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 Member ID card(s) 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 Member ID card and Medicaid ID card 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 absolutetotalcare.com or by filling out the PCP change form included in your Member To-Do List booklet.

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

Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 1441 Main Street, Suite 900, Columbia, SC 29201; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATC.MBRSVC@centene.com.

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 866-433-6041 (رقم هاتف الصم والبكم:711).
إذا كنت تتحدث اذكا اللغة، فإن

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY : 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

ध्यद आप हदी बोलते ह ते आपके लिए मफ्त मभाषा सहायत सवेए उपलब्ध ह। 1-866-433-6041 (TTY: 711) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-433-6041 (ATS : 711).

နမ့်ကတိၤ ကညီ ကျိာ်အဃိ, နမၤန့် ကျိာ်အတၢ်မၤစၢၤလၢ တလာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው: 711).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

absolute total care | Healthy Connections

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 (TTY: 711). 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 (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. to 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 Fee-for-Service)	Call your local SCDHHS 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
Non-Emergency Transportation Services (covered by Medicaid Fee-for-Service and provided by Logisticare)	1-866-433-6041

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
- 711 or 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 Member 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. 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.

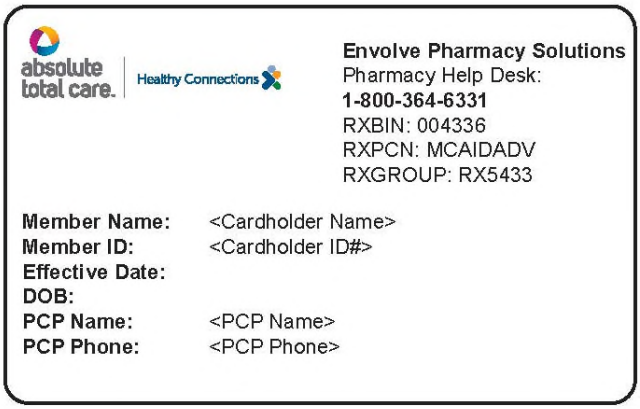
The ID cards can only be used by the member whose name is on the card. Do not let anyone else use your card. If you do, you may be responsible for their costs.

Front

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

Back

9. Emergency Phone Number
10. Important Phone Numbers
11. Absolute Total Care Address
12. Absolute Total Care 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. to 6 p.m. (EST)
Monday – Friday
Closed on federal holidays

Fax: 1-866-912-3610

Email: ATC.MBRSVC@centene.com

Website: absolutetotalcare.com

You may also write us at:
Absolute Total Care
1441 Main Street, Suite 900
Columbia, SC 29201

Website Resources

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

- Member handbook and forms
- Facts about Absolute Total Care programs
- Benefits and services
- Newsletters

Member Portal

The Absolute Total Care member portal is a convenient and secure tool to assist you. Go to absolutetotalcare.com to create your online account. Creating an account is free and easy.

By creating an account, you can:

- Change your Primary Care Provider (PCP)
- Request a new Member ID Card
- Update your personal information
- Send us a message

Find a Provider Tool

Our website also features a Find a Provider Tool, which helps you search for a doctor by name, location, or specialty. Using the Find a Provider Tool will help you find information about network providers such as:

- Name, address, and phone numbers
- Languages other than English
- Professional qualifications
- Specialties
- Board certifications
- Accepting new patients

Call Member Services at 1-866-433-6041 (TTY: 711) for more information about a provider's medical school and residency.

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 South Carolina Department of Health and Human Services (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 be able to 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 ongoing care
- Update your medical record, which includes keeping track of the care that you get from other physicians and specialists
- Accept you as a patient, unless the office is full and closed to all new patients
- Provide services in the same manner for all patients
- Provide EPSDT/well-child visits for members through the month of their 21st birthday
- Give you regular immunizations as needed

- Keep track of your preventive health needs
- 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. You can choose a PCP for your child. A list of PCPs can be found on the Absolute Total Care website at absolutetotalcare.com. If you need help finding a PCP, call Member Services at 1-866-433-6041 (TTY: 711).

