



A Managed Care Organization for the Entire Family



Member Handbook 2013-2014

Healthy Connections 

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ATTACHMENT A – ADVICARE GRIEVANCE
FORM



WELCOME TO ADVICARE

Welcome to Advicare. Advicare is a Managed Care Organization (MCO) that is contracted with South Carolina Department of Health and Human Services (SCDHHS) to serve Medicaid members. Advicare works with you and your family to keep you healthy. We are your Advocates for Quality Care!

ADVICARE VALUES

Relationships

Members are the reason we are in the business of health care in a partnership with providers, government officials & leaders and community based stakeholders/organizations. Providers, government officials & leaders and community based stakeholders/organizations are our partners in the service to our members.

Respect

All associates must act in good faith and show consistent levels of respect and demonstrate a high level of integrity that earns the trust of internal and external customers.

Responsibility

All associates must act in good faith and be responsible for the commitments made to members, providers, government officials & leaders, community based stakeholders/organizations and fellow associates.

Results

We must produce positive results and get things done for our members, providers, government officials & leaders and community and community based stakeholders/organizations.

ADVICARE COMMITMENT

- Serve and support the South Carolina Medicaid eligible population
- Meet the health care needs of our members
- Empower our members through education and member-focused services
- Effectively integrate managed care administration and health care services
- Support doctor/patient relationships by fostering strong provider relationships
- Abide by all ethical standards and demonstrate integrity and quality in all business practices

This Member Handbook tells you about the benefits of Advicare and how the plan can help you. The more you know about Advicare, the better we can serve you and your family. The decision whether or not to join Advicare will not affect your eligibility for Medicaid benefits.

The Advicare Provider Directory is available in paper or online at www.AdvicareHealth.com The directory includes a list of participating providers along with their address, phone number, specialty, and if they are accepting new patients. To find out more information about a PCP or Specialist in Advicare's network or to request a directory, call Member Services at **1-888-781-4371**.

We look forward to serving you and your family. Advicare is dedicated to keeping you healthy. If you have any questions, please call a Member Service Representative at one of the following numbers.

Member Services Toll Free:
1-888-781-4371

TTY for hearing impaired:
1-888-357-7188

ADVICARE AT A GLANCE

For your ease, we have added this reference guide to help you with contacting Advicare for your health care needs.

Contact	Advicare
Physical Address	Advicare, 531 Main Street, Suite RL-1 Greenville, SC 29601
Mailing Address	Advicare, 531 South Main Street, Suite RL-1 Greenville, SC 29601
Provider Relations	(888) 781-4371 (toll free)
24-hour Nurse Line	(888) 781-4371 (toll free)
Claims Inquiries	(888) 781-4371 (toll free)
Website Address	www.advicarehealth.com
Medical Management (Authorizations)	(888) 781-4371 (toll free) (855)303-2427(Fax)
Member Services	(888) 781-4371 (toll free)
Provider Services	(888) 781-4371(toll free)

YOUR ADVICARE ID CARD

New Member Information

As a new Advicare member you will receive a New Member Packet that includes helpful guidelines and instructions on how to access your health benefits. This packet includes:

- Welcome Letter
- Member Handbook
- A flyer – “Your Advocate for Quality Care “
- Member Identification Card
- Member Privacy Notice




Member Identification Card

Always Keep it With You!

Every Advicare member is given an Advicare ID card to show membership in the plan. If you do not received a card or if your card is lost, please call our Member Services Department toll free at **1-888-781-4371** and a new card will be mailed to you.

REMINDER: You must show your Advicare ID card along with your SC Healthy Connection Choices Card whenever you get services from doctors, hospitals, pharmacies and other Advicare providers. Never let anyone use your Advicare ID card or SC Healthy Connection Choices Card.

Front of the Member Identification Card

	
Name: [member name]	Effective Date: [eff date]
Medicaid ID: [State Medicaid #]	DOB: [DOB]
Plan ID: [AVC plan ID#]	
Medical Group Name: (Medical Prac Name)	
Primary Care Provider: (Provider Name)	
PCP Contact #: [provider phone]	
	<div style="border: 1px solid black; padding: 5px;"> RxBin: 004336 RxPCN: ADV RxGRP:RX4266</div>
Member Reminder: Show this card along with your SC Healthy Connections ID card at each medical visit	

Back of Member Identification Card

The back of the member identification card contains helpful reminders to our member, along with instructions on how to reach us.

If you have an emergency, call 911, or go to your nearest emergency room.

For your convenience, Advicare members and providers may call the toll free number 1-888-781-4371 for the following services:

- Member Care (Eligibility & Benefits)
- Provider Inquiry
- Utilization Management
- 24 Hour Nurse Line

TTY Line: 888-357-7188

Mail Claims to:
Advicare Corp.
ATTN: Claims Dept.
PO Box 5547
Hauppauge, NY 11788

CVS CAREMARK: 1-855-383-9430 Pharmacy Help Desk: 1-800-364-6331
(For Members) (For Pharmacy)

SC Healthy Connections Choices at 877-552-4642

YOUR ADVICARE PRIMARY CARE PROVIDER (PCP)

When you join Advicare you are asked to choose a Primary Care Physician (PCP). You may choose any Advicare PCP that is taking new members and takes patients your age. If you would like a list of Advicare's providers, you can contact our Member Service team or visit our website at www.AdvicareHealth.com to request or print a provider directory.

If you do not choose a PCP then Advicare will choose one for you from the network of Providers that are available in your area. However, at any time, you can change your PCP to a provider in your area that is part of Advicare's network.

One of the doctors below can serve as your PCP.

- (1) Family practice
- (2) General practice
- (3) Pediatric
- (4) Internal Medicine
- (5) OB/Gyn

Some Nurse Practitioners can serve as your PCP as well.

All other doctors are known as a Specialist and cannot serve as your PCP.

Some of your PCPs may have trained healthcare assistants who work with them. The types of assistants that may help your PCP during your visit are:

Physician Assistants	Medical Residents	Nurse Practitioners
Nurse Midwives		

It is best that you make an appointment with your PCP right away! Your PCP is responsible for providing you with medical care and referring you to specialists. If you need to go to a specialist or to the hospital, contact your PCP or our member service team can help you make your appointments.

