Member Handbook

CareSource®

GEORGIA PATHWAYS TO COVERAGE™

Contact Us

Member Services

Phone:	**1-855-202-0729** (TTY: 1-800-255-0056 or 711) *Open Monday through Friday from 7 a.m. to 7 p.m.*
Mailing Address:	P.O. Box 723308 Atlanta, Georgia 31139-0308
Online:	**CareSource.com/Georgia**

The Member Services phone number and website are at the bottom of each page.

CareSource24® Nurse Advice Line: 1-844-206-5944 (TTY: 1-800-255-0056 or 711)
Call 24/7, 365 days a year.

CareSource is closed* each year on the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

*Our CareSource24® Nurse Advice Line is open 24/7, 365 days a year, along with observed holidays.

To get the fastest help, have your ID number handy when you call.

Table of Contents

Welcome to CareSource

We are excited to serve you and other Georgia Pathways to Coverage members.

CareSource wants to make a difference in our members' lives by improving their health and well-being. We know life is busy. We are here to make things simpler. You deserve more. You deserve health care with heart.

Please review this handbook. Keep it handy so you can look at it later.

We hope this handbook will answer your questions. For help or to learn more, visit **CareSource.com/Georgia** or call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

Quick Start Steps for New Members

Step 1 — Watch for your ID card. You will get an ID card in the mail from your New Member Booklet. Each person in your family who is a CareSource member will have a card.

Step 2 — Learn about your benefits. Read this handbook to learn about your benefits and how to use them.

Step 3 — Check the providers (doctors, nurses, hospitals, clinics) you plan to use are in our network. In most cases, CareSource does not pay for charges from providers that are not part of our network. To find the most up-to-date list of network providers visit **findadoctor.CareSource.com**.

Step 4 — Keep your current treatment plans and care. If you are being treated for a health issue, call us. We can help you keep your care.

Step 5 — Make sure your prescriptions are on the CareSource Drug List. Use **Find My Prescriptions** to see what drugs and medical supplies are covered.

1. Go to **CareSource.com/Georgia**.
2. Click *Tools & Resources*.
3. Click *Find Prescriptions*.
4. Click *Search Prescriptions*. Enter the names of your drugs into the search tool.

Step 6 — Set up a My CareSource® account. Use this account to change your doctor, ask for a new ID card, view claims and plan details. You can also update your information and choose how you want us to communicate with you. It's easy to do:

1. Go to **MyCareSource.com**.
2. Click *Sign Up* at the bottom of the page.
3. Answer the questions.
4. Click *Register*.

Step 7 — Get the CareSource Mobile App. This mobile app lets you manage your **MyCareSource.com** account on-the-go. The app is free. The mobile app is available through the App Store® for iPhone® or Google Play® for Android®

Step 8 — Complete your Health Needs Assessment (HNA). Answer a few health and lifestyle questions, and we can help your providers with your care. You can take the HNA in one of these ways:

- **Call:** 1-833-230-2011 (TTY: 711) between 7 a.m. to 6 p.m., Monday – Friday.
- **Online:** Log into your secure **MyCareSource.com** account and click on the *Health* tab.

Member Services

Member Services is open Monday – Friday from 7 a.m. to 7 p.m., except on the holidays noted on page II of this handbook.

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

- Your benefits and what your plan covers.
- Finding out if a service needs 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.

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

CareSource24® Nurse Advice Line

You can call any time to talk with a caring, skilled nurse. This is a free call. You can call 24 hours a day, 7 days a week, 365 days a year. Our nurses can help you:

- Learn about a health problem.
- Decide when a doctor visit or an ER is needed.
- Find out more about drugs or over-the-counter medications.
- Find out about health tests or surgery.
- Learn about healthy eating habits.

To reach the CareSource24 Nurse Advice Line, call **1-844-206-5944** (TTY: 1-800-255-0056 or 711).

My CareSource®

My CareSource® is a secure account. You can find out about benefits, see plan records, and make changes to your care. My CareSource® accounts can be linked to manage health care for families. Here are a few things you can do:

- Choose or change your primary care provider (PCP).
- View and print your ID card, or ask that a new one be mailed.
- Check your copays and coinsurance (as it applies).
- View claims and plan records.
- Take your Health Needs Assessment (HNA).
- View health alerts and more!

Signing up is easy!

1. Go to **MyCareSource.com**.
2. Click *Sign Up* at the bottom of the page.
3. Answer the questions.
4. Click *Register*. You're all set!

CareSource Mobile App

This easy app lets you manage your CareSource health plan on-the-go. The app is free. With the mobile app you can:

- View and share your digital CareSource member ID card.
- Access your secure **MyCareSource.com** account.
- Find a doctor, hospital, clinic, or urgent care near you.
- View your claims.
- Call CareSource24®, our Nurse Advice Line, and speak with a registered nurse 24/7.
- Call and speak with Member Services.
- Connect with TelaDoc® and visit a doctor anywhere, anytime on your phone or computer.
- And more!

The CareSource mobile app is available through the App Store® for iPhone® or Google Play® for Android®*.

Your CareSource ID Card

- Each Georgia Pathways to Coverage member will get their own ID card.
- Each ID card is good while you are a CareSource member. Cards do not expire. You can get a new ID card if you ask for one.
- Change your card information by going to **MyCareSource.com** or call us.
- You should get your card with your New Member Booklet. If you do not, call us.
- You can view your ID card on the CareSource Mobile App.
- Member ID cards will look like the one below.

CareSource

GEORGIA PATHWAYS TO COVERAGE

Member ID: <123455676>
Member: <Mary Doe>
Medicaid ID: <123456789101>
Effective Date: <07/01/2017>

Primary Care Provider:
<John Doe
Atlanta, Georgia 30307
12345 Main Street
1-404-555-1213>
<PCP After Hours: 1-404-123-1234>

Dental Home:
<Jill Doe
12345 Main Street
Atlanta, Georgia 30307
1-404-555-1213>

Member Services:1-855-202-0729 (TTY:1-800-255-0056 or 711)
NO COPAY REQUIRED FOR COVERED SERVICES

IN CASE OF AN EMERGENCY CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM (ER) AND CALL YOUR PRIMARY CARE PROVIDER (PCP) AS SOON AS POSSIBLE.

CARESOURCE24® NURSE ADVICE LINE: 1-844-206-5944 (TTY: 711)
PHARMACIST: 1-800-416-3630
PRIOR AUTHORIZATION: 1-855-202-1058 (TTY:1-800-255-0056 or 711)
PROVIDERS: 1-855-202-1058
GEORGIA CRISIS AND ACCESS LINE: 1-800-715-4225

Mail claims to:
CareSource, Attn: Claims Department
P.O. Box 803, Dayton OH 45401
CareSource.com

CareSource Rxinnovations
Powered by Express Scripts

RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

GA-MED-M-590850

Always keep your ID card with you. You will need it when you use your CareSource benefits.

You need your CareSource ID card when you:

- With providers or specialists.
- Go to an ER, urgent care, or a hospital.
- Get health supplies.
- Get prescription drugs.
- Have health tests.

Georgia Pathways to Coverage Program

Georgia Pathways to Coverage is a program that gives low-income Georgians who are not eligible for traditional Medicaid a chance to get healthcare coverage. Georgia residents can apply for the program starting on July 1, 2023.

Georgia Pathways members can get the same State Plan benefits as other Medicaid groups. You cannot receive Non-Emergency Medical Transportation (NEMT). Georgia Pathways members ages 19 and 20 who are receiving Early and Periodic Screening, Diagnostic and Treatment (EPSDT) may get NEMT. More information about these limited NEMT benefits is on page 44.

Eligibility Requirements

Georgia Pathways eligibility is for people who are not currently eligible for Medicaid with household earnings up to 100% of the Federal Poverty Level.

To be part of Georgia Pathways, you must:

- Be a Georgia resident.
- Be a U.S. citizen or legal resident.
- Be at least 19 years old and between the ages of 19 and 64.
- Be low-income, with a household income up to 100% FPL.
- Prove one or more qualifying activities for at least 80 hours per month is completed.
- Not be eligible for any other category of Medicaid.
- Sign the Pathways Contract.

Income Threshold

To qualify for Georgia Pathways, you must have a household income up to 100% of the FPL. Income is figured out using the Modified Adjusted Gross Income (MAGI) way, which is used in the State to decide other classes of Medicaid. Dollar amounts for the FPL are **here**.

Scan the QR code or go to **https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2023-poverty-guidelines-computations**.

Income Verification

You must share documentation to verify your income when you apply to see if you meet the financial eligibility requirements for Georgia Pathways. Income verification will be determined before enrollment by the State's eligibility system.

Care Management Organization (CMO) Enrollment

If you part of Georgia Pathways, you will be assigned into a CMO by the State. The Department of Community Health (DCH) lets you change CMOs up to 90 days after assignment. Coverage in Georgia Pathways and your CMO enrollment does not start until the first day of the month after you are decided eligible. Backdated coverage and/or assistance in paying previous medical bills is not available for people enrolling in Georgia Pathways.

Backdated coverage is only allowed in limited situations once you are enrolled in Georgia Pathways.

- If you send qualifying activities through mail, and the mail is postmarked by the 17th of the month, the form may be received by the Division of Family and Children Services (DFCS) after the 17th of the month.
  - Backdated coverage will be allowable to reinstate the member if they were suspended or terminated, but properly postmarked mail was acted upon by DFCS after the suspension or termination.
  - If the reporting date is postmarked by the 17th and entered into the Gateway Customer Portal, the system will give backdated eligibility for the month in which the member met the reporting requirement.
- If you appeal an adverse action, request a hearing, and ask for a continuation of benefits, backdated coverage will be allowed through an override through the Gateway Worker Portal.

Qualifying Activities

To be eligible for Georgia Pathways, you must show that you are currently engaged in at least 80 hours per month of a qualifying activity or combination of activities when you apply.

Qualifying Activities Are:

Qualifying Activity	Definition
Unsubsidized Employment	Full- or part-time employment in the public or private sector that is not subsidized by a public program.
Subsidized Private Sector Employment	Employment in the private sector where the employer gets a subsidy from public funds to offset some or all the wages and costs of employing a person.
Subsidized Public Sector Employment	Employment in the public sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
On-the-Job Training	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work, and that provides knowledge and skills essential to the full and adequate performance of the job.
Job Readiness	Activities directly related to the preparation for employment, including life-skills training, GED class time, resume building, and habilitation or rehabilitation activities, including substance use disorder treatment. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional.
Community Service	Structured programs and embedded activities in which the member performs work for the direct benefit of the community under the auspices of public or nonprofit organizations. Approved community service programs are limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and childcare.

Qualifying Activities Are:

Qualifying Activity	Definition
Vocational Educational Training	Organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations. A full-time academic workload will meet the requirements for 80 hours of qualifying activities in the month. An individual with a current course-load between 6 and 11 credit hours will be granted 40 hours per month of a qualifying activity. An individual with a current course-load between 1 and 5 credit hours will be granted 20 hours per month of a qualifying activity. Participation in vocational educational training is limited to 12 months in a member's lifetime, unless a member is enrolled in vocational education for a highly sought-after trade through the Technical College System of Georgia High Demand Career Initiative. In this instance, vocational educational training may count as a qualifying activity for the duration of the vocational education program. ***Technical College System of Georgia High Demand Career Initiative:*** **High Demand Career Initiative (HDCI)** was launched in 2014. The HDCI Occupations List has been compiled using a combination of labor market data, employer feedback, and collaboration with strategic partners. This list represents the occupations in each of Georgia's key industries that are in-demand, pay an above-average entry-level wage, and are considered strong options for pursuing a successful career in Georgia. These occupations are critical to the success of these industries and the health of Georgia's economy. For the latest HDCI Occupations List, access this webpage **https://www.dropbox.com/s/fbf5e1snlo03evz/HDCI%20Occupations%2009.20.2022.xlsx?dl=0** on the Technical College System of Georgia website.
Enrollment in an Institution of Higher Education	Enrolled in and earning course credit at a college, university, or other institution of higher learning. A full-time academic workload of at least 11.5 credit hours will meet the requirements for 80 hours of qualifying activities in the month. An individual with a current course-load between 5.50 and 11.49 credit hours will be granted 40 hours per month of a qualifying activity. An individual with a current course-load between 0.011 and 5.49 credit hours will be granted 20 hours per month of a qualifying activity. The student's workload may include any combination of courses, work, research, or special studies that the institution considers contributing to the individual's full-time status.
Enrollment and Active Part in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation Program	Enrolled in and compliant with the requirements of the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation (VR) program. This includes individuals who have been newly accepted into the GVRA VR program and whose Individualized Plan for Employment (IPE) is under de-velopment, or those compliant with the terms of their IPE once finalized. Both satisfy the requirements for 80 hours of qualifying activities in the month.

