

A photograph of a woman with long brown hair smiling and hugging a young boy with glasses. The woman is wearing a grey sweater and the boy is wearing a blue sweater and khaki pants. They are sitting outdoors. A diagonal teal stripe runs across the image from the top left to the bottom right.

Member Handbook

Georgia Medicaid and
PeachCare for Kids[®]

Members Enrolled in
Georgia Families[®]


CareSource[®]

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-855-202-0729** (TTY: 711).



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame **1-855-202-0729** (TTY: 711).

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-855-202-0729** (TTY: 711).

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم **1-855-202-0729** (TTY) "الهاتف النصي للصم وضعاف السمع". (711).

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可以获得免费的辅助设备和支持。请致电：**1-855-202-0729**（听语障人士专用电话：711）。

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: **1-855-202-0729** (TTY: 711).

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-855-202-0729** (ATS : 711).

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-855-202-0729** (TTY: 711).

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आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसएबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-855-202-0729** (TTY: 711).

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-855-202-0729** (TTY: 711) 로 문의하세요.

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Gba irànlówó ọfẹ ní èdè rẹ pẹlú àwọn ògbifò àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn irànlówó àti àtiléyìn ọfẹ bí o bá ní àìlera kan. Pe **1-855-202-0729** (TTY: 711).

Makakuha ng lib्रेng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga lib्रेng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-855-202-0729** (TTY: 711).

په خپله ژبه کې د ژباړونکو او نورو لیکلي شوو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلولیت لری نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمېرې ته زنگ ووهئ **1-855-202-0729** (TTY: 711).

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్ తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-855-202-0729** (TTY: 711).

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-855-202-0729** (TTY: 711) मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် **1-855-202-0729** (TTY: 711).

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kall e **1-855-202-0729** (TTY: 711).

GA-MED-M-3287030

DCH Approved: 11/18/2024

CONTACT US



Mail:
P.O. Box 8738
Dayton, OH 45401-8738



Online:
CareSource.com/Georgia



Online:
MyLife.CareSource.com
This is a private online account where you can chat with Member Services

Member Services



Phone: **1-855-202-0729** (TTY: 711)

Open Monday through Friday from 7 a.m. to 7 p.m. except for the holidays listed below.

CareSource is closed each year on these holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

Call us or visit **CareSource.com/Georgia** to learn more about:

- Your benefits and what is covered
- Which services need a referral or prior authorization (PA)
- How to get a new ID card or report a lost ID card
- Changing your primary care provider (PCP)
- Changing your address, phone number, or email
- Help for those who have trouble reading or speaking English
- Help for those who have problems seeing or hearing
- Other questions you may have

The phone number and website are at the bottom of each page of this handbook. Please have your member ID number handy when you call.

Ways to Get Information

We can explain our items in English or in your first language. We can get sign language interpreters. You can have a language interpreter at your medical visits. This helps you talk with us or your providers. Get your printed materials in large print, audio, or braille at no cost. You can request information in paper form. This is at no cost to you. We will send you the information within 5 business days. Call us. We are here to help.

CareSource24[®] Nurse Advice Line:
1-844-206-5944 (TTY: 711)

The CareSource24 Nurse Advice Line is open 24/7, 365 days a year, along with observed holidays. If you have an immediate concern, you can speak with a registered nurse. The number is on your ID card.

You are not alone.

Are you or someone you know in crisis? If you are thinking of hurting yourself or someone else, please ask for help. All calls are confidential. Call the Suicide and Crisis Lifeline by dialing 988.

You can also call the Georgia Crisis and Access Line at 1-800-715-4225.

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WELCOME TO CARESOURCE

We are excited to serve you. This handbook is for Georgia Medicaid and PeachCare for Kids® members in Georgia Families®.

We want to better your health and well-being. You deserve Health Care with Heart®. For help or to learn more, visit [CareSource.com/Georgia](https://www.caresource.com/Georgia) or call us at **1-855-202-0729** (TTY: 711).

GETTING STARTED



Your ID cards

You will get an ID card in the mail in your new member booklet. Each person in your family who is a CareSource member will have a card.



Make sure your prescriptions are on the CareSource Drug List.

Use Find My Prescriptions to see what drugs and medical supplies are covered. See **page 33** to learn more.



Learn about your benefits.

Keep this handbook to know how to use them.



CareSource MyLife

This app is for CareSource Georgia members who are pregnant or have given birth in the last 3 months and are at least 18 years old. It offers trusted articles and videos on topics like:

- Nutrition
- What to expect at your appointments
- How to access free services, such as breast pumps and rides to doctor appointments
- And more!

Log in to CareSource MyLife at **MyLife.CareSource.com** using the same credentials you use to log in to My CareSource.



Make sure your providers are in network.

In most cases, CareSource does not pay for out-of-network provider charges.

To find the most up-to-date list of providers, visit **findadoctor.CareSource.com**. You will be able to learn more about in-network practitioners, such as:

- Name
- Address
- Phone numbers
- Professional qualifications
- Specialty
- Medical school attended
- Residency completion
- Board certification status
- And more.

We are always adding new practitioners to the CareSource network.



Keep your current treatments and care.

If you are being treated for a health issue, call us. We can help you keep your care.



Join CareSource Circle.

CareSource Circle is a private online community where members can give their feedback about CareSource. Members can join CareSource Circle via invite by going to **CareSource.com/CircleGAMED**.

HEALTH NEEDS ASSESSMENT (HNA)

CareSource wants to help you stay healthy. The HNA is a list of questions to help us better understand your needs. You can complete the HNA in one of these ways:



1. Online:

Log in to **MyCareSource.com**

- Click on the *Health* tab in the top navigation bar.
- Scroll to the *Assessment* section.
- Click the *Start* button to get started.



2. Call:

If you have questions or need help completing the HNA, call our Member Assessment Team at **1-833-230-2011** (TTY: 711). We can be reached Monday through Friday, 7 a.m. to 6 p.m.

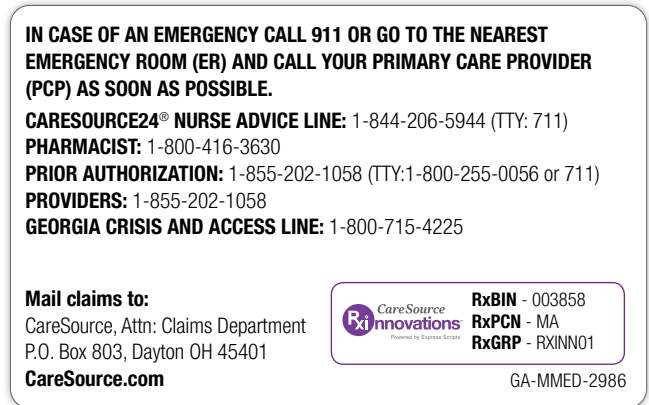
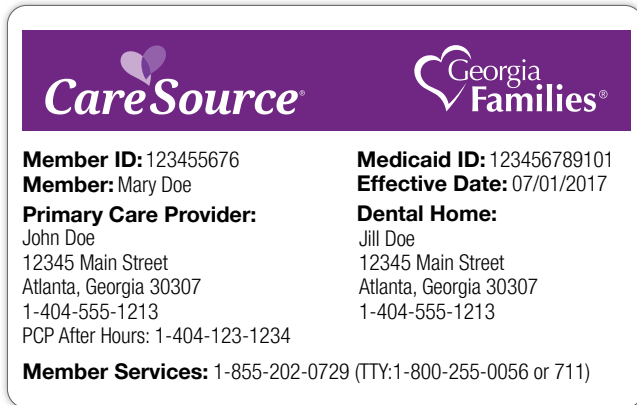
CARESOURCE24 NURSE ADVICE LINE

You can call any time to talk with a caring, skilled nurse. This is a free call. You can call **1-844-206-5944** (TTY: 711) 24 hours a day, 7 days a week, 365 days a year. Our nurses can help you:

- Learn about a health problem
- Decide when to go to your doctor, urgent care, or the emergency room (ER)
- Find out more about the medicine you take
- Find out about health tests or surgery
- Learn about healthy eating
- If you have a mental health or behavioral crisis (If you are thinking of hurting yourself or others, call 988)

CARESOURCE MEMBER ID CARDS

- Each CareSource member will get their own ID card. It is included with your new member booklet.
- Each ID card is good while you are a CareSource member. Cards do not expire.
- You can change what is on your card or ask for a new one by going to **MyLife.CareSource.com** or calling us.
- If your card is lost or stolen, get a new one. Go to **MyLife.CareSource.com** or call us.
- ID cards look like:



Always keep your ID card with you.

You will need your CareSource ID card when you:

- See your providers or a specialist
- Go to an emergency room or a hospital for any reason
- Go to an urgent care
- Get medical supplies
- Get a prescription
- Have tests

Call Member Services if:

- You did not get your ID card
- Anything on the card is wrong
- You lose your card



CURRENT TREATMENT PLANS AND HEALTH CARE

Your health care may need to be approved by us. Some of this care is:

- Any surgery or medical procedure
- Cancer care
- Care after a hospital stay
- Equipment (like a breathing machine)
- Home health care

If you do not have an emergency, call us. We will let you know if your care needs to be approved.

You do not need to call if you have an in-network provider. You can find an in-network provider at **MyLife.CareSource.com** or **findadoctor.CareSource.com**.

Current Drug Coverage

Your prescription might need prior approval. This means it will need to be approved before you fill it. If your drug needs to be approved, ask your provider to call us. You can also check at **CareSource.com/Georgia**:

- Click on *Tools & Resources*.
- Click on the *Find My Prescriptions* tool.
- Enter the drug name in the search tool.



SERVICES COVERED BY CARESOURCE

Georgia Families® covers all services that are medically necessary. This means if you need the services to prevent, diagnose, or treat a medical condition, you should not be billed for them. If you are sent a bill, call us. The full list of what is covered is on **page 11**.

- You must get services from providers in network. Network or in-network providers take CareSource insurance. You do not need prior authorization (PA) to see them.
- When you see a provider out of network, PA is needed. PA is not needed in an emergency.
- Check the PA list on our website. It is up to date. There are changes throughout the year.

Words to Know

Medically Necessary – care to diagnose or treat an illness, injury, condition, or disease.

Covered Service – medically necessary care that we pay for.

What Is PA? And What Is a Referral?

Prior Authorization (PA): Approval that may be needed before you get a service. It must be medically necessary for your care. Your provider will get PA for the care you need. You can also call us.

Referral: Your provider will ask for some services before you can get them. These can be lab tests, x-rays, or seeing a specialist. They will set up the service, give you a note, or tell you next steps.

Services Outside of the Network

CareSource may work with a provider out of network to set up needed services. This happens if you cannot get care from an in-network provider. You must have PA before getting care out of network.

Standing Referral

Members with ongoing care can see a specialist. A standing referral from a PCP is needed.

Continuity of Care

CareSource will work with you to keep getting your planned current care. We will help you when:

- You are new to CareSource.
- Your provider has left the network.