You can call your PCP at any time, day or night, if you are sick or worried about your health. Advicare is also available day or night, to assist you if you are unable to contact your PCP.

Your PCP can provide you with routine care like well visits and prescriptions. It is important that your PCP knows your medical history, allergies, disease, or other problems you might have. Make sure you take all your medications with you to your PCP visit.

Your appointment time is saved just for you. If you have to cancel your appointment, give your doctor's office at least a 24-hour notice.

Appointments

As an Advicare member, you should be able to get an appointment with your PCP:

- For Routine well care visits scheduled within 4-6 weeks
- For Urgent- Non-emergent visits scheduled within 48 hours
- For Emergency visits should be scheduled immediately upon arriving at the PCP office

- Wait time shall not exceed 45 minutes for a scheduled appointment of a routine nature

If you have any trouble getting an appointment, please call our Member Service team toll free at **1-888-781-4371** and one of our member service representatives will be happy to help you.

Changing PCP's

If you do not choose a PCP when you sign up for Medicaid Benefits with SC Healthy Connection choices, you will be assigned a PCP when you become an Advicare member.

OR

If your PCP leaves the network, we will mail you a letter within 30 calendar days and you will be given you a chance to pick a new PCP in your area. If you do not choose a PCP, then Advicare will choose a PCP for you.

However, you may change your PCP at any time, by calling our member services team and we will help you choose and change your PCP over the phone. Once you change your PCP, you will get a new Advicare ID card within 14 business days. When you get the new card, please destroy your old card. Call Member Services toll free at **1-888-781-4371** for more on changing your PCP.

SPECIALISTS

A specialist is a doctor who practices a certain area of medicine. Your PCP is trained to treat most medical problems. However, there may be times when you need to see a specialist. Your PCP will help you decide when to see a specialist and will give you information about seeing an Advicare specialist. Advicare specialist does not need a referral to see Advicare members. Out of network specialist may require prior approval.

Examples of Specialist:

- Heart doctors (Cardiologists)
- Skin doctors (Dermatologists)
- Doctors for females (Gynecologists)
- Surgeons

Always check with your PCP before going to a specialist. For a list of all Advicare specialists or if a specialist requires prior approval, call our member services team at **1-888-781-4371**.

Out-of-Network Specialists

Visits to specialists who are not in the Advicare network must get prior authorization (prior approval) from Advicare. If you have questions about out-of-network specialists, call Member Services at **1-888-781-4371**.

Second Opinion

If you want to know what another doctor says about your health problem, you may get a second opinion. Advicare will provide the second opinion from a qualified health care profession, in or out of our network, at no additional cost to you. Out of network providers will require prior approval. First, ask your PCP for the name of another doctor who is an Advicare provider. If you need assistance with finding or scheduling your appointment, you can call our Member Service team at **1-888-781-4371**.

Continuing Care Coordination

In certain situations, you can continue ongoing treatment at no additional cost with a healthcare provider who is not in the Advicare network. This can happen when:

- You are getting ongoing treatment from a healthcare provider who is not in the Advicare network.
- You are getting ongoing treatment from a healthcare provider who no longer participates with Advicare.

When this happens, Advicare will:

- Allow new members to receive ongoing treatment from a healthcare provider who is not in the Advicare network for up to 90 days from the date the member is enrolled in Advicare. During this time, Advicare will work to find a Advicare Provider that can continue the member's care so that there is no disruption in care.
- Allow new members who are pregnant in the third trimester on the effective date of enrollment in Advicare to get ongoing treatment from an obstetrician (OB) or midwife who is not in the Advicare network through the completion of postpartum care related to the delivery.
- Allow current members to get ongoing treatment from a doctor, midwife or Certified Registered Nurse Practitioner (CRNP) whose contract has ended with Advicare for up to 90 days from the date the member is told by Advicare that the doctor, midwife or CRNP will no longer be in the Advicare network.

PHARMACY

You may call Member Services at **1-888-781-4371** or go to the website at www.AdvicareHealth.com to see drugs that are on the Advicare approved list of covered medications. This list is called a Preferred Drug List (PDL). The PDL lets your doctor know what drugs Advicare covers without a prior approval. You and your Provider can also call CVS Caremark Pharmacy at **1-855-383-9430** if you have any questions about your prescriptions.

What is Prior Approval?

Some drugs must be approved by Advicare before you get them. This is called a Prior Approval. When your doctor gives you a new prescription, ask if the medicine needs prior approval. If it does, ask if there is another medicine that can be used that does not need prior approval. Your doctor will decide if it is okay to have a preferred medication or if you need the non-preferred drug that is not on the Advicare PDL.

If prior approval is needed, your doctor must complete a prior authorization (PA) form and return it to Advicare. You may be eligible for a 5-day emergency supply until your doctor can submit a PA and a decision is made by Advicare. If the request is not approved, you will get a letter telling you why. If you disagree with the reason, you can file an appeal. You can call Member Services for help filing an appeal.

Getting Your Prescriptions

Go to a pharmacy that is signed up with Advicare – you may call the Pharmacy Services Department at **1-855-383-9430** or Advicare Member Services team at **1-888-781-4371** to help you find a pharmacy.

If you are 19 years of age and older a co-pay of \$3.40 will apply for your prescriptions.

If you are 21 years of age and older there is a limit of 4 prescriptions per month. If you go over this limit and your doctor feels you need additional medications, an additional 3 prescriptions may be approved, (for a total of 7 prescriptions per month) if the prescription meets certain guidelines. Please call Member Services at **1-888-781-4371** if you have questions about co-payments or prescription limits.

YOUR ADVICARE BENEFITS

Co-Payments

Members age 19 and older may need to pay a (co-payment) for the following services.

Amount	Type of Services
\$1.15 Per date of service	Chiropractor
\$3.30 Per date of service	Ambulatory Surgical Center
	Federally Qualified Health Center (FQHC)
	Home Health
	Optometrist
	Physician Office Visits (Physician/Nurse Practitioner)
	Rural Health Clinic (RHC)
)
\$3.40 Per date of service	Durable Medical Equipment and Supplies (will split 10-month rental payment schedule)
	Pharmacy (per prescription/refill) **Copay will apply to ages 19 and above only
\$3.40 per claim	Outpatient Hospital (Non-emergency)
\$25.00 per admission	Inpatient Hospital

The following members do not have to pay copayments:

- Children under the age 19
- Pregnant Women
- Institutionalized individuals (for example: a persons in nursing facility)
- Members of a Federally Recognized Indian Tribe are exempt for services rendered by the Catawba's Service unit in Rock Hill, SC. Also when a member is referred to a specialist or other medical provider by a Catawba's Service Unit.

