.

Resources

- Member Handbook
- Facts about Absolute Total Care programs

Special Features

- Our Find a Provider tool helps you search for a doctor by name, location, and specialty! This tool also has information about network providers such as:
 - Name, address, and phone numbers
 - Languages other than English
 - Professional qualifications
 - Specialty

- If the provider is board certified
- Accepting new patients
- Call Member Services at 1-866-433-6041, TTY 711 for more information about a provider's medical school and residency.
- Forms to change your PCP
- Store your complete medical history online

NurseWise®

NurseWise is a health information line. NurseWise is ready to answer your health questions 24 hours a day, seven days a week. NurseWise is staffed with registered nurses. These nurses have spent a lot of time caring for people. They are ready and eager to help you.

The services listed below are available by contacting NurseWise, Absolute Total Care's 24-hour nurse hotline, at 1-866-433-6041:

- Medical advice line
- Health information library
- Help in determining where to go for care
- Answers to questions about your health
- Advice about a sick child
- Information about pregnancy

Not sure if you need to go to the emergency room?

Sometimes you may not be sure if you need to go to the emergency room. Call NurseWise. They can help you decide where to go for care. Emergency services are services for a medical problem that you think is so serious that it must be treated right away by a doctor.

Major Life Changes

If you have a major change in your life, your SCDHHS caseworker needs to know. If you have any changes to your income, resources, living arrangements, address or anything else that might affect your case (for example, child moved out or spouse went to work) you must report these changes to your local Medicaid eligibility office right away. To do this, call 1-888-549-0820.

You may also find your county office by visiting the website www.scdhhs.gov and clicking on "Getting Medicaid," then clicking "Where to Go for Help."

PRIMARY CARE PROVIDER

What Your PCP Will Do For You

Your primary care provider (PCP) is a doctor you see on a regular basis to take care of your medical needs. You do not have to go to the emergency room for basic medical care. You can call your PCP when you are sick and do not know what to do. Do not wait until you are sick to meet your doctor for the first time. Seeing your doctor for regular checkups helps you find problems early enough to fix them. Your PCP should provide all of your primary care.

Your PCP will:

- Make sure that you receive all medically necessary services in a timely manner
- Follow up on the care you receive from other medical providers
- Take care of referrals for specialty care and services offered by Medicaid
- Provide any ongoing care you need
- Update your medical record, which includes keeping track of all the care that you get with your PCP and specialists
- Accept you as a member, unless the office is full and closed to all new members
- Provide services in the same manner for all patients
- Give you regular physical exams as needed
- Provide EPSDT/well-child visits for members under the age of 21
- Give you regular immunizations as needed
- Keep track of your preventive health needs
- Make sure you can contact him/her or another provider at all times
- Discuss what advance directives are and file the directive appropriately in your medical record
- Make sure you receive hospital services if medically necessary

Choosing Your PCP

As an Absolute Total Care member, you may choose a PCP. Your child can also choose a PCP. A list of PCPs can be found on the Absolute Total Care website at www.absolutetotalcare.com. If you need help finding a PCP, call Member Services at 1-866-433-6041 or TTY 711.

Your PCP may be one of the following:

- Family Practitioner
- General Practitioner

- Internal Medicine
- Pediatrician

It is important to call your PCP first when you need care. Your PCP will manage all of your healthcare needs. Your PCP works with you to get to know your health history and helps take care of your health. You have the option to choose the same PCP for your entire family, or you can have a different PCP for each family member.

You should always call your PCP's office when you have a question about your healthcare. He or she can help you get other services you may need.

Women may have an OB/GYN doctor or a Certified Nurse Midwife in addition to their PCP during their pregnancy. Female members may also receive routine and preventive healthcare from a women's health specialist outside of pregnancy.

Absolute Total Care has PCPs who are sensitive to the needs of many cultures, speak your language and understand your family traditions and customs. If you want more information about your PCP's qualifications, please call Member Services at 1-866-433-6041.

PCP is Chosen for You

Absolute Total Care will assist members who have not chosen a PCP upon enrollment with the health plan.

The member's new PCP will be selected based upon one of the following reasons:

1. If the member has used the doctor in the past
2. The ZIP code in which the member resides

Continuity and Coordination of Care

Absolute Total Care will let you know if your PCP or your PCP's office is no longer in the Absolute Total Care network. We will send you a letter at least thirty (30) calendar days prior to the effective date of the PCP's termination or if the PCP notifies Absolute Total Care of termination less than thirty (30) days prior to the effective date, Absolute Total Care will notify affected members as soon as possible, but no later than fifteen (15) calendar days after the receipt of the notification.

We will help you change your PCP. We will also let you know if a specialist you see regularly leaves our network. We will help you find another specialist.

Absolute Total Care will honor Medicaid services that have been approved prior to joining our health plan. We will refer you to SCDHHS for services outside Absolute Total Care's benefits.

Changing Your PCP

When you joined Absolute Total Care, you may have selected a PCP. If you did not, we assigned you to a PCP.

To change your PCP, do one of the following:

- Send the PCP selection form included in the handbook to Absolute Total Care
- Call Member Services at 1-866-433-6041
- Make a PCP change request on our website, www.absolutetotalcare.com

You may change your PCP at any time if:

- Your PCP is no longer in your area
- You are not satisfied with your PCP's services
- The PCP does not provide the services you seek because of religious or moral reasons
- You want the same PCP as other family members

Scheduling/Appointment Waiting Times

You should be able to get an appointment with your PCP as follows:

- Routine visits with your PCP should be scheduled within four weeks.
- Routine visits with your unique specialist should be scheduled within 12 weeks.
- Urgent non-emergent visits should be scheduled within 48 hours.
- Urgent or emergency visits should be performed immediately upon presentation at the delivery site.

If you have trouble getting an appointment, call Member Services at 1-866-433-6041.

Remember to bring your Absolute Total Care Member ID card with you to all of your appointments. Please be on time so that you can be seen as scheduled. Do your best to avoid being a "no show" for your scheduled doctor appointments. If you need to cancel or reschedule your appointment, call your doctor as soon as you can.

Your PCP must follow the standards for office wait times:

- Scheduled appointment wait times should not exceed 45 minutes
- Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment
- Urgent or emergent patients should be seen immediately

BENEFIT INFORMATION

Copayments/Cost Sharing

Absolute Total Care does require member copayments/cost sharing for certain covered and approved medically necessary medical services. The following Medicaid beneficiaries do not have to make copayments: children under 19 years old, pregnant women, individuals receiving family planning services, institutionalized individuals, individuals receiving emergency services, and federally recognized Native Americans.

Services Covered and Not Covered by Absolute Total Care

Absolute Total Care wants you to stay healthy. Many health problems can be avoided if they are found early enough. The information in this section summarizes the covered services available to you under this plan. Absolute Total Care covers all medically necessary Medicaid covered services.

If you have questions about these services, call us. We can be reached at 1-866-433-6041. A Member Services representative will help you understand your benefits.

Benefits	Coverage	Limits	Copay
Abortion – Elective	Not Covered		
Abortion – Medically Necessary	Covered	Must sign consent form.	
Acne	Covered	Ages 18 and younger. Limits apply.	
Acupuncture & Biofeedback Service	Not Covered		
Ambulance – Emergency and Non-Emergency	Covered		
Audiology Services	Covered	Ages 20 and younger.	
Bariatric Surgery – Surgery for Morbid Obesity	Covered	Only if medically necessary.	
Behavioral Health – including screenings (inpatient)	Covered	Only if medically necessary and in an inpatient behavioral health unit.	\$25.00

Benefits	Coverage	Limits	Copay
Behavioral Health & Alcohol, Drug and Substance Abuse (outpatient)	Covered	1 evaluation every 6 months.	\$3.40
Biopharmaceuticals (specialty injectables)	Covered		
Cardiac Rehab	Covered		
Chemotherapy	Covered		
Chiropractic Services	Covered	1 per day/6 per year.	
Circumcision	Covered	Prior authorization may be required.	
Clinic Visits	Covered		
Cosmetic Surgery	Not Covered		
Dermatology Services	Covered	Cosmetic is not covered.	
Dental Services	Covered	Covered by SCDHHS/DentaQuest.	
Developmental Evaluation Services	Covered	Ages 20 and younger.	
Diabetic Shoes	Covered	1 pair per year (3 inserts per year).	
Diabetic Supplies	Covered		
Diabetic Education	Covered		
Dialysis	Covered		
Durable Medical Equipment (DME) – including, but not limited to, rental equipment, wheelchairs, ventilators, oxygen, monitors, lifts, nebulizers, bili-blankets, etc.	Covered	Unlimited for age 20 and younger.	
Emergency Care (in-network and out-of-network)	Covered		
Emergency Transportation	Covered		
Enteral/Parenteral Nutrition Therapy	Covered	If provided via tube and sole source of nutrition.	
Family Planning Services	Covered	Self-referrals; in- and out-of-network providers covered by ATC.	
Fluoride Rinse/Varnish	Covered	As a part of EPSDT only.	