Utilization Management

Utilization Management (UM) reviews the health care you get based on guidelines. We review care to make sure it is the best for your needs. You can ask how care is reviewed for procedures. CareSource does not reward providers or our staff for denying services. We want you to get the care you need. We can arrange interpreter services in your preferred language.

Questions for UM?

- Call **1-855-202-0729** (TTY: 711) and ask for the UM team. We are open Monday through Friday, 8 a.m. to 5 p.m.
- You can leave a message after normal business hours.
- Fill out the **Tell Us** form at **CareSource.com/Georgia**. You will get an answer the next business day.
- UM staff will say their name and title and that they are from CareSource.

New Care Approvals

CareSource may decide a new development can be covered. This can be:

- Health care services
- Medical devices
- Therapies
- Treatment options

Review of New Technology

We strive to give up to date, effective and affordable care.

- CareSource uses science research and advances for evidence-based, high-quality care.
- Our New Technology Committee reviews health care advances to learn about their quality and safety.
- Providers may ask us for these reviews.

CareSource reviews any requests that are not currently covered. This involves:

- Updated Medicaid or PeachCare for Kids® rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations

Authorization Time Frames

Standard requests will be decided three business days from when we get your request. We will tell you and your doctor if the services are approved. You, your provider or CareSource can ask for more review time. It can be up to two weeks from the original request date. This happens if more information is needed. It also has to be in your best interest.

Your provider or CareSource can ask for an expedited (fast) request if the standard time frame could cause you harm. CareSource will decide on these in 24 hours. We can ask for up to five business days for review if we need more information. It also has to be in your best interest.

Services Not Covered

CareSource will not pay for care or supplies not covered by Medicaid. This includes:

- Abortions (except for a reported rape, incest or medically necessary to save the mother's life)
- Acupuncture (therapy with needles)
- All care or supplies that are not medically necessary
- Experimental services and procedures
- Infertility treatment for males or females, along with reversal of voluntary sterilizations
- Care you get in another country
- Alternative medicine
- Voluntary sterilization if under 21 years of age or not able to legally agree
- Plastic or cosmetic surgery that is not medically necessary

*This is not a full list of what is not covered by Medicaid or CareSource. If you have a question about what is covered, call us. See **page 11** for a full list of the covered services.*

Other Insurance

Call us if you have other health insurance.

- If you have another primary insurance, they need to pay before we will pay for care. They must be billed before a claim can be sent to us.
- The provider will need both your CareSource and other insurance information.
- You must have both insurance cards when you get care.



EXPLANATION OF BENEFITS

When you have a health service, we send you an Explanation of Benefits (EOB).

An EOB is not a bill. It will list:

- Who got care (name, address and member ID number)
- The doctor who billed for the care
- The date of the care
- The type of care
- The amount that CareSource paid
- How much you owe or paid

On the back page, it will list:

- CareSource website
- Member Services phone number
- Appeal Rights mailing address and fax number
- Fraud/Special Investigations Unit (SIU) phone number, mailing address and fax number

If you owe for a service, you will get a bill. You should save your EOBs and pay only the amount listed. If you get a bill for more than the EOB, or for care you did not get, call us.

Going Green

You can view your EOB online. You can do this by logging in to your CareSource MyLife account.

COPAYMENTS

Some Georgia Families[®] members pay a small part of health care costs. This is called a copayment or copay. You pay your copay to your doctor. **They cannot deny treatment if you cannot pay.** Call us to ask about services not listed or to learn more.

Georgia Medicaid Member Copays

There are no copays for preventive care, family planning, emergencies, or dialysis. Services with a copay include:

Service	Exceptions	Copay
Inpatient services	You will not have to pay if you were admitted or transferred from: <ul style="list-style-type: none"> • an ER • urgent care • another hospital • a nursing or other health facility 	\$12.50
Emergency Room (ER) services		\$3 if it is not an emergency health issue.

PeachCare For Kids[®] Copays

PeachCare for Kids[®] members age six and over have a copay. These copays are no more than five percent of family income. PeachCare for Kids[®] copays are listed below:

Service	Copay
Ambulatory Surgery Centers/Birthing Centers	\$3
Durable medical equipment	\$1 or \$3
Federally Qualified Health Center (FQHC)	\$2
Free-Standing Rural Health Clinic	\$2
Home health services	\$3
Hospital-Based Rural Health Center	\$2
Inpatient services	\$12.50
Face or jaw surgery	Cost-Based
Orthotics and prosthetics	\$3
Outpatient services	\$3
Pharmacy – preferred drugs	\$0.50
Pharmacy – non-preferred drugs	Cost-Based
Physician assistant services	Cost-Based



Service	Copay
Physician services	Cost-Based
Foot care	Cost-Based
Eye care	Cost-Based

Copay Exceptions

These Georgia Medicaid and PeachCare for Kids® members **do not** have copays for covered care:

- Members under age six (PeachCare for Kids®) or under age 21 (Medicaid)
- Pregnant women
- Nursing facility residents
- Children in foster care
- Members in hospice care (end-of-life care)
- Members in the Breast and Cervical Cancer program
- American Indian or Alaska natives

Cost-Based Copays

Some copays are a set amount, and some are cost-based. Cost-based means the copay depends on the cost of the care.

Cost of the Care	Copay
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1
\$25.01 to \$50.00	\$2
\$50.01 or more	\$3

Benefits

Here is a list of services that are covered for you. Please visit findadoctor.CareSource.com or call Member Services if you need help finding a provider.

Service	Details
Ambulance and Ambulette Transportation	Rides for emergencies by ambulance or an ambulette/wheelchair van are covered.
Behavioral or Mental Health Services	<p>Addiction Services:</p> <ul style="list-style-type: none"> • Detox • Medication Assisted Treatment (MAT) • Therapy • And more <p>Behavioral Health Services:</p> <ul style="list-style-type: none"> • Tests • Counseling (individual, family and group) • Medication • Intensive outpatient • Partial hospitalization • Inpatient hospitalization • Community support services • Intensive family intervention <p>Residential Treatment for ages 21 and under: Live-in recovery for mental illness or addiction.</p> <p>Addiction Support Line: If you would like help to stop alcohol drug use, call 1-833-674-6437.</p> <p>If you are having suicidal thoughts, call 988. You can also call the Georgia Crisis and Access Line at 1-800-715-4225.</p> <p>These services need PA:</p> <ul style="list-style-type: none"> • All inpatient services • Assertive Community Treatment (ACT) • Community support services • Electroconvulsive Therapy (ECT) • Family psychotherapy • Individual psychotherapy • Intensive Customized Care Coordination (IC3) services • Intensive Outpatient Program (IOP) services



Service	Details
Behavioral or Mental Health Services	<ul style="list-style-type: none"> • Partial Hospitalization Program (PHP) services • Psychiatric diagnostic evaluation • Psychiatric Residential Treatment Facility (PRTF) services
Certified Nurse Midwife (CNM)	Nurses who help with pregnancy and giving birth. No PA is needed.
Certified Nurse Practitioner (CNP)	Nurses who are trained in some of the medical care that doctors provide. No PA is needed.
Dental Care	<p>For all Georgia Families® members (per yearly limits/restrictions):</p> <p>Preventive care:</p> <ul style="list-style-type: none"> • Two dental exams, routine x-rays and cleanings (once every six months) • Tooth sealants (protective coatings on molar teeth) • Fluoride treatment • Space maintainers for adult teeth (after early removal of baby teeth) • Two tobacco or substance use counseling sessions from your dentist <p>Basic care:</p> <ul style="list-style-type: none"> • Fillings • Prefabricated (special crowns) • Dental extractions (tooth removal) • Root canal treatments • Periodontal (gum) care and gum maintenance <p>Major care:</p> <ul style="list-style-type: none"> • Dentures/partials • Permanent custom crowns on first molar teeth after a root canal • Oral surgery • Sedation and general anesthesia <p>Orthodontic care:</p> <ul style="list-style-type: none"> • Medically necessary full braces for teens up to age 20 • Medically necessary individual areas braces or braces for children age 12 and under

Service	Details
Dental Care	<p>Pregnant Women in the Georgia Families and Right from the Start Medical Assistance Group, (RSM) get the benefits above and more:</p> <ul style="list-style-type: none"> • Additional gum care and surgery • Expanded benefits include the above per age category (some code limitations apply) <p>PA is needed for:</p> <ul style="list-style-type: none"> • Root canal • Periodontal (gum care) • Partial and dentures • Some oral surgery • Orthodontics (only under age 21) • General anesthesia and hospital cases • Some increased service quantities • All Early and Periodic Screening, Diagnostic and Treatment (EPSDT) noncovered service requests
Diagnostic Services	<p>Lab work, x-rays, or tests.</p> <p>PA is needed for, but not limited to:</p> <ul style="list-style-type: none"> • Some bloodwork/lab testing • Scans (CT, MRI, PET)
Dialysis	<p>Cleans your blood when your kidneys cannot. No PA is needed.</p>



Service	Details
Durable Medical Equipment	<p>Items prescribed by your doctor that can be used more than once.</p> <p>PA is needed for, but not limited to:</p> <ul style="list-style-type: none"> • Wheelchairs and some accessories • All rental/lease items: CPAP/BiPAP, NPPV machines, apnea monitors, ventilators • Hospital beds, specialty mattresses • High frequency chest wall oscillators • Cough assist/stimulating device • Pneumatic compression devices • Speech generating devices and accessories • Infusion pumps • Cochlear implants including most replacements • Left Ventricular Assist Device (LVAD) • Wound vacs • Prosthetic/orthotic devices • Oral appliances for obstructive sleep apnea • Patient transfer systems/Hoyer lifts • Power wheelchair repairs • Spinal cord stimulators
Emergency Services	<p>A medical problem that must be treated right away. They are always covered. See page 32. No PA is needed.</p>
Family Planning	<p>Exams, nurse midwife services and prenatal and postnatal visits are part of family planning. Lamaze, parent education, breast-feeding classes and breast pumps are covered. Birth control is also covered.</p> <p>Artificial insemination and infertility treatment services are not covered.</p> <p>Infertility diagnostic services require PA.</p> <p>In- and out-of-network family planning services, like Planned Parenthood®, are covered. You may self-refer for these services.</p>