The following services do not apply copayments:

- Medical equipment and supplies provided by DHEC
- Orthodontic services provided by DHEC
- Family Planning services
- End Stage Renal Disease (ESRD) services
- Infusion Center services
- Emergency services in the hospital emergency room
- Hospice benefits
- Waiver Services

Please call Member Services at **1-888-781-4371** if you have questions concerning co-payments.

SERVICES COVERED BY ADVICARE

Advicare is your benefit center for your health needs. Below are the core benefits that are covered by Advicare.

<i>Covered Service</i>	<i>Description</i>	<i>Notes</i>
Ambulance Transportation	These trips may be routine or non-routine transports and will provider stretcher trips, air ambulance, and Medivac transportation	Call 911 if there is an emergency
Ancillary Medical Services	These services include, but are not limited to: <ul style="list-style-type: none"> * Pathology * Radiology * Emergency Medicine * Anesthesia 	
Audiological Services	Services include diagnostic testing, screening, preventive and/or corrective services for hearing disorders or for determining if you have a hearing disorder under the direction of an Audiologist. Get a referral from your PCP or other Licensed Health Care Professional of the Healing Arts (LPHA).	This benefit only covers members under the age of 21.
Chiropractic Care	Chiropractic services are available to all members. Make an appointment with a chiropractor that is part of the Advicare network.	Services are limited to 6 visits each year.

Covered Service	Description	Notes
Communicable Disease	Services include services to help control and prevent diseases such as tuberculosis (TB), syphilis, other sexually transmitted diseases (STDs) and HIV/AIDS. Services include exams, assessments, diagnostic procedures, health education/counseling, treatment, and contact tracing. Seek care from any public health agency or make an appointment with your PCP	Out of network providers will be reimbursed by Fee-For-Service Medicaid
Disease Management	Disease management is comprised of all activities for members with special healthcare needs to coordinate and monitor their treatment for specific identified chronic/complex conditions and diseases, as well as educate members to maximize appropriate self-management.	
Durable Medical Equipment	Durable Medical Equipment (DME) is equipment that provides therapeutic benefits and enables a member to perform certain task he or she would otherwise be unable to undertake due to certain medical conditions and/or illness. Services include medical products, surgical supplies and equipment when ordered by a physician as medically necessary in the treatment of a specific medical condition.	
Early & Periodic Screening, diagnosis, and Treatment (EPSDT) /Well-child) Visit	Visits for your regular medical checkups from birth to age 21 at your assigned Primary Care Physician (PCP) that you chose from the Advicare Provider Directory. These visits may include immunizations (shots).	Make an appointment with your PCP.
Family Planning	This service is a health care service available to help prevent unplanned pregnancies. This service provides any examinations, assessments, diagnostic procedures, health education and counseling services related to alternative birth control and prevention prescribed by physician, pharmacies, hospitals, and clinics. As a member, you have the freedom to receive Family Planning Services from any appropriate Medicaid Providers without restrictions, this includes our PCP.	

Covered Service	Description	Notes
Hearing Aids and Hearing Aid Accessories	The Hearing Aids and accessories will be considered a DME	This benefit only covers members under the age of 21.
Home Health Services	Healthcare services that are delivered to your home. Home health services include intermittent skilled nursing, home health aides, physical, occupational, and speech therapy. Get a referral from your PCP. You must visit an in-network provider. These services are not cover when given in nursing homes and institutions.	Adult members age 21 years and older are limited to 50 visits per year.
Hysterectomies, Sterilizations, and Abortions	<p><u>Hysterectomies</u> are covered when they are not elective and medically necessary.</p> <p><u>Sterilizations</u> are covered when they are non-therapeutic and the member has completed the Consent Form.</p> <p><u>Abortions</u> are services associated with the abortion procedure shall be covered only when the physician has found the pregnancy is a result of rape, incest, or the women suffers from a physical disorder, injury, or illness that can be life endangering.</p> <p>****Your physician should submit the appropriate forms for review***</p>	Requires prior approval
Independent Lab and x-rays Services	Services ordered by a doctor and provided by independent laboratories and x-ray facilities.	
Inpatient Services	Services that are rendered via medical and/or behavioral services provided under the direction of a doctor if you are admitted to a hospital when the stay is expected to last more than 24 hours. Includes room and board, miscellaneous hospital services, medical supplies and equipment.	All Inpatient Services will require prior approval

Covered Service	Description	Notes
Institutional Long Term Care Facilities/ Nursing Homes	Services are covered for the first 90 days of continuous care in a long-term care facility, nursing home, or hospital that provides swing bed or administrative days. Additional days, maximum of 120 days, may be covered by the plan until your disenrollment. After this time, payments for services are made by the Medicaid Fee-for Service program. Includes skilled nursing care or rehabilitative services.	All Institution Long Term Care/ Nursing Home services require authorization
Newborn Hearing Screenings	Newborn Hearing Screenings are covered at birth during the inpatient stay.	
Outpatient Pediatric Aids Clinics Services (OPAC)	OPAC operates exclusively for the purpose of providing specialty care, consultation and counseling services for HIV infected and exposed Medicaid children and their families.	
Outpatient Services	Services include preventive diagnostic, therapeutic, rehabilitative, surgical and emergency services received for the treatment of a disease or injury at an outpatient/ambulatory care facility for a period of time under 24 hours	Comprehensive neurodevelopment and/or psychological development assessment and testing services are covered for children under the age of 21.
Physician Services	Physician services include the full range of preventive care services, Primary care medical services, and physician specialty services.	
Prescriptions	Prescriptions and Over-the-counter drugs are limited to 4 medicines per month (There is a maximum 31-day supply for each medicine). An additional 3 medicines (per month) can be covered. To get additional medicines a prescription override will have to be approved by Advicare. Generic medicine and supplies will be provided when available. For adults ages 21 and older, there is no limits applied to certain drugs, insulin syringes and associated supplies. Please refer to the PDL for a list of Advicare's approved medications. Some medicines on the list will require Prior Approval.	Take your prescription(s) to an Advicare participating pharmacy. Present your Advicare and Medicaid ID cards. Call Member Services for complete information about covered medicines, the appeal process, or a complete list of participating pharmacies.

