

# Member Handbook



# 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 Healthy Connections 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 identification (ID) card(s) that you received as a new member to make sure they are correct. If you find a mistake, please call Member Services 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 Member Services 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](http://absolutetotalcare.com) or by filling out the PCP Change Form included in your Benefit and Forms Booklet found in your New Member Welcome Packet.

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

Sincerely,

Absolute Total Care

\*Please check our website at [absolutetotalcare.com](http://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.MBR SVC@centene.com](mailto:ATC.MBR SVC@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).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فإن خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
1-866-433-6041 (رقم هاتف الصم والبكم 711)

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.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं 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 1-866-433-6041 (ATS: 711).

နမ့်ကတိ ကညိ ကျိအလိ, နမ့်နံ ကျိအတိမၤစၢလၢ တလံာ်ဘျုးလၢန့ၣ်နီၤတံၢ်ဘျုးန့ၣ်လီၤ. ကိး  
866-433-6041 (TTY: 711)

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အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငွေအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

## 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 Member Services at 1-866-433-6041 (TTY: 711). To get this information in large font, in paper form, or as an audio CD free of charge, call Member Services. We will send a paper form of this book to you within five business days of your request.

## 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 Absolute Total Care's 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. Information about Absolute Total Care's structure, operations, and physician incentive plans is available upon request.

## 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 (EST), Monday through Friday. If you would like to speak with a nurse, Envolve PeopleCare (Nurse Advice Line) is available 24 hours a day, seven days a week.

Contact	Phone
Member Services	1-866-433-6041 Fax: 1-866-912-3610 TTY: 711
South Carolina Relay Services	Voice: 1-800-735-2905 TTY: 1-800-735-8583
24/7 Nurse Advice Line	1-866-433-6041
To Change Your Doctor	1-866-433-6041
Vision Questions/Problems (covered by Medicaid Fee-for-Service)	Call your local South Carolina Department of Health and Human Services (SCDHHS) office.
Pharmacy Questions/Problems	1-866-433-6041
MemberConnections®	1-866-433-6041
Start Smart for Your Baby® (Start Smart)	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.

- For Absolute Total Care telecommunications device calls, call 711.
- For South Carolina Relay service calls, call 711 or 1-800-735-8583 (TTY), or 1-800-735-2905 (Voice).

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.

# Your Member Identification (ID) Card

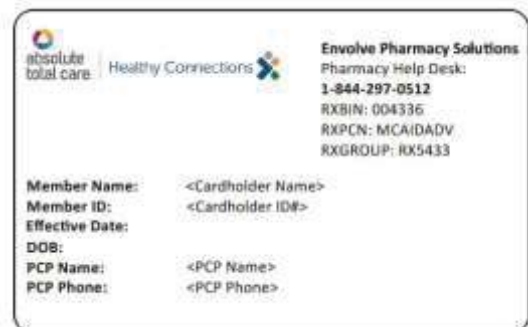
Always carry your Absolute Total Care member ID card with you. Show it every time you get care. You may have problems getting care or prescriptions if you do not have it with you. If you have other health insurance cards, bring them with you. Each family member will also receive a state Medicaid ID card. 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.

## Absolute Total Care Member ID Card:

### Front

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



### Back

9. Emergency Phone Number
10. Important Phone Numbers
11. Absolute Total Care Billing Address
12. Absolute Total Care Website

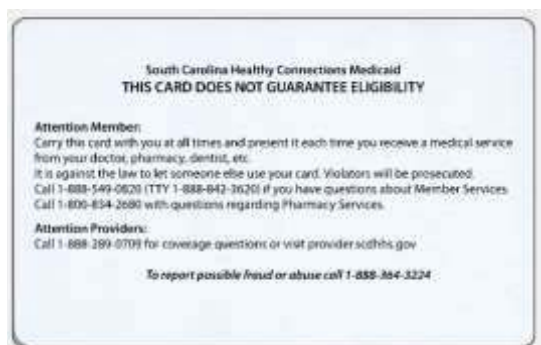


## State Medicaid ID Card:

### Front



### Back



## 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 nurse advice line. 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.