Service	Details
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)	<p>Special offices to help people who live in rural or urban areas get care. No PA is needed. Services include:</p> <ul style="list-style-type: none"> • Dental • Mental health services • Specialist services • Speech pathology and hearing • PCP visits • Physical therapy • Podiatry (feet care) • Vision
Hearing Services	<p>Testing of your ears is covered. Hearing aids and other items are covered for those under the age of 21. Speech therapy and hearing aids need PA.</p>
Home Health Services	<p>Services that can be given in your home for an illness or injury. Private duty nursing is not covered. PA is needed for, but not limited to:</p> <ul style="list-style-type: none"> • Home health aide visits • Skilled nurse visits • Social worker visits • Occupational therapy • Speech therapy • Physical therapy
Hospice Care	<p>Care for terminally ill patients is covered at no cost to you. Only inpatient hospice care needs PA.</p>
Inpatient Hospital Services	<p>Medical procedures or tests that are done in a hospital or other medical center. They usually need an overnight stay. PA is needed.</p>
Medical Supplies	<p>Diabetic supplies and nutritional supplies.</p> <p>PA is needed for, but not limited to:</p> <ul style="list-style-type: none"> • Continuous glucose monitors • Donor milk • Insulin infusion device • Oral nutrition (for medical purposes) and enteral nutritional therapy
Obstetrical/ Maternity Care	<p>Prenatal and postpartum care, at-risk pregnancy care, and gynecological services. You may self-refer to any in-network provider or see your PCP.</p> <p>PA is needed for maternity care if delivery and inpatient stay is scheduled at less than 39 weeks or if the stay is more than 48 hours for vaginal or 96 hours for cesarean.</p>



Service	Details
Outpatient Facility Services	Procedures or tests done in a medical center. There is not an overnight stay. Elective surgeries need PA.
Out-of-Network Providers	Doctors, hospitals, drugstores, or others that have not signed a contract with us. PA is needed unless it is an emergency.
Pain Management Services	<p>This helps the quality of life for those living with chronic pain. PA is needed for, but not limited to:</p> <ul style="list-style-type: none"> • Epidural steroid injections • Trigger point injections • Implantable pain pump • Implantable spinal cord stimulator • Sacroiliac joint procedures • Sacroiliac joint fusion • Facet joint interventions
Physical, Speech and Occupational Therapy	Covered at no cost to you, but needs PA.
Physical Exams	Preventive care is covered at no cost to you. Physical exams are covered if the exam is not offered for free by another source. No PA is needed.
Podiatry Services	Feet care. No PA is needed.
Prescription Drugs, including prescribed Over-the-Counter Drugs	All medically necessary Medicaid-covered drugs are covered. We use a preferred drug list (PDL). PA varies by drug. See page 33 to learn more.
Preventive Breast Cancer and Cervical Cancer Screenings	Covered at no cost to you. No PA is needed.
Preventive Prostate Screening	Covered at no cost to you. No PA is needed.
Primary Care Provider (PCP)	<p>Preventive care is always covered at no cost to you.</p> <p>Your PCP will do check-ups, shots and routine health care services.</p>
Residential Treatment	Therapy for substance abuse, mental illness or behavioral issues in a health care facility. PA is needed.
Screening and Counseling for Obesity	These are covered. No PA is needed.

Service	Details
Shots (Immunizations)	Your PCP will give you shots to help keep you from getting sick. You can also get some shots like the flu shot at convenience care clinics. See page 27 to learn more. No PA is needed.
Specialists	A provider will give you a referral. PA is needed for out-of-network specialists.
Telehealth	Your PCP may offer telehealth. If your PCP is not available or does not have telehealth, use Teladoc®. Call 1-800-TELADOC (835-2362) or visit www.Teladoc.com/CareSource . No PA is needed.
Urgent Care	Urgent care is for non-emergencies when you can't see your PCP right away. They help keep an injury, sickness or mental health issue from getting worse. No PA is needed.
Vision Services	<p>A yearly eye exam and \$75 towards glasses or contacts is covered. The \$75 is for adults.</p> <p>PA is needed for, but not limited to:</p> <ul style="list-style-type: none"> • Contacts • Vision surgery
Well-child (EPSDT) Visits	Covered at no cost to you. Covers medical exams, shots, health education and tests for members under the age of 21. EPSDT also covers medical, vision, dental, hearing, nutritional, developmental and behavioral health exams. See page 37 to learn more. No PA is needed.
<p>There may be a copay for services. Check the chart on pages 9-10 to learn what will be billed. You should not be billed more than the amount listed.</p>	





EXTRA BENEFITS

This list is at no cost to you.

myStrengthSM

Take charge of your mental health with myStrengthSM. It offers support to help your mood, mind, body and spirit. You can find it online or on your mobile device. This is at no cost to you. Visit bh.mystrength.com/caresource.

MyResources

MyResources helps you find programs and support for food, housing, school, work and more. More programs are added each day. You can find it in your **MyLife.CareSource.com** account. You can also call us to find support near you.

Lifeline

You can get a free smartphone. It has unlimited minutes and text and 14.5 GB of data! Sign up at mybenefitphone.com or call 888-224-3213.

CareSource SmilePack

CareSource rewards your child when they go to the dentist. They will get a SmilePack when they visit the dentist within 90 days of signing up or for the first time. Each child can get one SmilePack in their lifetime. A SmilePack is a free toothbrush, toothpaste, floss, brushing chart and stickers.

CareSource Life Services

We can help you reach your life goals. You must be our member or the parent or guardian of a CareSource member. You must be at least 16 years old.

We can help you with:

- Finding full-time employment
- Food
- Housing
- Education or training
- Budgeting and finances

CareSource JobConnect

CareSource JobConnect helps you get new skills, find services, and search for jobs. You will be paired with a Life Coach. Life Coaches give one-on-one coaching for up to 24 months. CareSource JobConnect partners with employers to help you in your job search. We also offer free rides to and from our coaching and training sessions.

CareSource GED Support Program

CareSource Life Services® helps you get ready for and take the GED (General Educational Development test). If you pass the GED Pre-test, you can take the exam for free. We offer rides to GED classes and tests. CareSource also offers up to \$200 in help for the test and test prep.

To sign up:

- Fill out our online form at secureforms.CareSource.com/en/LSRinfo/GA.
- Call us at **1-844-607-2828**
- Email LifedServicesGeorgia@CareSource.com.

YMCA®

Memberships are covered at participating YMCAs.

Visit CareSource.com/ga/plans/medicaid/benefits-services/additional-services to request a voucher.

Youth Programs

CareSource partners with groups across the state to offer programs for kids.

- **Boys & Girls Club®**: \$65 towards the fee for Boys and Girls Clubs in Georgia is covered.
- **Girl Scouts®**: Girl Scout fees are covered for grades K through 8 and adults.

To sign up for these groups, go to your local club or their website. These offers may not be available in all parts of Georgia. Please call Member Services to learn more.



TRANSPORTATION

You get free rides to and from your health care visits. Call the number listed below for your county.

Call MTM at 866-733-8997 to set up a ride if you:

- have Planning for Health Babies® Family Planning
- are a Georgia Pathways to Coverage™ member between the ages of 19 and 21

Call at least two business days before your visit.

MTM also has a transportation portal app. The app is available for iPhone® and Android®. Visit mtm-inc.net/mtm-link to learn more.

Area	Phone Number	Counties
North	Verida Toll free: 1-866-388-9844	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta	Verida Toll free: 1-866-388-9844 Local: 404-209-4000	Fulton, DeKalb and Gwinnett
Central	ModivCare Toll free: 1-888-224-7981	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson

Area	Phone Number	Counties
East	ModivCare Toll free: 1-888-224-7988 For Crisis Stabilization Units and Psychiatric Residential Treatment Facilities call 1-800-486-7642 Ext. 461 or 436	Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes
Southwest	ModivCare Toll free: 1-888-224-7985	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Wort

Rides For Food

You can get free rides to and from:

- Food pantries or food banks
- Churches for food pickups
- Food pickups through other organizations
- Grocery stores to pick up a grocery order (curbside pickup)

You can get five free rides per month for food. Call us at **1-855-202-0729** (TTY: 711). Tell them you are scheduling a food trip. Make sure that you call for your ride two business days before your trip. Rides to grocery stores are for curbside pickup only. Give your order number, store location, and pickup time when you call.



INCENTIVES AND REWARDS

CareSource has two reward plans: CareSource MyKids and MyHealth.

CareSource MyKids



For newborns and kids through age 17

How does it work?

1. Sign Up.

Scan the QR code to fill out the form or call Member Services to sign up. Make sure each child is signed up.



2. Complete Healthy Activities.

You'll get a rewards card in the mail after you sign up and your child completes their first activity. Learn what activities they can do to earn rewards below.

3. Redeem Your Rewards.

Use your rewards card like you use a gift card at local stores.

SHOP AT: CVS®, Kroger®, Walgreens®, Walmart® and more!

BUY:  **Groceries** - Fresh and frozen foods and pantry staples

 **Baby care** - Diapers, wipes and formula

 **Personal care** - Deodorant, shampoo and toothpaste

 **Home goods** - Clothing, shoes and school supplies

 **And so much more!**

Rewards are earned once each year unless noted. Rewards expire one year after they are issued.

What rewards can I earn?

Rewards for Expectant Moms

\$30	First prenatal visit. Earn once each pregnancy.
\$75	Postpartum visit. Earn once each pregnancy. Complete within 7-84 days after delivery.

Rewards for Preventive Care

\$30	Well-baby visits 1 and 2. Earn \$15 each visit.
\$40	Well-baby visits 3 and 4. Earn \$20 each visit.
\$30	Well-baby visit 5.
\$20	Well-baby visit 6.
\$15	Lead screening for newborns – 15 months.
\$20	Dental exam for ages 15 months – 17 years. Earn \$10 each visit up to two times each year.
\$15	Well-child visit for ages 15 months – 30 months.
\$30	Well-child visit for ages 31 months – 17 years.
\$10	Chlamydia screening for females ages 16-17 years.

Rewards for Immunizations

\$20	Annual flu shot for ages 6 months – 17 years. Earn \$10 two times each year.
\$15	Tetanus-Diphtheria-Pertussis (Tdap) vaccination for ages 10-17 years.
\$30	HPV vaccination for ages 9-17 years. You must complete the series of shots to earn the reward.
\$10	Meningococcal vaccination for ages 11-17 years.

Rewards for Chronic Care

\$10	ADHD follow up visit within 30 days of the first prescription. For ages 6-12 years. Must have an ADHD diagnosis.
\$20	ADHD follow up visits within 10 months of the first prescription. For ages 6-12 years. Must have an ADHD diagnosis. Earn \$10 each visit up to two times.



MyHealth Rewards



For adults 18 and older

How does it work?

1. Sign In.

Adults 18 and older are automatically enrolled in MyHealth Rewards. Log in to **MyLife.CareSource.com**. Click *My Health* under *Get Help* to get started. You can also track your progress and view your balance here.

2. Complete Healthy Activities.

Rewards are added to your account when you complete healthy activities. Learn what activities you can do to earn rewards below.

3. Redeem Your Rewards.

Redeem your rewards for gift cards to your favorite stores in your **MyLife.CareSource.com** account.

SHOP AT: Walmart®, TJ Maxx®, Old Navy®, and more!

BUY:  **Groceries** - Fresh and frozen foods and pantry staples

 **Personal care** - Makeup, shampoo, and deodorant

 **Home goods** - Clothing, cleaning products and shoes

 **And so much more!**

Rewards are earned once each year unless noted. Rewards earned in the current year expire mid-December of the next year.