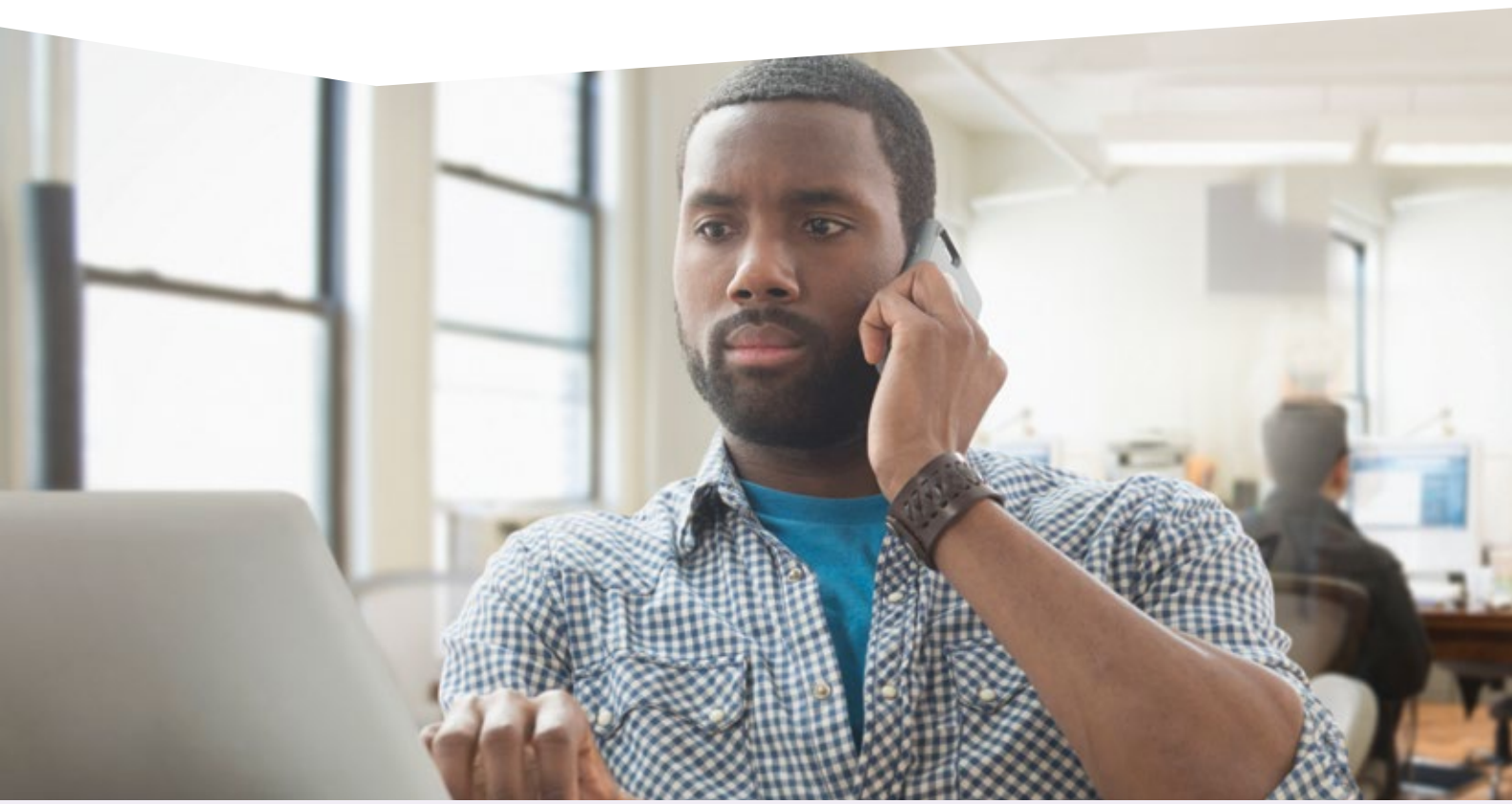
Staying Eligible

To stay eligible for Medicaid coverage through Georgia Pathways, you must report your hours to the State each month. Hours for the previous month should be reported by the 3rd day of the current month. The late reporting deadline is the 17th of each month. If you do not report your hours by the 17th of the month, you risk losing your coverage.

There are many ways to report or tell the State about your hours:

- **Gateway Customer Portal (CP):** You may report hours and activities for the past month and add documentation (pdf, jpg, tiff, bmp, docx) through your CP account.
- **Paper/Mail:** You may report hours and activities using a standard form template with attached documentation and mail it to a local DFCS office. Mail must be post-marked by the 17th of the month of reporting.
- **In-Person:** You may report hours and activities and provide documentation at a local DFCS office. Documentation must be stamped upon receipt by the 17th of the month of reporting.
- **Telephone:** You may call to report your hours and activities but will need to submit supporting documentation through one of the other channels by the 17th of the month of reporting.
- **Mobile:** You may attest to hours and activities for the past month and upload documentation to their account.

Reporting of hours must include your self-attestation of activity hours and supporting documentation to verify hours.



Qualifying Activities Verification

You must give one source of documentation to verify each qualifying activity you report. Documentation must confirm hours reported for the most recent four weeks available within the eight weeks before application submission date.

Qualifying Activities Verification:

Qualifying Activity	Verification Source
Employment	• Work number. • Pay stubs. • Written statement from source/employer. • Gross earnings (if hourly pay is known). • Timesheet.
Self-Employment	• Signed Standardized Work/Participation Calendar from member indicating hours engaged *(You may fill in a standardized worksheet template indicating total weekly hours worked per client/activity; OR submit a snapshot of their actual work calendar from the reporting month (e.g. photo of ledger of appointments or screenshot of calendar with work activities).*
On-the-Job Training (OJT)	• Statement from supervisor sponsoring the OJT.
Job Readiness	• Signed statement from Recognized Agency or Community Resource indicating hours engaged. *(Recognized agencies include: Georgia Department of Labor Career Center, Workforce Development Board, Georgia Vocational Rehabilitation Agency, Goodwill, and other agencies as authorized by the State).* • Signed statement from habilitation/rehabilitation institution verifying hours in last four weeks.
Community Service	• Signed Standardized Work/Participation Calendar. • Signed statement on organization letterhead from supervisor verifying hours.
Vocational Educational Training	• Official course enrollment for the current semester from the Office of the Registrar. • Copy of class schedule for the current semester. • Enrollment status through an interface (if available and if the student has consented to have their enrollment information shared with the Department of Human Services).

Qualifying Activities Verification:

Qualifying Activity	Verification Source
Enrollment in an Institution of Higher Education	• Official course enrollment for the current semester from the Office of the Registrar. • Copy of class schedule for the current semester. • Enrollment status through an interface (if available and if the student has consented to have their enrollment information shared with the Department of Human Services).
Enrollment and Active Part in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation Program	• Signed statement from GVRA dated within four weeks of Georgia Pathways application submission by the individual. • Enrollment letter dated within four weeks of Georgia Pathways application submission by the individual. • Current active client status through GVRA interface (if available).

Suspension

If you do not report your monthly hours or apply for a Good Cause Exception, you will be suspended from the Georgia Pathways.

- If you do not report your qualifying activities by 17th of the month, you will enter suspension the first day of the following month.
- You have 90 days from the start of suspension to report you are meeting the 80 hours of qualifying activities to be reinstated in Georgia Pathways for future coverage starting the first day of the next month.
- If you do not meet the qualifying hours within 90 days from the start of suspension, you are terminated from Georgia Pathways and must reapply.
- A terminated member may reapply at any time after their termination.
- If you report meeting the Qualifying Hours and Activities threshold within the 90 days of suspension, coverage will start again the first of the month after reporting.

Good Cause Exceptions

Pathways members may request a Good Cause Exception in a month when they did not meet the 80 hour qualifying activities requirement. Their options for submitting a Good Cause request to the State include:

1. Gateway Customer Portal: **https://gateway.ga.gov**.
2. Paper/mail to the local DFCS office. Find an address at: **dfcs.georgia.gov/locations**.
3. In person by going to the local DFCS office. Find an address at: **dfcs.georgia.gov/locations**.
4. Telephone: Call DFCS at 877-423-4746 (TTY: 711).
5. Mobile by logging into your account and uploading documentation.

About Good Cause Exceptions

You may ask for a Good Cause Exception when reporting hours and qualifying activities. If the Good Cause Exception is sent on time and approved, you will not enter a suspension period in the month after you have not met hours and activities requirements.

Good Cause Exceptions are temporary circumstances that prevent or diminish your ability to fulfill the hours and activities threshold during the reporting period. You may only ask for a Good Cause Exception for the prior month of activities and hours. The timeline for reporting Good Cause Exceptions is the same as for reporting qualifying hours and activities (due on the 3rd of the month, late reporting deadline is the 17th of the month). See *Staying Eligible* section on page 9 for the timeline.

You should ask for a Good Cause Exception if you don't meet 80 hours in any given month while you need to report monthly hours and activities. If you no longer need to report your hours and activities each month, and do not meet 80 hours in any given month, you should ask for a Good Cause Exception to maintain eligibility. You will be allowed up to 120 hours of Good Cause Exception hours per year, even if no longer required to report each month.

The table below outlines acceptable Good Cause Exceptions reasons and definitions.

Good Cause	Definition for Georgia Pathways to Coverage
Family Emergency or Life Event	You or a member of your immediate family was a victim of/involved in domestic violence, divorce, legal proceeding, legal matter, or temporary incarceration during the reporting period; or you were confirmed to serve jury duty during the reporting period. *Immediate family means the individual's spouse, child, parent, brother and sister. Immediate family also includes any other person who resides in your household and is recognized by law as a dependent.*
Birth, Adoption, Foster Placement, or Death of an Immediate Family Member	A member of your immediate family was born, was adopted, or died during the reporting period. You received a placement of a foster child in the home, including those in kinship during the reporting period.
Temporary Illness/ Short Term Injury	You experienced a temporary illness or short-term injury that resulted in an inability to work, attend school, or perform other regular daily activities for over three consecutive calendar days during the reporting period.

Good Cause	Definition for Georgia Pathways to Coverage
Serious Illness or Hospitalization of Member, or Immediate Family Member	You or a member of your immediate family was hospitalized or otherwise incapacitated during the reporting period due to illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider.
Natural or Human-Caused Disaster	You were a victim of a natural or human-caused disaster, such as a flood, storm, earthquake, serious fire, industrial accident, shooting, act of terrorism, incidents of mass violence, or other declared incident of mass trauma during the reporting period.
Temporary Homelessness	You were evicted from your home or became homeless during the reporting period.
COVID-19	You are unable to fulfill the hours and activities requirements because you were quarantining in response to having COVID-19 symptoms, a COVID-19 diagnosis, or exposure to COVID-19, or because of a closure of the place(s) related to COVID-19 where you were meeting the hours requirement. Note: The State may decide to remove this Good Cause Exception reason if warranted by the circumstances.
Other	Other Good Cause reason as defined and approved by the State.