## Website Resources

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

- Member Handbook and forms;
- Facts about Absolute Total Care's programs;
- Benefits and services; and
- Newsletters.

## Secure Member Portal

Absolute Total Care's Secure Member Portal is a convenient and secure tool to assist you. Go to [absolutetotalcare.com](http://absolutetotalcare.com) to create your online account. Creating an account is free and easy.

By creating an account, you can:

- Change your PCP.
- Request a new member ID card.
- Update your personal information.

### **Member Services:**

**Phone:** 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](mailto:ATC.MBRSVC@centene.com)

**Website:** [absolutetotalcare.com](http://absolutetotalcare.com)

### **You may also write us at:**

Absolute Total Care

1441 Main Street, Suite 900

Columbia, SC 29201

Members can reach the Care Management, Pharmacy, and Quality Improvement (QI) Departments using the Member Services phone, fax, email, and address above.

- Check your My Health Pays™ rewards balance.
- 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.

## Nurse Advice Line

Our nurse advice line is ready to answer your health questions 24 hours a day, seven days a week. The nurse advice line is staffed with registered nurses. These nurses have spent a lot of time caring for people. They are ready and eager to help you. To reach the nurse advice line, call 1-866-433-6041 (TTY: 711) and select "Member Services", then "Nurse Advice Line".

The services listed below are available by contacting the nurse advice line:

- 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; and
- 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. The nurse advice line 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 Healthy Connections 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, a 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](http://www.scdhhs.gov) and clicking on “Getting Medicaid,” then clicking “Where to Go for Help.”

# PRIMARY CARE PROVIDER (PCP)

## What Your Primary Care Provider (PCP) Will Do for You

Your 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 Early and Periodic Screening, Diagnostic, and Treatment (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 Primary Care Provider (PCP)

As an Absolute Total Care member, you may choose your PCP. You can also choose a PCP for your child. A list of PCPs can be found on our website at [absolutetotalcare.com](http://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; or
- 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 (TTY: 711).

## Primary Care Provider (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 Absolute Total Care's 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 Primary Care Provider (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 completed PCP Selection Form included in your Benefits and Forms Booklet (found in your New Member Welcome Packet) to Absolute Total Care.
- Call Member Services at 1-866-433-6041 (TTY: 711).
- Make a PCP Change Request on our website, [absolutetotalcare.com](https://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 to six 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 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 (TTY: 711). 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 (TTY: 711). A Member Services representative will help you understand your benefits.

Benefits	Coverage	Limits	Copay
Abortion	Covered	Prior approval required. Abortions are covered only when there is written physician certification of the need for the abortion.	N/A
Acne	Covered	Ages 18 and younger. Limits apply.	\$0
Acupuncture and Biofeedback Service	Not Covered	N/A	N/A
Ambulance – Emergency and Non-Emergency	Covered	Must be medically necessary.	\$0
Ambulatory Surgical Center	Covered	Copay is applied per day.	\$3.30
Autism ASD Treatment Services	Covered	None	\$0
Audiology Services	Covered	Ages 20 and younger.	\$0
Bariatric Surgery – Surgery for Morbid Obesity	Covered	Only if medically necessary.	\$0
Behavioral Health – Including Screenings (Inpatient)	Covered	Prior approval required.	\$25.00
Behavioral Health - Psychiatric Diagnostic Evaluation (Outpatient)	Covered	One evaluation every six months.	\$3.30
Behavioral Health – Medical Office Visit (Psychiatrist or Nurse Practitioner Only)	Covered	Psychiatrist or nurse practitioner only.	\$3.30
Biopharmaceuticals (Specialty Injectables)	Covered	Prior approval required.	\$3.40
Cardiac Rehab	Covered	None	\$0
Chemotherapy	Covered	None	\$0
Chiropractic Services	Covered	One per day/six per year.	\$0
Circumcision	Covered	Covered during the initial newborn stay and up to 180 days after delivery in the office setting. Otherwise, prior approval required.	\$0