Covered Service	Description	Notes
Preventive and Rehabilitative Services for Primary Care Enhancement (PSPCE/RSPCE)	<p>These services are available to Medicaid member that has medical risk factors. PSPCE/RSPCE includes activities related to medical/dental plan of care to promote changes in behavior, improve health status, develop healthier practices by building client and/or care giver self-sufficiency, and promote appropriate use of primary medical care.</p>	
Psychiatric Services	<p>These services include assessments, treatment plan development, and modification, and therapy services.</p>	<p>These services are limited to a maximum of 1 assessment per member every 6 months.</p>
Rehabilitative Therapies for Children- Non-Hospital Based	<p>Under these services, Advicare provides a wide range of therapeutic services available to individuals under the age 21 who have sensory impairments, mental retardation, physical disabilities, and/or developmental disabilities or delays.</p> <p>This benefit covered Private Providers that are rendering Rehabilitative Therapy Services to include:</p> <ul style="list-style-type: none"> (1) Speech-language Pathology (2) Audiology (3) Physical and Occupational Therapies (4) Nursing Services for children under 21 years of age. 	
Transplant and Transplant - Related Services	<p>This service will require approval before being performed. Depending on the service and transplant, coverage may be provided by Advicare or by Medicaid.</p> <p>Advicare Transplant benefits covers:</p> <ul style="list-style-type: none"> * All services for corneal transplants * Services before and after a kidney transplant and other transplants. 	

Covered Service	Description	Notes
Vision Care	Children under 21 years can get 1 comprehensive eye exam each year and one pair of eyeglasses with no co-pay. Call Member Services for a list of Advicare providers.	
Substance Abuse Services	These services are administered through Department of Alcohol and Other Drug Abuse Services (DAODAS)	

Some of the covered services may require a Prior Approval. If you have any questions, about Advicare benefits, services that require prior approval, and/or services covered by Medicaid, please contact Member Services at **1-888-781-4371**.

Services not covered by Advicare or Medicaid are considered non-covered services.

SERVICES COVERED BY MEDICAID FEE-FOR-SERVICE

The following services below are services that are covered by Fee-For-Service Medicaid.

- **Mental Health authorized or Provided by State Agencies**
- **Medical (Non-Ambulance) Transportation**
 - This includes: Broker-Based Transportation (Routine Non-Emergency Medicaid Transportation)
- **Vision Care Services** – For members age 21 and older for medically necessary vision services. Will not be covered for routine care for members age 21 and older.
- **Dental Services** –
 - Covered benefits for members under 21 years of age. - The dental program for Medicaid members under the age of 21 is administered by SCDHHS dental broker, DentaQuest.
 - Dental services for Medicaid members age 21 and over covered by SCDHHS are limited to dental procedures performed for the following medical reasons:
 - Organ Transplants
 - Oncology: (1) Radiation of the head and/or neck for cancer treatment (2) Chemotherapy for cancer treatment
 - Total Joint Replacement
 - Heart Valve Replacement
- **Targeted Case Management (TCM)** – These services assist members in gaining access to needed medical, social, educational, and other services.
- **Home-and Community- Based Waiver Services** – This service target persons with long-term care needs and provides a Medicaid member access to services that enable them to remain at home.
- **Pregnancy Prevention Services for targeted populations**
- **MAPPS Family Planning Services** – These services are designed to prevent teenage pregnancy among at risk youths, promote abstinence, and educate you to make responsible decisions about sexual activity.

- **Developmental Evaluation Services (DECs)** – These services are considered medically necessary comprehensive neurodevelopment and psychological developmental, evaluation, and treatment. These services are covered for Medicaid Members between the ages of 0 to 21 years.

ADDITIONAL SERVICES

Case and Disease Management Program

Members with certain health care issues can get assistance from our Case Management Department. Health care issues include, but are not limited to:

- High Risk OB
- Children with Special Needs
- Sickle Cell Anemia
- Behavioral Health
- Chronic Debilitating Illnesses
- Transplants
- Renal Failure
- Spinal Cord Injuries

The goals of the Case Management Program are to:

- Assist the member with personal coordinated care and
- Empower our members to work with Case Managers to manage their care for the best outcomes

Members with certain disease types can get assistance through Advicare's Disease Management program. Disease types include but are not limited to:

- Asthma/COPD
- Diabetes
- Cardiovascular Disease
- HIV/Oncology

Advicare Members may call **1-888-781-4371** for more information on our Case and Disease Management Program.

Maternity Services

Benefits include prenatal, delivery, postpartum services and nursery charges for a normal pregnancy or complications related to the pregnancy. Maternity services may be obtained from any Advicare PCP or Ob/Gyn.

The SBIRT program in South Carolina is for pregnant women to include 12 months postpartum. (SBIRT) stands for= **SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT**

What is SBIRT?

SBIRT is an screening in which a doctor can use to Identify, for Intervention, and for Treatment of Drug and Alcohol Usage, Domestic Violence, Depression, and Tobacco Usage.

Newborn Care

A baby born to an Advicare Mom will automatically be enrolled into Advicare's plan at birth. Circumcision is a covered benefit for babies from birth up to the first 6 months of life.

Transportation to Appointments

LogistiCare is the transportation broker that can provide you a ride for your non-emergent medical appointments at no cost. Rides are for SC Healthy Connection Choices Medicaid members and must be for doctor appointments, dialysis, x-rays, laboratory work, drug store, or other medical appointments only.

For Emergency care, Dial 911.

To Schedule a ride, call LogistiCare to reserve your ride. **Please call at least 3 business days before your medical appointment (Urgent trips may be accepted less than a 3 day notice).** LogistiCare is available Monday through Friday 8:00am to 5:00pm.