Good Cause Exception Submission Requirements and Timeline

To ask for a Good Cause Exception you must complete four requirements:

- Choose a reason for the Good Cause Exception from a list of pre-defined options or select “other.”
- Give a written explanation of what happened.
- Share the number of hours requested for Good Cause.
- Send documentation to support the request.

When you submit the request, you attest that you were not able to fulfill your qualifying hours and activities due to the good cause reason that you choose.

You may make a Good Cause Exception request at the same time as reporting your qualifying hours and activities. For example, if you’re reporting April hours in May and are reporting any amount under 80 hours (including 0), you may submit a good cause request for the number of hours missing that month.

If you have not reported your hours by the 3rd of the month or report less than 80 hours, and do not submit a Good Cause Exception request by this date, then you will get instructions on the Good Cause Exception request process in your Monthly Qualifying Activity Incomplete Notice.

Limitations

You may ask for up to 120 hours of Good Cause Exceptions per year. If the total of Good Cause hours you request in a single year is more than 120 hours, all following requests will be denied. You will not be able to request a Good Cause Exception if you have reached the 120 hour limit.

Required Verification for Good Cause Exceptions

The table below shows acceptable documentation for Good Cause requests:

Good Cause Reason	Acceptable Verification Documentation
Family Emergency or Life Event	• Client Statement with Collateral Contact • Clinician's Note • Court Papers/Legal Papers • Police Report/Domestic Disturbance Report • Jury Duty Selection Notice
Birth, Adoption, Foster Placement, or Death of an Immediate Family Member	• Birth Certificate • Birth Announcement • Adoption Papers • Obituary • Death Certificate • Caregiver Placement Passport (for Foster Placement)
Temporary Illness/ Short Term Injury	• Clinician's Note • Employer/Supervisor Statement
Serious Illness or Hospitalization of Member or Immediate Family Member	• Clinician's Note • Employer/Supervisor Statement
Natural or Human-Caused Disaster	• Client Statement with Collateral Contact • State-issued Executive Order • Federally Declared Disaster • Property Loss Statement
Temporary Homelessness	• Client Statement • Landlord Letter • Lease Document
COVID-19	• Client Statement with Collateral Contact • Clinician's Note • Employer/Supervisor Statement
Other	• Client Statement with Collateral Contact • TBD (Circumstance reviewed and determined acceptable)

Premiums, Copayments, and Member Reward Account

Georgia Pathways members do not currently have copayments (a fixed amount for covered services).

Reasonable Modifications

For Georgia Pathways members who are individuals with disabilities, Reasonable Modifications will be made available by the State following established processes.

Reasonable Modifications unique to the Georgia Pathways qualifying activities and hours requirement will also be made available to individuals with disabilities. The definition of a disability used for Georgia Pathways follows the ADA definition which says that an individual: (i) has a physical, mental or sensory impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment.

Reasonable Modifications for Georgia Pathways to Coverage Members

Changes made by eligibility staff to the Georgia Pathways rules, policies, or practices for enrolled Georgia Pathways members are considered Reasonable Modifications. This includes:

- Allowing a member to keep coverage up to 90 days if they can no longer work or take part in a qualifying activity because of a disability while they are referred to and going through the intake process with GVRA.

Enrollment in GVRA is not considered a Reasonable Modification because it is a qualifying activity for Georgia Pathways.

There are not alternative reporting channels to report monthly qualifying hours and activities. This is not considered a Reasonable Modification. All Georgia Pathways members can report their monthly hours and activities through multiple channels such as: Customer Portal, mobile, fax, telephone, or mail.

Reasonable Accommodations for Georgia Pathways Members

Reasonable Accommodations for Georgia Pathways only refers to accommodations made by an employer or institution for the person with a disability to allow them to work or take part in an activity.

- Individuals must ask for accommodations directly from the employer or institution or through GVRA.
- DFCS staff do not collect verification of disabilities for an accommodation or make decisions on the types of accommodations needed for the Georgia Pathways member to be able to take part in a qualifying activity.

DFCS only needs to know about a Reasonable Accommodation made between you and your employer/institution if you have reduced work hours and will not be able to meet the minimum of 80 hours per month needed for eligibility. In this case, you will report and provide verification of the accommodation by your employer/institution. Then the DFCS Specialized Unit will reduce your monthly minimum qualifying activities and hours requirement to continue your Georgia Pathways eligibility accordingly.

Services Covered By CareSource

Georgia Pathways covers all medically necessary care. Medically necessary means you need the services to prevent, diagnose, or treat a medical condition. You should not be billed for these services. If you receive a bill, please call us. The full list of services and care covered by CareSource is included on pages 21-29.

What's covered by CareSource*:

- Office visits – providers and specialists
- Inpatient and outpatient care
- ER visits
- Vision care
- Ambulance services
- Preventive care
- Helping you plan for having children
- Maternity care

**This is not a full list. Please see pages 21-29 for a full list and care covered by us.*

Important Information:

- You must get services from providers in the CareSource network. Network or in-network provider refers to the providers who accept CareSource insurance and see patients who are covered through CareSource. For exceptions, see page 41.
- When you see a provider who is not in the CareSource network, prior authorization is required except in emergency situations.
- You do not need prior authorization for any office visit or procedure done at provider offices in the CareSource network.
- Please check the prior authorization list on our website prior to your request as changes may occur throughout the year.
- Please note the difference between a **referral** and a **prior authorization** (see below).

Prior Authorization (PA): Approval that may be needed before you get a service. The service must be medically necessary for your care. Your provider will get prior authorization for the care you need. A full list of services that require a PA are at **CareSource.com/ga/plans/medicaid/benefits-services/referrals-prior-authorization**. You can also call us.

Referral: Your provider will recommend or request these services for you before you can get them. Your provider will either call and arrange these services for you, give you a written approval to take with you to the referred services, or tell you what to do. Some examples are lab tests, x-rays, or seeing specialists.

Services Outside of the Network

CareSource may work with a provider outside of the network to coordinate needed services. This would occur if you cannot get care from a provider in the network. You must have PA from CareSource before getting care outside of the network in non-emergency situations.

Standing Referral

If you have special needs and need ongoing care, you can see a specialist with a standing referral from a PCP. The care given by the specialist must be right for your health issue and needs.

Continuity of Care

CareSource will work with you to keep care you are getting or care that has been planned. We can help with continuing care if:

- You are new to CareSource.
- Your provider has left the network.
- You leave CareSource to go to another health plan.

Utilization Management

Our Utilization Management (UM) team reviews the health care you get based on a set of guidelines. We review care to make sure it is the best for your needs. You can ask how care is reviewed for procedures including: preservice review, urgent concurrent review, post service review, and filing an appeal. 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 if you or your family's primary language is not English. We can also help if you have problems with your eyesight, hearing, or have trouble reading.

Call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056) if you have any questions about UM. When calling UM, please keep this in mind:

- We are open for calls Monday through Friday from 8 a.m. to 5 p.m.
- You can leave a message after normal business hours.
- You can reach UM using the secure "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 when they call.

New Care Approvals

CareSource may decide that a new development not currently covered by Medicaid will be a covered benefit. This includes newly developed:

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

Review of New Technology

CareSource will review any requests for newly developed technology or services that are not currently covered by your plan. This involves:

- Updated Medicaid or Georgia Pathways rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations

Authorization Time Frames

Standard authorization requests will be decided within 3 business days after we get the request. CareSource will tell you and your doctor if the services have been approved. You, your provider, or CareSource can ask for more time to review. The review can last up to two weeks. This would happen if more information is needed to make a decision and is in your best interest.

Your provider or CareSource can ask for an expedited (fast) authorization request. This is if the standard time frame could cause you harm. CareSource will decide on these requests within 24 hours. We can ask for up to 5 business days for review. This would happen if more information is needed to make a decision and is in your best interest.

Services Not Covered

CareSource will not pay for care or supplies you get if you don't follow the directions in this handbook. We do not pay for care that isn't covered by Medicaid. This includes:

- Abortions (except in the case of a reported rape, incest, or when medically necessary to save the life of the mother).
- 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.
- Services/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 the services that are not covered by Medicaid or CareSource. If you have a question about whether a service is covered, call us. See pages 21-29 for a full list of the covered services.

Other Insurance

Call Member Services if you have other health insurance. Other things to keep in mind: if you have another primary insurance, that insurer is responsible for payment before CareSource will pay for care. The other insurer must be billed before a claim can be sent to CareSource. The provider will need both your CareSource information along with the other insurance information. You must have both insurance cards on hand when you get care.

Explanation of Benefits

When you visit the doctor or have other health care services, we will send an Explanation of Benefits (EOB).

An EOB is not a bill. It will list:

- Who got care.
- 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 already paid.

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

Going Green

You can view your EOB online for easy and around-the-clock viewing. All you need to do is log in to your My CareSource account. No more waiting on the mail and no more piles of paper!

Copayments

When members pay a small part of health care costs this is called a copayment or copay. There are no copays for Georgia Pathways members at this time.

Benefits

At CareSource, we care about you. We know that there is more to health and well-being than just quality health care. That's why CareSource offers benefits and services that go beyond basic care.

Mental Health Services

Mental health is an important part of your overall wellness. Whether it's depression, anxiety, alcohol or drug dependence, we can help you. Call Member Services, refer to your provider directory, or visit **findadoctor.CareSource.com** and use our Find A Doctor online tool. Please see page 22 to learn more about what mental health services are covered.

CareSource Addiction Hotline

If you would like to make changes like limiting alcohol use or stopping drug use, we can help. Call the CareSource addiction hotline at 1-833-674-6437. We can help you find care and support.

Benefits At-A-Glance

The following benefits at-a-glance lists the covered care and services you have as a CareSource member. You can find out more at **CareSource.com/Georgia** or by calling Member Services.

Office Visits

- Convenience Care Clinics inside of stores like CVS Minute Clinic®
- Federally Qualified Health Center (FQHC)
- Other Health Care Practitioners (Nurse, PA, Midwife)
- Podiatry (foot care)
- Primary Care Providers like Family Physicians, Pediatricians, OB-GYNs, and Nurse Practitioners
- Specialist (Podiatrist, Neurologist, Oncologist, etc.)
- Telehealth

Emergency Services

- Emergency Room (ER)
- Emergent Ambulance
- Urgent Care

Preventive Services/Screenings

- Abdominal Aortic Aneurysm Tests (AAA)
- Alcohol Misuse Screening and Counseling
- Blood Pressure Screening (Adults)
- Bone Mass Measurements
- Breast Cancer Screening (Mammogram)
- Breast Pumps
- Cardiovascular Disease Testing
- Cervical and Vaginal Cancer Screening (Pap test)
- Cholesterol Screening (Adults)
- Colorectal Cancer Screening (Adults)
- Depression Screening (Adults)
- Diabetes Screening
- Electrocardiogram (ECG/EKG)
- Hepatitis B Screening
- HIV Screening
- Immunizations (shots)
- Lung Cancer Screening
- Nutritional Counseling
- Obesity/BMI Screening & Dietary Counseling
- Physical Exams
- Prostate Screening
- STI/STD Screening and Counseling
- Tobacco/Smoking Screening & Counseling

Inpatient Facility/Services

- Inpatient Hospital (Maternity/Delivery, Rehab Therapy, Physician Services)*
- Long Term Acute Care (LTAC)*
- Skilled Nursing Care*

Outpatient Facility/Services

- Blood Services*√
- Chemotherapy Services/Radiation Therapy
- Clinical Trials
- Dialysis√
- Home Health*
- Observation Services
- Outpatient Facility Physician Services*
- Outpatient Hospital Surgery and Ambulatory Surgical Center*
- Outpatient Hospital Surgery*/Freestanding Birth Center Services
- Outpatient Hospital Rehab Therapy*
- Urinary Drug Testing (UDT)*