Your PCP may be one of the following:

- Family practitioner
- General practitioner
- Internal medicine
- Pediatrician
- OB/GYN or certified nurse midwife

It is important to call your PCP first when you need care. Your PCP will manage 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. Your PCP must provide coverage 24 hours a day, seven days a week. It is best to call your PCP during normal business hours. If your PCP's office is closed, you may call your PCP's after-hours telephone number that may connect you to an answering service, a nurse on call, your PCP or another provider authorized by your PCP.

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 Assignment

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 30 calendar days prior to the effective date of the PCP's termination. If the PCP notifies Absolute Total Care of termination less than 30 calendar days prior to the effective date, Absolute Total Care will notify affected members as soon as possible, but no later than 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 a PCP.

To change your PCP, do one of the following:

- Send the PCP selection form included in the Member To-Do-List booklet to Absolute Total Care
- Call Member Services at 1-866-433-6041
- Make a PCP change request on our website, 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
- Urgent, non-emergency visits should be scheduled within 48 hours
- Urgent or emergency visits should be performed immediately upon presentation at the delivery site.

Your PCP must follow the standards for office wait times:

- Scheduled appointment wait times should not exceed 45 minutes for routine visits
- Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment
- Walk-in patients with urgent needs should be seen within forty-eight (48) hours
- Emergency visits should be seen immediately

You should be able to get an appointment with your unique specialist within 12 weeks.

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 and Medicaid 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.

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, and institutionalized individuals (such as a nursing facility).

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	Prior approval required.	
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	Prior approval required.	$25.00
Behavioral Health & Alcohol, Drug and Substance Abuse (outpatient)	Covered	1 evaluation every 6 months.	$3.40
Biopharmaceuticals (specialty injectables)	Covered	Prior approval required.	
Cardiac Rehab	Covered		
Chemotherapy	Covered		
Chiropractic Services	Covered	1 per day/6 per year.	
Circumcision	Covered	Covered during the initial newborn stay and up to 180 days after delivery in the office setting. Otherwise prior approval required.	
Clinic Visits	Covered		
Cosmetic Surgery	Not Covered		
Dermatology Services	Covered	Cosmetic is not covered.	
Dental Services	Covered	Covered by SCDHHS/DentaQuest.	

Benefits	Coverage	Limits	Copay
Developmental Evaluation Services	Covered	Covered for members between the ages of 0 and 21.	
Diabetic Shoes	Covered	1 pair per year (3 inserts per year).	
Diabetic Supplies	Covered	Prior approval may be required.	
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	Prior approval may be required for some equipment.	
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 Absolute Total Care.	
Fluoride Rinse/Varnish	Covered	As a part of EPSDT only.	
Genetic Testing	Covered	Prior approval required.	
Hearing Tests, Aids & Devices	Covered	Ages 20 and younger. Prior approval required.	
Home Health Care	Covered	Prior approval required. 50 visits per year (July 1st – June 30th).	
Home Infusion Therapy	Covered	Prior approval may be required for certain medications.	
Hospice Care	Covered by SCDHHS		

Benefits	Coverage	Limits	Copay
Hysterectomy	Covered	Prior approval and completed Consent for Sterilization form (SCDHHS Form 1723) required.	
Infertility Services	Not Covered		
Infusion Centers	Covered		
Inpatient Medical/Surgical Services	Covered	Prior approval required.	$25.00
Inpatient Rehabilitation Services	Covered	Prior approval required.	$25.00
Insulin Pumps	Covered	Prior approval required. Not covered for Type II diabetics.	
Laboratory Services	Covered		
Long-Term Care Facility	Covered	Prior approval required. SCDHHS CLTC certification (Form 185) must be completed prior to admission. Absolute Total Care covers 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		
Office Visits (PCP/Specialists) (Well & Sick Visits)	Covered		
Orthotics & Prosthetics	Covered	Prior approval may be required.	
Outpatient Surgery; Ambulatory Surgical Centers	Covered	Prior approval may be required.	$3.40
Pain Management Services	Covered	Prior approval may be required.	