What rewards can I earn?

Rewards for Expectant Moms

\$30	First prenatal visit. Earn once each pregnancy.
\$75	Postpartum visit. Earn once each pregnancy. Complete within 7-84 days after delivery.

Rewards for Preventive Care

\$25	Physical exam.
\$20	Dental exam. Earn \$10 two times each year.
\$10	Choose a PCP and tell us your preferred communication method in the member portal. Earn \$10 once in a lifetime.
\$15	Health Needs Assessment (HNA).
\$15	Breast cancer screening (mammogram) for women ages 50-64.
\$15	Cervical cancer screening (Pap test) for women.
\$15	Chlamydia screening for ages 19-25 years.

Rewards for Immunizations

\$15	Tetanus-Diphtheria (Tdap) or Tetanus-Diphtheria-Pertussis (Tdap) booster shot.
\$20	Flu shot. Earn \$10 up to two times each year.

Rewards for Chronic Care

\$10	Stop using tobacco through the MyHealth app in the member portal.
\$40	Antidepressant medication management. Must have an applicable diagnosis. Earn \$10 up to four times each year.
\$30	Diabetes A1C testing. Must have a diabetes diagnosis.
\$25	Diabetes retinal eye exam. Must have a diabetes diagnosis.

**Rewards are subject to change and may vary by age, gender and health needs. If you are no longer with CareSource, access to your rewards will be deactivated. Any unused rewards may no longer be available.



WHERE TO GET CARE

We want you to have access to the right care when you need it.



Primary Care Provider (PCP)

Used for common sicknesses and tips. You will get most of your preventive care from your PCP. You should see your PCP the most often.



Telehealth

Visit with a PCP by phone or computer. Ask them if they offer telehealth.

If your PCP is not available or does not offer telehealth, call Teladoc® at 1-800-TELADOC (835-2362) or visit www.Teladoc.com/CareSource.



Convenience Care Clinics

Used for common sickness like coughs, colds, sore throats, and to get shots. They are found in many local drug and grocery stores.



Community Behavioral Health Center (CBHCs)

CBHCs give health and social services for mental health and/or substance use problems. CBHCs are often the first place people go to get help for behavioral health issues.



Urgent Care

Used for non-life threatening issues when you cannot visit your PCP and your health issue cannot wait.



Hospital Emergency Room

Use for life-threatening issues or emergencies. Call 911 or go to the nearest ER.

Not sure where to go? Call our CareSource24 Nurse Advice Line. We're here for you 24 hours a day, 7 days a week. Call **1-844-206-5944** (TTY: 711) to talk to a CareSource24 nurse.



Primary Care Provider (PCP)

Your PCP, also known as a Medical Home, is your main health partner. They can give you regular health exams, sick or well-visits, and shots. Sometimes your PCP is not able to treat your health issue. If so, they will send you to other providers or a specialist. Your PCP can also admit you to the hospital. PCPs can be:

- General or family doctors
- Pediatricians
- Internists
- OB/GYNs
- Physician assistants (PA)
- Nurse practitioners (NP)
- Certified nurse practitioners (CNP)
- Psychiatrists for those with mental health issues
- Providers at public health clinics and hospital outpatient clinics
- Specialists for those with chronic conditions

You can choose a Federally Qualified Health Center or Rural Health Clinic as your Medical Home.

You should see your PCP for all routine visits. This helps them know you and your health care needs. Then they can give the best care. Some things your PCP can treat are:

- Colds/flu
- Earache
- High or low blood pressure
- High or low blood sugar
- Pains
- Rash
- Sore throat
- Swelling of the legs and feet

If you do not have a PCP, we will choose one for you. We will send you a letter about this within 10 days. We make this choice based on:

- Where you live
- If a PCP you have visited before is close to your home
- If the PCP is taking new patients
- Your language choice

You can use the online Find a Doctor tool at findadoctor.CareSource.com to see the most current list of providers. You may also ask for a printed copy of a Provider Directory. Just send back the Provider Directory card in the New Member Booklet or call us.

Changing PCPs

You can change your PCP within the first 90 days of joining CareSource. You can change your PCP every six months after that. You can also change your PCP at any time for reasons like:

- Wanting the same PCP as a family member
- The doctor does not give the care you want due to moral or religious reasons
- You or the PCP have moved too far away from each other

To change your PCP, sign into CareSource MyLife or call us. Once you find a PCP, set up a visit right away. Make sure your health records move to your new PCP.

Changes in Our PCP Network

If your PCP leaves the CareSource network, we will find you a new one. We will tell you this in writing. We will also tell you if any hospitals are no longer in network. You can change your new PCP after 30 days if you choose.

Appointments

Set up visits with your provider as far ahead as you can. You need to keep your visits. Call at least 24 hours before if you need to change or cancel a visit. If you miss too many visits, they may ask that you choose another provider.

When You Can See a Non-Network Provider

For any routine health care needs, contact your PCP first. You must go to CareSource in-network providers. See **pages 5-7** to see what is covered by us. The only time you can use providers that are out of network is for:

- Emergencies
- Federally Qualified Health Centers (FQHC)/Rural Health Clinic (RHC)
- Certified nurse midwives or certified nurse practitioners
- Qualified family planning providers
- An out-of-network provider that CareSource has approved you to see

Your PCP may decide you need medical care from an out-of-network provider. If your PCP gets a Prior Authorization (PA) from us, you will be covered.

Primary Dental Provider

The Dental Home

A Dental Home is a primary dental provider. They arrange dental care for Georgia Families[®] members under the age of 21. They cover all oral health needs. The Dental Home involves members, parents, and experts to set up care. All kids should have a Dental Home by 12 months of age.

Your dentist's name, address, and phone number will be on your ID card. If you do not choose a dentist, CareSource will choose one for you.

You may go to any dentist in the CareSource network for care. Use the online Find a Doctor tool at **findadoctor.CareSource.com** to see the most current list of dental providers. You can change your Dental Home at any time.



Telehealth

Telehealth uses a phone, computer or tablet to meet. You can use it to get quick help for many common issues. These can be sinus infections, allergies, rashes and more. There is no cost to use telehealth.

Check with your PCP to see if they offer telehealth. If they don't or they have limited hours, you have options.

Georgia Partnership for Telehealth (GPT)

CareSource works with GPT to give you more access to specialty care.

How do I set up a visit at a GPT site?

You can call GPT for a list of providers who you can see for telehealth. The list will include that provider's contact information for you to set up a visit.

How do I reach the GPT scheduling center?

- Ask your doctor
- Call: 1-866-754-4325

Teladoc

You may use Teladoc® to visit a board-certified doctor 24/7. Connecting with Teladoc is easy.

- Visit www.Teladoc.com/CareSource.
- Call 1-800-TELADOC (835-2362).
- Get a referral from CareSource24, our Nurse Advice Line.
- Use the Teladoc app.

Have your CareSource ID number ready when you call. You will need to answer a few questions about the reason for your call. A doctor will contact you, often within 15 minutes.

Note: Teladoc should not be used for:

- Trauma
- Chest pain
- Shortness of breath
- Prescribing of DEA (Drug Enforcement Agency) controlled substances

Children under age 2 cannot be treated through Teladoc.



Community Behavioral Health Centers (CBHCs)

CBHCs are also called community service boards (CSBs). They are designed to serve any individual in need of care. This can be people with:

- Serious mental illness
- Serious emotional disturbance
- Long-term chronic addiction
- Mild or moderate mental illness
- Substance use disorders
- Complex health profiles

Call us or your PCP to learn more.

Behavioral health is just as important as your physical health. It is part of your wellbeing. We have ways to help you:

Addiction Services

- Detox
- Medication Assisted Treatment (MAT)
- Therapy
- And more

Behavioral Health Services

- Tests
- Counseling
- Medication
- Intensive Outpatient
- Partial Hospitalization
- Inpatient Hospitalization
- Community Support Services
- Intensive Family Intervention

Residential Treatment (ages 21 and under)

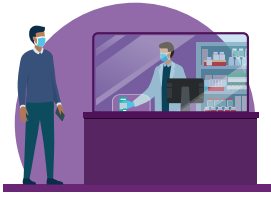
Live-in recovery for mental illness or addiction.

988 Suicide and Crisis Lifeline

DIAL 9-1-1 if you or someone else is in danger now.

DIAL 9-8-8 if you or someone else is:

- Thinking of suicide
- Having a mental health crisis
- Having a substance use crisis



Convenience Care Clinics

A retail visit is quicker and cheaper than urgent care or an ER. You can go to them at places like CVS® and Walgreens® for basic care. You can:

- Get a flu shot
- Get health tests and physicals
- Get care for aches and pains, sicknesses and minor wounds

Most clinics are open in the evening, seven days a week. Visits can be scheduled for the same day. Walk-ins are often welcome. *Note: children's shots are not covered here.*



Urgent Care

Urgent Care is for non-emergencies when you cannot see your PCP. They help with wounds, sickness, or mental health issues. You can find one at **findadoctor.CareSource.com**. Always check in with your PCP after you go to an urgent care.

If you need to visit an urgent care out of state, call your PCP or the CareSource24 Nurse Advice Line at **1-844-206-5944** (TTY: 711).





Emergency Services

Emergency Services are for severe health issues that must be treated right away. CareSource covers them both in and out of the county where you live. They can be

- Black out
- Chest pain
- Hard to breathe
- Major burns
- Miscarriage/pregnancy with vaginal bleeding
- Rape
- Seizures
- Vomiting that will not stop
- Uncontrolled bleeding

If You Need Emergency Services

- Go to the nearest ER or call 911. No PA is needed. The hospital does not have to be in-network. CareSource members can use any hospital or other setting for emergency services.
- Show your ID card. Tell the staff you are a CareSource member.
- If your emergency is treated, but the hospital feels you need more care, they must call us.
- If you must stay at the hospital, they should call CareSource within 24 hours.
- Call your PCP to tell them of your health emergency. Set up any extra care with them.

If you are unsure if it is an emergency, call your PCP first. Or call CareSource24, our Nurse Advice Line at **1-844-206-5944** (TTY: 711). If you need emergency care, call 911 or go to the nearest ER.

Follow-Up Care

Care after your emergency is called follow-up care (post-stabilization care). Let us know you had an emergency. Tell the ER if you have a Care Manager. They can help you get back home and set up visits. CareSource will talk to the doctors that give you care during your emergency. They tell us if you need more care after the emergency. If needed, CareSource will cover your care after your emergency, 24 hours a day, seven days a week.

If your emergency care was out of network, CareSource will get in-network providers for you.

When You Travel Outside of Our Service Area

Sometimes you get sick or injured when you are traveling. Here's what to do if that happens:

- **If it is an emergency**, call 911 or go to the nearest ER.
- **If it is not an emergency**, call your PCP for help for what to do.
- **If you are not sure it is an emergency**, call your PCP or call CareSource24 at **1-844-206-5944** (TTY: 711). We can help you decide what to do.