Mental Health Treatment

- Inpatient Substance Use*
- Inpatient Mental Health*
- Intensive Outpatient Program (IOP)*
- Mental Health Residential Treatment*
- Psychiatric Residential Treatment Facility (Only age 21 and younger)*
- Partial Hospitalization (PHP)*
- Outpatient Substance Use
- Outpatient Mental Health and Substance Abuse

Outpatient Surgery/Physician Service

- Abortion Surgery*
- Bariatric Surgery*
- Blepharoplasty Surgery*
- Cosmetic/Plastic Surgery*
- General Surgery*
- Reconstructive Surgery*
- Sterilization Surgery*
- Transplants*
- Gender Affirming Care*
- Vision Surgery*

Outpatient Diagnostic Services

- Imaging (CT/PET/MRI)* √
- Outpatient Laboratory/Professional Services*√
- X-Rays and Diagnostic Imaging/Portable X-Rays*√

Hospice Services

- Home
- Hospice/Respite Facility*

Home Health Services

- Certified Nurse Aide (Home Health Aides)*
- Durable Medical Equipment (DME)*
- Infusion Therapy
- Occupational Therapy*√
- Orthotics/Prosthetics*
- Oxygen*
- Physical Therapy*√
- Skilled Nursing*
- Home Based Sleep Studies
- Social Worker*
- Speech Therapy*√

Durable Medical Equipment & Supplies

- Enteral/Parenteral Nutrition & Supplies*
- Diabetic Supplies
- Incontinence Supplies
- Other DME (Ostomy bags, commodes, syringes)*
- Oxygen and Supplies*
- Cochlear Implants*
- Wheelchairs/Walkers*
- Wound Care*

Rehab Therapy Services

- Cardiac Rehab*
- Cognitive Therapy*
- Occupational Therapy*√
- Physical Therapy*√
- Post-Cochlear Implant Aural Therapy*
- Pulmonary Rehab*
- Speech Therapy*√

Habilitative Services

- Applied Behavior Analysis (ABA) Therapy*
- Clinical Therapeutic Intervention
- Mental/Behavioral Services
- Assertive Community Treatment*
- Therapy Services (Physical Therapy/ Occupational Therapy/Speech Therapy)* √

Family Planning and Maternity Services

- Antepartum Care
- Birth Control (Pharmacy, Planned Parenthood, PCP/OB-GYN)
- Family Planning (Exams, STD/STI Screenings and Treatment)
- Lactation Classes
- Lamaze Classes
- Parent Education
- Home Visits
- Infertility Services (Diagnosis Only, Provider Visit, Labs)*
- Postpartum Care

Pharmacy

- Preferred Brand Drugs and Non-Preferred Drugs

Education/Training Services

- Asthma Education
- Diabetes Self-Management

Hearing Services

- Hearing Aids & Related Items (Ages 19 and 20)*
- Non-Routine Hearing Exams
- Routine Screenings (with EPSDT/Health Check)

Vision Services

- Vision Exam Screenings (Adults age 21 and up)
- Glasses/Frames (Adults age 21 and up)
- Contacts (Adults age 21 and up)*

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) ages 19 and 20 only

- Full Health and Developmental History Exam
- Nutritional Assessment
- Development/Behavioral Assessment
- Vision Screening
- Hearing Screening
- Dental Observation, Fluoride Varnish
- Lab tests and procedures
- Vaccinations
- Lead Screenings
- Health Education
- Telehealth Visits

Other Services

- Allergy Testing & Treatment
- Accidental Dental Services
- Inhalation Therapy
- Medical Nutrition Therapy
- Anesthesia Services
- Pain Management*
- Weight Loss*

*Prior authorization may be required. This means that CareSource must approve the service before you have it. Your health care provider will request approval from CareSource. All services are authorized based on medical necessity.

Benefits Guide

This chart lists more information about the covered care and services you have with us. If you have any questions or want to learn more, please call Member Services. We are happy to help.

Service	More Information	Requirements
Ambulance and Ambulette Transportation	Transportation for emergency situations by ambulance or an Ambulette, a wheelchair van, is covered.	Non-emergency ambulance services require a Prior Authorization (PA).
Mental Health Services	If you need mental health and/or substance use disorder treatment services, refer to your provider directory or view a provider list at **findadoctor.CareSource.com**. You can also call Member Services to learn more. If you need help right away, call CareSource24, our Nurse Advice Line, at **1-844-206-5944** (TTY: 1-800-255-0056 or 711).	These services require a PA: • All Inpatient Services • Assertive Community Treat-ment (ACT) • Community Support Services • Electroconvulsive Therapy (ECT) • Family Psychotherapy • Individual Psychotherapy • Intensive Customized Care • Coordination (IC3) Services • Intensive Outpatient Program (IOP) Services • Partial Hospitalization Pro-gram (PHP) Services • Psychiatric Diagnostic Evalu-ation • Psychiatric Residential Treatment Facility (PRTF) Services (only age 21 and under)
Certified Nurse Midwife (CNM)	Nurses who help with pregnancy, labor, and giving birth. Find a CNM in the Provider Directory, at **findadoctor.CareSource.com**, or call Member Services.	No PA is required.
Certified Nurse Practitioner (CNP)	Nurses who are trained in some of the medical care that doctors provide. Find a CNP in the Provider Directory, at **findadoctor.CareSource.com**, or call Member Services.	No PA is required.

Service	More Information	Requirements
Diagnostic Services	Diagnostic services are lab work, x-rays, or tests ordered by a doctor or health care professional to learn more about a specific condition or disease.	These services require a PA (including but not limited to): • Some bloodwork/lab testing • Scans (CT, MRI, PET)
Durable Medical Equipment	Medical Equipment prescribed by your doctor that can be used more than once for health services.	These services require a PA (including but not limited to): • Wheelchairs and some accessories • All rental/lease items like: CPAP/ BiPAP, NPPV ma-chines, 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	An emergency is a medical problem you think is so serious that it must be treated right away. Emergency services are always covered. Learn more on page 39.	No PA is needed.
Family Planning Services and Supplies	Family planning services and supplies includes things like birth control, breast pumps, family planning exams, nurse midwife services, and prenatal and postnatal doctor and home visits. Lamaze, parent education, and breastfeeding classes are also covered. Artificial insemination and infertility treatment services are not covered.	Infertility diagnostic services require a PA. In and out-of-network family planning services are covered. You can receive services from your PCP or any OB/GYN or Qualified Family Planning Provider (QFPP) listed in your Provider Directory, like Planned Parenthood®. You may self-refer for these services

Service	More Information	Requirements
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)	Special offices to help people who live in rural or urban areas get care. Covered care includes office visits for primary care and specialist services, physical therapy, speech pathology and audiology services, podiatry, vision services, and mental health services. Find a FQHC or RHC in the Provider Directory, at **findadoctor.CareSource.com**, or call Member Services.	No PA is needed.
Home Health Services	Home health care is a wide range of health care services that can be given in your home for an illness or injury. Private duty nursing is not covered.	These services require a PA (including but not limited to): • Home health aide visits • Skilled nurse visits • Social worker visits • Occupational Therapy • Speech Therapy • Physical Therapy
Hospice Care	Care for terminally ill patients. Hospice care is covered at no cost to you.	Only inpatient hospice care requires a PA.
Inpatient Hospital Services	Inpatient hospital services are medical procedures or tests that are done in a hospital or other medical center and usually require an overnight stay.	All inpatient hospital services require a PA.
Medical Supplies	Covered care includes diabetic supplies and nutritional supplies.	These services require a PA (including but not limited to): • Continuous glucose monitors • Donor milk • Insulin infusion device • Oral nutrition (for medical purposes) and enteral nutritional therapy
Obstetrical/ Maternity Care	Prenatal and postpartum care, including at-risk pregnancy services and gynecological services. You may self-refer to any women's health specialist in our net-work or you may see your PCP.	A PA is needed for maternity care if delivery and inpatient stay is scheduled at less than 39 weeks or if the stay exceeds 48 hours for vaginal or 96 hours for cesarean delivery.
Outpatient Facility Services	Outpatient facility services are medical procedures or tests that can be done in a medical center without an overnight stay.	These services require a PA (including but not limited to): • Elective surgeries

Service	More Information	Requirements
Out-of-Network Providers	Providers outside of the CareSource network are doctors, hospitals, drugstores, or other providers that have not signed a contract agreeing to give services to CareSource members. Find providers in the Provider Directory, at **findadoctor.CareSource.com**, or call Member Services.	PA is needed. CareSource will not pay for services from these providers unless it is an emergency or we have given PA.
Pain Management Services	Pain management services help improve the quality of life for those living with chronic pain.	These services require a PA (including but not limited to): • 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	Physical, speech, and occupational therapy is covered at no cost to you. Find providers in the Provider Directory, at **findadoctor.CareSource.com**, or call Member Services.	All physical, speech, and occupational therapy needs a PA.
Physical Exams	Preventive care is always covered at no cost to you. Physical exams for adults, those required for employment or for participation in job training programs is covered if the exam is not provided free of charge by another source.	No PA is needed.
Podiatry Services	Services for your feet.	No PA is needed.
Prescription Drugs, including prescribed Over-the-Counter Drugs	All medically necessary Medicaid-covered medications are covered. We use a preferred drug list (PDL).	PA varies by drug.
Preventive Breast Cancer and Cervical Cancer Screenings	Preventive care is always covered at no cost to you. Breast cancer screenings (Mammograms) and cervical cancer screenings (pap tests) for women are covered.	No PA is required.

Service	More Information	Requirements
Preventive Prostate Screening	Preventive care is always covered at no cost to you. Screenings for prostate cancer for men are covered at no cost to you.	No PA is needed.
Primary Care Provider (PCP)	Preventive care is always covered at no cost to you. Your PCP will do your checkups, shots, and treat you for most of your routine health care needs. If needed, your PCP will refer you to specialists or admit you to the hospital.	No PA is needed.
Dialysis	Dialysis is covered.	No PA is needed.
Residential Treatment	Residential treatment provides therapy for substance abuse, mental illness, or other behavioral problems in a health care facility. Call Member Services to learn more.	PA is needed.
Screening and Counseling for Obesity	Obesity/ BMI screening and dietary counseling are covered. Your PCP or other provider can provide care if medically necessary.	No PA is needed.
Shots (Immunizations)	Your PCP will do your checkups, shots, and treat you for most of your routine health care needs. You can also get some shots like the flu shot at convenience care clinics. See page 34 to learn more.	No PA is needed.
Specialists	Specialists are dermatologists, cardiologists, and other specialty providers. Find specialists in the Provider Directory, at **findadoctor.CareSource.com**, or call Member Services.	Your PCP or other provider will give you a referral to see most specialists. Specialists or services outside of the CareSource network require a PA.
Hearing Services	Hearing exams are covered at no cost to you. Hearing aids and related items are covered for those under the age of 21.	These services require a PA (including but not limited to): • Speech therapy • Hearing aids
Telehealth	Convenient access to a doctor by phone or computer, from wherever you are. Your PCP may offer telehealth. Contact their office to find out. If your PCP is not available, call Teladoc® at 1-800-TELADOC (835-2362) or visit **Teladoc.com/CareSource**.	No PA is needed.

Service	More Information	Requirements
Urgent Care	Urgent Care is for non-emergencies. They are for 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	Includes eye exams, routine checkups, and services from an eye doctor. One eye exam is covered each year for all members. Glasses and contacts are covered only for members ages 19 and 20.	These services require a PA (including but not limited to): • Contacts • Vision surgery
Well-child (EPSDT) Visits	Preventive care is always covered at no cost to you. EPSDT covers medical exams, immunizations (shots), health education, and lab tests for Medicaid eligible individuals ages 19 and 20 who are Georgia Pathways members. EPSDT also covers medical, vision, dental, hearing, nutritional, developmental, and mental health exams. See page 38 to learn more.	No PA is needed.