LOGISTICARE REGIONS and CONTACT NUMBER	
Region 1: 866-910-7688	
Abbeville	Anderson
Cherokee	Edgefield
Greenville	Greenwood
Laurens	McCormick
Oconee	Pickens
Saluda	Spartanburg
Region 2: 866-445-6860	
Aiken	Allendale
Bamberg	Barnwell
Calhoun	Chester
Clarendon	Fairfield
Kershaw	Lancaster
Lee	Lexington
Newberry	Orangeburg
Richland	Sumter
Union	York
Region 3: 866-445-9954	
Beaufort	Berkeley
Charleston	Chesterfield
Colleton	Darlington
Dillon	Dorchester
Florence	Georgetown
Hampton	Horry
Jasper	Marion
Marlboro	Williamsburg

TTY: 866-288-3133

When calling to schedule a ride, make sure you have the following:

- Medicaid ID Number
- Pick-up address and phone number
- Appointment date and time
- Doctor's name, address, and phone number

If you need assistance or have problems getting your ride scheduled with LogistiCare for you can call our member service team toll free at **1-888-781-4371** to assist you.

For more information on LogistiCare in South Carolina, you can visit the website at:

<http://memberinfo.logisticare.com>.

For more information including about Logisticare you can also visit Advicare's website at www.advicarehealth.com

Well Child Visits

You visit the pediatrician when your child is sick, but well-child care is an important part of keeping your child healthy too. Well-child visits (also called **Early and Periodic Screening Diagnosis and Treatment -EPSDT**) are regular medical check-ups that are important for all children from birth to age 21. The visits can include scheduled procedures such as immunizations, screenings, and other test that are required for your child healthy development. Well visits are free to Advicare's members up through the month of their 21st birthday. Call your child's PCP to make an appointment.

Well Visits may include:

- A check for proper growth and development
- Advice about growth process
- Any needed shots (immunizations) or lab tests
- Blood pressure check
- Dental Checkup
- Eye and hearing tests

Make sure you schedule your PCP appointments for your child well visits at the child ages below:

- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years
- And once every year thereafter for an annual health supervision visit that includes a physical exam as well as a developmental, behavioral, and learning assessment.

Immunizations should be given during well visits. Below is the immunization schedule for persons aged 0 through 18 years.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose			3 rd dose											
Rotavirus ² (RV)			1 st dose	2 nd dose	See footnote 2											
RV-1 (2-dose series); RV-5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP- <7 yrs)			1 st dose	2 nd dose	3 rd dose		4 th dose					5 th dose				
Tetanus, diphtheria, & acellular pertussis ⁴ (Tdap; ≥ 7 yrs)														(Tdap)		
Haemophilus influenzae type b ⁵ (Hib)			1 st dose	2 nd dose	See footnote 5		3 rd or 4 th dose	see footnote 5								
Pneumococcal conjugate ^{6a} (PCV13)			1 st dose	2 nd dose	3 rd dose		4 th dose									
Pneumococcal polysaccharide ^{6b} (PPSV23)																
Inactivated poliovirus ⁷ (IPV) (< 18 years)			1 st dose	2 nd dose	3 rd dose							4 th dose				
Influenza ⁸ (IIV, LAIV) 2 doses for some: see footnote 8					Annual vaccination (IIV only)							Annual vaccination (IIV or LAIV)				
Measles, mumps, rubella ⁹ (MMR)							1 st dose					2 nd dose				
Varicella ¹⁰ (VAR)							1 st dose					2 nd dose				
Hepatitis A ¹¹ (HepA)							2-dose series see footnote 11									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)																(3 dose series)
Meningococcal ¹³ (Hib-MenCY ≥ 6 wks; MCV4-Dc9 mos; MCV4-CRM ≥ 2 yrs)					see footnote 13									1 st dose		2 nd dose

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

Not routinely recommended

Well Woman Visits

Advicare recommends that you have a well-woman visit every year. Well-woman visits consist of the following:

- Review of general paperwork
- Medical history interview and maybe some lab tests
- Breast cancer screening
- Cervical Cancer screening

Women, Infants and Children (WIC)

The WIC program helps women, infants and children protect 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, vegetables, dairy products and cereal. For more information please call SCDHEC at 1-800-868-0404. See the WIC referral form in the back of the manual.

Prior Approval

Approval is required for some scheduled medical procedures and for some medicines before you can get the service or medicine. Your PCP will ask for prior approval from Advicare. To find out if a procedure needs prior approval, please call our Member Services team at: **1-888-781-4371**.

Hospital Admissions

When you are admitted to the hospital, prior approval is needed. Your PCP will handle this for you. If you have any questions or concerns about being admitted into the hospital, you should talk to your PCP.

Hospital Admissions after ER Visits

A review of an admission is performed for all members admitted to a hospital after an emergency. Your PCP or the hospital will call Advicare if you are admitted into the hospital through the ER.

Concurrent Review

A concurrent review is a review of your care while you are using certain services. Examples of these services are hospital stays and home healthcare. Advicare will begin this review when needed.

YOUR ADVOCATES FOR QUALITY CARE

Member Services

Our Member Services staff is ready to help you understand how Advicare works and how to get the care you need. Calls received after business hours are automatically sent to our 24 hour Nurse Response helpline. Member Services can help you with the following:

- Enrollment questions
- PCP Changes
- Appropriate utilization or services
- How to access healthcare in your area
- Member materials in English or Spanish
- Grievance

Changes in Member's Plan

If for any reason there is a change in your benefits, services offered, and/or the provider network in your area, Advicare will send you a letter no later than 30 calendar days before the effective date of the change.

Quality Care

At Advicare we work with you and your PCP to make sure your benefits are used in the right and most cost-effective way.

Advicare makes decisions based only on the correctness of care and services and existence of coverage. We do not give rewards or financial incentives to anyone for denying, limiting, or delaying healthcare coverage or services.

Out of Town Medical Care

If you are out of town and not feeling well, and it is not an emergency:

Call your doctor and let your doctor know that you are out of town and not feeling well. If you cannot reach your doctor call Advicare's 24 hour Nurse Help line and let them know you are not feeling well.

Your doctor or the nurse helpline will know if you can wait to see your doctor when you get back in town or if you may need to be go to another doctor or an Urgent Care Center.

After Hours Medical Care

If you need care after your doctor's office closes:

Always call your doctor before going to an after-hours clinic. Your doctor will help you take care of the problem at home or will direct you to the best possible place to get help.

Only go to an Urgent Care Center if you cannot reach your doctor.