Benefits	Coverage	Limits	Copay
Podiatry Services	Covered	Ages 21 and younger may have services performed by PCP/Podiatrist. Ages 22 and older must be diabetic to receive.	
Power Wheelchairs	Covered	Every 7 years, limited accessories covered. Prior approval required.	
Prescriptions	Covered	4 prescriptions per month; 3 additional if medically necessary; unlimited for age 20 and younger.	$3.40 begins at age 19 and over. $0 copay for select medications on the PDL for asthma, COPD and diabetes.
Preventive and Rehabilitative Services for Primary Care Enhancements (adults & children)	Covered	Combined total of 105 hours (420 units) per year (July 1st – June 30th).	
Pulmonary Rehab	Covered		
Reversal of Sterilization	Not Covered		
Smoking Cessation Products	Covered	Quantity per Preferred Drug List (PDL).	
Sterilization	Covered	Completed Consent for Sterilization form (SCDHHS Form 1723) required.	
Rehabilitative Therapies for Children, Non-Hospital Based	Covered	Ages 20 and younger, combined total of 105 hours (420 units) per year (July 1st – June 30th).	
Transplants	Covered	Corneal transplants are covered. Pre- and post-transplant services are covered for other transplants covered by Medicaid Fee-for-Service when coordinated by Absolute Total Care.	

Benefits	Coverage	Limits	Copay
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	Prior approval required for certain services.	

Absolute Total Care Members Exempt from Copayments:
From birth to the date of their 19th birthday
Living in long-term care facilities
During pregnancy

Behavioral Health

"Behavioral health" is a phrase we use to talk about mental health, alcohol, drug and substance abuse. 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 the Department of Alcohol and Other Drug Abuse Services (DAODAS). You can contact Cenpatico at 1-866-534-5976.

Cenpatico manages behavioral health care for Absolute Total Care through comprehensive service plans, 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 case managers work directly with members to help them overcome any barriers to achieving their goals.

Cenpatico manages inpatient and outpatient behavioral health services for members as they transition from one level of care to another through the coordination of services such as:

- Peer and family support
- Assessments
- Treatment plan development and modification
- Therapy services
- Alcohol, drug and substance abuse
- Arranging appointments

- Linking members with transportation, utility assistance, clothing and food bank programs

Cenpatico also manages Rehabilitative Behavioral Health Services for Absolute Total Care. Services are provided for the purpose of reducing the effects of mental disabilities or substance abuse, and improving the ability to function independently. Treatment to assist in restoring maximum function is provided through a variety of diagnostic and restorative services such as:

- Screenings and assessments
- Psychological evaluation and testing
- Psychotherapy
- Service plan development
- Crisis management
- Medication management
- Psychosocial rehabilitation
- Behavior modification
- Family support
- Community integration
- Peer support
- Substance abuse treatment

DAODAS works with members to provide services 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 Fee-for-Service. Absolute Total Care covers the following services in connection to transplants:

- Corneal transplants
- Pre-transplant services 72 hours prior to pre-admission
- Post-transplant 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 and respirators. 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.

Absolute Total Care follows SCDHHS durable medical equipment rental guidelines. Prior approval may be required for some durable medical equipment.

- Capped rental equipment cannot initially be purchased. A capped rental item is only considered purchased when it has been rented for a maximum of ten months. Some examples of capped rental equipment include manual hospital beds with mattress side rails, respiratory assist devices, insulin pumps and standard manual wheelchairs.

- Most parenteral infusion pumps are capped rental items except nutrition infusion pumps with or without alarm, stationary and portable parenteral nutrition infusion pumps, ambulatory infusion pumps and stationary parenteral infusion pumps. These items are not considered purchased after the tenth month of rental and can continue to be rented.

- Limited rental equipment has a limited rental period and cannot be rented over ten months. Some examples of limited rental equipment include powered air overlay mattresses, power pressure-reducing air mattresses and negative pressure wound therapy electrical pumps.

- Maintenance of rented equipment is not covered by Absolute Total Care. Parts and supplies used in the maintenance of rented equipment are included in the rental payment of the 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 provider network. These services can be arranged if medically necessary. Please contact your Absolute Total Care PCP to discuss these needs. Absolute Total Care will approve medical services from an out-of-network provider if these services are not available in-network and are medically necessary, as determined by your PCP 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 Fee-for-Service.
- 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 anyways.