Benefits	Coverage	Limits	Copay
Genetic Testing	Covered	Requires prior authorization.	
Hearing Tests, Aids & Devices	Covered	Ages 20 and younger.	
Home Health Care	Covered	50 visits per year.	
Home Infusion Therapy	Covered		
Hospice Care	Covered by SCDHHS		
Hysterectomy	Covered	Must sign consent form.	
Infertility Services	Not Covered		
Infusion Centers	Covered		
Inpatient Medical/Surgical Services	Covered		\$25.00
Inpatient Rehabilitation Services	Covered	Must be acute hospital setting (excludes freestanding rehab).	\$25.00
Insulin Pumps	Covered	Not covered for Type II diabetics.	
Laboratory Services	Covered		
Long-Term Care Facility	Covered	First 90 days only.	
Maternity Services	Covered	OB/GYN visits, etc.	
Medical Transportation	Covered by SCDHHS		
Non-participating Providers	Covered	Must be medically necessary and service not available in network.	Varies
OB Ultrasounds	Covered	3 per pregnancy.	
Office Visits (PCP/Specialists) (Well & Sick Visits)	Covered		
Orthotics & Prosthetics	Covered		
Outpatient Surgery; Ambulatory Surgical Centers	Covered		\$3.40
Pain Management Services	Covered		
Podiatry Services	Covered	Ages 21 and younger may have services performed by PCP/Podiatrist. Ages 22 and older must be diabetic to receive.	

Benefits	Coverage	Limits	Copay
Power Wheelchairs	Covered	Every 7 years, limited accessories covered.	
Prescriptions (\$0 copay for select prescriptions on our PDL – certain asthma, COPD & diabetes medicines)	Covered	4 prescriptions per month; 3 additional if medically necessary; unlimited for age 20 and younger.	\$3.40 begins at age 19 and over.
Preventive and Rehabilitative Services for Primary Care Enhancements (adults & children)	Covered	Combined total of 105 hours (420 units) per fiscal year.	
Pulmonary Rehab	Covered		
Reversal of Sterilization	Not Covered		
Smoking Cessation Products	Covered	Quantity per PDL.	
Sterilization	Covered	Must sign consent form.	
Rehabilitative Therapies for Children, Non-Hospital Based	Covered	Children 20 and younger, combined total of 105 hours (420 units) per fiscal year.	
Transplants (other than corneal)	Covered	Pre and post services only.	
Vaccines/Immunizations (adult)	Covered	Only if medically necessary.	
Vaccines/Immunizations (children)	Covered	Ages 21 and younger.	
Vision – Routine Screening (children)	Covered	Ages 20 and younger. 1 pair of glasses every 12 months. 1 replacement set every 12 months.	
X-Ray/Radiology Services	Covered		

Absolute Total Care Members Exempt from Copayments:
From birth to the date of their 19 th birthday
Living in long-term care facilities
Receiving hospice care
Receiving family planning prescriptions

During pregnancy
Enrolled in South Carolina Department of Disabilities and Special Needs' Mental Retardation or Related Disabilities of Head and Spinal Cord Injuries waiver program
Enrolled in DHHS VENT, HIV/AIDS, SC Choices, or elderly and disabled waiver program

Rehabilitative Behavioral Health Services

RBHS stands for Rehabilitative Behavioral Health Services. RBHS ranges from assessment services, therapy services, and crisis management to community support services for behavioral disabilities. Absolute Total Care offers a number of behavioral health programs and services to our members through Cenpatico, our delegated vendor for behavioral health services, and DAODAS (Department of Alcohol and Other Drug Abuse Services).

Cenpatico manages care through a comprehensive service plan, which may include goals involving employment, housing, education and social involvement. We support our members with services such as peer and family support that help keep them in their communities. Our Care Coordinators work directly with members to help them overcome any barriers to achieving their goals. Cenpatico provides inpatient and outpatient behavioral health services to members as they transition from one level of care to another through the coordination of services such as:

- Peer and family support
- Assessment
- Treatment plan development and modification
- Therapy services
- Treatment for alcohol, drug and substance abuse
- Arranging appointments
- Linking members with transportation, utility assistance, clothing and food bank programs

You can contact Cenpatico at 1-866-534-5976.

DAODAS (Department of Alcohol and Other Drug Abuse Services) works with members to ensure the provision of quality services to prevent or reduce the negative consequences of alcohol, drug and substance use and addictions.

There are three basic types of DAODAS services that are available through the statewide service-delivery system:

- Prevention

- Intervention
- Treatment

Second Opinions

You have the right to a second opinion. You can see another Absolute Total Care provider. You can also see a provider that is not with Absolute Total Care, if an Absolute Total Care provider is not available in network and if medically necessary. You will need an authorization if the provider is not in the Absolute Total Care network. There is no cost to you. Call Member Services at 1-866-433-6041. They can help you.

Transplant Services

Organ transplants and bone marrow/stem cell transplants are covered through Medicaid. Absolute Total Care covers the following services in connection to transplants:

- Corneal transplants
- Pre-transplant services rendered in excess of 72 hours (3 days) prior to the surgical event
- Post-transplant services
- Follow-up services
- Post-transplant pharmaceutical services

Durable Medical Equipment

Durable Medical Equipment is equipment your doctor orders that has exclusive medical use. These items must be reusable and may include wheelchairs, hospital-type beds, crutches, walkers, splints, respirators, etc. To qualify for benefits, your physician must order the medical equipment and it must be medically necessary to meet a specific need.

Equipment such as air conditioners, whirlpool baths, spas, (de)humidifiers, wigs, fitness supplies, vacuum cleaners or air filters do not qualify because they do not have exclusive medical uses. To be eligible as Durable Medical Equipment, the device or equipment's use must be limited to the patient for whom it was ordered. This means others cannot use the device or equipment.

Out-of-Network Services and Doctors

Absolute Total Care realizes that there may be times when you need care from a doctor who is not in the Absolute Total Care plan. These services can be arranged if medically necessary. Please contact your Absolute Total Care doctor to discuss these needs. Absolute Total Care will

approve medical services from an out-of-network doctor if these services are not available in-network and are medically necessary, as determined by your doctor and Absolute Total Care.

Member Billing

You will only be billed by a provider if you have agreed to the following:

- You signed a Member Acknowledgement Statement, which makes you responsible for services not covered by Absolute Total Care.
- You agreed ahead of time to pay for services that are not covered by Absolute Total Care or Medicaid.
- You agreed ahead of time to pay for services from a provider who is not in the network and/or did not receive a prior authorization ahead of time and requested the services anyway.

If You Are Billed

If you have Medicaid, you should not be billed for any service covered by Medicaid.

If you get a bill for services Absolute Total Care should have paid, call Member Services at 1-866-433-6041. When you call, give the Member Services staff:

- Date of service
- Name of provider
- Total amount of the bill

State Covered Services

Absolute Total Care does not cover all of your services. Some services are covered by Medicaid and are called “carved-out benefits.” Call us with any questions you have about these services. You can also contact SCDHHS toll-free at 1-888-549-0820.

- Routine and emergency dental services – ages 20 and under (DentaQuest: 1-888-307-6553)
- Long-term institutional care for stays over 90 days
- Hospice care
- Transplant services

Medically Necessary Services

Services that are medically necessary are those that:

- Prevent illness and conditions

- Treat pain and body problems
- Agree with medical standards
- Are provided in a safe place for the service

Prior Authorization Services

Prior authorization is for services that must be approved by Absolute Total Care. The Utilization Management department will review a request from your doctor before you obtain the service or procedure.

Urgent Requests will be reviewed within 72 hours from the time the request is received.

Non-Urgent Requests will be reviewed within fourteen (14) calendar days from the time the request is received.

An extension may be granted for an additional fourteen (14) calendar days if the Medicaid Managed Care Member, the provider or the authorized representative requests an extension or if Absolute Total Care justifies the need for additional information and the extension is in the member's best interest.

Absolute Total Care has policies and procedures to follow when they make decisions regarding medical services.

Utilization Management

Utilization Management (UM) is a part of Absolute Total Care that makes decisions about your healthcare benefits. First, UM checks to see if a service is covered. Then UM makes sure it is medically necessary. They also make sure it will be at the right place and the right time. UM approves referrals when they are medically necessary. UM decisions are based on appropriate care and no financial incentives are used to deny care. The UM staff conducts hospital reviews and will coordinate with the hospital discharge planner to facilitate your plan of care.

Urgent Requests will be reviewed within 72 hours from the time the request is received.