Extra Services

As a CareSource member, you get extra benefits.

Health and Wellness

COVID-19 Vaccine Lottery

Get your COVID-19 vaccine for a chance to win $500!

To win, you must meet these eligibility rules:

- Be a Georgia Families, Georgia Pathways, or PeachCare for Kids member (Planning 4 Healthy Babies® members are not eligible.)
- Gotten at least one vaccine dose from Moderna, Pfizer-BioNTech, or Johnson & Johnson.
- Gotten at least one vaccine from a CareSource network provider.

To learn more, email **ExtraBenefitsGeorgia@CareSource.com**.

Dental Care

Good oral health is a key part of your overall health.

Pathways members aged 19-20 years old have EPSDT dental benefits. CareSource provides adult members over age 21 dental benefits as a value-add.

Benefits include dental cleanings, dental extractions, and routine exams. Tobacco and substance use counseling is also offered. Adults also have an allowance of $700. This can be used for fillings, deep cleanings (gum care), partial, dentures, and root canals.

Eye Care

Caring for your eyes can lead to a better quality of life. Your eyesight impacts your performance at work, school and home. A yearly eye exam and $75 towards glasses or contacts are covered by CareSource.

myStrength℠

Take charge of your mental health and try myStrength. It offers support to help improve your mood, mind, body and spirit. Visit **bh.mystrength.com/caresource**.

Over-the-Counter Items

Get over-the-counter items for allergy relief, pain relief, and vitamins at no cost to you. You will need a prescription from your provider.

Mom and Baby

BabyLiveAdvice™

Virtual 1:1 consultation with nurses, dietitians, doulas, and lactation specialists. They will meet with you when you are pregnant and after you have the baby. Meetings can be evenings. There are also group classes. These classes will prepare you for birth, breastfeeding, and baby care. Visit **georgiamamacare.com**.

Breast Pump

You can receive a breast pump at no cost to you! Call one of the numbers below:

- Aeroflow: 1-844-867-9890
- Ameda Direct: 1-877-791-0064

New Baby Welcome Gift

To welcome your new baby, CareSource will send you a gift of baby items. You will be sent this if you are part of Care Management and have gone to prenatal and postpartum visits.

YMCA Membership

Get a free family membership with participating YMCAs. There needs to be at least one CareSource member in your household. You will have to complete your yearly wellness and dental visit.

To sign up for these memberships, go to your local club or on their websites. You will need your CareSource ID. You will also need the member's first and last name and date of birth. Some memberships have even more discounts. Ask what is included when you sign up. These offers may not be available in all parts of Georgia. Some may be based on eligibility. Please call 1-844-607-2828 to learn more.

Care Support

Care Management

Care management helps you learn about your health and how to better manage your specific health conditions. Being part of care management also means you can get:

- A free blood pressure monitor for members with a high blood pressure diagnosis.
- A free full bedding set for kids with an asthma diagnosis.

Life Goals

CareSource Life Services®

CareSource Life Services offers services and support for your life goals. This will help you get from where you are to where you want to be. We offer CareSource JobConnect™ This program helps you get new skills, links you with local services, and helps you find a job.

Lifeline

You can get a free smartphone, with unlimited minutes and text, and 15 GB of data!
Sign up at **www.GALifeline.com**.

CareSource Care Days

Look for invites to our CareSource Care Days for well checks and health events. You could earn a gift card.

Rewards for Wellness

MyHealth Rewards

Adults ages 18 and older can earn up to $240 in the MyHealth program. By completing a wellness activities, you can earn rewards. They can be redeemed for gift cards to many retailers like Old Navy®, TJ Maxx®, and Sephora®.

Transportation

CareSource Georgia Pathways members who are ages 19 and 20 have non-emergency ride benefits. To set up a trip, call the group that serves your county at least three business days before your visit.

Area	Phone Number	Counties
North	Southeastrans Toll free: 1-866-388-9844 Local: 678-510-4555	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	Southeastrans 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
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 Worth

Where to Get Care

Easy Access to Care

Sometimes you need medical care, but don't know the best place to go. CareSource makes it easy to get care for common health needs.

Primary Care Provider (PCP)

Your PCP is your main health partner. They can provide regular checkups, routine 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
- Nurse Practitioners

Other doctors can agree to be a PCP such as:

- Psychiatrists for those with major mental health issues.
- Providers at public health department clinics and hospital outpatient clinics.
- Specialists for those with chronic conditions.

You can also choose a Federally Qualified Health Center or Rural Health Clinic as your PCP.

Finding a PCP is easy. You can search for a provider using the *Find a Doctor* tool at **findadoctor.CareSource.com**. We are always adding new providers, so this tool is the most up-to-date. You may ask for a printed copy of a Provider Directory. Send back the Provider Directory card in the New Member Booklet or call Member Services.

If you have not chosen a PCP before joining CareSource, we will choose one for you. We will send you a letter about this within 10 days. We made this choice based on:

- Where you live
- If a PCP you have visited before is close to your home
- The PCP is accepting new patients
- Your language preference

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:

- To change to the same PCP as another family member
- Because the PCP does not give the covered care you want due to moral or religious objections
- Because you or the PCP have moved too far away from each other

You can change your PCP by signing into your My CareSource member account at **MyCareSource.com** or by calling Member Services. Once you find a PCP, schedule a visit right away. This will help the PCP get to know you and your health care needs. 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 PCP. We will tell you this in writing. We will also tell you if any of the local hospitals are no longer in the CareSource network. You can change your PCP within 30 days if you choose.

Appointments

It is important to go to your planned PCP visits. Call the doctor's office at least 24 hours before if you need to change or cancel a visit.

Preventive Care

Your PCP will play a big role in your preventive care. Routine health exams, tests, and screenings can help find and treat problems early before they get worse. Learn more about preventive care and when you should see your provider on pages 43-44.

Where to Get Care

We want to make sure you have easy access to care from the right provider when you need it.

Primary Care Provider (PCP)	Telehealth or Teladoc	Convenience Care Clinics	Urgent Care	Hospital Emergency Room
Usually open during regular business hours. Appointment needed.	Convenient access to a doctor by phone or computer, from wherever you are.	Usually open seven days a week with evening and weekend hours.	Usually open seven days a week with evening and weekend hours.	Open 24 hours a day, 365 days a year.
For routine care, common illnesses and advice. May also offer telehealth. Contact your PCP's office to find out. Visit your doctor the most of-ten!	Your PCP may offer telehealth. Contact their office to find out. If your PCP is not available or does not offer telehealth, you can call Teladoc® at 1-800-TELADOC (835-2362) or visit **Teladoc.com/Care-Source**.	When your PCP is not available. Inside many local drug and grocery stores, like CVS Minute Clinic®. Use for common illnesses such as coughs, sinusitis, colds, sore throats, and immunizations.	When your PCP is not available. Your condition or injury can't wait. For common illnesses, x-rays, deep cuts, etc.	When you are very sick or need immediate help. For life-threatening situations such as chest pain or a head injury.

Not every situation falls neatly into one of the above options. If you aren't sure where to go, call the CareSource24® Nurse Advice Line. We're here for you 24 hours a day, 7 days a week. Just call **1-844-206-5944** (TTY: 1-800-255-0056 or 711) to talk to a CareSource24 nurse.

Primary Care Provider (PCP)

For routine health care, visit your PCP. This helps them get to know you and your health care needs so they can give the best care. Some examples of conditions that can be treated by your PCP are:

- Dizziness
- High or low blood pressure
- Swelling of the legs and feet
- High or low blood sugar
- Persistent cough
- Earache
- Backache
- Constipation
- Rash
- Sore throat
- Loss of appetite
- Restlessness
- Joint pains
- Colds/flu
- Headache
- Removal of stitches
- Vaginal discharge
- Pregnancy tests
- Pain management

Telehealth

Telehealth uses your phone, computer, or tablet to speak to a provider. It removes the stress of needing transportation to and from the doctor's office. It is a convenient option for care that lets you talk to a provider from wherever you are and may lower your chance of being exposed to illnesses like the flu. You can use telehealth for many common issues like sinus infections, allergies, rashes, and more. It can also give you quick medical advice that can prevent your condition from getting worse. Plus, there is no cost to use telehealth.

Your PCP may offer telehealth services. Please check with your PCP first to find out what is available. If your PCP does not offer telehealth or has limited hours, you have options. CareSource offers two types of telehealth services: Georgia Partnership for Telehealth (GPT) and Teladoc®.

Georgia Partnership for Telehealth (GPT)

CareSource works with GPT to give you more access to specialty care. You can see a provider that is far away using medical cameras and live video from an office close to you. If you live in a rural area, this gives you better access to the care you need.

How does the GPT work?

- Your PCP can refer you to a specialist.
- The GPT scheduling center can then schedule your visit.
- You then meet with the specialist by video. This gives you a face-to-face visit.
- The specialist offers treatment and can then follow up with your PCP.
- You should also follow up with your PCP after you see the specialist.

How do I schedule a visit at a GPT site?

- You can fill out the intake form at your PCP's office. They will send it to the GPT scheduling center. You can call the GPT scheduling center and do the intake over the phone.
- Once you fill out the form, a GPT scheduler will enter your information into the GPT system and make the appointment.
- A GPT scheduler will call you to go over the details. You will need to then fill out a GPT authorization and consent form. This will need to be returned at least 48 hours (two days) before a scheduled appointment.
- You can take the GPT forms to your PCP's office. They can fax them to the GPT scheduling center for you. You can also fax or email the GPT forms to the GPT scheduling center.

How do I reach the GPT scheduling center?

- Call: 1-866-754-4325
- Fax: 1-912-285-0938
- Email: **scheduling@gatelehealth.org**

Teladoc®

If your provider doesn't offer telehealth, or has limited hours, you may use Teladoc to visit a board-certified doctor 24/7. Use Teladoc for many common health problems, like:

- Colds/flu/cough
- Congestion/sinus infection
- Allergies
- Pink eye
- Rashes
- And More

Connecting with Teladoc is easy.

- Visit **www.Teladoc.com/CareSource**
- Call 1-800-TELADOC (835-2362)
- Access from the CareSource mobile app
- Referral and direct connection from CareSource24®
- Download the Teladoc app

Have your CareSource member 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, usually within 15 minutes.

Note: Teladoc should not be used for trauma, chest pain, shortness of breath, or the prescribing of DEA (Drug Enforcement Agency) controlled substances.

Convenience Care Clinics

If you can't see your PCP, we want to make it easy to get care when you need it. A retail visit is quicker and cheaper than a visit to urgent care or an ER. You can go to clinics inside of CVS® and Walgreens® for basic care. At the clinic, you can:

- Get a flu shot
- Get health screenings and physicals
- Get care for aches and pains, sicknesses, and minor injuries

Most clinics are open in the evening, seven days a week. Visits can be scheduled for the same day. Walk-ins are often welcome. Find one near you using our online Find a Doctor tool at **findadoctor.CareSource.com**.

Urgent Care

Urgent Care is for non-emergencies. They are for when you can't see your PCP right away. They help keep an injury, sickness, or mental health issue from getting worse. If you think you need to go to urgent care, find one in your Provider Directory or at **findadoctor.CareSource.com**. After you go, always check in with your PCP.

Sometimes you get sick or hurt while you are traveling. If you need to visit urgent care while out of state, call your PCP or the CareSource24® Nurse Advice Line at 1-844-206-5944 (TTY: 1-800-255-0056 or 711). They can help you decide what to do. If you go to an urgent care center, call your PCP as soon as you can to let them know.

