



## 2024 MEMBER HANDBOOK CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
8/22/2024	Notice of Non-Discrimination	(after title page)	Replaced outdated NDN with updated approved NDN
8/22/2024	Transition of Care	11	Added Transition of Care section
8/22/2024	Choosing Your Primary Care Provider (PCP)	12	Added after 1 <sup>st</sup> sentence - "Multiple members of a family enrolled with Absolute Total Care may all choose the same PCP or each member may choose a different PCP."
8/22/2024	Changing Your Primary Care Provider (PCP)	13	Removed 1 <sup>st</sup> bullet: "Send the completed PCP Selection Form included in your Benefits and Forms Booklet (found in your New Member Welcome Packet) to Absolute Total Care."
8/22/2024	Benefit Information/ Copayments/Cost-Sharing	14	1 <sup>st</sup> paragraph update: "Effective July 1, 2024, Absolute Total Care no longer requires a copayment for any service. Member copayments/cost-sharing applies for certain covered and approved medically necessary medical services received before July 1, 2024. The following Medicaid beneficiaries do not have to make copayments before July 1, 2024:"
8/22/2024	Services Covered and Not Covered by Absolute Total Care	14	Added: "Effective July 1, 2024, Absolute Care no longer requires a copay for any service. Some services below have a copay and the copays listed apply only to services received before July 1, 2024."
8/22/2024	Services Covered and Not Covered by Absolute Total Care (chart)	15	Added: "Copay After July 1, 2024" column
8/22/2024	Services Covered and Not Covered by Absolute Total Care (chart)	15	Added 'Authorization Requirements' column to chart
8/22/2024	Services Covered and Not Covered by Absolute Total Care (chart)	15	Abortion Procedure <ul style="list-style-type: none"> <li>• Limits: "Abortions are covered only when there is written physician certification of the need for the abortion." Updated to "Covered according to applicable federal and state laws and regulations. Written physician certification of the need for the abortion required."</li> <li>• Copay: N/A updated to \$0</li> </ul>

<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	15	Ambulance – Emergency and Non-Emergency: removed “must be medically necessary” from Limits
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	15	Ambulatory Surgical Center – added “Prior approval may be required for some services.” Under Authorization Requirements
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	15	Bariatric Surgery – Surgery for Morbid Obesity: <ul style="list-style-type: none"> <li>• Removed “only if medically necessary” from Limits</li> <li>• Added “Prior approval required” under Authorization Requirements</li> </ul>
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	15	Behavioral Health Evaluation (Outpatient) – changed copay from \$3.30 to \$0
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	15	Behavioral Health Medical Office Visit – changed copay from \$3.30 to \$0
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	15	Added “Birthing Centers”
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	15	Cardiac Rehabilitation Services: Added “Prior approval may be required for some services” under Authorization Requirements
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	15	Chemotherapy Services: Added “Prior approval may be required for some services” under Authorization Requirements
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	16	Dermatology Services: added “Prior approval may be required for some services” under Authorization Requirements

<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	16	Diabetic Supplies (Test Strips, Lancets, Pen Needles): added "Quantity limits may apply"
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	16	Dialysis: added "Prior approval required" under Authorization Requirements
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	17	Family Planning Services: removed "by Absolute Total Care" after "Self-referrals: in- and out-of-network providers covered"
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	17	Hearing Tests, Aids, and Devices: added "prior approval required" under authorization requirements
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	17	Added "Laboratory Services"
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	17	Long-Term Care Facility: removed "Absolute Total Care covers first 90 days only." from authorization requirements
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	17	Maternity Services: added "prior approval required for some services" under Authorization Requirements
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	17	Added "Newborn Hearing Screening"
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	18	Renamed Medical Transportation – "Non-Emergency Medical Transportation"

