

2018 MEMBER HANDBOOK CHANGE CONTROL RECORD

Date	Section	Page (s)	Change
2/27/18	Notice	7	Added statement regarding request of paper copy of Member Handbook
2/27/18	Important Phone Number	8	Changed NurseWise to Envolve People Care (Nurse Advice Line)
2/27/18	Your Member Identification (ID) Card	9	Updated member ID card samples: changed Pharmacy Help Desk on front of card from 1-800-364-6331 to 1-844-297-0512. Changed Member Pharmacy Help Line on back of card from 1-800-364-6331 to 1-866-433-0641
2/27/18	Member Services	10	Changed NurseWise to Nurse Advice Line. Under Member Services Hotline box added: Members can reach the Care Management, Pharmacy and Quality Departments using the Member Services Hotline, fax, email and address above
2/27/18	NurseWise®	11 & 12	Changed NurseWise® to Nurse Advice Line
2/27/18	Scheduling/Appointment Waiting Times	15	Changed first bullet from four weeks to four - six weeks
2/27/18	Services Covered and Not Covered by Absolute Total Care	16-20	Adjusted spacing and added headers to benefit chart. Added: Must be Medically necessary under Ambulance-Emergency and Non-Emergency benefit. Removed: Behavioral Health & Alcohol, Drug and Substance Abuse (outpatient), copay \$3.40. Added: Behavioral Health – Psychiatric Diagnostic Evaluation (outpatient), copay \$3.30 Added: Behavioral Health – Medical Office Visit (Psychiatrist or Nurse Practitioner only), copay \$3.30. Added: Maternal Fetal Medicine Provider – No Limitation All Other Providers – 3 Ultrasounds per Pregnancy. Added: Smoking cessation under Prescription Benefit. Added \$0 copay for smoking cessation medications on PDL under Smoking Cessation Products.
2/27/18	Behavioral Health	21-22	Changed all references of Cenpatico to Absolute Total Care Added: Psychiatric Residential Treatment Services (PRTF) and Autism Spectrum Disorder (ASD)
2/27/18	Out-of-Network Services and Doctors	24	Changed Absolute Total Care PCP to Absolute Total Care network PCP
2/27/18	Pharmacy	27	Removed prescription limit information
2/27/18	Pharmacy	28	Added Prior Authorization subheading and notification of decision information
2/27/18	Value Added Benefits	30	Changed Medicaid to Absolute Total Care
2/27/18	Start Smart for Your Baby	31	Added total to dollar amount on CentAccount card for prenatal and postpartum rewards

2/27/18	Preventive Guidelines	32	Updated preventive guideline schedule names
2/27/18	Family Planning Services	37	Added language stating members are free to choose the method of family planning to be used
2/27/18	Vaccines & Immunizations	38	Updated language regarding immunization protection
2/27/18	Urgent Care – After Hours	41	Changed NurseWise to Nurse Advice Line
2/27/18	Emergency Care	41	Changed NurseWise to Nurse Advice Line
2/27/18	Filing a Grievance	42	Changed action to adverse benefit determination
2/27/18	Filing a Grievance	43	Updated timeframe for filing a grievance from within 30 calendar days of occurrence to at any time
2/27/18	Filing a Grievance	44	Added paragraph regarding timeframe to contact member if an extension is made to a grievance
2/27/18	Filing an Appeal	44	Changed action to adverse benefit determination throughout 1 st paragraph Added additional example of an adverse benefit determination
2/27/18	Filing an Appeal	45	Changed action to adverse benefit determination throughout 1 st paragraph Changed timeframe to file an appeal from 90 to 60 days from the date on the Adverse Benefit Determination Notice
2/27/18	Filing an Appeal	45-46	Added definitions of standard and expedited appeals and additional information on the appeal process
2/27/18	How to file an appeal	46	Changed Notice of Action letter to Adverse Benefit Determination Notice
2/27/18	How to file an appeal	47	Added detail to submission of evidence for appeal and notice of limited time to exercise rights for expedited appeal Removed standard and expedited appeal information (now found on pages 45-46)
2/27/18	Member Rights to a State Fair Hearing	47	Updated timeframe to request a State Fair Hearing from 30 to 120 calendar days from the date on the Notice of Resolution letter Removed language regarding failure of delivery notification and authorized representative
2/27/18	Continuation of Benefits While an Appeal or State Fair Hearing are Being Decided	47	Updated language in 1 st paragraph to remove provider as being able to request continuation of services Changed Notice of Action letter to Adverse Benefit Determination Notice Changed action to adverse benefit determination Added statement that provider cannot request continuation of services for member
2/27/18	Continuation of Benefits While an Appeal or State Fair Hearing are Being Decided	48	Changed the member to you in 1 st bullet Added bullet - You requested an extension of benefits timely Changed the member to your in 2 nd paragraph Changed Absolute Total Care mails the Notice of Action letter to date on the Adverse Benefit Determination Notice in 2 nd bullet

2/27/18	Ombudsman	48	Added section providing information on contacting health insurance ombudsman office
2/27/18	Disenrollment	51	Updated facility example in 7 th bullet under Reasons why Absolute Total Care may request member disenrollment
2/27/18	Advance Directives	52	Updated 3 rd and 4 th bullets under For assistance with advance directives
2/27/18	Definitions	66-68	Removed Action definition Added Adverse Benefit Determination definition Updated Appeal definition Added Co-payment definition Added Emergency Medical Condition definition Added Excluded Services definition Changed action to adverse benefit determination in Grievance definition Added Physician to In-Network Provider definition Updated Medical Necessity definition Added Medical Network definition Added Physician to Put-of-Network Provider definition Added Plan (a.k.a. Health Plan) definition
3/21/18	Services Covered and Not Covered by Absolute Total Care	16-17, 19	Added Ambulatory Surgical Center information to benefit grid Added Autism ASD Treatment Services information to benefit grid Added information to limits on Behavioral Health – Medical Office Visit Added Outpatient Hospital (non-emergency) information to benefit grid
3/21/18	Behavioral Health	21	Changed phone number from 1-866-534-5976 to 1-866-433-6041
5/10/18	Filing a Grievance	44	Added statement on clinically urgent grievance being reviewed within 72 hours
5/10/18	Member Rights to a State Fair Hearing	47	Changed Notice of Resolution letter to Adverse Benefit Determination Notice