Emergency Services

Emergency Services are for severe health issues that must be treated right away. CareSource covers emergency services both in and out of the county where you live. Examples of medical issues needing emergency care are:

- Miscarriage/pregnancy with vaginal bleeding
- Severe chest pain
- Shortness of breath
- Loss of consciousness
- Seizures/convulsions
- Uncontrolled bleeding
- Severe vomiting
- Rape
- Major Burns

If you need emergency services:

- Go to the nearest ER or call 911. The provider does not have to be in the CareSource network. No prior authorization is needed.
- Show your member ID card. Tell the staff you are a CareSource member.
- If they treat your emergency but think you need more care, the hospital must call CareSource.
- If you must stay at the hospital, please have them call CareSource within 24 hours.
- Call your PCP to tell them of your health emergency. Plan any follow-up care with your PCP.

If you are not sure if it is an emergency, call your PCP first. Or call CareSource24® our Nurse Advice Line at **1-844-206-5944** (TTY: 1-800-255-0056 or 711). If you need emergency care, call 911 or go to the nearest ER. There is no need to call CareSource first — your health comes first.

Emergency or Urgent Care Outside of Our Service Area

If the emergency care provider is not in the 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 the service area for your plan. You can use the Member Claim Form in the back of this handbook (see page 71). You can also visit **CareSource.com/Georgia** and find the Claim Form in *Forms* under the *Members* tab.

Pharmacy

Prescription Drugs

CareSource pays for all medically necessary prescriptions and drugs on our **Preferred Drug List (PDL)**. These are drugs we prefer your provider to prescribe. The PDL can also be referred to as the Formulary. Our drug list has more than one drug for treating a health issue. These options are called alternative drugs. Alternative drugs are just as good as other drugs with similar side effects. CareSource also covers many commonly used over-the-counter (OTC) medications with a written prescription from your provider.

CareSource has drug procedures in place to give members the drugs they need safely and properly. You can get our PDL and list of drugs that need prior authorization at **CareSource.com/Georgia** or by calling Member Services. The PDL and list of drugs can change. Check the CareSource PDL and list of drugs that need PA when you need to fill or refill a drug.

Find My Prescriptions

CareSource has a searchable drug list on our website called the **Preferred Drug List (PDL)**. Find out which drugs are covered by going to the **Find My Prescriptions** link under *Member Tools & Resources*. This is where you will find the Preferred Drug List and the most current changes and updates, too. If you don't have access to the internet, we can help you. Call Member Services to learn more.

Over-The-Counter (OTC) Drugs

CareSource also covers many commonly used over-the-counter (OTC) medications with a written prescription from your provider. Examples of OTC drugs and products are:

- ✓ Allergy relief
- ✓ Antacids
- ✓ Lancets and pen needles
- ✓ Multivitamins
- ✓ Nicotine gum and patches
- ✓ And more!

View a list of covered drugs and products on the **Covered OTC List** at **CareSource.com/documents/ga-p-0676-v-2-otc-pdl-ga-mcd/** or by calling Member Services. This list is subject to change. Always refer to the CareSource PDL by going to the **Find My Prescriptions** link under *Member Tools & Resources*. It will have the most complete and up-to-date information about what is covered.

Step Therapy

Step Therapy is when you may need to try one drug before taking another. You must try a medicine on the PDL before a drug that is not on the PDL would be approved by CareSource. Certain drugs will be covered only if Step Therapy is used.

Generic Substitution

A drugstore will give you a generic drug in place of a brand-name drug. Generic drugs have the same effect and safety as brand-name drugs. Your provider will need approval from CareSource if they ask for a brand-name drug when there is a generic drug available, unless the brand is noted as preferred.

Therapeutic Interchange

Sometimes you cannot take a certain drug, like if you have an allergy. Other times, a drug might not work for you. In these cases, your provider can ask CareSource to cover a drug that is not on the PDL.

Exceptions

You may ask us to cover a drug not on the PDL. This is called an exception. You may ask for an exception because of an allergy, not being able to take a drug, or a poor response to the PDL drug. Once we get this request, we will work with your provider to get the forms and information needed.

Specialty Medications

Some drugs have special instructions, complicated administration, or special monitoring. They may need to be given to you by your provider. These are called specialty drugs. Most of these drugs require a prior authorization from your provider. We will work with your provider and the specialty pharmacy to get the approvals for the medications you need.

Georgia Lock-In Program (GA LIP)

GA LIP is a health and safety program that protects members whose use of controlled substances exceeds what is medically necessary. Use of controlled substances is monitored, and members are assigned designated providers. GA LIP enrollees must get their medicines filled at one pharmacy and use their PCP for medical care.

Prior Authorization

CareSource may ask your provider why you need a certain type or dose of medicine. Prior authorization may be needed if:

- There is a generic or pharmacy alternative drug.
- The drug can be misused or abused.
- 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 how to ask for an appeal of our decision and your right to a state fair hearing.

Medication Disposal

Do you have expired drugs or medications you no longer use? Expired or unused drugs can be a health risk for toddlers, teens, or family pets if they are within reach. They can also be misused. Most people who misuse prescription drugs get them from friends or family. It is important to safely dispose of these drugs before they cause harm.

Drug take back sites like local pharmacies or police stations can safely dispose of these expired or unused drugs for you. Visit **deadiversion.usdoj.gov/pubdispsearch** to see a list of sites near you.

CareSource also has free DisposeRx® packets to help you safely get rid of these medications. These packets are safe for the environment, easy to use, and will help reduce drug misuse. Get your free packet at **secureforms.CareSource.com/DisposeRx** or call Member Services.

Care Management

CareSource offers care management to help you coordinate your health needs. The Care Management team includes registered nurses, social workers, and other outreach workers. These individuals are referred to as Care Managers. Care Managers work with you, your primary care provider (PCP) and/or other specialists, and any family or caregivers you would like to help coordinate your care. Together, we work with you to meet your health and wellness goals. This program is available at no cost to you.

Care management has different levels of care. The level of care you receive is tailored to your health care needs. One of the easiest ways to get started is by completing your Health Needs Assessment (HNA). Using a few questions about your health and lifestyle, we can determine the level of care management you may need.

You can take the HNA in one of these ways:

1. **Call:** Call 1-833-230-2011 (TTY: 711) between 7 a.m. to 6 p.m., Monday – Friday.
2. **Online:** Log into **MyCareSource.com** account and click on the Health tab.

CareSource offers care management for any physical, social, or mental health need. Care Managers may ask you questions to learn more about your specific health conditions. This way, they can help you understand your condition and how to better manage your health. They'll also help you access services and local resources. Care Managers can connect you with resources you need like food, clothing, and housing. They can even help you coordinate transportation to get medical care.

You may hear from a Care Manager if:

- Your PCP or other provider asks us.
- You or your caregiver asks us to contact you.
- We think we can help you based on your medical claims.

Please call us if you have any questions or feel that you would benefit from care management services. We are happy to help. You can reach us at **1-855-202-0729** (TTY: 1-800-255-0056 or 711) and ask for care management.

High Risk Care

CareSource can help with complex health needs. We have a High Risk Care Management team. They can work with you one-on-one by phone and in person. They will help coordinate your care. They can also link you with providers and resources to manage your complex health needs.

Care Transitions

CareSource helps you after you leave the hospital by:

- Answering questions about discharge.
- Answering questions about drugs.
- Coordinating your PCP and/or specialist visits.
- Coordinating you or your family's needs when home.

If you need help after a hospital stay you can reach the Care Transition team at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

Disease Management

CareSource knows that living with a long-term condition can be hard to manage. We want you to have the right tools to stay healthy. If you are living with chronic health issues like diabetes, asthma, high blood pressure or COPD, our disease management programs are just for you.

Our free disease management programs can help you learn more about your health. They can also help you manage your health condition. You can choose to be part of a program or we may hear from your doctor, pharmacy, or other provider that you would benefit from this program. Please call us at **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

Preventive care is key for the whole family. Seeing your PCP on a routine basis even if you are healthy helps your PCP find and treat problems early before they get worse.

Preventive care covers:

- Yearly well-adult exams
- Mammograms and cervical cancer screenings for women
- Prostate cancer screenings for men
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for children ages 19 and 20 in Georgia Pathways
- And much more!

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

EPSDT covers care for those under the age of 21 at no cost to you. For Georgia Pathways to Coverage, EPSDT covers members ages 19 and 20. 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

EPSDT includes:

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

EPSDT also covers medically necessary care for issues found by an exam. This includes things like glasses and hearing aids.

As part of EPSDT, there are Care Management services for Georgia Pathways members ages 19 and 20 with special health care needs. Call Member Services and ask for care management.

Pregnancy and Family Planning

CareSource wants you to have a healthy pregnancy.

CareSource covers family planning services. This helps:

- You be healthy before getting pregnant.
- Put off pregnancy until you are ready.
- Protect you and your partner from sexually transmitted infections.

You do not need approval to see a Family Planning Provider. They can be outside of the CareSource network. They can be:

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

Before You Are Pregnant

You can do things to be as healthy as possible before getting pregnant. These actions can limit problems during pregnancy:

- Make an appointment to see your PCP
- Talk with your PCP about healthy eating
- Stop smoking now
- Take folic acid daily
- Don’t drink alcohol or use illegal drugs

While You Are Pregnant

If you become pregnant, notify the state of your change in status through the Gateway portal. See a provider as soon as you know you are pregnant. You can find a provider at **findadoctor.CareSource.com** or call Member Services. Seeing your provider early and regularly during your pregnancy can improve outcomes for both you and your baby.

Perinatal Education Program

The Perinatal Education Program is a monthly guide to a healthy pregnancy. This program is for those in the care management program.

Member Rights And Responsibilities

You have the following rights:

- To get information about CareSource, its services, its practitioners and providers, and enrollee rights and duties.
- To get all services that CareSource must provide to you under the Georgia Pathways to Coverage program.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your personal information and medical records will be kept private.
- To be given information about your health. This information may also be available to someone legally authorized to have the information. It may also be given to someone you have said should be reached in an emergency. This is when it is not in the best interest of your health to get it.
- 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 your ability to understand.
- To be able to participate with providers in making decisions about your health care including the right to refuse treatment.
- To get information about any medical care, given in a way that you can understand.
- To be sure that others cannot hear or see you when you are getting medical care.
- 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 receive a copy of your medical records and to be able to ask that the record be changed/corrected if needed in accordance with federal privacy law.
- The right to request 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 information about you given out unless CareSource has to by law.
- To be able to say no to treatment or therapy. If you or your parent/guardian say no, the doctor or CareSource must talk to you about what could happen and a note must be placed in your medical record about the treatment refusal.
- To freely be able to file an appeal, a grievance (complaint), or request a state fair hearing and that the exercise of these rights will not adversely affect the way you are treated. To voice complaints or appeals about CareSource or the care it provides.
- To be able to get all written information from CareSource:
  - At no cost to you.
  - In the prevalent (most popular) non-English languages of members in CareSource's service area.
  - In other formats, to help with special needs if you have trouble reading the information for any reason.
- To be able to get help free of charge from CareSource and its providers if you do not speak English or need help in understanding information.

- To be able to get help with sign language if you are hearing impaired.
- To be told if the health care 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 be told of any experimental care and to be able to refuse to be part of the care.
- To make Advance Directives. (see pages 55-51)
- To be free to carry out your rights and know that CareSource, our providers or the Georgia Department of Community Health 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 woman's health provider for covered women's health care.
- To be able to get a second opinion from a qualified network provider. If a qualified provider 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 is unable to provide a covered service in our network.
- To get information about CareSource from CareSource.
- 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 the Covered Services given to you for which DCH does not pay CareSource.
- To not be held liable for Covered Services given to you for which DCH or CareSource does not pay the Health Care 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/doctors.
- Keep doctor and dentist appointments, be on time, and call 24 hours before the scheduled appointment to cancel.
- Follow the advice and instructions for care you have agreed upon with your PCP and other health care 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 convenience care clinic, or after getting medical or mental health care outside of CareSource's covered counties or service area.
- Let CareSource and the county caseworker know if you are covered by other health insurance.