Emergency or Urgent Care Outside of Our Service Area

If the emergency care provider is out of network, you will need to send the bill with a claim form to CareSource. You will also need to do this if you visit urgent care outside your service area. Visit [CareSource.com/Georgia](https://www.caresource.com/Georgia) and find the Claim Form in *Forms* or call us.

PHARMACY

Prescription Drugs

CareSource covers all medically necessary Medicaid-covered medications. We use a **Preferred Drug List (PDL)**. These are the drugs we would like your provider to choose.

CareSource has drug procedures in place to give you the medications you need safely. Find the PDL and prior authorization (PA) drug list at **CareSource.com/Georgia** or call us. The list of drugs can change. Check the list when you need to fill or refill a prescription.

Find My Prescriptions

CareSource has a drug list on **CareSource.com/Georgia**. Find out which drugs are covered by going to the *Find My Prescriptions* link under *Member Tools & Resources*. This is the most up to date list. You can also call us.

Over-the-Counter (OTC) Drugs

You can get many OTC drugs at no cost to you. You will need a written prescription from your provider. This can be:

- Allergy medicine
- Antacids
- First aid cream
- Lancets and pen needles
- Multivitamins
- Nicotine gum and patches

The OTC list is on **CareSource.com/Georgia** at the *Find My Prescriptions* link under *Member Tools & Resources*. You can also call us. This list can change.

Step Therapy

You may need to try one drug before another. You must try a PDL medicine before a drug not on the PDL is approved. Certain drugs will be covered only if step therapy is used.

Generic Substitution

A drugstore will give you a generic drug instead of a brand-name one. Your provider will need our approval if they ask for a brand-name one when a generic drug is available.

Therapeutic Interchange

If you have an allergy or cannot take a certain drug, your provider can ask us to cover another medication.

Exceptions

You may ask us to cover a drug not on the PDL. You may be allergic, not able to take it, or have a poor response. You or a person allowed to represent you can give this request. We will work with your provider to get the forms needed.



Specialty Medicines

Some drugs have special steps, are hard to take, or need special monitoring. These are called specialty drugs. Most of these drugs need PA from your provider. If the PA is approved, we will work with your provider and pharmacy.

Georgia Lock-In Program (GA LIP)

GA LIP is a health and safety program. It protects members whose use of controlled substances is more than what is needed. Use of controlled substances is watched, and members are assigned designated providers. Members that are part of GA LIP must use one pharmacy and their PCP.

Prior Authorization (PA)

CareSource may ask your provider why you need a certain medicine or dose. PA may be needed if:

- There is a generic or other drug
- The drug can be misused
- There are other drugs that must be tried first

Some drugs have limits on how much can be given at once. Some drugs are never covered, like drugs for weight loss. If we do not approve a drug, we will tell you. We will tell you how to ask for an appeal and your right to a state fair hearing.

Medication Therapy Management (MTM) Program

The MTM program is working one-on-one with your pharmacist. Your pharmacist will meet with you to go over your drug list. Your drug list covers:

- Any prescription drugs
- Over-the-counter (OTC) drugs
- Herbals or supplements

The MTM program is at no cost to you. Ask your pharmacist if they are part of the MTM program. Drugstores may also reach out if you could be part of the program. This program will:

- Help you safely use your drugs
- Help your doctors and other caregivers work better together
- Help you learn about your drugs and the right way to use them
- Help your health

Medication Disposal

Drug take back sites safely throw away out of date or unused drugs. They can be drug stores or police stations. Visit deadiversion.usdoj.gov/pubdispsearch to see a list of sites near you.

CareSource has free DisposeRx® packets. They help you safely get rid of these drugs. These packets are environmentally safe, easy to use and cut drug misuse. Get your free packet at secureforms.CareSource.com/DisposeRx or call us.

CARE MANAGEMENT

CareSource has a Care Team of nurses, social workers and other staff. They work with you one-on-one to help with your health care needs. You may hear from us:

- If your provider asks us to call you
- If you ask us to call you
- If our staff feels they would be helpful to you

Our staff is trained to help you with medical problems. These can be asthma, cancer or other conditions. We can help you work through any issues or unmet needs. We can work with your providers to help meet your health care needs. We help you know where to get care.

Care Management has many levels of care. The level of care is tailored to your health care needs. Start by filling out your Health Needs Assessment (HNA). It shows us the level of care you need.

You can take the HNA by logging into **MyLife.CareSource.com** and clicking on the *Health* tab. Need help? Call **1-833-230-2011** (TTY: 711) Monday through Friday from 7 a.m. to 6 p.m.

Please call us if you have any questions or feel you would benefit from Care Management services. We are happy to help. You can reach us at **1-855-202-0729** (TTY: 711). Or fill out the form at <https://secureforms.caresource.com/en/caremanagementreferral/>

High Risk Care

Our High Risk Care team helps with complex needs. They can work with you one-on-one by phone or in person. They will help set up your care.

Care Transitions

CareSource helps you after you leave the hospital by:

- Answering questions about discharge
- Answering questions about medications
- Setting up your PCP and/or specialist visits
- Setting up your or your family's needs when home

If you need help after a hospital stay, call us at **1-855-202-0729** (TTY: 711).

Disease Management

Do you have chronic health issues? This can be diabetes, asthma, high blood pressure or Chronic Obstructive Pulmonary Disorder (COPD).

Our free programs can help you learn more about your health. You can choose to join the program or your provider will contact us. Call **1-844-438-9498** if you would like to be part of the program. You can also opt-out by calling this number. We want to help you be healthy and well.



PREVENTIVE CARE

See your PCP even if you are healthy so they can find and treat any problems early.

Preventive care includes:

- Yearly well-adult and well-child exams
- Mammograms and cervical cancer exams for women
- Prostate cancer exams for men
- Preventive dental exams and cleanings
- Routine exams
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams. This is for children and adults under the age of 21.
- And much more!

You and your family can earn rewards by getting preventive care. See rewards on **page 22**.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit

EPSDT covers care for those under the age of 21 at no cost to you. EPSDT stands for:

- Early** - So problems are treated soon
- Periodic** - To set up routine visits
- Screening** - To check for a health problem
- Diagnostic** - To find a health problem
- Treatment** - To care for a problem

Your child's PCP will work with you. They will make sure your child gets the care they need. EPSDT includes:

- Well-child exams
- Lab testing
- Vision and hearing tests
- Lead screening
- Health education

EPSDT also covers medically necessary care found in an exam. This can be glasses and hearing aids.

When Your Child Should Have an EPSDT Check:

At birth	4 months	15 months
3-5 days old	6 months	18 months
By 1 month	9 months	24 months
2 months	12 months	30 months

After that, children should have at least one exam per year.

There are Care Management services for members under the age of 21 with special needs. Call us and ask about it.



PREGNANCY AND FAMILY PLANNING

CareSource covers family planning services. This helps you:

- Be healthy before getting pregnant
- Put off pregnancy until you are ready
- Protect yourself and your partner from sexually transmitted infections (STIs)

You do not need approval for family planning visits. They can be outside of the CareSource network. You can go to:

- Clinics
- Certified nurse-midwives
- Local health departments
- OB/GYNs
- PCPs

Before You Are Pregnant

You can do some things to be healthier before getting pregnant. These actions can limit problems during pregnancy:

- Set up a visit to see your PCP
- Talk with your PCP about healthy eating
- Stop smoking now
- Take folic acid daily
- Do not drink alcohol or use illegal drugs

During Pregnancy

See a provider as soon as you know you are pregnant. Going to visits early and regularly helps to spot and stop problems before they happen.

Mom and Baby Beginnings™

This program helps you during your pregnancy and after. Our team has nurses, social workers, counselors, and breast-feeding experts to help you. We will connect you to resources for your pregnancy and after. They will help you with housing, rides, safety and food needs. Our team will make sure you have the answers you need. Call **1-833-230-2034** (TTY: 711) to learn more.

After You Have Your Baby

Call us to tell us that you had your baby. Set up a visit with your provider 3 to 6 weeks after you give birth. They can make sure you are recovering and answer questions. Members who finish their prenatal and postpartum visits and are part of Care Management can receive a new baby welcome gift. You could earn a \$60 reward for your visits.

Help for Breastfeeding Moms

Lactation services are covered for you. You can also get a breast pump at no cost to you. Ameda Direct and Aeroflow have online breastfeeding tips and a lactation specialist for you. They also have many breast pumps to choose from. To learn more:

- Aeroflow: 1-844-867-9890 or [Aeroflowbreastpumps.com](https://www.aeroflowbreastpumps.com)
- Ameda Direct: 1-877-791-0064 or insured.amedadirect.com

Free Rides

You have free rides to parenting classes and health visits during and after pregnancy. Please see **page 20** to learn more.



MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights

CareSource members have these rights:

- To get information about CareSource, its services, providers and member rights and responsibilities.
- To get all services that CareSource must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure your personal information and medical records are kept private.
- To be given information about your health. It may also be available to someone legally authorized. It may be given to someone you said should be reached in an emergency.
- To discuss information on any appropriate or medically necessary treatment options and alternatives for your condition, regardless of cost or benefit coverage, in a manner appropriate to your condition and ability to understand.
- To work with providers for your health care decisions, including the right to refuse treatment.
- To get information about any medical care in a way you can understand.
- To be sure that others cannot hear or see you while you are getting medical care.
- To be free from any form of restraint or seclusion as a means of coercion, discipline, convenience or retaliation, as specified in federal regulations on the use of restraints and seclusion.
- To ask for and get a copy of your medical records. And to be able to ask that the record be changed or corrected if needed in accordance with federal privacy law.
- The right to ask for, at any time, information on our physician incentive plan, marketing materials or information about the structure and operation of CareSource.
- To be able to say yes or no to having any of your information given out unless CareSource must by law.
- To be able to say no to treatment or therapy. If you or your parent or guardian say no, the doctor or CareSource must talk to you about what could happen. A note must be placed in your medical record about refusing care.
- To freely be able to file an appeal, a grievance (complaint), or ask for a state fair hearing and that the exercise of these rights will not adversely affect the way you are treated.

- To be able to get all written member information from CareSource:
 - At no cost to you
 - In the prevalent non-English languages of members in CareSource's service area
 - In other formats, to help with special needs
 - Within 5 business days of your request
- To get free help from CareSource and its providers if you do not speak English or need help understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told if the provider is a student and to be able to refuse his/her care.
- To get information on treatment options in a way you or your parent/guardian can understand.
- To make Advance Directives (a written record of your wishes for medical care).
- To be free to carry out your rights and know that CareSource, our providers or the Georgia Department of Community Health (DCH) will not hold this against you.
- To know that CareSource must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- Female members have the right to see a women's health provider for covered women's health care.
- To be able to get a second opinion from a qualified network provider. If someone is not available, CareSource must set up a visit with a provider not on its panel.
- To go out of network for care if CareSource cannot give a covered service in network.
- To get information about CareSource from us.
- To make suggestions about CareSource's member rights and responsibility policy.
- To only be responsible for cost sharing in accordance with federal and state regulations and contracts.
- To not be held liable for CareSource's debts in the event of insolvency (not able to pay).
- To not be held liable for covered services provided to you for which the DCH or CareSource does not pay the provider that gives the services.
- To not be held liable for payments of covered services given under a contract, referral or other arrangement to the extent that those payments are more than what you would owe if CareSource provided the services directly.