Non-Urgent Requests will be reviewed within fourteen (14) calendar days from the time the request is received.

An extension may be granted for an additional fourteen (14) calendar days for non-urgent requests if the Medicaid Managed Care Member, the provider or the authorized representative requests an extension or if Absolute Total Care justifies a need for additional information and the extension is in the member's best interest.

An extension may be granted for an additional 48 hours for expedited pre-services requests if the Medicaid Managed Care Member, the provider or the authorized representative requests

an extension or if Absolute Total Care justifies a need for additional information and the extension is in the member's best interest.

Pharmacy

You may call Member Services or visit the Absolute Total Care website to see drugs that are on the Absolute Total Care approved list of covered medications. This is called a Preferred Drug List (PDL). The PDL lets your doctor know what drugs Absolute Total Care covers without a prior authorization. To see a list of pharmacies in your area, you may visit our website at www.absolutetotalcare.com or you may call Member Services at 1-866-433-6041. A Member Services Representative will help you find a pharmacy.

How do you get your prescriptions? <ul style="list-style-type: none">• Go to a pharmacy that is signed up with Absolute Total Care.• Give them your prescription order.• Show them your Absolute Total Care ID card.• Pay \$3.40 for each prescription if you are 19 years old or older.
Absolute Total Care Members Exempt from Copayments:
From birth to the date of their 19 th birthday
Living in long-term care facilities
Receiving hospice care
Receiving family planning prescriptions
During pregnancy
Enrolled in South Carolina Department of Disabilities and Special Needs' Mental Retardation or Related Disabilities of Head and Spinal Cord Injuries waiver program
Enrolled in DHHS VENT, HIV/AIDS, SC Choices, or elderly and disabled waiver program

There is a limit of four prescriptions per month for adults ages 21 and older (**no limit for members age 20 and younger**). If you go over this limit and your doctor feels you need additional medications, an additional three prescriptions are available (for a total of seven prescriptions) if the prescription meets certain specified criteria. Please see the Preferred Drug List (PDL) for details on what prescriptions qualify. Limit 31-day supply per prescription filled, new or refilled.

Please contact Absolute Total Care at 1-866-433-6041 if you have questions about copayments or prescription limits.

What is Prior Authorization?

Some drugs must be approved by Absolute Total Care before you get them. This is called a prior authorization (PA). Ask your doctor if your prescription requires this. If it does, ask if there is any other medicine that can be used that does not require a PA.

Absolute Total Care doctors have been notified in writing of:

- The drugs included in the Preferred Drug List (PDL)
- How to request a PA
- Special procedures set up for urgent requests

Your doctor can decide if it is necessary to have a non-preferred drug. If so, they must give Absolute Total Care a request for a PA. You may be eligible for a 5-day emergency supply until your doctor can submit a PA and a decision is made by Absolute Total Care. If Absolute Total Care does not approve the request, we will notify you and your doctor. We will give you information about the grievance and appeal process and your right to a State Fair Hearing. Please have your local pharmacy call our Pharmacy department at 1-866-433-6041.

Please call our Member Services department for more information about the Preferred Drug List (PDL).

Rehabilitative Therapy for Members Ages 20 and Under

Absolute Total Care provides rehabilitative services to members age 20 and under who have issues with sight or hearing, mental retardation, physical disabilities and/or developmental disabilities or delays. These services include:

- Speech-Language Pathology
- Audiology
- Physical Therapy
- Occupational Therapy

Medically necessary services will need an authorization to cover up to 105 hours per year (July 1st to June 30th). If you think your child is in need of these services, get a referral from their PCP for an evaluation.

Preventative and Rehabilitative Services for Primary Care Enhancement (PSPCE/RSPCE)

These services assist members in getting the help they need to keep or improve their health status.

Transportation

South Carolina's Medicaid Transportation program provides non-emergency transportation for members. If you need to schedule a ride for a non-emergency reason, please call the reservation line for the region that your county is located in.

Region 1: Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda, Spartanburg

Reservations: 1-866-910-7688

Late or Missing Ride: 1-866-910-7689

Administrative Line: 1-866-910-7684

Region 2: Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Clarendon, Fairfield, Kershaw, Lancaster, Lee, Lexington, Newberry, Orangeburg, Richland, Sumter, Union, York

Reservations: 1-866-445-6860

Late or Missing Ride: 1-866-445-9962

Administrative Line: 1-866-910-7684

Region 3: Beaufort, Berkeley, Charleston, Chesterfield, Colleton, Darlington, Dillon, Dorchester, Florence, Georgetown, Hampton, Horry, Jasper, Marlboro, Marion, Williamsburg

Reservations: 1-866-445-9954

Late or Missing Ride: 1-866-445-9964

Administrative Line: 1-866-910-7684

Statewide number for nursing homes and medical facilities: 1-866-420-6231

Call Member Services at 1-866-433-6041 (TTY 711) if you are having a problem scheduling a ride to your medical appointment. The Member Services department will assist you in contacting your transportation broker to arrange transportation.

EXTRA BENEFITS

Value Added Benefits

Absolute Total Care has developed a package of value added services for Medicaid members that will enhance member benefits beyond the SCDHHS Covered Services. The value added services below exceed SCDHHS benefits and were designed to improve members' well-being, encourage responsible and prudent use of healthcare benefits and enhance the cost effectiveness of the South Carolina Medicaid Program.

CentAccount® Rewards

Absolute Total Care gives you more benefits. We do this through our CentAccount Rewards Program. You will get rewards on your CentAccount card and can use these funds to buy health-related items. Earning rewards is easy! All you have to do is complete easy healthy behaviors. These behaviors include but are not limited to:

- Completion of Health Risk Screening
- Annual well-visits with PCP
- Getting a flu shot
- Annual Cervical Cancer Screening

Your CentAccount card can be used at Walmart, Fred's Super Dollar, Family Dollar, Dollar General, and Rite Aid. Absolute Total Care is continually adding new stores.

You can use the funds on your CentAccount card to purchase groceries, over-the-counter medications, baby care items, personal care items and more! Please call 1-866-433-6041 for more information.

Start Smart for Your Baby®

Start Smart for Your Baby (Start Smart) is an Absolute Total Care program for women who are pregnant and for moms who have just had a baby. Start Smart gives you information about how to take good care of yourself and your baby. It also helps you with problems that come up while you are pregnant. We know having a baby can be hard on you and your family. We want to help. Educational information is given by mail, telephone and through our website, www.startsmartforyourbaby.com.

We care about the health of both you and your baby. We want to make sure you grow healthy and stay healthy. You should go to your doctor as soon as you find out that you are pregnant. It is important to take your baby to the doctor after they are born. They will need shots and health screenings. If you go to your prenatal and postpartum visits, Absolute Total Care will give you up to \$60 on your CentAccount card. This is our way of saying thank you for taking good care of yourself and your baby!

We have many ways to help you have a healthy pregnancy. Before we can help, we need to know you are pregnant. Please call us at 1-866-433-6041 (TTY 711) as soon as you learn you are pregnant. We will set up the special care you and your baby need.

Strong Beginnings

Have you had a previous premature delivery? You may be able to get 17P or Makena treatment. 17P or Makena is a medication that can help stop premature birth. This is given through Absolute Total Care's Strong Beginnings program. Strong Beginnings provides support from registered nurses. These nurses are there for you throughout 17P or Makena treatment. They are there 24 hours a day, seven days a week.

Please call Absolute Total Care at 1-866-433-6041 for more information on this program.
Contact your PCP to see if 17P or Makena is right for you!

MemberConnections®

We have a special program that coordinates your care and assists you with social services and understanding your health plan. It's called MemberConnections. Our MemberConnections representatives will talk to you on the phone. Just call them at 1-866-433-6041. They will send you information and can visit your home. They will be glad to talk to you about:

- How to choose a doctor (PCP)
- How to change doctors
- How to obtain a referral from your PCP
- How to access member benefits
- The healthcare you get at Absolute Total Care
- How to use Absolute Total Care's services
- How to get medical advice when you cannot see the doctor
- Emergency care and urgent care
- How to live a healthy life
- How to get shots and health screenings
- Other healthcare problems you may have

MemberConnections representatives can also help you get social services. These social services will help you with food, housing and clothing. To reach a MemberConnections representative, call 1-866-433-6041.

PROGRAMS

Preventive Guidelines

- 0-6 Childhood Immunization Schedule
- 7-18 Immunization Schedule
- Adult Immunization Schedule
- Catch-up Immunization Schedule
- Adult Preventative Health Guidelines
- Recommendations for Preventative Pediatric Health Care
- Lead Screening
- EPSDT – Lead Screening

Preventive guidelines are based on the health needs and opportunities for improving your child's health. These guidelines will help you in developing a personalized treatment plan between you and your child's PCP. To see these guidelines, go to www.absolutetotalcare.com or call Member Services at 1-866-433-6041 and we can send you more information.