- Provide the information that CareSource and your health care providers need, to the extent possible, in order to provide care.
- Understand as much as possible about your health issues, and take part in reaching goals agreed to with your health care provider

Georgia Family and Social Services Administration:

Medicaid-Department of Community Health
Legal Services Section - General Counsel's Office
Two Peachtree Street, NW 40th Floor
Atlanta, GA 30303-3159

Privacy Practices

Your Rights

When it comes to your health information, you have the right to:

Get a copy of your health and claims records.
You can ask for a copy of your health and claims records. We will give you a copy or a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

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 not complete. Ask us how to do this. We may say "no" to your request. If we do, we will tell you why in writing within 60 days.

Ask for private communications.
You can ask us to reach you in a specific way, such as home or office phone. You can ask us to send mail to a different address. 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 your request. 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 how many times we've shared your health information. This is only up to 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;
- Amount paid;
- Health care operations, and;
- Other disclosures you have asked us to make.

We will give you one list each year for free. We will charge a fair, cost-based fee if one is asked for within 12 months.

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 agreed to get the notice electronically (email). We will give you a paper copy as soon as possible.

Allow CareSource to speak to someone on your behalf.
You can allow CareSource to talk about your health information with someone else on your behalf.

Legal guardians can make choices about your health information. CareSource will give health information to the legal guardian. We will make sure a legal guardian has this right and can act for you 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.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
  - Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
  - Calling 1-877-696-6775, or
  - Visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not take action against you for filing a complaint. We cannot ask 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 choose what we share. You should tell CareSource how you want this information shared. We will follow these orders. **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others who pay for your care.
- Share information in a disaster relief situation.

If you can't tell us your choice, such as if you are unconscious, we may share your information if we believe it is in your best interest. We may also share if we need to reduce a serious and close threat to health or safety.

We cannot share your information unless you give us written consent for:

- Marketing uses
- Sale of your information
- Sharing your therapy notes

Consent to Share Health Information

The CareSource policy is to share your health information. This includes Sensitive Health Information (SHI) such as drug and/or alcohol care, genetic testing results, HIV/AIDS, mental health, Sexually Transmitted Diseases (STD), or problems that are a danger to your health. We share this for the purpose of treatment, care coordination, and help with benefits. It is shared with your past, present, and future providers and the Health Information Exchanges (HIE). You have the right to tell us if you do not want your health information (including SHI) shared. This excludes the provider who treats you for the specific SHI. Your providers may not be able to coordinate your care if you don't allow sharing.

Other Uses and Disclosures

We use or share your health information in these ways:

- **Help you get health care.** We can use your health information and share it with experts who are treating you. **Example:** *A doctor sends us information about your diagnosis and care plan so we can arrange more care.*
- **Pay for your health care.** We can use and give out your health information when we pay for health care. **Example:** *We share information with your doctor's office plan to pay for health care services.*
- **Operate the plan.** We may use or share your health information to run our health plan. **Example:** *We may use your information to make the quality of health care better. We may give your health information to outside groups so they can help us run the health plan. Outside groups are lawyers, accountants, consultants and others. We require them to keep your health information private, too.*

How else can we use or share your health information? We are allowed or required to share your information in other ways. This is often for the public good, such as public health and research. We have to meet many rules in the law before we can share your information for these reasons. For more information go to: **hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.

- **To help with public health and safety issues**
  - 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 if state or federal laws calls for it. This includes the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.
- **To react to organ and tissue donation requests and work with a medical examiner or funeral director.** We can share health information with organ donation organizations. We can also share with a coroner, medical examiner, or funeral director if you die.

- **To address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you for:
  - Workers' compensation claims
  - Law enforcement purposes or with a police official
  - Health oversight offices for actions allowed by law
  - Special roles such as military, national safety, and presidential protective services
- **To react to lawsuits and legal actions.** We can share health information due to a court or legal order. We may also make a group of "de-identified" information that cannot be traced back to you.

Special Rules per State Laws: State law requires that we get your approval in many cases before:

- Giving out the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition;
- Giving out information about drug and alcohol treatment you may have received in a drug and alcohol treatment program;
- Giving out information about mental health care you may have received;
- Giving out information related to genetic testing; and
- Giving out information that we received from a pharmacy.

For full information on when such approval may be needed, you can contact the CareSource Privacy Officer.

Our Responsibilities

- We protect your health information in many ways. This includes information that is written, spoken or found online using a computer.
  - CareSource staff is trained on how to keep your information safe.
  - Your information is talked about in a way so that it is not overheard.
  - CareSource makes sure that computers used by staff are safe by using firewalls and passwords.
  - CareSource limits who can get to your health information. We make sure that only those staff with a business need can get information.
- By law, we must keep the privacy and security of protected health information and give members a copy of this notice.
- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.
- We will not use or share your information other than as listed here unless you tell us we can in writing. You can change your mind at any time and tell us in writing.

For more information go to: **hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Effective Date and Changes to the Terms Of this Notice

This privacy notice is effective April 28, 2017. We must follow the terms of this notice as long as it is in effect. If we change the notice, the new one would apply to all health information we keep. If this happens, CareSource will put the new notice on our web site. You can also ask our CareSource Privacy Officer for it by:

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

Email: **HIPAAPrivacyOfficer@caresource.com**

Phone: 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

CareSource is open 7 a.m. – 7 p.m. Monday through Friday.

Member Consent/HIPAA Authorization Form

This form lets CareSource Management Group Co. and its affiliated health plans ("CareSource"), share your health information as described below. All of this form must be filled out. Mail or fax it to the address listed at the end of this form. Or, you may choose to fill out this form online at www.caresource.com.

Section 1: Member Information

Member Last Name	MI	Member First Name	Member Date of Birth
Member Street Address	City	State	Zip Code
Member Home Phone	Member Cell Phone	Member ID Number (Found on Plan ID Card)	
By giving your cell phone number, you are saying that CareSource may use it to contact you.			

Section 2: Consent to Share Health Information

The CareSource policy is to share your health information. This includes 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 (STD), or 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 info is shared with your past, current, and future treating providers. It also is shared with Health Information Exchanges (HIE). An HIE lets providers view health information that CareSource has about members. You have the right to ask for a list of everyone who was given your health information by CareSource.

If you do not want your health information (including SHI) to be shared for treatment, to manage your care and help with benefits, check here: ☐

If you check the box above, none of your health information (including SHI) will be shared. It will not be shared with your providers. (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 if they could if you did approve sharing.

Section 3: Representative Designation

If you would like to name someone that CareSource may speak to on your behalf, please fill out this section. CareSource will share all of your health information with the person you name. If you name a group, like a law firm, the group is called an entity. Please give the entity's info and the name of a contact person at the entity.

Last Name	First Name	MI	Entity Name (if law firm or other entity)
Street Address	City	State	Zip Code
Home Phone	Cell Phone		

Section 4: Review and Approval

By signing my name, I agree:

To let CareSource share my health information as marked in Sections 2 and/or 3. I agree that signing this form is my choice. I agree the information shared may be subject to being shared again by the person or entity receiving it. After that it may no longer be protected by federal privacy laws. Substance use disorder information from specific treatment programs (42 CFR Part 2), may be kept private and not allowed to be shared again without my permission. I agree this form is not making a Health Care Power of Attorney. I agree that I may cancel this permission at any time. To cancel permission, I must send a written letter to CareSource. I can send the letter to the address at the bottom of this form. I can also fax it to the number at the bottom of this form. Or, I may cancel my permission on www.caresource.com. I agree that if I cancel this permission, it will not change any actions CareSource took before I cancelled permission. I agree that my treatment, payment, enrollment or eligibility for benefits do not depend on whether I sign this form. ***Please sign below.***

<table>
<tr><td colspan="3">Member/Minor Member's Parent Signature or Designated Legal Representative Signature*:</td><td>Date:</td></tr>
<tr><td colspan="4">Date this Permission Ends:

If no date given, the permission will remain on your record unless/until you ask us to cancel it. For minor members, it will end on their 18th birthday.</td></tr>
<tr><td colspan="4">*If signed by someone other than the member/minor member's parent, that person must be a designated legal representative. A designated legal representative is someone who has been given the authority to act on the behalf of the member. If you have not already done so, you must provide a copy of the Power of Attorney or court papers that prove the person is a designated legal representative. Also complete these fields:</td></tr>
<tr><td>Legal Representative (print full name)</td><td colspan="3">Legal Relationship to Member, e.g., Power of Attorney, Court-Appointed Guardian or Custodian:</td></tr>
<tr><td>Legal Representative's street address</td><td>City</td><td>State</td><td>Zip code</td></tr>
</table>

Please send your completed form to:

CareSource/ Attn: Privacy Office, P.O. Box 8738, Dayton, OH 45401-8738, *or*,
Fax it to 1-833-334-4722, *or*,
you may choose to fill out this form online at www.caresource.com.

GA-MMED-2120a DCH Approved 05/21/2018

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 the GaHIN network. If you opt-out, no provider can share your health records through the GaHIN network. You can simply opt back into the system later.

Advance Directives

What is an Advance Directive?

An Advance Directive is your written record about your future care and treatment, including mental health care. It helps your family and provider know your wishes about your medical care. You must be of sound mind and at least 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. You may also use an Advance Directive to keep certain people from making health care decisions for you.

Using Advance Directives to state your wishes about your health care

Many people worry what would happen 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 make an Advance Directive, but we suggest you do so. Many people write their health care wishes while they are healthy. Providers must make it clear that you have a right to state your wishes about your health care. They must ask if your wishes are in writing. They also must add your Advance Directive to your medical record.

When making an Advance Directive, you will need to answer some tough questions. Think about these things when you write your Advance Directive:

- It's a choice to write one.
- The law states that you can make choices about health care, such as agreeing to 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: Lets you choose someone to make health care rulings for you when you cannot or do not want to. This person becomes your health care agent. You should give a lot of thought about who you pick as a health care agent.

Part 2

Treatment Preferences: Lets you 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 signature of two disinterested witnesses. You may fill out any or all of the first three parts of the Advance Directive. 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 calling or writing to:

Georgia Department of Community Health
Health Care Facilities Regulations
2 Peachtree Street, NW
Atlanta, Georgia 30303
Toll free: 1-800-878- 6442

Find answers about Advance Directives by:

- Talking with your PCP.
- Going online at **http://aging.dhs.georgia.gov/**.
- Calling the Georgia Department of Human Services, Division of Aging Services at 1-404-657-5258. You can also visit them at 2 Peachtree Street NW, Suite 9395, Atlanta, GA 30303-3142.
- Speaking with a local lawyer or legal aid service.

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

Quality Management and Improvement Program

CareSource works to make sure that the care and services you receive are the best they can be. We want you to be happy with your care. We use evidence-based measures and tools to see how well we are keeping you healthy. Examples of this include:

- 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 such as:
  - 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
- Encouraging you to see your provider after being in the hospital for your mental health

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

Preventive Health Guidelines

Preventive health guidelines help CareSource take the best care of you and your family. These rules are based on your age and health issues you may have.

CareSource uses the same preventive health guidelines used by providers across the country 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**. A printed copy of the guidelines can be mailed to you if you ask for them.

CareSource may also call or send you reminders on health exam 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 to take care of your health issue or if you have trouble following your health plan.
- Take the medications your PCP has given you.
- Call your doctor to talk about changing the drugs if they make you sick or cause an allergic reaction.
  - Don't stop taking your medication until you talk to your doctor.

Call the CareSource24® number on your member ID card 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 Pathways to Coverage Program. Abuse can be caused by a provider or a member. Provider abuse could be caused by actions that do not meet good fiscal, business, or medical sense. They also can be paying for care that is not needed.

It is important to check for fraud, waste, and abuse. Help us by letting our Program Integrity team know if there are issues. Fraud, waste or abuse can be done by providers, pharmacies, or members:

Providers who:

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

Pharmacies that:

- Do not fill prescriptions as written by your provider.
- Send claims for a brand-name drug that costs more but give you a generic or a less expensive drug.
- Give less than the prescribed amount and do not let you know to get the rest of your medication.