<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	18	Non-Participating Providers – added “prior approval required” under Authorization Requirements
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	18	Orthotics and Prosthetics – <ul style="list-style-type: none"> <li>added “Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body.” under Limits</li> </ul>
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	18	Outpatient Surgery – changed to “Outpatient Surgery and Procedures”
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	19	Prescriptions – changed to “Prescriptions and Medications”; also changed “Preferred Drug List (PDL)” to “Comprehensive Drug List (CDL)”
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	19	Smoking Cessation Products – changed “Quantity per PDL” to “Subject to quantity limits per Comprehensive Drug List (CDL).”
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	19	Transplants – removed “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”
<b>8/22/2024</b>	Services Covered and Not Covered by Absolute Total Care (chart)	20	X-ray/Radiology Services updated to “X-ray/Radiology and Imaging Services”
<b>8/22/2024</b>	Transplant Services	22	<p>Removed “Organ transplants and bone marrow/stem cell transplants....” section and bullet points and replaced with “Absolute Total Care covers all medically necessary organ transplant care including specialist doctor appointments, testing, and other pre-transplant care, your hospital stay for the transplant procedure itself, and the care you need after the transplant including doctor visits, testing, and medications. Absolute Total Care will work with your doctor to get prior authorization.</p> <p>All members that are identified as needing a transplant will be contacted by one of Absolute Total Care’s transplant care managers. Our transplant care managers are specially trained</p>

			nurses with transplant care experience who will help and assist you throughout the entire process. We highly recommend communicating with them so they can help make sure you receive all the medically necessary services before and after the transplant, including making sure you have access to and receive any special medications your doctor prescribes you. They also help you identify and overcome any barriers you may have to receiving needed care, help and address any special post-transplant needs, and coordinate care and services whether you receive care in South Carolina or especially out-of-state. For more information, you or your doctor can contact our Central Transplant Unit (CTU) at 1-866-447-8773.”
8/22/2024	Transplant Services	22	Central Transplant Unit (CTU) phone number changed to 1-866-447-8773
8/22/2024	State-Covered Services	24	Removed “Transplants (other than corneal transplants)” bullet point
8/22/2024	Pharmacy	26	<p>1<sup>st</sup> paragraph:</p> <ul style="list-style-type: none"> <li>replaced PDL with “Comprehensive Drug List (CDL)”</li> <li>added “To view the CDL: <a href="https://www.absolutetotalcare.com/members/medicaid/benefits-services/pharmacy.html">https://www.absolutetotalcare.com/members/medicaid/benefits-services/pharmacy.html</a>, select the “Which Drugs are Covered” tab then select the “Comprehensive Drug List” document.”</li> <li>added “Some over-the-counter (OTC) medicines are covered if your doctor writes you a prescription. If you need an OTC medicine that is not covered, you will have to pay for it.”</li> </ul>

<b>8/22/2024</b>	Pharmacy	27	Updated "PDL" to "CDL" throughout section
<b>8/22/2024</b>	Pharmacy	27	2 <sup>nd</sup> row of table: <ul style="list-style-type: none"> <li>• added "Effective July 1, 2024, Absolute Care no longer requires a copay for any service."</li> <li>• Added "before July 1, 2024" after "You will pay \$3.40 for each prescription..."</li> </ul>
<b>8/22/2024</b>	Pharmacy	27	"How It Works" section:  1 <sup>st</sup> sentence: Added "non-preferred" after "medication is.." 1 <sup>st</sup> sentence: Replaced "guidelines" with "limits"
<b>8/22/2024</b>	Pharmacy	28	After last paragraph, added: "For the most current CDL, you can call Member Services at 1-866-433-6041 (TTY: 711) or you can find a link on our website at absolutetotalcare.com under the "Which Drugs are Covered" section."
<b>8/22/2024</b>	High-Risk Pregnancy	34	Removed "Nurse" from "High-Risk Pregnancy Nurse Care"

<b>8/22/2024</b>	Vaccines and Immunizations	36	Removed “and varicella (MMRV)” from end of paragraph; (already mentioned earlier in paragraph)
<b>8/22/2024</b>	Member Grievances and Appeals: Filing a Grievance	42	Final paragraph, after 1 <sup>st</sup> sentence, added: “A second review grievance is sometimes called a “ <i>non-coverage</i> ” or “ <i>non-benefit</i> ” appeal.”
<b>8/22/2024</b>	Disenrollment	47	3 <sup>rd</sup> bullet point: replaced ‘two months’ with 60 days per contract
<b>8/22/2024</b>	Protecting Your Privacy: Notice of Privacy Practices	55	Replaced 2023 Notice of Privacy Practices with updated NOPP version effective 5/2/2024
<b>8/22/2024</b>	Definitions	63	Changed “Preferred Drug List (PDL)” to “Comprehensive Drug List (CDL)” and alphabetized