EPSDT/Well-Visits

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a preventive healthcare program for South Carolina Medicaid members. The EPSDT Program helps find and treat children's health problems early. Absolute Total Care offers this program to children, teens and young adults through the month of their 21st birthday.

Checkups are important for your child's health. These checkups for children are called EPSDT visits or Well Child visits. Well Child visits cover complete health checkups including a health and developmental history at no cost to you. Your child may look and feel well but still have a health problem. Well Child visits can help tell if your child may have any medical, mental, eye or dental problems.

Children ages six months (first tooth eruption) and older will be referred to a dentist. Routine dental services are provided by the state Medicaid Program. Call 1-888-307-6552 to find a dental provider in your area.

Ask your child's PCP when your child should have their next Well Child visit exam. Children need more health checkups than adults do. Your doctor wants to see your child for regular checkups, not just when they are sick.

Call Absolute Total Care at 1-866-433-6041 for more information. A representative will help you learn about exams, screenings and shots.

During a Well Child visit, your doctor will perform a comprehensive unclothed exam including a complete health and developmental history, and provide health education and counseling. The visit also includes:

- Growth and size status
- Body Mass Index (BMI) percentile
- Diet and nutrition review
- Developmental review assessment
- Anticipatory guidance
- Baby, child, and teen behavioral skills
- Mouth and teeth exam
- Blood Pressure (BP)
- Ears and eyes screening
- Cervical dysplasia screening as recommended by the doctor

- TB risk review and skin test
- Provide needed shots and reviewing shot records
- Review test records
- Lead risk assessment
- Blood collections such as anemia and lead screening

Your child should receive a blood lead test at age 12 months and at age 24 months.

At an EPSDT checkup, your child’s doctor will:

- Check to make sure your child is growing well
- Help you care for your child
- Talk to you about the best food to give your child
- Give you tips on how to help your child sleep
- Answer questions you have about your child
- See if your child has any problems that may need more health care
- Give your child shots that will help protect him or her from illnesses/diseases

When to get a Well Child visit:

The first checkup will happen in the hospital right after the baby is born.

EPSDT/Well child visits are recommended at the following ages:

Infancy Early Childhood Late Childhood and Adolescence

Infancy	Early Childhood	Late Childhood and Adolescence
Birth	15 Months	5 Years and up through the month of the child’s 21 st birthday- Every Year
3-5 Days	18 Months	
One Month	24 Months	
Two Months	30 Months	
Four Months	3 Year	
Six Months	4 Year	
Nine Months		
Twelve Months		

Case Management

If you have complex healthcare needs or a disabling medical condition, our Case Management Team may be able to help you.

In addition, Absolute Total Care also has a High-Risk Pregnancy Nurse Case Management Team to provide guidance and assistance to our pregnant members who have complex pregnancy needs or other pregnancy-related complications.

Absolute Total Care's Care Managers are registered nurses. They can help you understand major health problems and arrange care with your doctors. A nurse Care Manager will work with you and your doctor to help you get the care you need. To contact the Case Management Program, please call 1-866-433-6041.

Diabetes

Absolute Total Care has a special program for members with diabetes. A diabetes Care Manager can answer your questions. They also work with you and your PCP to help you gain better control of your diabetes.

The diabetes Care Manager will work with you and your PCP to help keep your diabetes from controlling your life. If you have any questions about the program, please call 1-866-433-6041.

Asthma

We have an Asthma Disease Management Program for people with asthma. It will help you manage your asthma. Asthma is a disease that makes it hard to breathe. People with asthma:

- Are often short of breath
- Have tightness in their chest
- Make a whistling sound when they breathe
- Cough a lot, morning and night

While asthma cannot be cured, it can be controlled. If you or your children have asthma, our program will help you:

- Identify things that cause an asthma attack
- Know when an asthma attack is occurring soon enough to prevent serious complications
- Get the right medicine and devices to prevent an attack
- See your child's doctor for treatment

Please call our Health Management Program at 1-866-433-6041. Be sure to call if you or your child:

- Have been in the hospital for asthma during the past year
- Have been in the emergency room two or more times in the past six months for asthma
- Have been in the doctor's office three or more times in the past six months for asthma
- Takes medication for asthma

High-Risk Pregnancy

We want you to see your doctor as soon as possible after you find out you are having a baby. Getting early and ongoing prenatal care can help you have a healthy baby. Absolute Total Care has a High-Risk Pregnancy Management Team to help you get the services you need and coordinate those services if you have a high-risk pregnancy. When you see your doctor about your pregnancy, ask the doctor to send us your Notice of Pregnancy Form and if you need a referral to our High-Risk Pregnancy Management Program. Your doctor can arrange for our nurse to call and assist you in getting needed services and coordinating care for yourself and your infant. You may contact our High-Risk Pregnancy Management Program directly by calling 1-866-433-6041.

Lead Case Management

Absolute Total Care's Lead Case Management Program (LCMP) is for children with high lead levels. Families of children with high lead levels will get:

- Screening
- Help to find out what is causing the high levels of lead
- Recommendations for treatment

Absolute Total Care's Care Managers will work with you, your PCP and community resources to provide support for lead management. We will help you monitor your blood lead levels. It is the goal of the LCMP to make sure children with blood lead poisoning get treatment. We also try to find the source of lead. Contact a Care Manager at 1-866-433-6041.

New Technology

Absolute Total Care has a committee called the Centene Clinical Technology and Assessment Committee. This group consists of doctors. They review new treatments for people with certain illnesses. They will review information from other doctors and agencies. The new treatments are shared with Absolute Total Care's providers. The doctors will decide if the new treatment is the best treatment for our members. An example of new technology is the Cochlear Implant (covered benefit). This is a special hearing tool for people with a great deal of hearing loss.

Wellness & Disease Prevention

Absolute Total Care wants its members to lead a happy and health preventative lifestyle. Absolute Total Care has partnered with Healthy Solutions for Life to provide a wellness program that not only assists our members with long-lasting or serious health conditions, but also provides health coaching, health assessment and an incentive management guide to our healthy members to encourage healthy living. Healthy Solutions for Life programs include wellness, disease management, episodic/catastrophic care management, work-life resource and referral, employee assistance and professional training for populations of all types and sizes.

ACCESSING CARE

Family Planning Services

This program pays for counseling, diagnosis, treatment and birth control drugs and supplies prescribed or furnished by a physician.

All Family Planning Services will be provided on a voluntary and confidential basis to all members, including those who are less than 18 years of age.

As listed in the MCO Policy and Procedures Manual, services include:

- Examinations
- Assessments
- Diagnostic procedures
- Health education and counseling services related to alternative birth control
- Prevention as prescribed and rendered by physicians, hospitals, clinics and pharmacies
- Traditional contraceptive drugs and supplies
- Preventive contraceptive methods

Members are encouraged to receive family planning through their PCP or by appropriate referral to promote the integration of these services with their total plan of care. Members have the freedom to receive family planning services from any appropriate Medicaid provider without any restrictions.

If the member receives these services from providers not contracted in the Absolute Total Care network, those providers will be reimbursed by Absolute Total Care.

Women, Infants and Children (WIC)

The WIC program helps women, infants and children safeguard their health and well-being through nutrition. The program is run by the South Carolina Department of Health and Environmental Control (SCDHEC). Those who qualify receive vouchers to redeem for food items such as fruits and vegetables, dairy products and cereal. For more information, please call SCDHEC at 1-800-868-0404.

HIV Testing and Counseling

You can get HIV testing and counseling any time you have Family Planning Services. You do not need a referral from your PCP. Just make an appointment with a family planning provider. Absolute Total Care will provide all necessary medical services. If you are at risk for hospitalization, you may be eligible for the AIDS Waiver Program operated by SCDHHS. If you select this program, you will end your enrollment with Absolute Total Care. Medical benefits will continue through the Medicaid program.

Outpatient Pediatric AIDS Clinic Services (OPACS) are available to babies born to HIV positive mothers. If the baby does not test positive, the baby will be covered for a visit once every three months until two years old. If the baby tests positive, the baby can be seen twice a week for eight weeks, then monthly until two years old.

Communicable Disease Services

You have the right to receive services from Absolute Total Care for any approved Medicaid enrolled provider for TB, STD and HIV/AIDS services. You can also receive these same services from any state health agency.

Vaccines & Immunizations

Absolute Total Care wants its members to avoid disease at all cost. Vaccines and immunizations protect your children and those around them from serious diseases such as measles, whooping cough and rubella. By providing access to vaccines under the VFC (Vaccines for Children) program, recommended immunizations for children 21 and younger are covered by Absolute Total Care at no cost to you.