You can also call Advicare's Nurse Response Helpline with any medical questions. Registered nurses are available 24 hours per day, 7 days per week to answer your questions.

Emergency Room (ER) When to Use It:

An emergency is a medical condition that you feel could result in serious harm to your life without the proper medical attention. ER's are open 24 hours a day. You should go to the ER if you need immediate medical attention. Call you doctor as soon as you can after your ER visit.

Go to the nearest ER or call 911 right away if you have any of these problems:

- Trouble Breathing

- Broken bone(s)
- Chest pain or pressure
- Severe cuts or burns
- Poisoning
- Seizures
- Bleeding that will not stop
- Stomach pain, vaginal bleeding, or leaking fluid if you are pregnant.
- Drug overdose
- Gun or knife wound
- On-going vomiting and/or diarrhea

Interpretation Services (Servicios de interpretación)

If English is not your first language, call Member Services for help. Advicare provides free interpretation services. Please call Member Services at **1-888-781-4371** to get help in another language. If you or your child is vision or hearing impaired, we can provide special help.

Si ingles no es su primer idioma, llame a Servicios para Afiliados para obtener ayuda. Advicare provee servicios de interpretación gratis. Favor de llamar a Servicios para Afiliados al **1-888-781-4371** para obtener ayuda con otro idioma. Si su hijo(a) tiene problemas de visión o de oído, podemos proveer ayuda especial para su hijo(a).

Billing Issues

If you receive a bill and have questions – first please call the provider who is sending you the bill. If you still have unanswered questions you call our Member Service team at **1-888-781-4371**.

Disenrollment

Disenrollment may be requested by you, SCDHHS or Advicare. You may request disenrollment once without any reason at any time during the first 90 days following your enrollment into the plan. After 90 days, you must submit your disenrollment request to SC Health Connection Choices with a specific reason to leave Advicare. The following are considered reasons for you to ask for disenrollment at any time.

- You move out of the Advicare Service Area
- You need related services to be performed at the same time and not all related services are available in the network; and your PCP or another Provider determines that receiving the services separately would put you at unnecessary risk, or
- Other reasons including but not limited to:
 - Poor quality of care
 - Lack of access to services covered under Advicare's contract with SCDHHS
 - Lack of access to providers experienced in dealing with your health care needs.

If for any reason, you decide you want to request disenrollment you must call SC Healthy Connections Choices at 877-552-4642.

Disenrollment may also be done by SCDHHS for the following reasons:

- Loss of Medicaid Eligibility or loss of Medicaid MCO program Eligibility

- Death of a member
- Member's intentional submission of fraudulent information
- Member becomes an Inmate of a Public Institution (See Appendix A – Definition of Terms.)
- Member moves out of state
- Member elects Hospice
- Member becomes Medicare Eligible
- Member becomes institutionalized in a Long-Term Care facility or nursing home for more than ninety (90) continuous days
- Member elects home and community based waiver programs
- Loss of Medicaid MCO participation
- Member becomes age 65 or older
- Enrollment in a commercial HMO
- Member is placed out of home [*i.e.*, Intermediate Care Facility for the Mentally Retarded (ICF/MR), Psychiatric Residential Treatment Facility (PRTF)]
- Member's behavior is disruptive, unruly, abusive, or uncooperative and impairs the MCO ability to furnish services to the member or other enrolled member

Advicare can also request disenrollment of a member based of the following reasons:

- Advicare ceases participation in the Medicaid MCO program or in the Member's service area
- Member dies
- Member becomes an Inmate of a public institution
- Member moves out of state or out of Advicare's service area
- Member elects Hospice
- Member becomes institutionalized in a Long-Term Care facility/nursing home for more than ninety (90) continuous days
- Member elects home- and community-based Waiver programs
- Advicare determines member has Medicare coverage
- Member becomes age 65 or older
- Member's behavior is disruptive, unruly, abusive, or uncooperative and impairs Advicare's ability to furnish services to the member or other enrolled members
- Member is placed out of home [*i.e.*, Intermediate Care Facility for the Mentally Retarded (ICF/MR), Psychiatric Residential Treatment Facility (PRTF)]

If you lose eligibility, depending on the date eligibility is regained; there may be a gap on your Medicaid coverage back into the plan.

- An Advicare member who becomes disenrolled due to loss of Medicaid eligibility, but regains his or her Medicaid eligibility within sixty (60) calendar days will be automatically re-enrolled back into Advicare.
- If Medicaid eligibility is regained after sixty (60) calendar days, SCDHHS Enrollment broker will mail you an enrollment packet.

Medicaid Yearly Review Process

Once a year, Medicaid decides your eligibility. In order for you to keep your Medicaid eligibility, **YOU**

MUST UPDATE YOUR INFORMATION EACH YEAR WITH SCDHHS.

When it is time to renew your Medicaid, a review form will be mailed to you. Even if there are no changes to be made, you must complete and return the form. If you do not send the form back to Medicaid, you or your children will lose Medicaid benefits.

To get your review form on time, it is very important that you keep your Medicaid caseworker informed of any address changes. A correct address will make sure that your Medicaid form is sent to the right place.

Once you get the form, make sure you:

- Print clearly.
- Sign and date the form
- Include your phone number
- Enclose all necessary paperwork

Once you finish, mail everything to your local South Carolina Department of Health and Human Services (SCDHHS) office. The form will have the information on where to send it. If you have any problems, questions or concerns when filling out the form, please contact an Advicare Member Service representative at **1-888-781-4371**. You may also call the Healthy Connection Choices Help line at 1-888-549-0820 for more information.

Advance Directives

You may decide in advance if you want to accept or refuse certain care, but what if you are too ill to communicate? An advance directive is a legal document that states your wishes and lets you choose who can make decisions if you cannot. Call Advicare to find out how to make an advance directive at **1-888-781-4371**.

Fraud and Abuse

Medicaid loses millions of dollars each year because of fraud and abuse.

- Fraud is when a person scams or steals from the Medicaid system. An example of fraud is when someone is using someone else's Medicaid card for health benefits.
- Abuse is when a person does not follow the rules. This causes money to be unnecessarily wasted.

If you think someone is abusing the Medicaid system, you must report it. To report suspected fraud and abuse, please contact Member Services at **1-888-781-4371** or the South Carolina Department of Health and Human Services Fraud and Abuse Hotline at **1.888.364.3224**

GRIEVANCES AND APPEALS

Advicare cares about the healthcare and service you receive from our providers and us. We want to know when you are not satisfied so that we can help.