Benefits	Coverage	Limits	Copay
Clinic Visits	Covered	None	\$0
Cosmetic Surgery	Not Covered	N/A	N/A
Dermatology Services	Covered	Cosmetic is not covered.	\$0
Dental Services	Covered	Covered by SCDHHS/DentaQuest.	N/A
Developmental Evaluation Services	Covered	Covered for members between the ages of 0 and 21.	\$0
Diabetic Shoes	Covered	One pair per year (three inserts per year).	\$0
Diabetic Supplies (Test Strips, Lancets, Pen Needles)	Covered	Prior approval may be required.	\$3.40
Diabetic Education	Covered	None	\$0
Dialysis	Covered	None	\$0
Durable Medical Equipment (DME) – Including, but not limited to, Rental Equipment, Supplies, Wheelchairs, Ventilators, Oxygen, Monitors, Lifts, Nebulizers, and Bili-Blankets.	Covered	Prior approval may be required for some equipment.	\$0
Emergency Care (In-Network and Out-of-Network)	Covered	None	\$0
Emergency Transportation	Covered	None	\$0
Enteral/Parenteral Nutrition Therapy	Covered	If provided via tube and sole source of nutrition.	\$0
Family Planning Services	Covered	Self-referrals; in- and out-of-network providers covered by Absolute Total Care.	\$0
Fluoride Rinse/Varnish	Covered	As a part of EPSDT only.	\$0
Genetic Testing	Covered	Prior approval required.	\$0
Hearing Tests, Aids, and Devices	Covered	Ages 20 and younger. Prior approval required.	\$0

Benefits	Coverage	Limits	Copay
Home Health Care	Covered	Prior approval required. 50 visits per year (July 1 through June 30).	\$0
Home Infusion Therapy	Covered	Prior approval may be required for certain medications.	\$0
Hospice Care	Covered by SCDHHS		\$0
Hysterectomy	Covered	Prior approval and completed Consent for Sterilization Form (Form HHS-687) required.	\$0
Infertility Services	Not Covered	N/A	N/A
Infusion Centers	Covered		\$0
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 2 diabetics.	\$0
Laboratory Services	Covered	None	\$0
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.	\$0
Maternity Services	Covered	None	\$0
Medical Transportation	Covered by SCDHHS	N/A	N/A

Benefits	Coverage	Limits	Copay
Non-Participating Providers	Covered	Must be medically necessary and service not available in network.	Varies
OB Ultrasounds	Covered	Maternal-fetal medicine provider: No limitation. All other providers: Three ultrasounds per pregnancy.	\$0
Office Visits (PCP/Specialists) (Well and Sick Visits)	Covered	None	\$0
Oncology-Related Chemotherapeutic Drugs and Support Services	Covered	Prior approval required.	\$3.40 for self-administered drugs only.
Orthopedic and Spinal Surgery	Covered	Prior approval required.	\$0
Orthotics and Prosthetics	Covered	Prior approval may be required.	\$0
Outpatient Hospital (Non-Emergency)	Covered	Prior approval may be required.	\$3.40
Outpatient Surgery	Covered	Prior approval may be required.	\$3.40
Pain Management Services	Covered	Prior approval may be required.	\$0
Podiatry Services	Covered	Prior approval may be required.	\$0
Power Wheelchairs	Covered	Every seven years, limited accessories covered. Prior approval required.	\$0
Prescriptions	Covered	Prior approval may be required. Subject to age and quantity limits per Preferred Drug List (PDL).	\$3.40  \$0 copay for select medications on the PDL for asthma, COPD, smoking cessation, and diabetes.