For more information and resources, contact Member Services at 1-866-433-6041.

Special Health Programs for Women

Absolute Total Care has special programs for women and girls. These programs can help you stay healthy and avoid problems.

Young Women and Girls:

Young women and girls from ages 12 to 17 need extra care. This is because their bodies are changing. You should get a well-child exam every year. This will help you make sure your body develops correctly. It will also help you deal with the changes with your body.

You should see your doctor every year. This will help you know how to get health services when you need them. Get to know your doctor well. Then your doctor will know you better, too. Your doctor can do any tests that are needed and help you as you grow.

Healthy Women, Ages 18 to 45:

Be sure to see a doctor at least once a year. Get any needed tests. These tests may include pap tests, blood pressure and lab tests. You can also get advice on a healthy diet and lifestyle.

Before You Become Pregnant

If you are thinking about having a baby, see your doctor right away. You need to get your body ready for pregnancy. Your doctor will want you to take special vitamins.

Family planning will help you have a healthy pregnancy and a healthy baby. For more information, call your doctor.

There are things you can do to have a safe pregnancy. See your doctor about any medical problems you have such as diabetes and high blood pressure. Do not use tobacco, alcohol or drugs now or while you are pregnant.

Some women have had problems with past pregnancies. These problems include:

- Three or more miscarriages
- Premature birth (when the baby arrives before 37 weeks of pregnancy)
- Stillborn baby

If any of these things have happened to you, see your doctor before you become pregnant. Your doctor will help you.

Take Folic Acid: Take folic acid every day. Start taking it even if you are not pregnant now. You should have plenty of folic acid in your body before you get pregnant, and have plenty in your body during the first few months of pregnancy, too.

Foods that have folic acid in them include: orange juice, green vegetables, beans, peas, fortified breakfast cereals, enriched rice and whole wheat bread. It is very hard to get enough folic acid from food alone. Ask your doctor about taking vitamins.

See your doctor as soon as you think you are pregnant!

When You Are Pregnant

Keep these points in mind if you are pregnant now or want to become pregnant.

Get Care Right Away: Go to the doctor as soon as you think you are pregnant. It is important for you and your baby's health to see a doctor as early as possible. Seeing your doctor early will help your baby get off to a good start. It is even better to see your doctor before you get pregnant to get your body ready for pregnancy.

Make an appointment with your dentist for a cleaning and checkup. Be sure to exercise and eat balanced, healthy meals. Rest for eight to 10 hours a night. Enjoy a healthier lifestyle.

Start Smart for Your Baby: This is our special program for women who are pregnant. This program will help you take good care of yourself and your baby before the baby is born. Start Smart gives you information about being pregnant. It also helps you find solutions for any problems that might come up. We know having a baby can be hard on you and your family. We want to help.

We have many ways to help you have a healthy pregnancy. We need to know you are pregnant. Please call us at 1-866-433-6041 as soon as you learn you are pregnant. We will set up the special care you and your baby need. We will also send you some information that tells you how to have a healthy baby.

Smoking and Pregnancy: Smoking is bad for you whether you are pregnant or not. If you are pregnant, smoking adds more risks for your baby. If you smoke, you are more likely to have a miscarriage, have your baby too early or have a stillborn baby. Smoking also puts your baby at risk for Sudden Infant Death Syndrome (SIDS).

Referrals

To see a specialist, you must see your PCP first. They are available 24 hours a day, seven days a week. He or she will refer you to a specialist. A referral is a form of approval from your PCP. Your PCP recommends or requests these services before you can get them. **Do not go to a specialist without being referred by your PCP.** The specialist may not be able to see you without approval from your PCP.

The following are services that may require a referral:

- Specialist services
- Diagnostic tests (X-ray & lab)
- Outpatient hospital services
- Planned inpatient admission

- Clinic services
- Health education
- Durable Medical Equipment (DME)
- Home healthcare
- Services for children with medical handicaps (Title V)
- Renal dialysis (kidney disease)

Self-Referrals

The following services do not require PCP authorization or referral:

- Most prescription drugs on the PDL, including certain prescribed over-the-counter drugs, written by a legal prescriber (see the pharmacy section for further details)
- Emergency services including emergency and non-emergency ambulance transportation
- OB/GYN services, including those of a Certified Nurse Midwife
- Women’s health specialist covered services provided by a Federally Qualified Health Center (FQHC) or Certified Nurse Practitioner (CNP)
- Family Planning Services and supplies from a qualified family planning provider

NOTE: Except for emergency services and family planning, all services must be obtained through Absolute Total Care network providers or prior authorized out-of-network providers. If your doctor is outside the network, or no in-network doctor is available, you will need an authorization. We can help you get the services you need at no charge to you. Call Member Services at 1-866-433-6041.

Urgent Care – After Hours

Urgent Care is needed when you have an injury or illness that must be treated within 24 hours. It is usually not life threatening, yet you cannot wait for a routine doctor’s office visit. Urgent Care is not emergency care.

When you need urgent care, follow these steps:

1. Call your PCP. He or she is available 24 hours a day, seven days a week. The name and phone number are on your Absolute Total Care ID card. An after-hours number may also be listed. You may be given directions over the phone.
2. If it is after hours and you cannot reach your PCP, call NurseWise at 1-866-433-6041. You will be connected to a nurse. Have your Absolute Total Care ID card number handy. The nurse may direct you to other care. The nurse may help you over the phone. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP.

If you are told to see another doctor or go to the nearest hospital emergency room, bring your Absolute Total Care ID card. Ask the doctor to call your PCP or Absolute Total Care.

Emergency Care

An emergency is when you have severe pain, illness or injury. It could result in danger to you or your unborn child. Call 911 right away if you have an emergency or go to the nearest emergency room. You do not need a doctor's approval to get emergency care. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do. If your PCP is not available, a doctor taking calls can help. There may be a message telling you what to do.

Go to the nearest hospital emergency room. It is okay if the hospital does not belong to the Absolute Total Care network. Just call us as soon as you can. We will help you get follow-up care. Call Absolute Total Care at 1-866-433-6041.

Emergency rooms are for emergencies. You can call NurseWise, our 24-hour medical advice line at 1-866-433-6041. Absolute Total Care members can use any hospital for emergency services.

Post-stabilization Care

Post-stabilization care refers to the services that you get after emergency medical care to keep your condition under control. Absolute Total Care covers this type of service.

How to Get Medical Care When You Are Out of the Service Region

If you are out of the area and have an emergency, go to the nearest emergency room or call 911. Show your Absolute Total Care ID card. Be sure to call Absolute Total Care and report your emergency within 48 hours. If you are away and have an urgent problem, go to an urgent care clinic. You may go to any primary care doctor where you are. Be sure to show your Medicaid ID card and your Absolute Total Care ID card.

Out-of-Network Care

Absolute Total Care realizes that there may be times when you need care from a doctor who is not in the Absolute Total Care plan. These services can be arranged if medically necessary. Please contact your Absolute Total Care doctor to discuss these needs. Absolute Total Care will approve medical services to an out-of-network doctor if these services are not available in-network and are medically necessary, as determined by your doctor and Absolute Total Care.

MEMBER GRIEVANCE & APPEALS

Filing a Grievance

We hope our members will always be happy with Absolute Total Care and our providers. If you are not happy, please let us know. This includes if you do not agree with a decision we have made about paying for your care. A grievance is an expression of dissatisfaction about any matter other than an action such as:

- Wait time to see a doctor
- Being treated unfairly by office staff
- Unclean facilities

You have the right to file a grievance. A grievance may be filed within 30 calendar days of the occurrence. We cannot treat you differently because you have filed a grievance. Your benefits will not be affected.

To file a grievance you can do one of the following:

- You can call Member Services at 1-866-433-6041. Absolute Total Care will assist you in filing your grievance or appeal. A provider acting for a member can also file a grievance. If you would rather have someone speak for you, let us know. Another person can act for you. If you ask your provider or anyone else to act on your behalf to file a grievance, you must complete a written consent. You can obtain a grievance form from the Absolute Total Care website, www.absolutetotalcare.com.
- Present your evidence in person (see address below).
- Write us a letter telling us why you are not happy. Be sure to include:
 - Your first and last name
 - Your Absolute Total Care ID card number
 - Your address and telephone number
 - Mail the letter to:
Absolute Total Care
Grievance and Appeals Coordinator
1441 Main Street, Suite 900
Columbia, SC 29201
- Fax the letter or completed grievance form to 1-866-918-4457.

When will Absolute Total Care tell me the decision about my grievance?