Grievances

A grievance happens when you are dissatisfied with a provider, the plan, or a benefit. Advicare members, or someone you choose to represent you, can file a grievance at any time. A grievance can be filed over the phone by calling Member Services at **1-888-781-4371** or in writing by mailing it to:

**Advicare Appeals/Grievances Coordinator
531 South Main Street, Suite RL-1
Greenville, SC 29601**

You have the right to send written materials or supply the materials in person that support your grievance. We will send you a letter to let you know we received your grievance within 5 days of receiving your grievance. Advicare will research and resolve your grievance within ninety (90) calendar days of getting your grievance request.

You, or someone you choose to represent you, or Advicare can request for an extension from SCDHHS for up to 14 calendar days. If approved, Advicare will send a letter to notify you of the extension.

Once a resolution has been made, we will send you another letter with the outcome within 5 days of the resolution.

Appeals

An appeal happens when you or a provider ask Advicare to review an “action” that has been taken. An action is:

- the denial or limited authorization of a requested service, including the type or level of service;
- the reduction, suspension, or termination of a previously authorized service;;
- the denial, in whole or in part, of payment for a service;
- the failure to provide services in a timely manner, as defined by the State;
- the failure of an MCO or PIHP to act within the timeframes stated in the Code of Regulations
- For a resident of a rural area with only one MCO, the denial of a Medicaid enrollee’s request to exercise his or her right, to obtain services outside the network.

You will receive a notice of action letter when a service has been denied or authorization limited. You or a provider acting on your behalf, with your written approval, may appeal actions taken by Advicare within ninety **(90) calendar days** from the date of receipt of the notice of action. You can also have someone you choose, to represent you, speak for you. You will have to submit written approval, to have your personal representative speak on your behalf.

Advicare will send a letter with our decision within **thirty (30) calendar days** after the request for an appeal is received. You, or someone you choose to represent you, or Advicare can request for an extension from SCDHHS for up to 14 calendar days. If approved, Advicare will send a letter to notify you of the extension.

You may initiate an appeal by telephone (oral) or by writing in which both are handled in the same manner and resolved within 30 days from notice. You may also present evidence in person or in writing. An appeal can be filed over the phone by calling Member Services at **1-888-781-4371** or in writing by mailing it to:

**Advicare Appeals/Grievances Coordinator
531 South Main Street, Suite RL-1
Greenville, SC 29601**

Expedited Resolution of Appeals

If a decision on an appeal is required immediately due to the member's health needs which cannot wait for the standard appeal resolution time, an expedited appeal may be requested. Advicare's decision on the expedited resolution will be sent by certified mail within **3 business days** of receipt of the request for the review.

Continuation of Benefits

Under certain circumstances, you have the right to request, within 10 days of the date of the Notice of Action, that benefits be continued while an appeal or state fair hearing is pending.

Advicare must continue your benefits if:

- You or the provider files the appeal timely
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment
- The services were ordered by an authorized provider
- The original period covered by the original authorization has not expired; or
- You requests an extension of benefits

If you request to continue your benefits while the appeal is pending, Advicare will continue or reinstate your benefits until one of the following occurs:

- You withdraw the appeal
- Ten (10) calendar days pass after Advicare mails the notice providing the resolution of the Appeal against you
- A State Fair hearing officer issues a hearing decision that does not rule on your behalf.
- The time period or service limits of a previous authorized services has been met.

Member's responsibility for services furnished while the appeal is pending

If the final resolution of the appeal does not rule on your behalf, Advicare may recover the cost of the services furnished to you while the Appeal was pending.

Assistance and Contacting Advicare

Advicare Appeals and Grievance Coordinator is available to assist members who need help in filing a grievance or request for appeal or in completing any element in the grievance or appeal process. Members may seek assistance or initiate a grievance or request for appeal by calling **1-888-781-4371** (or TDD/TTY **1-888-357-7188**).

Members Right to State Fair Hearing

Upon exhausting Advicare's appeal process, Advicare must notify you by certified mail, return receipt of your right to request a State Fair hearing.

You or your authorized representative may request in writing a State Fair Hearing within **thirty (30) calendar days** from the date of the certified mail return receipt. The parties to the State Fair Hearing shall include Advicare as well as you, your Authorized

Representative, or representative of a deceased member's estate. A provider can, with written consent from the member, request a State Fair Hearing on behalf of a member. The request for the State Fair Hearing should be mailed to:

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

MEMBER RIGHTS

1. To be treated with respect and with due consideration for his or her dignity and privacy.
2. To participate in decisions regarding his or her healthcare, including the right to refuse treatment, as well as, the right to receive information on available treatment options.
3. 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.
4. To be able to request and receive a copy of his or her Medical Records, and request that they be amended or corrected.
5. To receive healthcare services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid FFS and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.
6. To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.
7. To receive all information including but not limited to Enrollment notices, informational materials, instructional materials, available treatment options, and alternatives in a manner and format that may be easily understood.
8. To receive assistance from both SCDHHS and Advicare in understanding the requirements and benefits of the plan.
9. To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent.
10. To be notified that oral interpretation is available and how to access those services.
11. As a potential member, to receive information about the basic features of managed care; which populations may or may not enroll in the program and Advicare's responsibilities for Coordination of Care in a timely manner in order to make an informed choice.
12. To receive information on Advicare's services, to include, but not limited to:
 - a) Benefits covered
 - b) Procedures for obtaining benefits, including any authorization requirements
 - c) Any cost sharing requirements
 - d) Service Area
 - e) Names, locations, telephone numbers of and non-English language spoken by current contracted Providers, including at a minimum, primary care physicians, specialists, and hospitals.
 - f) Any restrictions on member's freedom of choice among network Providers.
 - g) Providers not accepting new patients.