Your Responsibilities

- Use only approved providers.
- Keep doctor and dentist visits, be on time and call 24 hours before to cancel.
- Follow the advice and care you have agreed to with your providers.
- Always carry your ID card. Show it when getting care.
- Never let others use your ID card.
- Tell your county caseworker and CareSource of a change in phone number or address.
- Contact your PCP after going to an Urgent Care or after medical or behavioral health care.
- Let CareSource and the county caseworker know if you are covered by other health insurance.
- Provide information that CareSource and your health care providers need, to the extent possible, in order to give care.
- Tell us of suspected fraud as described in the Fraud, Waste and Abuse section. See **page 50**.
- Understand as much as possible about your health issues and take part in reaching goals agreed to with your health care provider.

HIPAA PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed, and how you can get this information. Please review it carefully.

We will simply call ourselves “CareSource” in this notice.

Your Rights

When it comes to your health information, you have certain rights:

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records. You can also get other health information we have about you. Ask us how to do this.
- We will give you a copy or a summary of your health and claims records. We often do this within 30 days.

Ask us to fix health and claims records

- You can ask us to fix your health and claims records if you think they are wrong or don’t have all the details. Ask us how to do this.
- We may say “no” to this ask. If we do, we will tell you why in writing within 60 days.

Ask for private communications

- You can ask us to reach out to you in a certain way, such as home or office phone. You can ask us to change the address we send your mail to.
- We will think about all fair requests. We must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for care, payment, or our operations.
- We do not have to agree to this ask. We may say “no” if it would change your care or for certain other reasons.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information. This will only include six years before the date you ask. You may ask who we shared it with, and why.
- We will include all the disclosures except for those about:
 - Care,
 - Payment(s),
 - Health care operations, and
 - Certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time. You can ask even if you have agreed to get the notice electronically. We will give you a paper copy soon after.

Give CareSource consent to speak to someone on your behalf

- You can give CareSource consent to talk about your health information with someone else on your behalf.
- If you have a legal guardian, that person can use your rights and make choices about your health information. CareSource will give out health information to your legal guardian. We will make sure a legal guardian has this right and can act for you. We will do this before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us. Use the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights in three ways:
 - Send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201

- Call 1-877-696-6775,
- Visit www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not act against you for filing a complaint. We may not require you to give up your right to file a complaint as a condition of:
 - care,
 - payment,
 - enrollment in a health plan, or
 - eligibility for benefits.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear choice for how we share your information in the cases described below, talk to us. Tell us what you want us to do. We will do as you say.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your choice, such as if you are unconscious, we may share your information. We may share it if we believe it is in your best interest. We may also share your information when needed to lessen a serious and close threat to health or safety.

In these cases we often cannot share your information unless you give us written consent:

- Marketing purposes
- Sale of your information
- Sharing psychotherapy notes

Consent to Share Health Information

CareSource shares your health information, including Sensitive Health Information (SHI). SHI can be information related to:

- Drug and/or alcohol treatment
- Genetic testing results
- HIV/AIDS
- Mental health
- Sexually transmitted diseases (STDs)
- Communicable/other diseases that are a danger to your health

This information is shared to handle your care and treatment or to help with benefits. This information is shared with your past, current, and future treating providers. It is also shared with Health Information Exchanges (HIEs). An HIE lets providers view information that CareSource has about members.

You have the right to tell CareSource you do not want your health information (including SHI) shared. If you do not agree to share your health information, it will not be shared with providers to handle your care and treatment or to help with benefits. It will be shared with the provider who treats you for the specific SHI.

If you do not approve sharing, all providers helping care for you may not be able to manage your care as well as they could if you did approve sharing.

Other Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in these ways:

Help you get health care treatment

- We can use your health information and share it with experts who are treating you
 - **Example:** *We may arrange more care for you based on information sent to us by your doctor.*

Run our organization

- We can use and give out your information to run our company. We use it to contact you when needed.

- We cannot use genetic information to decide whether we will give you coverage. We cannot use it to decide the price of that coverage.
 - **Example:** *We may use your information to review and improve the quality of health care you and others get. We may give your health information to outside groups so they can assist us with our business. Such outside groups may be:*
 - Lawyers,
 - Accountants,
 - Consultants
 - And others.

We require them to keep your health information private, too.

Pay for your health care

- We can use and give out your health information as we pay for your health care.
 - **Example:** *We share information about you with your dental plan to arrange payment for your dental work.*

How else can we use or share your health information?

We can or must share your information in other ways. These ways are often to help the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these reasons. To learn more see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

To help with public health and safety issues

- We can share health information about you in some cases, such as to:
 - Prevent disease
 - Help with product recalls
 - Report harmful reactions to drugs
 - Report suspected abuse, neglect, or domestic violence
 - Prevent or reduce a serious threat to anyone's health or safety

To do research

- We can use or share your information for health research. We can do this as long as certain privacy rules are met.

To obey the law

- We will share information about you if state or federal laws require it. This includes the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.

To respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

To work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when a person dies.

To address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities allowed by law
 - For special government functions such as military, national security, and presidential protective services

To address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities allowed by law
 - For special government functions such as military, national security, and presidential protective services

To respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order.

We may also make a set of “de-identified” information that cannot be traced back to you.

Our Responsibilities

- We protect our members’ health information in many ways. This includes information that is written, spoken or available online.
 - CareSource employees are trained on how to protect member information.
 - Member information is spoken in a way so that it is not inappropriately overheard.
 - CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
 - CareSource limits who can see member health information. We make sure that only those employees with a business reason can see, use and share that information.
- We are required by law to keep the privacy and security of your protected health information. We are required to give you a copy of this notice.
- We will let you know quickly if a breach may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices in this notice. We must give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

To learn more see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective date and changes to the terms of this notice

The original notice was effective April 14, 2003 and updated June 14, 2018. This version was effective October 4, 2024. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice. The new one would apply to all health information we keep. If this happens, the new notice will be available upon request. It will also be posted on our web site. You can ask for a paper copy of our notice at any time. Mail a request to the CareSource Privacy Officer to do so.

The CareSource Privacy Officer can be reached by:

Mail: CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Email: HIPAAPrivacyOfficer@CareSource.com

Phone: **1-855-202-0729** (TTY: 711)

Georgia Health Information Network (GaHIN)

GaHIN lets providers view health information that CareSource has about you. You may choose to “opt-out” of having your health records shared through GaHIN. If you opt-out, no provider can share your health records through GaHIN. You can simply opt back into the system later.

ADVANCE DIRECTIVES

An Advance Directive is your written record about your future health care. It helps your family and provider know your wishes about your care.

You must be of sound mind and 18 years or older or an emancipated minor to have an advance directive. You choose a person to make health care choices for you when you cannot make them. It can also keep certain people from making health care choices for you.

Using Advance Directives to State Your Wishes About Your Health Care

Many people worry about what happens if they become too sick to make their wishes known. Some people may not want to spend months or years on life support. Others may want all steps taken to live longer.

You Have a Choice

You do not have to have an Advance Directive, but we suggest you do. Many people write their health care wishes while they are healthy. Providers must make it clear you have a right to state your health care wishes. They must ask if your wishes are in writing. They also must add your Advance Directive to your medical record.

Think about these things when you write your Advance Directive:

- It is a choice to write one.
- The law states you can make choices about health care. This can be agreeing or refusing care.
- Having one does not mean you want to die.
- It can only be filled out by people of sound mind.
- You must be at least 18 years old or an emancipated minor to have one.
- Having one will not change other insurance.
- They should be kept in a safe place. A copy should be given to your family, health care agent and PCP.
- They can be changed or ended at any time.

Advance Directives Under Georgia Law

The State of Georgia has joined the living will and health care power of attorney into a single record. It is called an Advance Directive for Health Care. It must be in writing.

There Are Four Parts of the Advance Directive for Health Care Under Georgia Law

Part 1

Health Care Agent: You can choose someone to make health care rulings for you when you cannot or do not want to. This person becomes your health care agent. Give a lot of thought about who you pick.

Part 2

Treatment Preferences: You can make your wishes known about getting or stopping life support, food or liquids. Part 2 only happens if you cannot tell others the care you want. You should talk to your family and others close to you about your wishes.

Part 3

Guardianship: Lets you choose a guardian should you need one.

Part 4

Effectiveness and Signatures: This part needs your signature and the signatures of two disinterested witnesses. You may fill out any or all of the first three parts. You must fill out Part 4 if you filled out any of the first three parts.

What to Do If Your Advance Directive for Health Care Is Not Followed

You can make a complaint by:

Writing to: Georgia Department of Community Health
Health Care Facility Regulation Division
2 Martin Luther King Drive
East Tower, 17th Floor
Atlanta, Georgia 30334

Calling: 1-800-878-6442

To Find Answers About Advance Directives:

- Talking with your PCP
- Visit: aging.dhs.georgia.gov/
- Call the Georgia Department of Human Services, Division of Aging Services: 1-404-657-5258
- Visit them at 47 Trinity Avenue, SW, Atlanta, GA, 30334
- Speak with a local lawyer or legal aid service.

This information is for general use only. It is not meant to be legal advice.





QUALITY MANAGEMENT AND IMPROVEMENT PROGRAM

CareSource works to make care and services the best they can be. We use evidence-based measures to keep you healthy. Examples are:

- Well-child care
 - Making sure children see their PCP on a routine basis
 - Making sure children get their shots
- Preventive screenings
 - Breast cancer screening (mammogram)
 - Colon cancer screening (colonoscopy)
 - Cervical cancer screening (Pap test)
 - Prostate cancer screening
- Prenatal and postpartum care
 - Making sure you see a provider as soon as you know you're pregnant
 - Making sure you see the provider after you have a baby

- Long-term health problems
 - Asthma
 - Routine use of inhalers
 - Diabetes
 - Routine tests for blood sugar numbers over three-month period, called an A1C
 - Testing how well your kidneys are working
 - Checking your eyes each year, called a diabetic retinal exam
 - Checking your feet
 - High blood pressure
 - Making sure you take blood pressure drugs
 - Making sure you check blood pressure numbers based on your provider's orders
- See your provider after being in the hospital for mental health
- Make sure children who take drugs for attention deficit hyperactivity disorder (ADHD) see their provider on a routine basis

We look at how quickly you get care and if you get the care you need. And we make sure you get good service from CareSource.

Preventive Health Guidelines

CareSource uses the same guidelines providers use to help you stay healthy. These guidelines make sure that you get the health screenings and exams you need. Learn more at [CareSource.com/Georgia](https://www.caresource.com/Georgia). Ask us if you want a printed copy.