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 Fee-for-Service 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.

State covered services include:

- Routine and emergency dental services – DentaQuest: 1-888-307-6553
- Long-term institutional care for stays over 90 days
- Hospice care
- Transplants (other than corneal transplants)

Utilization Management

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

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

Prior authorization means your provider must get approval from Absolute Total Care before you can get the service, procedure or equipment.

How It Works

Your provider will submit the prior authorization request to Absolute Total Care. Absolute Total Care will review the request before you obtain the service, procedure or equipment. We will check to see if the service, procedure or equipment is covered and if they are medically necessary. Absolute Total Care has policies and procedures to follow when they make decisions regarding medical services. Decisions are based on appropriate care and no financial reasons are used to deny care.

Standard (Non-Urgent) Prior Authorization Requests
Prior authorization requests for standard, or non-urgent services will be reviewed and notification of a decision will be made within **14 calendar days** from the time the request was received.

An extension for an additional **14 calendar days** may be granted if you, your provider or your authorized representative requests an extension or if Absolute Total Care can show the need for additional information and the extension is in your best interest.

Expedited (Urgent) Prior Authorization Requests
Expedited, or urgent prior authorization requests are made when a provider, or Absolute Total Care, determines that following the non-urgent request timeframe could seriously jeopardize your life or health or ability to attain, maintain or regain maximum function. Expedited prior authorization requests will be reviewed and notification of a decision will be made within **72 hours** from the time Absolute Total Care receives the request.

An extension may be made for an **additional 48 hours** if you, your provider or your authorized representative requests an extension or if, within **24 hours** of receiving the request, Absolute Total Care justifies a need for additional information and the extension is in your 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 absolutetotalcare.com or you may call Member Services at 1-866-433-6041. A Member Service Representative will help you find a pharmacy.

How do you get your prescriptions? • Go to a pharmacy that is signed up with Absolute Total Care. • Give them your prescription order. • Show them your Absolute Total Care Member ID card.
You will pay $3.40 for each prescription if you are 19 years old or older unless you are an Absolute Total Care member exempt from copayments:
From birth to the date of their 19th birthday
Living in long-term care facilities
During pregnancy

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 provider 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. There is a 31-day supply limit 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?

Prior authorization means your provider must get approval from Absolute Total Care before you can get the medication. Your medication may need a prior authorization if it is not on the Preferred Drug List (PDL) or does not follow the PDL guidelines.

Absolute Total Care providers have been notified in writing of:

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

How It Works

Your provider will request a prior authorization if your medication is not on Absolute Total Care's PDL or does not follow the PDL guidelines. You may be eligible for a 5-day emergency supply until your provider can submit a request and a decision can be made by Absolute Total Care.

Absolute Total Care will review the request before you obtain the medication. We will check to see if the medicine is covered and if it is medically necessary. Absolute Total Care has policies and procedures to follow when they make decisions regarding medications. Decisions are based on appropriate care and no financial reasons are used to deny 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. If you or your provider do not agree with our decision, please let us know.

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
- Physical therapy
- Occupational therapy

Medically necessary services will need an authorization to cover up to 105 hours per year (July 1st through 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 CVS Pharmacy, 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. 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. Your baby 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 Makena treatment. 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 your 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.

MemberConnections®

We have a special program that coordinates your care and assists you with social services and understanding your health plan 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 primary care provider (PCP)
- How to change your PCP
- 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

- Adult Immunization Schedule
- Adult Preventive Health Guidelines
  - Well-Male Examination
  - Well-Woman Examination
- Blood Lead Screening in Children
- Child Immunization Schedule 0 to 18 years
- Child Immunization Catch-up Schedule
- Pediatric Well-Child Schedule: Recommendations for Preventive Pediatric Health Care
- Early and Periodic Screening, Diagnostic and Treatment
- Prevention and Control of Influenza with Vaccines

Preventive guidelines are based on the health needs and opportunities for improving you and your child's health. These guidelines will help you in developing a personalized treatment plan with your PCP and your child's PCP. To see these guidelines, go to absolutetotalcare.com or call Member Services at 1-866-433-6041 (TTY: 711) and we can send you more information.