Absolute Total Care will send you a letter telling you that we received your grievance within **five (5) calendar days**. We will try to make a decision right away. Sometimes we can resolve it over the phone. If not, we will give you a written decision within **90 calendar days** after we get your grievance. If Absolute Total Care needs extra time to resolve the grievance (or if you request additional time), we will add **14 calendar days** to the time frame. You will be notified in writing of the reason for the additional time to resolve the issue. If you are not satisfied with the first decision of the grievance, you can file a second review within 30 days from the receipt of the notice of the original decision. After the first and second reviews have been completed, you do not have the right to file a State Fair Hearing.

Filing an Appeal

An appeal is a request to change a previous decision made by Absolute Total Care. This review makes us look again at the Action. You can request this review by phone or in writing. You also have the right to review your case file and documents regarding your appeal in person. Our office address is:

Absolute Total Care
1441 Main Street, Suite 900
Columbia, SC 29201

Notices of Actions are sent when Absolute Total Care:

- Denies the care you want
- Decreases the amount of care
- Ends care that has already been approved
- Denies medical services and you may have to pay for it

You will know that Absolute Total Care is taking an Action because we will send you a letter. The letter is called a Notice of Action. If you do not agree with the Action, you may request an appeal.

Who may file an appeal?

- Absolute Total Care member.
- A person named by the Absolute Total Care member.
- A provider acting for a member. You must give written permission if a provider files an appeal for you.

Absolute Total Care will send an appeal form in the Notice of Action letter.

You have the right to present and review evidence regarding your appeal in person, in writing or by phone.

When does an appeal have to be filed?

The Notice of Action will tell you about this process. You may file an appeal within **90 days** from the receipt of the Notice of Action. If you make your request by phone or in person, you must also send Absolute Total Care a letter of consent confirming your appeal request within **30 days**. **An expedited appeal does not require signed, written consent.** Absolute Total Care will send you an acknowledgement letter letting you know that we received your appeal.

Contact us if you need help. You may ask to keep getting care related to your review while we decide. You must request to continue to receive related care within **10 calendar days** of the day Absolute Total Care mails the Notice of Action or resolution; or the intended effective date of Absolute Total Care's proposed action. You may have to pay for this care if the decision is not in your favor.

Absolute Total Care will give you a written decision within **30 calendar days** from the date of your request. If Absolute Total Care needs extra time to resolve the appeal (or if you request additional time), you will be notified in writing of the reason for the additional time to resolve the issue. The review period may be up to **14 calendar days**.

What if I am still not happy?

If you are not satisfied with Absolute Total Care's decision on the appeal, you can ask for a State Fair Hearing with SCDHHS by contacting the Division of Appeals and Hearings at 1-803-898-2600.

Expedited Appeals

You or your doctor may want us to make a fast decision. You can ask for an Expedited Review if you feel that your physical or mental health is at risk. **An expedited appeal does not require signed, written consent.** If you think this is needed, contact our Grievance and Appeals Coordinator at 1-866-433-6041 (TTY 711). A Medical Director will make the final decision for your expedited appeal request. If your request for an expedited appeal is approved, we will make efforts to contact you by phone to tell you that we will review your expedited appeal. Absolute Total Care will contact you by phone or mail within 72 hours of the expedited appeal to inform you of the appeal decision.

If we deny your request for an expedited appeal, we will make efforts to contact you by phone within 24 hours to tell you that your request for an expedited appeal has been denied. Absolute Total Care will also send you a letter within two (2) calendar days. Absolute Total Care

will continue to follow the standard appeal time frame and provide you with a written decision no more than 30 calendar days from the original appeal request.

If Absolute Total Care needs extra time to resolve the expedited appeal (or if you request additional time), you will be notified in writing of the reason for the additional time to resolve the issue. The review period may be up to **14 calendar days**.

Member Rights to a State Fair Hearing

If you are still not happy with the final decision, you or your representative may file an appeal directly to SCDHHS Division of Appeals and Hearings. You can request a State Fair Hearing within 30 calendar days from the date you receive the appeal resolution notice. If you want your provider to file a State Fair Hearing request for you, you must give your written approval for the provider to do so.

A request for a hearing must be in writing. Send this request to:

South Carolina Department of Health and Human Services
Division of Appeals and Hearings (Suite 901)
P.O. Box 8206
Columbia, SC 29202-8206
1-803-898-2600

Who will attend the State Fair Hearing?

A member or member's representative will attend the State Fair Hearing. A representative from Absolute Total Care will attend. A representative from SCDHHS will attend.

FRAUD, WASTE & ABUSE

Fraud, Waste & Abuse

Absolute Total Care wants you to call us if you think or see a provider charging you for care that was not given to you. It is a crime, and we will take necessary actions. You can call Absolute Total Care's toll free Fraud and Abuse Hotline or you can call SCDHHS Division of Program Integrity.

Absolute Total Care Fraud and Abuse Hotline
1-866-685-8664
ATC.Compliance@centene.com

Department of Health and Human Services (SCDHHS)
Division of Program Integrity
P.O. Box 100210
Columbia, SC 29202
1-888-364-3224
fraudres@scdhhs.gov

Absolute Total Care is serious about finding and reporting fraud and abuse. Our staff is available to talk to you about this. When in doubt, you can call and speak to a Member Services representative at 1-866-433-6041, TTY 711.

We will not ask for your name. We have a program that follows the law. Absolute Total Care will take your call about fraud, waste and abuse seriously. When you call us, we will really listen to what you have to say.

Claims

Your provider is required to submit claims on your behalf for each service you receive. They can do this electronically or by mail.

- Submit claims online at www.absolutetotalcare.com
- Submit claims by email to EDIBA@centene.com
- Submit paper claims to:

Absolute Total Care
Attn: Claims
P.O. Box 3050
Farmington, MO 63640-3821

Newborn Enrollment

A newborn child of an Absolute Total Care member will be enrolled in the same plan as the mother. The newborn will stay with Absolute Total Care for the remainder of the year, unless the mother or guardian changes the enrollment. The mother or guardian can change the newborn to another plan within 90 days of birth.

You can enroll your baby in Absolute Total Care after the delivery. Please call SCDHHS at 1-888-549-0820.

Disenrollment

You may change to another plan during the first 90 days of your membership. You may do this without a cause. This means you do not need a reason for your request. After 90 days, you may request a disenrollment during the duration of the 12 month enrollment period. Disenrollment will be considered based on “just cause reasons.” You also have the right to appeal adverse determinations regarding disenrollment requests.

Reasons why members request to disenroll at any time:

- Member moves out of Absolute Total Care’s service area
- Absolute Total Care does not, due to moral or religious grounds, provide the covered service the member seeks
- Member requests to be assigned to the same plan as other family members
- Member is no longer eligible for South Carolina Medicaid
- Member feels he or she received poor care
- Member feels he or she received poor access to services

Reasons why Absolute Total Care requests disenrollment at any time:

- Member is abusive, threatening or acts violently
- Member does not follow medical advice
- Member does not have a good relationship with providers
- Member allows someone else to use his or her Absolute Total Care ID card
- Member moves out of service area
- Member dies
- Member is in prison

Advance Directives

You have the right to make decisions about your health. This includes planning treatment before you need it through a document called an “advance directive.”

This document says who will make healthcare choices for you if you are not able to do so. It can also say if you request or refuse treatment. This includes life support. Your doctor should discuss your directives with you.

You should give a copy of the directive to the doctor, the person acting for you and a family member. Take a copy with you when you go to the doctor or hospital. You can also make changes to your directive as you see fit.

If you need help with advance directives or if your directives are not being followed, do any of the following:

- Talk to your doctor.
- Call Member Services at 1-866-433-6041 if your directive is not being followed and a representative will help you file your complaint with the State survey and certification agency.

MEMBER RIGHTS

Members are informed of their rights and responsibilities through the Member Handbook. Absolute Total Care providers are also expected to respect and honor members' rights.

Absolute Total Care members have the following rights and responsibilities:

- To choose a primary care provider (PCP) and to change to another PCP.
- To voice grievances or file appeals about Absolute Total Care decisions that affect their privacy, benefits or the care provided.
- To request and receive a copy of their medical record.
- To make recommendations regarding Absolute Total Care's member rights and responsibilities policy.
- To request that their medical record be amended or corrected.
- To file for a State Fair Hearing with SCDHHS.
- To make an advance directive, such as a living will.
- To receive information about Absolute Total Care, its benefits, its services, its practitioners, providers, member rights and responsibilities.
- To be treated with respect and with due consideration for his or her dignity and the right to privacy and non-discrimination as required by law.
- To participate with their providers and practitioners in making decisions regarding their healthcare, including the right to refuse treatment.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in the Federal regulations on the use of restraints and seclusion.
- To receive healthcare services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid Fee-For-Service (FFS) and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.