- h) Benefits not offered by Advicare but available to members and how to obtain those benefits, including how transportation is provided.
- 13. To receive a complete description of Disenrollment rights at least annually.
- 14. To receive notice of any significant changes in the Benefits Package at least thirty (30) days before the intended effective date of the change.
- 15. To receive information on the Grievance, Appeal and Fair Hearing procedures.
- 16. To receive detailed information on emergency and after-hours coverage, to include, but not limited to:
 - a) What constitutes an Emergency Medical Condition, emergency services, and Post-Stabilization Services.
 - b) That Emergency Services do not require Prior Authorization.
 - c) The process and procedures for obtaining Emergency Services.
 - d) 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.
 - e) Member's right to use any hospital or other setting for emergency care.
 - f) Post-Stabilization care Services rules as detailed in 42 CFR §422.113(c).
- 17. To receive Advicare's policy on referrals for specialty care and other benefits not provided by the member's PCP.
- 18. To have his or her privacy protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E, to the extent that they are applicable.
- 19. To exercise these rights without adversely affecting the way Advicare, its Providers, or SCDHHS treat the members.

MEMBER RESPONSIBILITIES

Members are expected to:

- ◆ Be familiar with Advicare's procedures to the best of your ability
- ◆ Call or contact Advicare to obtain information and/ or have questions clarified.
- ◆ Choose a personal doctor from the Advicare Network of Primary Care Physicians (PCP).
- ◆ Get your primary medical care through the Advicare list of participating primary doctors
- ◆ Carry your SC Healthy Connection Choices (Medicaid) card along with your Advicare ID card with you when obtaining health care services.
- ◆ Give Advicare and your personal doctor the information they need to care for you and provide participating network providers with accurate and complete medical information.
- ◆ Inform Advicare of any changes such as:
 - ✓ Change of address or telephone number.
 - ✓ Change of name
 - ✓ Death of a family Member.
 - ✓ New additions to their family, such as a baby.
 - ✓ Availability of other insurance coverage.

- ✓ A move to somewhere outside of the South Carolina.
 - ◆ Inform Advicare how we can work better for you.
 - ◆ Inform Advicare of the loss or theft of your Advicare or SC Healthy Connection Choices ID cards.
 - ◆ Keep your doctor's appointments or call to cancel at least 24 hours in advance; make every effort to keep any agreed upon appointments.
 - ◆ Whenever you visit the doctor's office, tell the doctor you are a Member of Advicare. Ask questions and talk with your doctor about your health, and listen to what the doctor tells you
 - ◆ Follow the prescribed treatment plan recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible.
 - ◆ Access Preventive Care services
 - ◆ Know what an emergency is, how to keep emergencies from happening, and what to do if one does happen.
 - ◆ Know the difference between a true emergency and a condition needing urgent care.
 - ◆ Treat Advicare employees and providers with respect.
-

WORDS YOU NEED TO KNOW

Advance Directive

If a member becomes seriously ill and cannot make decisions for himself/herself, an Advance Directive can tell the doctor and family how the member wishes to be cared for. Call Member Services to find out how to arrange for an Advance Directive.

Appeal

A request from the member or the member's representative to reconsider the plan's decision to deny, reduce and/or end a service.

Benefits

Healthcare services provided by an Advicare provider.

Disenrollment

Steps to follow to leave Advicare.

Durable Medical Equipment

Health equipment such as wheelchairs and oxygen tanks.

Emergency

A health problem that someone with average medical knowledge would expect to place an individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

EPSDT or Well Child Visits (Early and Periodic Screening, Diagnosis and Treatment)

Regular health exams for children to discover and treat medical problems.

Generic Drug

A drug that has the same basic ingredients as a brand-name drug.

Grievance

Oral and/or written reports of a member's dissatisfaction with a provider, the plan and/ or a benefit. Members may report grievances at any time by contacting Member Services.

Health Care Professional

A physician or any of the following:

- Podiatrist
- Optometrist, Chiropractor, Psychologist
- Occupational therapist
- Therapist assistant
- Speech-language pathologist
- Audiologist
- Registered or practical nurse
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Certified nurse midwife
- Licensed certified social worker
- Registered respiratory therapist
- Certified respiratory therapy technician

Home Health Agency

A company that provides healthcare services in your home.

Advicare Identification (ID) Card

A card that shows that you or your child is a member of Advicare.

Immunizations

A series of shots that will protect your child from many serious diseases. Certain shots are required before children may enter day care or school in South Carolina.

Inpatient

A person who is admitted to a hospital for a period of time.

Managed Care Plan

A plan such as Advicare that offers doctors, hospitals and other healthcare providers to keep your family well. Your PCP "manages" your care.

Medically Necessary Services

Medical services that your doctor and Advicare staff believes are needed for your child to get well and stay healthy.

Member

A person enrolled in Advicare

Member Services

Advicare department that will help you understand how Advicare works and how to get the care you need.

Outpatient

A person who receives treatment but is not admitted to a hospital.

Provider

Any doctor, hospital, pharmacy, laboratory or other medical professional who provides healthcare services.

Prescription Medicine

A drug for which your doctor writes an order.

Primary Care Provider (PCP)

Your personal doctor. He or she manages all of your healthcare needs.

Prior Authorization

The process used by Advicare to review requests for medical procedures or medicines.

Referral

The process by which your PCP or case manager requests that you visit another healthcare provider.

SCDHHS

South Carolina Department of Health and Human Services.

Semi-Private Room

A hospital or nursing home room with more than one bed.

Specialist

A doctor who practices in a certain field of medicine.

Treatment

Healthcare that is given to a sick or injured person.

Urgent Medical Condition

A medical condition that requires attention within 48 hours. If the condition is left untreated for 48 hours or more, it could develop into an emergency condition.

WIC (Women, Infants and Children)

A program that provides nutrition assistance to Women, Infants and Children

ATTACHMENTS

Attachment A – Grievance Form

Attachment A – Grievance Form

ADVICARE GRIEVANCE FORM

Mail the completed, **signed** form to:

**Advicare Appeals/Grievance
Coordinator** 531 South Main Street, Suite
RL-1 Greenville, South Carolina 29601
Or Fax to: 1(888)781-4316

Name of Person completing this Form: _____

Relationship to Member: _____ Date Form Completed: _____

MHN Member Name: _____ DOB: _____

Medicaid ID: _____ County of Residence: _____

Address: _____

Telephone Number: _____

Name of Doctor: _____

Name of Office: _____

Please describe the problem in detail including dates and names.

Signature of Complainant

Date

Signature of Patient/Parent/Legal Guardian

Date of Birth