EPSDT/Well-Child 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 with their first tooth eruption and ages two and older will be referred to a dentist. Routine dental services are provided by Medicaid Fee-for-Service. 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 an EPSDT/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
- Appropriate immunizations
- Diet and nutrition review
- Developmental review assessment
- Anticipatory guidance
- Baby, child, and teen behavioral skills
- Mouth and teeth exam
- Blood pressure
- Ears and eyes screening
- Cervical dysplasia screening as recommended by the doctor
- Tuberculosis 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/well-child 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 have an EPSDT/well-child visit:
The first checkup will happen in the hospital right after your 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 & Adolescence
Birth	12 months	Ages 5 years and up
3-5 days	15 months	through the month of the
One month	18 months	child's 21st birthday –
Two months	24 months	every year
Four months	30 months	
Six months	3 years	
Nine months	4 years	

Care Management

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

Absolute Total Care's Care Managers are registered nurses. They can help you understand major health problems and arrange care with your doctors. A Care Manager will work with you and your doctor to help you get the care you need. To contact the Care Management 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 a doctor for treatment

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

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

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.

High-Risk Pregnancy

Absolute Total Care also has a High-Risk Pregnancy Nurse Care Management Team to provide guidance and assistance to our pregnant members who have complex pregnancy needs or other pregnancy-related complications. 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 Care 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 Notification of Pregnancy Form and if you need a referral to our High-Risk Pregnancy Care 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 Care 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 provides counseling, diagnosis, treatment and birth control drugs and supplies to help prevent unplanned and unintended pregnancy.

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.

Covered services prescribed and furnished by physicians, hospitals, clinics and pharmacies include:

- Examinations
- Assessments
- Diagnostic procedures
- Health education and counseling services related to alternative birth control and prevention
- 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 children 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 tuberculosis, sexually transmitted diseases 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 costs. 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 ages 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. Young women and girls should get a well-child exam every year. This will help to make sure their body develops correctly. It will also help them deal with changes their bodies are going through.

Young women and girls should see their doctor every year. They should get to know their doctor well. Then their doctor will know them better, too. This will help young women and girls know how to get health services when they need them.

Healthy Women, Ages 18 to 45:

Women ages 18 and older should 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 PCP.

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 ten 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 for your Baby 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. Your PCP 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 prior authorization or PCP referral:

- Emergency services including 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 approved out-of-network providers. If your doctor is outside the network, or an in-network doctor is not available, you will need a prior 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 48 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 after hours, follow these steps:

- Call your PCP. The name and phone number are on your Absolute Total Care Member ID card. Your PCP must provide coverage 24 hours a day, seven days a week. You may be connected to an answering service, a nurse on call, your PCP or another provider authorized by your PCP.
- You can also call NurseWise®, our 24-hour medical advice line at 1-866-433-6041. You will be connected to a nurse. Have your Absolute Total Care Member 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.

If you are told to see another doctor or go to the nearest emergency room, bring your Absolute Total Care Member ID card and Medicaid 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. Call 911 right away if you have an emergency or go to the nearest emergency room. You do not need a doctor's or Absolute Total Care'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 you PCP is not available, a doctor taking calls can help. There may be a message telling you what to do.

Absolute Total Care members can use any hospital for emergency services. 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. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do. Your PCP must provide coverage 24 hours a day, seven days a week. You may be connected to an answering service, a nurse on call, your PCP or another provider authorized by your PCP. You can also call NurseWise®, our 24-hour medical advice line at 1-866-433-6041.

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 Member 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 Member 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 provider network. 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 satisfied with Absolute Total Care and our providers. If you are not satisfied, you have the right to file a grievance. 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. If you need assistance with your grievance please call Absolute Total Care at 1-866-433-6041 (TTY: 711) and we will assist you in filing your grievance. This includes providing assistance with accessing interpreter services and hearing impaired services, if needed, at no cost to you. We cannot and will not treat you differently because you have filed a grievance. Your benefits will not be affected.

Who can file a grievance?