- To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness or medical condition.
- To receive assistance from both SCDHHS and Absolute Total Care in understanding the requirements and benefits of the health plan.
- To have a candid discussion about appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- To receive information on the Grievance, Appeal and State Fair Hearing procedures.
- To expect their medical records and care be kept confidential as required by law.
- To receive Absolute Total Care’s policy on referrals for specialty care and other benefits not provided by the member’s PCP.
- To privacy of healthcare needs and information as required by federal law (Standards for Privacy of Individually Identifiable Health Information).
- To exercise these rights without adversely affecting the way Absolute Total Care, its providers or SCDHHS treat the member.
- To allow or refuse their personal information be sent to another party for other uses unless the release of information is required by law.
- To receive timely access to care, including referrals to specialists when medically necessary without barriers.
- To receive materials – including enrollment notices, information materials, instructional materials, available treatment options and alternatives, etc. – in a manner and format that may be easily understood.
- To get a second opinion from a qualified healthcare professional.
 - *You have the right to a second opinion about your care.*
 - *This means talking to a different provider about an issue to see what they have to say. The second provider is able to give you their point of view. This may help you decide if certain services or methods are best for you. If you want to hear another point of view, tell your PCP.*
 - *Choose an Absolute Total Care contracted provider to give you a second opinion. There is no charge to you. Your PCP or Member Services can help you find a provider. If you are unable to find a provider in the Absolute Total Care network, we will help you find a provider outside the network. There is no charge to you if you need a second opinion from a provider outside the network.*
 - *Any tests that are ordered for a second opinion must be given by a provider in the Absolute Total Care network. Your PCP will look at the second opinion and help you decide on a treatment plan that will work best for you.*
- To receive oral interpretation services free of charge for all non-English languages.
- To be notified that oral interpretation is available and how to access those services.

- The right to receive information about the basic features of managed care, which populations may or may not enroll in the program, and Absolute Total Care's responsibilities for coordination of care in a timely manner in order to make an informed choice.
- To receive information on the following:
 - *Benefits covered.*
 - *Procedures for obtaining benefits, including any authorization requirements.*
 - *Cost sharing requirements.*
 - *Service area.*
 - *Names, locations, telephone numbers of non-English language speaking Absolute Total Care providers, including at a minimum, PCPs, specialists and hospitals.*
 - *Any restrictions on member's freedom of choice among network providers.*
 - *Providers not accepting new patients.*
 - *Benefits not offered by Absolute Total Care, but available to members and how to obtain those benefits, including how transportation is provided.*
- To receive a complete description of disenrollment rights at least annually.
- To receive notice of any significant changes in the Benefits Package at least 30 days before the intended effective date of the change.
- To receive detailed information on emergency and after-hours coverage, including, but not limited to:
 - *What constitutes an emergency medical condition, emergency services, and post-stabilization services.*
 - *That emergency services do not require prior authorization.*
 - *The process and procedures for obtaining emergency services.*
 - *The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the contract.*
 - *Member's right to use any hospital or other setting for emergency care.*
 - *Post-stabilization care services rules in accordance with Federal guidelines.*

MEMBER RESPONSIBILITIES

Absolute Total Care members have the following responsibilities:

- To choose a person to represent them for use of their information by Absolute Total Care if they are unable to.
- To inform Absolute Total Care of the loss or theft of their ID card.
- To present their ID card when using healthcare services.
- To be familiar with Absolute Total Care procedures to the best of their ability.
- To call or contact Absolute Total Care to obtain information and have questions clarified.
- To provide information (to the extent possible) that Absolute Total Care and its practitioners and providers need in order to provide care.
- To follow the prescribed treatment (plans and instructions) for care that has been agreed upon with their practitioners/providers.
- To inform their provider of reasons they cannot follow the prescribed treatment of care recommended.
- To understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- To keep their medical appointments and follow-up appointments.
- To access preventive care services.
- To follow the policies and procedures of the SCDHHS Medicaid Plan.
- To be honest with providers and treat them with respect and kindness.
- To get regular medical care from their PCP before seeing a specialist.
- To follow the steps of the appeal process.
- To notify SCDHHS, Absolute Total Care and their providers of any changes that may affect their membership, healthcare needs or access to benefits. Some examples may include:
 - *If you have a baby.*
 - *If your address changes.*
 - *If your telephone number changes.*
 - *If you or one of your children are covered by another health plan.*
 - *If you have a special medical concern.*
 - *If your family size changes.*
- To keep all their scheduled appointments, be on time for those appointments, and cancel 24 hours in advance if they cannot keep an appointment.

Additional Responsibilities

Absolute Total Care members are also responsible for notifying Absolute Total Care immediately of the following: any Workers' Compensation claim, any pending personal injury or medical malpractice lawsuit, any involvement in an auto accident, and any other health insurance policy (including employer-sponsored insurance) that the member has or obtains.

YOUR RIGHTS

Medical Records

Each physician's office keeps a copy of your medical records. If you are a new member, we encourage you to transfer your previous medical records to your PCP's office. Transferring your records to your PCP's office will give your PCP easier access to your medical history. Your previous physician may charge you a fee for this transfer of records. Your medical records are kept in confidence and will only be released as authorized by law. Please refer to the Privacy Notice in this handbook for our guidelines on the release of medical information.

If you need help contact Member Services at 1-866-433-6041. We will instruct you on the forms you need to authorize for your provider to release medical information.

Your Civil Rights

Absolute Total Care provides covered services to all members without regard to:

- Age
- Disability
- Marital Status
- Race
- Sex
- Arrest or Conviction
- Religion
- Sexual Preference
- Record
- Color
- Birth Nation
- Military Participation
- Language

All services that are covered and medically necessary may be obtained. All services are provided in the same way to all members. Absolute Total Care providers who refer members for care do so the same way for all. Translation services are available if you need them. This includes sign language. This service is free.

PROTECTING YOUR PRIVACY

Absolute Total Care Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective 9/23/2013

For help to translate or understand this, please call 1-866-433-6041.

Hearing impaired TTY 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.

1-866-433-6041 (TTY 711).

Interpreter services are provided free of charge to you.

Covered Entities Duties:

Absolute Total Care is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Absolute Total Care is required by law to keep the privacy of your protected health information (PHI). We must give you this Notice. It includes our legal duties and privacy practices related to your PHI. We must follow the terms of the current notice. We must let you know if there is a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It describes your rights to access, change and manage your PHI. It also says how to use those rights.

Absolute Total Care can change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI that we already have. We can also make it effective for any of your PHI we get in the future.

Absolute Total Care will promptly update and get you this Notice whenever there is a material change to the following stated in the Notice:

- The Uses and Disclosures

- Your Rights
- Our Legal Duties
- Other privacy practices stated in the Notice

Updated Notices will be on our website and in our Member Handbook. We will also mail you or email you a copy on request.

Internal Protections of Oral, Written and Electronic PHI:

Absolute Total Care protects your PHI. We have privacy and security processes to help. These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment.** We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you. We do this to coordinate your treatment among providers. We also do this to help us with prior authorization decisions related to your benefits.
- **Payment.** We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider or other entity. This is subject to the federal Privacy Rules. Payment activities may include:
 - *Processing claims*
 - *Determining eligibility or coverage for claims*
 - *Issuing premium billings*
 - *Reviewing services for medical necessity*
 - *Performing utilization review of claims*
- **Healthcare Operations.** We may use and disclose your PHI to perform our healthcare operations. These activities may include:
 - *Providing customer services*

- *Responding to complaints and appeals*
- *Providing case management and care coordination*
- *Conducting medical review of claims and other quality assessment*
- *Improvement activities*

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- *Quality assessment and improvement activities*
- *Reviewing the competence or qualifications of healthcare professionals*
- *Case management and care coordination*
- *Detecting or preventing healthcare fraud and abuse*
- **Appointment Reminders/Treatment Alternatives.** We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use or disclose it to give you information about treatment alternatives. We may also use or disclose it for other health-related benefits and services. For example, information on how to stop smoking or lose weight.
- **As Required by Law.** If federal, state and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information. We do this when the use or disclosure complies with the law. The use or disclosure is limited to the requirements of the law. There could be other laws or regulations that conflict. If this happens, we will comply with the more restrictive laws or regulations.
- **Public Health Activities.** We may disclose your PHI to a public health authority to prevent or control disease, injury or disability. We may disclose your PHI to the Food and Drug Administration (FDA). We can do this to ensure the quality, safety or effectiveness of products or services under the control of the FDA.
- **Victims of Abuse and Neglect.** We may disclose your PHI to a local, state or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings.** We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
 - *An order of a court*
 - *Administrative tribunal*
 - *Subpoena*
 - *Summons*
 - *Warrant*

- *Discovery request*
- *Similar legal request*
- **Law Enforcement.** We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
 - *Court order*
 - *Court-ordered warrant*
 - *Subpoena*
 - *Summons issued by a judicial officer*
 - *Grand jury subpoena*

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness or missing person.

- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner. This may be needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as needed, to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
 - *Cadaveric organs*
 - *Eyes*
 - *Tissues*
- **Threats to Health and Safety.** We may use or disclose your PHI if we believe, in good faith, that it is needed to prevent or lessen a serious or imminent threat. This includes threats to the health or safety of a person or the public.
- **Specialized Government Functions.** If you are a member of the U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
 - *To authorized federal officials for national security*
 - *To intelligence agencies*
 - *To the Department of State for medical suitability determinations*
 - *For protective services of the president or other authorized persons*
- **Workers' Compensation.** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs established by law. These are programs that provide benefits for work related injuries or illness without regard to fault.
- **Emergency Situations.** We may disclose your PHI in an emergency situation, or if you are unable to respond or are not present. This includes to a family member, close

personal friend, authorized disaster relief agency or any other person you told us about. We will use professional judgment and experience to decide if the disclosure is in your best interest. If it is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

- **Research.** In some cases, we may disclose your PHI to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your PHI.

Verbal Agreements to Uses and Disclosure of Your PHI:

We can take your verbal agreement to use and disclose your PHI to other people. This includes family members, close personal friends or any other person you identify. You can object to the use or disclosure of your PHI at the time of the request. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure. We will limit the use or disclosure of your PHI in these cases. We limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

We can take your verbal agreement or objection to use and disclose your PHI in a disaster situation. We can give it to an authorized disaster relief entity. We will limit the use or disclosure of your PHI in these cases. It will be limited to notifying a family member, personal representative or other person responsible for your care, location and general condition.

You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure of your PHI.

Uses and Disclosures of Your PHI that Require Your Written Authorization:

We are required to obtain your written authorization to use or disclose your PHI, with few exceptions, for the following reasons:

- **Sale of PHI.** We will request your written approval before we make any disclosure that is deemed a sale of your PHI. A sale of your PHI means we are getting paid for disclosing the PHI in this manner.
- **Marketing.** We will request your written approval to use or disclose your PHI for marketing purposes with limited exceptions. For example, when we have face-to-face marketing communications with you. Or, when we give you promotional gifts of nominal value.
- **Psychotherapy Notes.** We will request your written approval to use or disclose any of your psychotherapy notes that we may have on file with limited exception. For example, for certain treatment, payment or healthcare operation functions.

All other uses and disclosures of your PHI not described in this Notice will be made only with your written approval. You may take back your approval at any time. The request to take back approval must be in writing. Your request to take back approval will go into effect as soon as you request it. There are two cases it will not take effect as soon as you request it. The first case is when we have already taken actions based on past approval. The second case is before we receive your written request to stop.

Your Rights:

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

- **Right to Request Restrictions.** You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. You can also ask for disclosures to persons involved in your care or payment of your care. This includes family members or close friends. Your request should state the restrictions you are asking for. It should also say to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request. We will not comply if the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out-of-pocket in full.
- **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about your PHI in other ways or at other locations. This right only applies if the information could endanger you if it is not communicated in other ways or at other locations. You do not have to explain the reason for your request. However, you must state that the information could endanger you if the change is not made. We must work with your request if it is reasonable and states the other way or location where your PHI should be delivered.
- **Right to Access and Receive a Copy of Your PHI.** You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may ask that we give copies in a format other than photocopies. We will use the format you ask for unless we cannot practicably do so. You must ask in writing to get access to your PHI. If we deny your request, we will give you a written explanation. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.
- **Right to Change Your PHI.** You have the right to ask that we change your PHI if you believe it has wrong information. You must ask in writing. You must explain why the information should be changed. We may deny your request for certain reasons. For example, if we did not create the information you want changed and the creator of the

PHI is able to perform the change. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision. We will attach your statement to the PHI you asked that we change. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also make the effort to include the changes in any future disclosures of that information.

- **Right to Receive an Accounting of Disclosures.** You have the right to get a list of times within the last six year period in which we or our business associates disclosed your PHI. This does not apply to disclosures for purposes of treatment, payment for healthcare operations, disclosures you authorized and certain other activities. If you ask for this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will give you more information on our fees at the time of your request.
- **Right to File a Complaint.** If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us. You can also do this by phone. Use the contact information at the end of this Notice. You can also submit a written complaint to the U.S. Department of Health and Human Services (HHS). See the contact information on the HHS website at www.hhs.gov/ocr. If you request, we will provide you with the address to file a written complaint with HHS. **WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**
- **Right to Receive a Copy of this Notice.** You may ask for a copy of our Notice at any time. Use the contact information listed at the end of the Notice. If you get this Notice on our website or by email, you can request a paper copy of the Notice.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing. You can also contact us by phone. Use the contact information listed below.

Absolute Total Care

Attn: Privacy Official

1441 Main Street, Suite 900

Columbia, SC 29201

1-866-433-6041 (TTY 711)

DEFINITIONS

Definitions to Help You Understand the Member Handbook

Absolute Total Care ID Card: A card that identifies you as an Absolute Total Care member.

Action: The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension or termination of a previously authorized service; the denial, in whole or part of payment for a service; the failure to provide services in a timely manner; or the failure to act within the time frames specified for making or notifying the member of such action.

Advance Directive: Anything you tell people about what you want for your healthcare in the event you are not able to tell them yourself. A living will is the most common advance directive with your PCP.

Appeal: A request to change a previous decision made by Absolute Total Care.

Authorization: A decision to approve special care or other medically necessary care. An authorization can also be called a “referral.”

Behavioral Health Services: Mental Health and Substance Abuse Services.

Benefits/Covered Services: Services, procedures and medications that Absolute Total Care will cover for you when medically necessary.

Carved-out Benefits: Services that are not covered by Absolute Total Care. Benefits are covered directly by Medicaid.

Continuity and Coordination of Care: Healthcare provided on a continuous basis beginning with the patient’s initial contact with a PCP and following the patient through all episodes. Care that is uninterrupted.

Covered Services: Medically necessary services that Absolute Total Care will pay the provider for you to receive.

Durable Medical Equipment (DME): Any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses. DME includes, but is not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes,

crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, nebulizers, bili-blankets and bili-lights.

Disenrollment: To stop your membership in Absolute Total Care.

Eligible(s): A person who has been determined eligible to receive services as provided for in the State Medicaid Plan.

Emergency Care: When you have an injury or illness that must be treated immediately or is life threatening.

EPSDT/Well-Child Program: Early and Periodic Screening, Diagnosis and Treatment; provides exams for children through the month of their 21st birthday.

Grievance: An expression of dissatisfaction about any matter other than an action.

Home Healthcare: Full range of medical and other health-related services that are delivered in the home of a medically home bound patient by a healthcare professional.

Immunizations: Necessary shots to protect your child from life threatening diseases.

Inpatient: When you are admitted into a hospital.

In-network Provider: Is contracted with Absolute Total Care to provide services to our members.

Medicaid: The medical assistance program authorized by Title XIX of the Social Security Act.

Medicaid ID Card: Identification card – a card that identifies you as part of the South Carolina Medicaid program.

Medical Necessity: Refers to a decision by your health plan that your treatment, test or procedure is necessary for your health or to treat a diagnosed medical problem.

Member: A person who is eligible to receive covered services from Absolute Total Care as defined by SCDHHS.

Out-of-network Provider: Is not contracted with Absolute Total Care to provide services to our members.

Outpatient: When you have a procedure done that does not require admission into a hospital.

Post-stabilization: Post-stabilization care refers to the services that you get after emergency medical care to keep your condition under control.

Preferred Drug List (PDL): A list of medications covered by Absolute Total Care.

Prescription Drugs: Any medication that cannot be purchased over-the-counter and must have a written request from your doctor for you to have it.

Prior Approval: When Absolute Total Care has received, reviewed and approved prior to services being rendered to the member.

Provider: A physician, hospital or any other person licensed or authorized to provide healthcare services.

Provider Directory: A list of providers participating with Absolute Total Care.

Primary Care Provider (PCP): The provider who serves as the entry point into the healthcare system for the member. The PCP provides primary care, coordination and monitoring of referrals to specialist care, authorized hospital services and maintains the continuity of care.

Referral: The process by which the member's PCP directs him or her to seek and obtain medically necessary, covered services from another healthcare professional.

SCDHHS: South Carolina Department of Health and Human Services.

Self-Referred Services: Services that you do not need to see your PCP for a referral.

Specialist: A doctor that has specific, detailed training in one certain medical field.

Termination: The member's loss of eligibility for the South Carolina Medicaid MCO program and therefore automatic disenrollment from Absolute Total Care.

Treatment: The care that you may receive from doctors and facilities.

Urgent Care: When you have an injury or illness that must be treated within 24 hours. It is not life threatening.