Benefits	Coverage	Limits	Copay
Pulmonary Rehab	Covered	None	\$0
Reversal of Sterilization	Not Covered	N/A	N/A
Smoking Cessation Products	Covered	Quantity per PDL.	\$0 copay for smoking cessation medications on PDL.
Sterilization	Covered	Completed Consent for Sterilization Form (Form HHS-687) required.	\$0
Rehabilitative Therapies for Children, Non-Hospital Based	Covered	Ages 20 and younger, combined total of 105 hours (420 units) per year (July 1 through June 30). Prior approval required.	\$0
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.	\$0
Vaccines/Immunizations (Adult)	Covered	Only if medically necessary.	\$0
Vaccines/Immunizations (Children)	Covered	Ages 21 and younger.	\$0
Vision – Routine Screening (Children)	Covered	Ages 20 and younger. One pair of glasses every 12 months. One replacement set every 12 months.	\$0
X-Ray/Radiology Services	Covered	Prior approval required for certain services.	\$0

#### **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. You can choose any behavioral health provider in our network. You don’t need a referral from your PCP. We also offer services through the Department of Alcohol and Other Drug Abuse Services (DAODAS). You can contact Absolute Total Care at 1-866-433-6041 (TTY: 711).

Absolute Total Care manages behavioral healthcare 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 Care Managers work directly with members to help them overcome any barriers to achieving their goals.

Absolute Total Care 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; and
- Linking members with transportation, utility assistance, clothing, and food bank programs.

Absolute Total Care also manages Rehabilitative Behavioral Health Services (RBHS), Psychiatric Residential Treatment Services (PRTF), and Autism Spectrum Disorder (ASD). 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; and
- 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; and
- 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 Absolute Total Care's network. There is no cost to you. Call Member Services at 1-866-433-6041 (TTY: 711) for assistance on getting a second opinion.

## 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 (DME)

DME 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 DME, 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 DME rental guidelines. Prior approval may be required for some DME.

- Capped rental equipment cannot initially be purchased. A capped rental item is only considered purchased when it has been rented for a maximum of 10 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 10 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 Absolute Total Care's provider network. These services can be arranged if medically necessary. Please contact your Absolute Total Care network 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 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 (TTY: 711). When you call, give the Member Services staff:

- Date of service;
- Name of provider; and
- 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).
  - Phone: 1-888-307-6553
- Long-term institutional care for stays over 90 days.
- Hospice care.
- Transplants (other than corneal transplants).

## Quality Improvement (QI)

Absolute Total Care is committed to providing quality healthcare to you. Our primary goal is to improve your health and help you with any illness or disability. Our QI Program is consistent with National Committee for Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities. To help promote safe, reliable, and quality healthcare, our programs include:

- Conducting a thorough check on providers when they become part of Absolute Total Care’s provider network;
- Monitoring the access Absolute Total Care members have to all types of healthcare services;
- Providing programs and educational items about general healthcare and specific diseases;
- Sending reminders to you to get annual tests, such as adult physical, cervical cancer screening, and breast cancer screening; and
- Investigating your concerns regarding the healthcare you have received. If you have a concern about the care you received from your PCP or any service provided by Absolute Total Care, please contact Member Services at 1-866-433-6041 (TTY: 711).

Absolute Total Care believes that getting input from members, like you, can help make the services and quality of our programs better. We conduct a member survey each year that asks questions about your experience with the healthcare and services you are receiving. If you

receive one of our member surveys, please be sure to fill out the survey and drop it back in the mail.

## 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 time frame could seriously jeopardize your life, 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 up to **14 calendar days** 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.

**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 (TTY: 711).**

## **Pharmacy**

You may call Member Services or visit our website to see drugs that are on the Absolute Total Care-approved list of covered medications. This is called a 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](http://absolutetotalcare.com) or you may call Member Services at 1-866-433-6041 (TTY: 711). 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 31-day supply limit per prescription filled, new or refilled. Please contact Absolute Total Care at 1-866-433-6041 (TTY: 711) if you have questions about copayments or days' supply 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 PDL or does not follow the PDL guidelines.