- An Absolute Total Care member or a member's authorized representative.
- An authorized representative is a person or provider a member gives the right to act on their behalf.
- The member can give permission for a person or a provider to act on their behalf in writing or by completing the Appointment of Authorized Representative Form found on the website absolutetotalcare.com.

How to file a grievance:

- Call Member Services at 1-866-433-6041 (TTY: 711).
- Mail, email or fax a completed Grievance Form or written letter telling us why you are not satisfied. You can obtain a Grievance Form from the Absolute Total Care website, absolutetotalcare.com. Be sure to include:
    - Your first and last name
    - Your Absolute Total Care Member ID card number
    - Your address and telephone number
    - The reason for your grievance

Mail: Absolute Total Care
Grievance and Appeals Coordinator
1441 Main Street Suite 900
Columbia, SC 29201
Fax: 1-866-918-4457
Email: SC_Appeals_And_Grievs@centene.com

- Present your evidence in person at the address above

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 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.

Absolute Total Care may extend the timeframe to resolve the grievance up to **14 calendar days** if:

- You or your authorized representative request an extension, or
- Absolute Total Care can demonstrate that there is a need for additional information that is in the member's best interest.

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 request a second review of your grievance within **30 calendar days** from the receipt of the notice of the original decision. Absolute Total Care will review your grievance again. The second grievance review will be completed by someone who did not make the decision on the first grievance review. After the first and second review of the grievance have been completed, you do not have the right to file a State Fair Hearing.

Filing an Appeal

If you don't agree with a decision, or an Action, we make about services or payment, you have the right to appeal. An appeal is when you request Absolute Total Care to review an Action made by Absolute Total Care. This review makes us look again at the Action. An Action is when Absolute Total Care:

- Denies or limits a requested service
- Reduces, suspends, or terminates a service that has already been approved
- Denies payment for a service
- Fails to provide services in a timely manner, as defined by the State

- Fails to act within the timeframes provided
- Denies a member, who is a resident of a rural area where there is only one MCO, request to exercise his or her right to obtain services outside the Absolute Total Care network

You will know that Absolute Total Care is taking an Action because we will send you a Notice of Action letter. If you do not agree with the Action, you may request an appeal. The Notice of Action letter will explain the appeals process and includes a copy of the Appeal Form. Information on the appeals process and a copy of the Appeal Form can also be found on our website at absolutetotalcare.com.

An appeal may be filed within **90 calendar days** from the receipt of the Notice of Action letter. If you need assistance with your appeal please call Absolute Total Care at 1-866-433-6041 (TTY: 711) and we will assist you in filing your appeal. This includes providing assistance with accessing interpreter services and hearing impaired services, if needed, at no cost to you.

Who can file an appeal?

- An Absolute Total Care member or a member's authorized representative.
- An authorized representative is a person or a provider a member gives the right to act on their behalf.
- The member can give permission for a person or a provider to act on their behalf in writing or by completing the Appointment of Authorized Representative Form found on the website absolutetotalcare.com.

How to file an appeal:

- Call Member Services at 1-866-433-6041 (TTY: 711). For a standard appeal you must also send Absolute Total Care a written request confirming your appeal within **30 calendar days**. An expedited appeal does not require written confirmation.
- Mail, email or fax a completed Appeal Form or a letter about your appeal. You can obtain an Appeal Form from the Absolute Total Care website, absolutetotalcare.com. A copy of the Appeal Form is also included with your Notice of Action letter. Be sure to include:
    - Your first and last name
    - Your Absolute Total Care Member ID card number
    - Your address and telephone number
    - The reason for your appeal

Mail: Absolute Total Care
Grievance and Appeals Coordinator
1441 Main Street Suite 900
Columbia, SC 29201
Fax: 1-866-918-4457
Email: SC_Appeals_And_Grievs@centene.com

- In person at the address above. For a standard appeal you must also send Absolute Total Care a written request confirming your appeal within **30 calendar days**. An expedited appeal does not require written confirmation.

Absolute Total Care will send you a letter letting you know that we received your appeal.

You have the right to present evidence regarding your appeal in person, in writing or by phone. You also have the right to review any evidence and documents regarding your appeal in person at the Absolute Total Care office address listed above.