CareSource may also call or send you reminders on health exams and screenings you may need. If you have a long-term health issue like asthma or diabetes, you should:

- See your PCP on a routine basis
- Talk with your PCP about the best plan for your health issue
- Take the medications your PCP has given you
- Call your doctor about changing your drugs if they make you sick
 - Do not stop taking your medication until you talk to your doctor

Call CareSource24 to talk with a registered nurse. To learn more about CareSource Quality Improvement, please call Member Services.



FRAUD, WASTE AND ABUSE

Medicaid can be misused, ending in fraud, waste or abuse.

- **Fraud** means the purposeful misuse or for gain of benefits.
- **Waste** means overusing benefits when they are not needed.
- **Abuse** is action that causes unneeded costs to the Georgia Families® Program. Abuse can be caused by a provider or a member. Provider abuse can be actions that do not meet good fiscal, business or medical sense. They can also be paying for care that is not needed.

Watching for fraud, waste and abuse is vital. It is handled by CareSource's Program Integrity. Help us by letting us know if there are issues. Fraud, waste or abuse can be done by providers, drugstores or members. We check and act on any provider, drugstore or member fraud, waste and abuse.

Cases of **provider** fraud, waste and abuse are health workers and doctors who:

- Order drugs, equipment or services that are not medically necessary
- Do not give medically necessary services due to lower reimbursement rates
- Bill for tests or care not provided
- Use wrong medical coding on purpose to get more money
- Plan more visits than are needed
- Bill for more expensive care than provided
- Unbundling services to get a higher repayment

Cases of **pharmacy** fraud, waste and abuse are:

- Not giving drugs as written
- Sending claims for a brand-name drug but giving a cheaper drug
- Giving less than the correct amount and not letting the member know how to get the rest of the drug

Words to Know

Fraud – the purposeful misuse of or for gain of benefits.

Waste – using more benefits than what is needed.

Abuse – an action that causes unneeded costs to CareSource.

Cases of **member** fraud, waste and abuse are:

- Selling prescribed drug or trying to get controlled drugs from more than one doctor or drugstore
- Changing or forging prescriptions
- Using pain medications you do not need
- Sharing your ID card with someone else
- Not telling us that you have other health insurance
- Getting equipment and supplies you do not need
- Getting care or drugs under some other person's ID
- Giving wrong symptoms to get treatment, drugs and other care
- Too many ER visits for problems that are not an emergency
- Lying about eligibility for Medicaid

If you are proven to have misused your covered benefits, you may:

- Have to pay back money for care that was a misuse of benefits
- Be charged with a crime and go to jail
- Lose your Medicaid benefits

If You Suspect Fraud, Waste or Abuse

Please report fraud, waste or abuse in one of these ways:

1. Call **1-844-415-1272** (TTY: 711).
2. Write a letter and mail it to:
CareSource
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401-1940
3. Visit our website and fill out the form:
<https://secure.ethicspoint.com/domain/media/en/gui/78536/index.html>

You do not have to give us your name when you write or call. If you are not concerned about giving your name, you can send an email* to **fraud@CareSource.com**. Or fax us at 1-800-418-0248. Please give us as many facts as you can. Add names and phone numbers. If we do not get your name, we will not be able to call you back. This will be kept private as allowed by law.

**If your email is not secure, people may read your email without you knowing or saying it is okay. Please do not use email to tell us anything private, like:*

- Member ID number
- Social security number
- Health information

Instead, please use the form or phone number above. This can help protect your privacy.

Thanks for helping us keep fraud, waste and abuse out of health care.



GRIEVANCES AND APPEALS

We hope you are happy with CareSource and the care you get. But if you aren't, let us know.

We will help you fill out forms and take other needed steps. We have toll-free numbers with TTY and translators if needed. Call us if you need help filing a grievance or appeal.

What is a grievance?

If you are unhappy with your provider or us, you can file a grievance. A grievance includes a member's right to dispute an extension of time proposed by CareSource to make an authorization decision. It can be about anything except CareSource benefit decisions. Grievances do not go to the state for a hearing.

Examples are:

- CareSource staff was unkind
- Quality of care
- A provider was rude
- Failure to respect your and/or employee rights

Words to Know

Authorized Representative – A person you allow to make health decisions for you. We must have this on record in writing.

Grievance – A formal complaint about us, our providers, or the care you get.

How and When to File a Grievance

You or your authorized representative may file a grievance any time. This can be verbally or in writing. You or your representative can file a grievance with the State or with CareSource. An authorized representative is someone who can speak on your behalf. A provider may not file a grievance for you.

Use this form to file your grievance: [CareSource.com/ga/members/tools-resources/forms/medicaid/](https://www.caresource.com/ga/members/tools-resources/forms/medicaid/)

To file a grievance:

Call: Member Services **1-855-202-0729** (TTY: 711)

Mail the form to: CareSource
Attn: Member Grievance
P.O. Box 1947
Dayton, OH 45401

Online: **MyLife.CareSource.com**

Member Grievance Process

We will send you a letter within 10 days of getting your grievance.

- CareSource will look into your grievance.
- CareSource makes sure people who decide on grievances for medical issues are health care professionals. They are supervised by CareSource's medical director. They are not involved in prior levels of review or decision making.
- CareSource will respond as soon as possible, but no later than 90 days.
- CareSource will tell you the outcome.

Extending the Grievance Time Frame

You or someone acting for you with your written consent can ask that CareSource extend the time frame to resolve a grievance up to 14 days. CareSource may also ask for up to 14 more days to resolve a grievance. To do this, we must show to the Department of Community Health's satisfaction and upon its request:

- There is a need for more information
- The delay is in your best interest

CareSource will give you prompt verbal notice and give you written notice within two days of the reason for the extension and the date that a decision must be made.

What is an Appeal?

If you do not agree with our decision, you can file an appeal. You can also appeal when we only approve part of a claim. You have 60 days to file an appeal. You have the right to a hearing at the state level with an appeal.

Examples are:

- Denial of service
- Denial, termination or reduction on a service that was previously approved
- Not giving a timely service or a timely appeal answer

You have the right to ask for an appeal of an adverse benefit determination. You must ask for an appeal within 60 days of the notice date. With your written consent, your provider or an authorized representative may request an appeal on your behalf.

Call: **1-855-202-0729** (TTY: 711)

Write to: CareSource
Attn: Member Appeals
P.O. Box 1947
Dayton, OH 45401

Online: **MyLife.CareSource.com**

We will send a letter in 10 business days after getting your appeal request.

The people making appeals decisions do not take part in earlier reviews. They are health care professionals supervised by CareSource's medical director. They are clinical experts of your health problem or disease.

They can decide:

- An appeal of a denial that is based on lack of medical necessity
- An appeal that involves clinical issues

You or someone acting for you can share proof in person or in writing. If your appeal is expedited, it should be given to CareSource within 24 hours of the request. You can also review your case file and health records. You can review any other appeal process papers free of charge. CareSource will tell you when we need this information for an expedited review.

Appeal Decision

CareSource will tell you and your provider or facility of the appeal decision. CareSource will send written notice of the decision. It will be sent to you and others acting for you with your written consent.

CareSource will respond to an appeal in writing as fast as your health issue needs. It will be no later than 30 days for a standard appeal. It will be within 72 hours for an expedited appeal.

Appeals are expedited when the standard time frame could harm your life, health or ability to gain, maintain or regain full function.

You or your provider can ask for an expedited appeal. If we agree it should be expedited, we will let you know within 72 hours. If your appeal does not meet expedited review rules, we will send you a letter within two days. It will be handled under the standard appeal process.

You may ask for an Administrative Law Hearing if you do not agree with our appeal decision.

Before you can ask for an Administrative Law Hearing, the internal appeal process must be completed. If CareSource does not follow the notice and timing rules in this handbook, then you may ask before our internal appeal process is done.

Words to Know

Appeal – Asking us to review a decision that denied a benefit or service.

Expedite – To hurry, speed up or make something go faster.

Extending the Appeal Time Frame

You or someone acting for you with your written consent can ask that CareSource extend the time frame to resolve a standard or expedited appeal up to 14 days. CareSource may also ask for up to 14 more days to resolve a standard or expedited appeal. To do this, we must show to the Department of Community Health's satisfaction and upon its request:

- There is a need for more information
- The delay is in your best interest

CareSource will give you prompt oral notice and give you written notice within two days of the reason for the extension and the date that a decision must be made. CareSource will resolve the appeal as quickly as your health condition requires but no later than the date the extension expires.

Medicaid Administrative Law Hearing

If you do not agree with our appeal decision, ask for an Administrative Law Hearing. You or your authorized representative must ask for one within 120 days of the decision. A provider may not ask for an Administrative Law Hearing for you.

Please send your request to:

CareSource
Administrative Law Hearing Request - Georgia
P.O. Box 1947
Dayton, OH 45401-1947

What To Expect at an Administrative Law Hearing

The Office of State Administrative Hearings will tell you the time, place and date of your hearing. You and others acting for you with your written consent will go to the hearing. CareSource agents and a fair Administrative Law Judge will also be there. In the hearing, you can speak for yourself or let someone speak for you. You may also have a lawyer speak for you. You will have time to review your files and other vital information. CareSource will send a copy to you before the hearing.

CareSource will explain its decision. You will explain why you do not agree with it. The Administrative Law Judge will make the final decision. CareSource will obey the decision.

Continuation of Benefits during an Appeal or Administrative Law Hearing

For Medicaid members, CareSource will continue your benefits if:

- You or your authorized representative files an appeal within 10 days of
 - CareSource mailing the notice of our appeal decision or
 - The planned effective date of the adverse benefit decision
- The appeal ends, delays or reduces a previously authorized course of treatment
- The services were ordered by an authorized provider
- The time covered by the original authorization has not ended
- You ask for an extension of the benefits



If you want, CareSource will continue your benefits while the appeal or Administrative Law Hearing is pending. Your benefits will continue until:

- You withdraw the Appeal or request for the Administrative Law Hearing
- You do not ask for an Administrative Law Hearing and continuation of benefits within 10 days after CareSource sends its appeal decision
- An Administrative Law Judge makes a decision that is not in your favor
- The time or service limits of pre-approved care have been met

If the final decision of an appeal or Administrative Law Hearing is not in your favor, CareSource may ask you to pay back the cost of care you got while the appeal or hearing was pending. If CareSource or the Administrative Law Judge changes a decision to deny, limit or delay services, we will get you those services as quickly as your health requires. We will approve the care no later than 72 hours from the date we got the notice changing the decision.

If CareSource or the Administrative Law Judge changes a decision to deny services, but you already got the services, CareSource will pay for those services.

PeachCare for Kids® State Review

The DCH allows a review by the Formal Grievance Committee for PeachCare for Kids® members.