Absolute Total Care providers have been notified in writing of:

- The drugs included in the PDL.
- How to request a prior authorization.
- Special procedures set up for urgent requests.

### **Prior Authorization**

Prior authorization requests will be reviewed and notification of a decision will be made within **24 hours** from the time a complete request was received.

### **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 72-hour 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 Member Services for more information about the 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; and
- Occupational therapy.

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

# 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. Member Services 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 Absolute Total Care 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.

# My Health Pays™ Rewards

## Earning My Health Pays™ Reward Dollars

After you complete a healthy activity, Absolute Total Care will add the reward dollars you have earned directly to your My Health Pays™ Visa® Prepaid Card.

We will mail your My Health Pays™ Visa Prepaid Card to you after you complete your first healthy activity. You can keep earning My Health Pays™ rewards by completing more healthy activities. Your rewards will be added to your card once we are notified.

## How to Earn

You can earn My Health Pays™ rewards for things like screenings, preventive care, and more. Visit [absolutetotalcare.com](http://absolutetotalcare.com) for more details.

Use Your My Health Pays™ rewards to help pay for:

- Everyday items at Walmart\*.
- Utilities.
- Transportation.
- Telecommunications.
- Childcare services.
- Education.
- Rent.

Log in to the secure member account to see your My Health Pays™ rewards balance.

*\*This card may not be used to buy alcohol, tobacco, or firearms products.*

*This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.*

*Funds expire 90 days after termination of insurance coverage or 365 days after date reward was earned, whichever comes first.*

## Start Smart for Your Baby (Start Smart)

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](http://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.

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.

## Premature Delivery

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 handled by Absolute Total Care's OB Care Management 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 (TTY: 711) 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 (TTY: 711). They will send you information and can visit your home. They will be glad to talk to you about:

- How to choose a 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 (TTY: 711).



# PROGRAMS

## Preventive Guidelines

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](http://absolutetotalcare.com) or call Member Services at 1-866-433-6041 (TTY: 711) and we can send you more information.

- Recommended Adult Immunization Schedule for Adults 19 Years or Older
- Adult Preventive Health Guidelines:
  - The Adult Well-Male Examination
  - Well-Woman Recommendations
- Recommendations for Blood Lead Screening of Medicaid-Eligible Children aged 1-5 years
- Recommendations for Preventive Pediatric Health Care: Lead
- Recommended Immunizations Schedules for Children and Adolescents aged 18 years or Younger
- Catch-up Immunization Schedule For Persons Aged 4 Months Through 18 Years Who Start Late Or Are More Than 1 Month Behind
- Prevention and Control of Seasonal Influenza with Vaccines
- Recommendations for Preventive Pediatric Health Care
- Early and Periodic Screening, Diagnostic Treatment (Medicaid)

## Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/Well-Child Visits

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 (TTY: 711) 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, as well as 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; and
- 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 healthcare.
- 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 ages listed in the Infancy, Early Childhood, Late Childhood, and Adolescence section of this Member Handbook.

## Infancy, Early Childhood, Late Childhood, and Adolescence

Infancy	Early Childhood	Late Childhood Adolescence
Birth	12 months	Ages 5 years and up through the month of the child's 21st birthday – every year
3-5 days	15 months	
1 month	18 months	
2 months	24 months	
4 months	30 months	
6 months	3 years	
9 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 (TTY: 711).

## 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.

For more information, please call our Care Management Program at 1-866-433-6041 (TTY: 711). 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 (TTY: 711).

## 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 (TTY: 711).

## Lead Case Management

Absolute Total Care's Lead Case Management Program 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; and
- 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 Lead Case Management Program to make sure children with blood lead poisoning get treatment. We also try to find the source of lead. For more information, contact a Care Manager at 1-866-433-6041 (TTY: 711).