There are two kinds of appeals:
Standard Appeal – We will give you a written decision within **30 calendar days** from the date of receipt of your request.
Expedited Appeal –You can ask for an expedited (or fast) appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 calendar days for a decision. We will give you a written decision within **72 hours** from the date of receipt of your request. We will also make efforts to contact you and your provider by phone of our decision.

Contact our Grievance and Appeals Coordinator at 1-866-433-6041 (TTY: 711) if you think you need an expedited appeal. **An expedited appeal does not require written confirmation.**

If your request for an expedited appeal is denied we will make efforts to contact you and your provider by phone within **24 hours** of the decision. In addition, the member and provider will be sent a written notice within **two calendar days** from date of receipt of the appeal. Absolute Total Care will follow the standard appeal timeframe and provide you with a written decision within **30 calendar days** from the original appeal request.

Absolute Total Care may extend the timeframe to resolve a standard or an expedited appeal up to **14 calendar days** if:

- You or your authorized representative request an extension, or
- Absolute Total Care can demonstrate that there is a need for additional information that is in the member's best interest.

You will be notified in writing of the reason for the additional time to resolve the issue.

Your appeal will be reviewed by a medical director who was not involved in the prior decision and will make the final decision for your appeal request.

Member Rights to a State Fair Hearing

If you are still not satisfied with the final appeal decision, you or your authorized representative may file an appeal directly to SCDHHS Division of Appeals and Hearings. The request for a State Fair Hearing must be made within **30 calendar days** from the date you receive the Notice of Resolution letter or Absolute Total Care receives a failure of delivery notification. An authorized representative is a person or a provider a member gives the authority to act on their behalf. The member can give permission for a person or a provider to act on their behalf in writing or by completing the Appointment of Authorized Representative Form found on the website absolutetotalcare.com.

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 authorized representative will attend the State Fair Hearing. A representative from Absolute Total Care will attend.

Continuation of Benefits While an Appeal or State Fair Hearing are Being Decided

You may ask to keep getting care related to your appeal while we make our decision. You, your authorized representative or your provider can request to continue to receive the care within **10 calendar days** of the day Absolute Total Care mails the Notice of Action letter or the intended effective date of Absolute Total Care's proposed Action.

Absolute Total Care must continue the benefits if:

- The member or the Provider files the appeal timely,
- The Action reduces, suspends, or terminates a service that has already been approved,
- The services were ordered by an authorized provider, or
- The original period covered by the original authorization has not expired.

If Absolute Total Care continues or reinstates the care at the member request while the appeal is pending, the care must be continued until one of the following occurs:

- The member withdraws the appeal request
- Ten calendar days pass after Absolute Total Care mails the Notice of Action letter providing the resolution of the appeal, unless the member, within the 10-day timeframe, has requested a State Fair Hearing with continuation of benefits until a State Fair Hearing decision is reached
- A State Fair Hearing officer issues a decision adverse to the member
- The time period or service limits of a previously authorized service has been met

If the final resolution of the appeal decision is not in your favor, you may have to pay for the cost of the services furnished while the appeal resolution was pending.

FRAUD, WASTE & ABUSE

Absolute Total Care is committed to preventing, detecting, identifying and reporting suspected cases of fraud, waste and abuse. We look to our members to assist us in these matters. If you happen to witness, are told of or suspect an incident of fraud, waste or abuse, it is important to report this immediately to Absolute Total Care or to the SCDHHS Division of Program Integrity.

What is fraud?

Fraud means to knowingly get benefits or payments that you are not entitled to receive. Please let us know if you are aware of someone who is committing fraud. This could be a doctor or a member.