- If you, a parent or guardian or other authorized representative do not agree with CareSource's decision, you may ask for a review.
- This is done by the DCH's Formal Grievance Committee.
- PeachCare for Kids® members must finish our internal appeal process first. PeachCare for Kids® members must ask for a review by the Formal Grievance Committee within 120 days of getting CareSource's decision to uphold its decision in response to an appeal.
- Reviews are done within 90 days for standard reviews or within 72 hours for expedited reviews.

The decision of the Formal Grievance Committee will be the final recourse for PeachCare for Kids® members. CareSource will follow the decision of the Formal Grievance Committee.

The PeachCare for Kids® state review process is done instead of an Administrative Law Hearing for other members. Send a request to:

PeachCare for Kids®
Independent Medical Review Request
Georgia Department of Community Health
Division of Medical Assistance
2 Martin Luther King Jr. Drive, SE
19th Floor, East Tower
Atlanta, GA 30334

Our goal is to make sure you get a resolution in a fair and impartial way.



ENDING YOUR CARESOURCE BENEFITS

If you are not happy with CareSource, let us know. We want to make it right. You have the right to change to another Georgia Families® managed care plan. This is allowed:

- During the first 90 days after you enroll or are sent notice of enrollment with CareSource
- Every 12 months from your date of signing up
- When you have a reason to change, such as:
 - You want to be on the same plan as a family member
 - You need care or providers that are not offered in the CareSource network
 - You got poor quality care

Call us to disenroll. We can also give you updates on your disenroll request.

In rare cases, CareSource may ask that you be disenrolled if you:

- Commit fraud or abuse services
- Are placed in a long-term care facility, state institution, or intermediate care facility for people with intellectual disabilities
- Become ineligible for Georgia Families coverage

We will try to resolve any issues before asking that you be disenrolled. You will get a written warning within 10 business days of your action that may be grounds for disenrollment. We must get permission from the DCH before you can be disenrolled.



OFFICE OF THE OMBUDSMAN

If you feel we have not fixed a problem, tell the Office of the Ombudsman. This involves:

- Making sure you get a fair answer to any issues
- Helping you find covered care in the CareSource network
- Finding doctors who give care not covered under CareSource

Reach the Office of the Ombudsman by:

Email: gaombudsman@CareSource.com

Phone: (678) 214-7580 / Toll Free: 1-877-683-8993

- The email and phone line are checked Monday through Friday, 8 a.m. to 5 p.m.
- Calls or emails received after 5 p.m. will be returned the next business day.

The Office of the Ombudsman:

- Is free of charge
- Is a neutral, independent support for you
- Helps arrange services with local groups
- Involves covered and non-covered services
- Helps you through your health plan
- Helps to solve unsettled issues

WORD MEANINGS

Abuse – An action that causes unneeded costs.

Administrative Law Hearing – The Georgia appeal process as by law. The next steps after going through CareSource’s Appeal process.

Administrative Law Judge – Person who runs an Administrative Law Hearing.

Advance Directives – A written record about your future care and treatment.

Adverse Benefit Determination – Means any of these:

- Denying or limiting a service. This is based on the type or level, medical necessity, setting or success of a covered benefit.
- Reducing, delaying or stopping a previously approved service.
- Denying part or all of a payment for a service.
- Not giving care in a timely way.
- CareSource not acting in the right time frames.
- Denying your right to argue a charge.

Appeal – Asking us to review a decision that denied a benefit or service.

Appointment – A visit you set up to see a provider.

Authorized Representative – A person you allow to make health decisions for you. We must have this on record in writing.

Behavioral Health Services – Care for mental or emotional health or substance use disorders.

Benefits – Your covered health care services. Benefits are also the extra programs and services you get from us.

Business Days – Monday through Friday, 8 a.m. to 5 p.m. ET, except for holidays.

Calendar Days – Each day, along with weekends and holidays.

Care Management Organization or Care Management Plan – A plan that manages your health coverage. CareSource is your care management organization.

Care Management – A team of caregivers you choose to help set up your care. These can be registered nurses, social workers and outreach workers. They will work with you, your providers and your family.

Chronic Condition – A problem that affects your health for at least 12 months and requires more treatment than your routine care.

Claim – Bill for services.

Convenience Care Clinic – A health clinic in a retail or grocery store, such as Walgreens®, CVS®, Target® or Kroger®. These are often open late and on weekends to care for routine sicknesses.

Copayment/Copay – Part of the cost for care you must pay.

Covered Services – Medically necessary health care that CareSource must pay for.

Diagnostic – Tests to figure out what your health problem is.

Disenrollment – The removal of a member from CareSource.

Durable Medical Equipment (DME) – Supplies that are used more than once for health services.

Emancipated Minor – A person under the age of 18 who is legally free from parent control.

Emergency Medical Condition – An illness, injury, symptom or condition that needs care right away. If you do not get this care:

- Your health would be in danger; or
- You would have problems with your bodily functions; or
- You would have damage to any part or organ of your body.

Emergency Medical Transportation – Ground or air ambulance services for an emergency.

Emergency Room Care – Services you get in an emergency room.

Emergency Services – Services needed to check, treat or stabilize an emergency medical condition.

Enrollment – The process by which an eligible person applies for health coverage and is approved by the DCH.

EPSDT – Early and Periodic Screening, Diagnostic and Treatment benefit. A range of services required by law given to those under age 21 in Medicaid and those under 19 in PeachCare for Kids®.

Excluded Services – Health care CareSource doesn't pay for or cover.

Expedited Appeal – A process to help you get the care you request more quickly.

Explanation of Benefits (EOB) – Statement showing health care services that were billed to CareSource. It also shows how they were paid. An EOB is not a bill.

Family Planning Provider – Someone who gives family planning services to you.

Fraud – Misusing benefits on purpose.

Grievance – A complaint about CareSource or its providers.

Guardian – A person appointed by a court to be legally responsible for another person.

Habilitation Services and Devices – Helps you keep, learn or improve skills for daily living. This can be:

- Therapy for a child who is not walking or talking at the expected age
- Physical and occupational therapy
- Speech-language pathology
- Other services for people with disabilities

Health Care Services – Care linked to your health, such as preventive, diagnostic or treatment.

Health Insurance – A contract that has your health insurer pay your covered health care costs in exchange for a premium.

Home Health Care – Health care a person gets at home.

Hospice Services – Comfort and support services in the last stages of a terminal illness.

Hospitalization – Care in a hospital. It often includes an overnight stay.

Hospital Outpatient Care – Care in a hospital that often doesn't need an overnight stay.

Medical Home – Primary care through partnerships. This is between members, providers and family or other support. A medical home focuses on sharing information. It is often the source of referrals to other providers, specialists and community resources.

Medically Necessary Services (includes concepts of Medically Necessary and Medical Necessity):

Based upon generally accepted medical practices in light of Conditions at the time of treatment, Medically Necessary Services are those that are:

- i. Required to correct or ameliorate a defect, physical or mental illness, or a Condition
- ii. Appropriate and consistent with the diagnosis and the omission of which could adversely affect the eligible Member's medical Condition
- iii. Compatible with the standards of acceptable medical practice
- iv. Provided in a safe, appropriate, and cost-effective setting given the nature of the diagnosis and the severity of the symptoms
- v. Not provided solely for the convenience of the Member or the convenience of the Health Provider
- vi. Not primarily custodial care unless custodial care is a Covered Service or benefit under the Member's evidence of coverage

vii. Provided when there is no other effective and more conservative or substantially less costly treatment, service and setting available

Medically Necessary Services (Mental Health or Substance Use Disorder):

The treatment of a mental health or substance use disorder, service or product. These services address the specific needs of that patient to screen, prevent, diagnose, manage or treat an illness, injury, condition, or its symptoms. They may also minimize the progression of an illness, injury, condition, or its symptoms. This care must be given:

- i. In accordance with the generally accepted standards of mental health or substance use disorder care;
- ii. In a clinically appropriate way in terms of type, frequency, extent, site, and duration; and
- iii. Not primarily for the economic benefit of the insurer, purchaser, or for the convenience of the patient, treating physician, or other health care provider.

Member – A person who is part of CareSource.

Network – The providers and facilities CareSource has contracted with to provide health care services.

Network Provider or In-Network Provider – A provider that has signed a contract with us. This can be a doctor, hospital or drugstore. They are listed in our Provider Directory and on our website. Also called a participating provider.

Non-Participating Provider – A provider who does not have a contract with CareSource to provide services to you.

Out-of-Network Provider – A provider that has not signed a contract with us. CareSource will not pay for their services. We will pay for an emergency, family planning or a service for which a PA was given.

Over-the-Counter (OTC) Drug – A drug you can often buy without a prescription. Many are covered by CareSource.

Participating Provider – A provider that has signed a contract with CareSource to provide services to members. Also called a network or in-network provider.

Pharmacy – Drugstore.

Physician Services – Health care services a doctor gives or arranges.

Plan – The benefit that pays for or provides your health care.

Premium – An amount you pay for your health insurance. CareSource Georgia Families® members do not pay a premium.

Preferred Drug List (PDL) – A list of covered drugstore medicines.

Prescription – A provider’s order for a drugstore to fill and give medicine to you.

Prescription Drugs – Medications that by law require a prescription.

Prescription Drug Coverage – When the health plan helps pay for prescription and OTC medications.

Preventive Care – Care that you get from a doctor to help keep you healthy.

Primary Care Provider or Primary Care Physician (PCP) – An in-network provider you choose as your personal doctor. Your PCP works with you to handle your health care. This can be your checkups or shots or treating your health care needs. They can also send you to specialists or admit you to the hospital.

Prior Authorization (PA) or Preauthorization – Pre-approval that may be needed before you get a service. The service must be medically necessary for your care. Your provider will take care of this for you.

Provider – A doctor or other health care professional that has agreed to care for CareSource members.

Provider Directory – A list of providers in the CareSource network. The Find a Doctor tool is the most up-to-date list. Visit findadoctor.CareSource.com.

Referral – A written order from your provider for you to see a specialist or get certain health care.

Rehabilitation Services and Devices – Services or supplies that help you keep, get back or improve skills. This is for you to function in daily life.

Schedule – To set up a time for a future visit.

Screening – A test done to spot health issues or diseases.

Service Areas – Where CareSource gives managed care for our members.

Skilled Nursing Care – Care from licensed nurses in your home or a nursing home.

Specialist – A doctor who focuses on a certain kind of medicine. Or they have special training in a certain type of health care.

Substance Abuse – Harmful use of substances, like alcohol and street drugs.

Telehealth – A visit with a provider using a phone or computer.

Urgent Care – Place to get care when you need to be treated right away. It is for issues that are not life threatening.

Utilization Management – A review of your care to make sure it works and is needed.

Waste – Using more benefits than what is needed.

If you need help reading this handbook, call Member Services at **1-855-202-0729** (TTY: 711).

Si necesita ayuda para leer este manual, Llame al **1-855-202-0729** (TTY: 711).

Want this handbook in other formats, like large print or audio? Call **1-855-202-0729** (TTY: 711).