## **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 and Disease Prevention**

Absolute Total Care wants its members to lead a happy and healthy preventive 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; and
- 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 and are free to choose the method of family planning to be used.

If the member receives these services from providers not contracted in Absolute Total Care's 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 receive 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 2 years old.
- If the baby tests positive, the baby can be seen twice a week for eight weeks, then monthly until 2 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 and Immunizations

Absolute Total Care wants its members to avoid disease at all costs. Vaccines and immunizations protect you and your children from serious diseases such as measles, whooping cough, and rubella. By providing access to vaccines under the Vaccines for Children (VFC) 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 (TTY: 711).

## 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 10 hours a night. Enjoy a healthier lifestyle.

### **Start Smart for Your Baby (Start Smart)**

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

We have many ways to help you have a healthy pregnancy. We need to know you are pregnant. Please call us at 1-866-433-6041 (TTY: 711) 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**

PCP referrals are not required for a member to see an Absolute Total Care network specialist. However, Absolute Total Care recommends that you always check with your PCP before going to see a specialist. Your PCP can recommend a specialist and assist in coordinating your care and requests services before you get them.

## **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 our 24/7 nurse advice line at 1-866-433-6041 (TTY: 711). 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 your 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 Absolute Total Care's 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 (TTY: 711).

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 our 24/7 nurse advice line at 1-866-433-6041 (TTY: 711).

## **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 Absolute Total Care's 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 GRIEVANCES AND 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 adverse benefit determination, 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 at any time. 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 our 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 our 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 time frame 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.

If an extension is made to your grievance, we will contact you and your provider promptly by phone to let you know of our decision. We will also send you a letter within **two calendar days** that includes the reason for the extension and your right to file a grievance if you disagree with our decision.

All clinically urgent grievances will be determined and reviewed by a medical director and resolved within 72 hours from receipt by Absolute Total Care.

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 adverse benefit determination, we make about services or payment, you have the right to appeal. An appeal is when you request Absolute Total Care to review an adverse benefit determination made by Absolute Total Care. This review makes us look again at the adverse benefit determination. An adverse benefit determination 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 time frames provided.
- Denies a member, who is a resident of a rural area where there is only one managed care organization (MCO), request to exercise his or her right to obtain services outside Absolute Total Care's network.
- Denies a request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles and coinsurance.

You will know that Absolute Total Care made an adverse benefit determination because we will send you an Adverse Benefit Determination Notice. If you do not agree with the adverse benefit determination, you may request an appeal. The Adverse Benefit Determination Notice 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](http://absolutetotalcare.com).

An appeal may be filed within **60 calendar days** from the date on the Adverse Benefit Determination Notice. If you need assistance with your appeal please call Absolute Total Care at 1-866-433-6041 (TTY: 711). 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 our website at [absolutetotalcare.com](http://absolutetotalcare.com).

### **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(s) your physical or mental 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 attempt to notify you and your provider promptly by phone.

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 contact you and your provider promptly by phone. We will also send you a written notice within **two calendar days** of receiving your expedited appeal request. Absolute Total Care will let you know that your request will be processed as a standard appeal and your right to file a grievance if you disagree with the decision. We will then give you with a written decision within **30 calendar days** of the date of the appeal request.

Absolute Total Care may extend the time frame 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.

If an extension is made to your grievance, we will contact you and your provider promptly by phone to let you know of our decision. We will also send you a letter within **two calendar days** that includes the reason for the extension and your right to file a grievance if you disagree with our decision.

Your appeal will be reviewed by a medical director or appropriately licensed professional who was not involved in the prior decision, does not report to the prior-decision maker, and will make the final decision for your appeal request.

### **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 **14 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 our website, [absolutetotalcare.com](http://absolutetotalcare.com). A copy of the Appeal Form is also included with your Adverse Benefit Determination Notice. 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](mailto: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 **14 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 submit comments, evidence, testimony, documentation, records, and other information relevant to the 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 Absolute Total Care's office address listed above. There is limited time to exercise these rights for expedited appeals.