Some examples of healthcare fraud include but are not limited to:

- A lie on an application
- Using someone else's member ID card
- A doctor billing for services that you did not get

Absolute Total Care Fraud, Waste & Abuse reporting contact information:
Mail: Absolute Total Care
Compliance Department
1441 Main Street, Suite 900
Columbia, SC 29201
Phone: Absolute Total Care Fraud and Abuse Hotline 1-866-685-8664 *(all calls are confidential)*
Email: ATC.Compliance@centene.com

South Carolina Department of Health and Human Services (SCDHHS) Fraud, Waste & Abuse reporting contact information:
Mail: SCDHHS Division of Program Integrity
P.O. Box 100210
Columbia, SC 29202-3210
Phone: 1-888-364-3224
Email: fraudres@scdhhs.gov

Absolute Total Care's staff is available to answer any questions or concerns you have regarding fraud, waste and abuse issues. Please contact Absolute Total Care's Member Services Department at 1-866-433-6041 (TTY: 711) with any questions.

CLAIMS

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

NEWBORN ENROLLMENT

Your newborn child will also be enrolled in Absolute Total Care. Your baby will stay with Absolute Total Care for the remainder of the enrollment year, unless you change to another health plan during the second or third month of your baby's life. If you do change to a new health plan, your baby will be moved to the new plan with you unless you want your baby to stay on Absolute Total Care's plan.

Please call SCDHHS at 1-888-549-0820 to be sure your baby is properly enrolled with Absolute Total Care.

DISENROLLMENT

You can disenroll and change health plans without a cause. Without a cause means you do not need a reason for the request. You may ask to disenroll without a cause:

- Once within the first 90 days of membership
- Every 12 months

- If Medicaid eligibility is lost for a period of two months or less and you were reenrolled with Absolute Total Care
- SCDHHS imposes a sanction against Absolute Total Care that allows members to request to disenroll without a cause

You may request to disenroll from Absolute Total Care and choose another health plan at any time for cause. This means you need a reason for the request.

Reasons why members may request to disenroll for cause at any time:

- Member moves out of Absolute Total Care's service area
- Absolute Total Care no longer participates in the SC Health Connections Program
- Poor quality of care or lack of access to covered services or providers experienced in dealing with the member's health care needs

To disenroll, call South Carolina Healthy Connections Choices toll-free at 1-877-552-4642 (TTY: 1-877-552-4670) and ask to speak with an Enrollment Counselor who will send you the appropriate form for completion. You may also visit the website, www.scchoices.com for more information. You should contact Absolute Total Care before submitting the completed form to the Enrollment Broker. All disenrollment requests for cause, must be approved by SCDHHS. If you ask to disenroll for cause and it is not approved, you have the right to request a State Fair Hearing regarding the decision.

Reasons why Absolute Total Care may request member disenrollment at any time:

- Absolute Total Care no longer participates in the SC Health Connections Program or in the member's service area
- Member intentionally submits of fraudulent information to gain Medicaid eligibility
- Death of a member
- Member moves out of state or Absolute Total Care's service area
- Member is placed out of home (i.e. Intermediate Care Facility for the Mentally Retarded [ICF/MR], Psychiatric Residential Treatment Facility [PRTF])
- Member becomes an inmate of public institution such as prison
- Member elects hospice or becomes institutionalized in a long-term care facility/nursing home for more than 90 continuous days
- Member elects a home and community-based waiver program
- Member's behavior is disruptive, unruly, abusive or uncooperative and impairs Absolute Total Care's ability to furnish services to the member or other members

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 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.
- 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.*
- *The 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 act on their behalf.
- 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 on 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 your providers of any changes that may affect their membership, healthcare needs or access to benefits. Some examples may include:
    - *If they have a baby.*
    - *If their address changes.*
    - *If their telephone number changes.*
    - *If they or one of their children are covered by another health plan.*

    - *If they have a special medical concern.*
    - *If their 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
- 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 (TTY: 711). 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
- Health status or need for health care
- Creed
- Ancestry
- Culture
- Physical or mental disability

- Marital status
- Race
- Sex
- Arrest or Conviction
- Religion
- Sexual orientation
- Color
- National origin
- Gender identity

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 5/11/16

For help to translate or understand this, please call 1-866-433-6041 (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 proving 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. 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 activities*
    - *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 Member 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."

Authorized Representative: An individual granted authority to act for a member with the member's knowledge and written consent and who has knowledge of the circumstances.

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 Authorization: Requests for approval from a provider before an Absolute Total Care member can get the requested service, procedure, equipment or medicine.

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 48 hours. It is not life threatening.