## **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 **120 calendar days** from the date on the Adverse Benefit Determination Notice.

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 also 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 or your authorized representative can request to continue to receive the care within **10 calendar days** of the date on Absolute Total Care's Adverse Benefit Determination Notice or the intended effective date of Absolute Total Care's proposed adverse benefit determination. A provider cannot request the continuation of services for you.

Absolute Total Care must continue the benefits if:

- You or the provider files the appeal timely;
- The adverse benefit determination reduces, suspends, or terminates a service that has already been approved;
- The services were ordered by an authorized provider;
- The original period covered by the original authorization has not expired' or
- You requested an extension of benefits timely.

If Absolute Total Care continues or reinstates the care at your 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 the date on the Adverse Benefit Determination Notice providing the resolution of the appeal, unless the member, within the 10-day time frame, 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; or
- 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.

## Ombudsman

You have the right to be represented in the appeal process by anyone you choose, including an attorney, but representation is not required. The state of South Carolina can provide representation through its Health Insurance Ombudsman Office if you wish to use the service. To contact the service, call 803-734-5049, or mail the South Carolina Office of Ombudsman, Wade Hampton Building, 1205 Pendleton Street, Columbia, SC 29201.

# FRAUD, WASTE, AND 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, and Abuse Reporting Contact Information

**Mail:** Absolute Total Care  
Compliance Department  
1441 Main Street, Suite 900  
Columbia, SC 29201

**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, and Abuse Reporting Contact Information**

**Mail:** SCDHHS Division of Program Integrity  
P.O. Box 8206  
Columbia, SC 29202

**Phone:** 1-888-364-3224

**Email:** [fraudres@scdhhs.gov](mailto: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 South Carolina Healthy Connections Program.
- Poor quality of care or lack of access to covered services or providers experienced in dealing with the member's healthcare 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](http://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 South Carolina Healthy Connections Program or in the member's service area.
- Member intentionally submits fraudulent information.
- Death of a member.
- Member moves out of state or out of Absolute Total Care's service area.
- Member has Medicare coverage or is enrolled in a commercial health plan.
- Member becomes age 65 or older.
- Member is placed out of home (for example, Intermediate Care Facility for Individuals with Intellectual Disabilities [ICR/IID]).
- 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

An “advance healthcare directive” or “advance directive” is a kind of legal document that tells the doctor your wishes about your healthcare.

Advance directives can be general, with very few directions about your care. The directive may just name a substitute person (proxy) to make these decisions for you if you are unable to do so. Or it may include instructions for the chosen proxy.

Advance directives can also be very detailed and can clearly outline the different types of life-sustaining treatments you would accept or refuse in certain situations. Some types of advance directives are limited to certain situations, like the living will, organ or tissue donation, or your wishes not to be revived (resuscitated) if your heart or breathing stops.

No matter which kind you use, no one will be able to control your money or other property based on your advance directive. It may also help to know that you can also change or revoke (take back) these directives at any time.

An important part of any estate plan, an advance directive allows you to make important end-of-life decisions about your personal healthcare. This is crucial as, at some point, such as in the event you fall into a coma or are otherwise incapacitated, you may not be able to verbalize these wishes. An advance directive is a way to put those wishes on record for your family, your heirs, and your healthcare provider.

## **Use an Advance Directive if:**

- You want to spell out your healthcare wishes.
- You want a complete estate plan.
- You have recently been diagnosed with a serious disease.
- You have strong convictions about life support or other healthcare choices.

## **For Assistance With Advance Directives, You May:**

- Talk to your doctor.
- Talk with an attorney.
- Contact the South Carolina Lieutenant Governor’s Office on Aging. The South Carolina legislature has approved a Living Will Form and a Health Care Power Of Attorney Form. The Living Will Form that the legislature approved is called a Declaration of a Desire for a Natural Death. You may get these forms online at <https://aging.sc.gov/programs-initiatives/legal-assistance-seniors>, or from:
  - CaringInfo: <https://www.nhpc.org/wp-content/uploads/SouthCarolina.pdf>; or
  - The Lieutenant Governor’s Office on Aging: 1-800-868-9095 or 803-734-9900

- Contact Aging with Dignity at 1-888-5wishes (594-7437) if you want the Five Wishes Form.

**If Your Directives are not Being Followed, do any of the Following:**

- Talk to your doctor.
- Call Member Services at 1-866-433-6041 (TTY: 711). 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 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 request and receive a copy of their medical records, and request that their medical record be amended or corrected.
- 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 all information including enrollment notices, information materials, instructional materials, available treatment options, and alternatives in a manner and format that may be easily understood.
- To receive assistance from both SCDHHS and Absolute Total Care in understanding the requirements and benefits of the health plan.
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent.
- 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 information on the grievance, appeal, and State Fair Hearing procedures.
- 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.*
- 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 choose a PCP and to change to another PCP.

- To choose a person to act on their behalf.
- To voice grievances or file appeals about Absolute Total Care decisions that affect their privacy, benefits, or the care provided.
- To make recommendations regarding Absolute Total Care's member rights and responsibilities policy.
- 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, and member rights and responsibilities.
- To have a candid discussion about appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- 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 Absolute Total Care's 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 Absolute Total Care's network. Your PCP will look at the second opinion and help you decide on a treatment plan that will work best for you.*

## MEMBER RESPONSIBILITIES

Absolute Total Care members have the following responsibilities:

- 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.

- Make every effort to keep a scheduled appointment or cancel an appointment in advance of when it is scheduled.
- 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 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 healthcare;
- Creed;
- Ancestry;
- Culture;
- Physical or mental disability;
- Marital status;
- Race;
- Sex;
- Arrest or Conviction;
- Religion;
- Sexual orientation;
- Color;
- National origin; or
- 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 teléfono.  
1-866-433-6041 (TTY: 711).  
Interpreter services are provided free of charge to you.

**Covered Entities Duties:**

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

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

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

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

- The Uses and Disclosures
- Your Rights
- Our Legal Duties
- Other privacy practices stated in the Notice

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

**Internal Protections of Oral, Written and Electronic PHI:**

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

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

**Uses and Disclosures of Your PHI:**

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

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

**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.

**Adverse Benefit Determination:**

- Denial or limitation of a requested service, including determinations based on type or level of service, whether the service is medically needed, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination a service that has already been approved.
- Denial of payment for a service.
- Failure to provide services in a timely manner, as defined by the state.
- Failure to act within the time frames provided.
- Denial of 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 Absolute Total Care's network.
- Denial of a request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, and coinsurance.

**Appeal:** A request to review an adverse benefit determination or 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.

**Copayment:** Any cost for which the member is responsible

**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.

**Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: placing the health of the individual (or, with respect to a pregnant woman, the health of the woman and/or her unborn child) in serious jeopardy; serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

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

**Excluded Services:** Medicaid services not included in Absolute Total Care's benefits and reimbursed fee-for-service by the state.

**Grievance:** An expression of dissatisfaction about any matter other than an adverse benefit determination.

**Home Health Care:** 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 you or your child from life threatening diseases.

**Inpatient:** When you are admitted into a hospital.

**In-Network Physician/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:** A card that identifies you as part of the South Carolina Medicaid Program.

**Medical Necessity:** Medically necessary services are those services utilized in the state Medicaid Program, including quantitative and non-quantitative treatment limits, as indicated in state statutes and regulations, the state plan, and other state policy and procedures.

**Medical Network:** An integrated delivery system of healthcare services

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

**Out-of-Network Physician/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.

**Plan/Health Plan:** The term “plan” means the same as “Absolute Total Care,” “Managed Care Plan,” or “HMO/MCO.”

**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.



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[absolutetotalcare.com](http://absolutetotalcare.com)