Members who:

- Sell prescribed drugs or try to get controlled drugs from more than one doctor or drugstore.
- Change or forge prescriptions.
- Use 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 don't need.
- Get care or drugs using some other person's ID.
- Give wrong symptoms to get treatment, drugs, and other care.
- Have 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 that was paid for care that was a misuse of benefits.
- Be charged with a crime and go to jail.
- Lose your Medicaid benefits.

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

1. Call **1-855-202-0729** (TTY: 1-800-255-0056 or 711). Select the menu choice to report fraud.
2. Fill out the Fraud, Waste and Abuse Reporting Form by:
   - Writing a letter and mailing it to us at:
     CareSource
     Attn: Program Integrity and Investigations
     P.O. Box 1940
     Dayton, OH 45401-1940
   - Going to our website and filling out the form. Our website is **CareSource.com/Georgia**.

You do not have to give us your name when you write or call. If you are not concerned about giving your name, you may also 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 don't get your name, we will not be able to call you back for more information. 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 a member ID number, social security number, or 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.

Call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711) if you have any questions. Visit **CareSource.com/Georgia** to learn more.

Confidential Fraud, Waste, and Abuse Reporting Form

Please use this form to tell us about any fraud, waste, and abuse concerns you may have. This information will be confidential. Tell us as much as you can.

I think that the following person, who can be reached at the address and phone number listed below, may be doing acts of fraud, waste or abuse.

Name: _____

Address: _____

Phone Numbers: _____

This person is a/an…: (please check the appropriate box)

Employee ☐ Member ☐ Provider ☐ Other* ☐

Tell us your concern. Please attach extra pages, if needed.
*Please explain the relationship between the person you are reporting and CareSource or yourself

_____

_____

_____

_____

_____

You do not need to tell us your name. If you are willing, please give us this information so that we may reach you if we need more info.

Your Name: _____

Your Address: _____

Your Phone Number: _____

If you have documents that we should see, please attach them or tell us where to find them.

If you do not want to give your name, send this form (and any other documents) by mail to:

CareSource
Attn: Program Integrity and Investigations
P.O. Box 1940
Dayton, OH 45401-1940

You may also send this form by fax or e-mail. However, sending your report this way will show the number of the fax machine or your e-mail address.

Fax: 1-800-418-0248
E-mail: Fraud@CareSource.com
(Copy the form information and attachments into the e-mail or attach them as documents).

If you have any questions, call us on the Fraud Hotline at **1-855-202-0729**, and choose the "report fraud" menu option.

Grievances and Appeals

We hope you are happy with CareSource and the care you get. Let us know if you are unhappy or do not agree with a decision made by CareSource or our providers.

Please call Member Services if you need help filing a grievance or an appeal. We can help you fill out forms and take other needed steps.

How and When to File a Grievance

You or your authorized representative may file a Grievance verbally or in writing at any time. You or your authorized representative can file a grievance with the State or with CareSource. Call Member Services or send a letter to:

CareSource
Attn: Member Grievance
P.O. Box 1947
Dayton, OH 45401

You can also file a grievance on our website at **MyCareSource.com**. A provider may not file a Grievance for you.

Member Grievance Process

We'll send you a letter within 10 days after 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 within 90 days.

CareSource will tell you the decision in your primary language.

Member Appeals Process

You may ask for an appeal of an adverse benefit determination. CareSource will send a letter when an adverse benefit determination is taken against you. An adverse benefit determination can be:

- Denying or limiting services based on the type or level of service. It can be based on medical necessity, appropriateness, setting, or effectiveness.
- Reducing, delaying, or stopping a previously authorized service.
- Denying part or all of the payment for a service. (This does not include a case where the reason for denying the payment is because of missing information.)
- Not providing services in a timely manner.
- CareSource not acting in the right time frames.
- Denying your right to argue a charge, such as cost sharing.

You have the right to ask for an appeal of an adverse benefit determination. You must ask for an appeal within 60 days from the notice date. You or your authorized representative can file an appeal with CareSource. We must have your written consent first in order for your provider to appeal on your behalf. Call **1-855-202-0729** or write to:

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

You can also file an appeal at **MyCareSource.com**.

You may request an appeal either orally or in writing. A confirmation letter will be sent 10 business days after getting your appeal request. This is to let you know it was received.

The people making appeals decisions are not involved in earlier reviews. They are health care professionals supervised by CareSource's medical director. They have clinical expertise of your health problem or disease. They can decide:

1. An appeal of a denial that is based on lack of medical necessity.
2. An appeal that involves clinical issues.

You or someone acting for you will be able to 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/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 timeframe to make a decision 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 your appeal should be expedited, we will notify you of the decision 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 for an Administrative Law Hearing before our internal appeal process is done.

Extending the Appeal Timeframe

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 if CareSource shows, to the Department of Community Health's satisfaction, upon its request, that there is a need for more information and how 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.

Medicaid Administrative Law Hearing

If you do not agree with our appeal decision, then you should ask for an Administrative Law Hearing. You or your authorized representative must ask for an Administrative Law Hearing within 120 days of our appeal decision. A provider may not ask for an Administrative Law Hearing for you. They can only ask if they are acting as your authorized representative and/or has your written consent.

Please send your request to:

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

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 don't agree with the decision. 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.

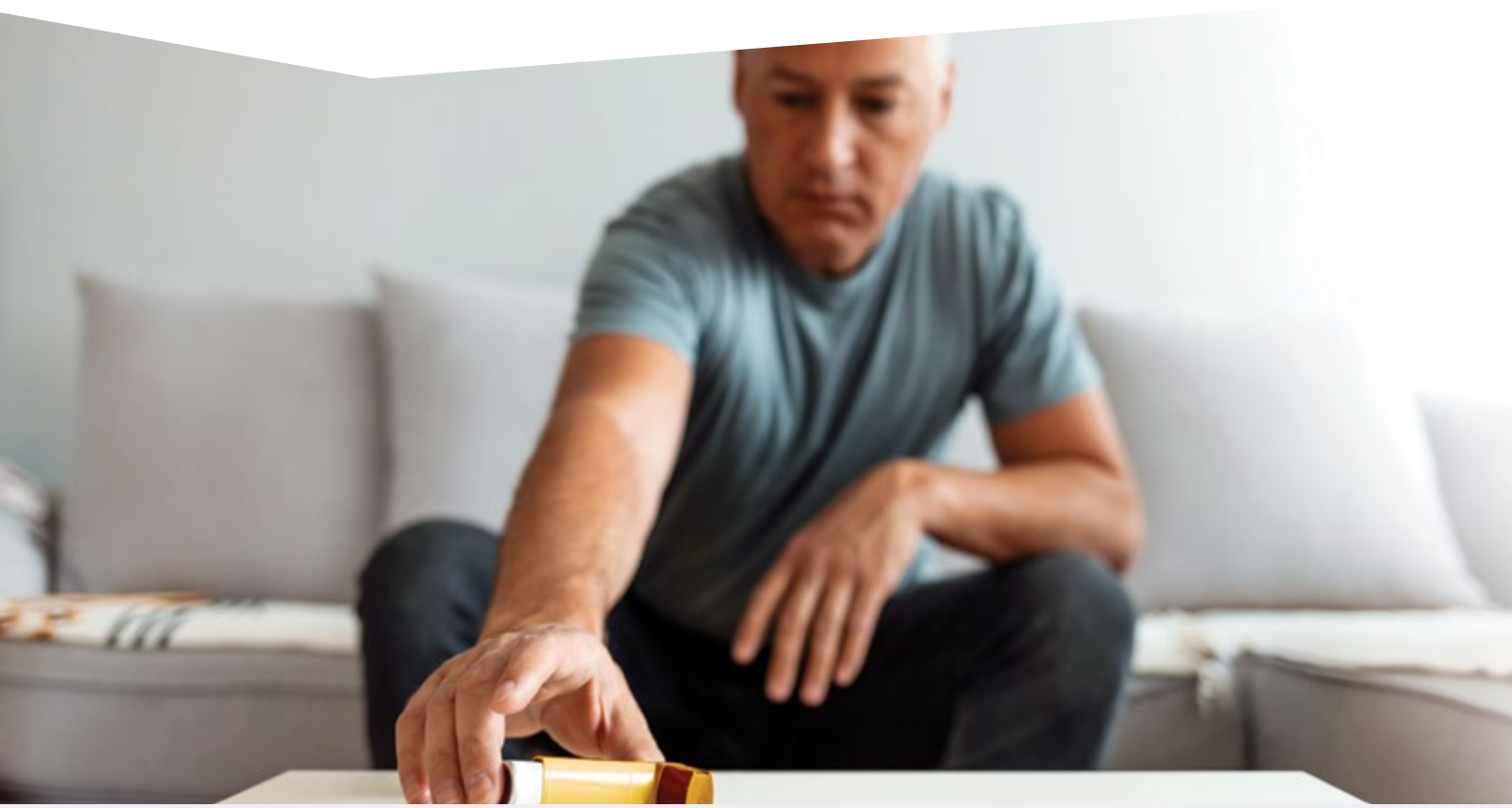
If you want CareSource to continue your benefits while the appeal or Administrative Law Hearing is pending, your benefits will continue until:

- You withdraw the Appeal or request for the Administrative Law Hearing.
- You don't 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, then CareSource 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.

Our goal is to ensure that you're able to get a resolution for your concerns in a fair and impartial way.



Grievance and Appeals Form

Member Name: _____

Member Address: _____

Member ID number: _____

Best phone number to reach you: _____

Please write a description of your grievance or appeal giving us as much detail as possible including the provider's information if your issue concerns a provider. You may attach additional pages, if needed.

_____

_____

_____

_____

_____

_____

_____

_____

(Member Signature)_____ **(Date Filed)** _____

CareSource will send you a letter with the outcome of your appeal no later than 30 calendar days from the date we received this notice for a standard appeal, 72 hours for an expedited appeal and 90 calendar days for a grievance.

_____

OFFICE USE ONLY

Date Received: _____

Received By: _____

Grievance: _____ **Appeal:** _____ **Hearing:**_____

Note: This form (fillable format) can be found online at:
CareSource.com/ga/members/tools-resources/forms/medicaid/

Ending Your CareSource Benefits

We want you to be happy with CareSource. If you are not, please let us know – we want to make it right. You have the right to change to another 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 enrollment
- 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, or
  - You got poor quality care.

You can call Member Services to disenroll. They can also give you updates on your request to disenroll. In rare cases, CareSource may ask that you be disenrolled if:

- You commit fraud or abuse services.
- You are placed in a long-term care facility, state institution, or intermediate care facility for people with intellectual disabilities.
- You become ineligible for Georgia Pathways to Coverage.

CareSource 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. CareSource must get permission from DCH before you can be disenrolled.

Office of the Ombudsman

The CareSource Office of the Ombudsman is an independent, neutral unit. If you have a problem that you feel CareSource has not addressed or resolved, the Office of Ombudsman is here to help. This involves:

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

How to Reach the Office of the Ombudsman:

Email: gaombudsman@CareSource.com

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

- The email and phone line are checked regularly between 8 a.m. – 5 p.m.
- Calls or emails received after 5 p.m. will be returned the next business day.

The Office of Ombudsman:

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

Member Claim Form

If you get a bill and you think the cost should be covered by CareSource, you can submit a member claim form (on the next page). Complete the fields in the form and follow the directions at the bottom to send the claim to us.

☐ **Dental services**
☐ **All other services**

Member Claim Form

CareSource

A. SUBSCRIBER INFORMATION

1a. Member ID	2a. Health Plan	3a. Phone #: ( )	
4a. Last Name:	5a. First Name:	6a. MI:	7a. Date of Birth / /
8a. Home Address:			
9a. City:	10a. State:	11a. Zip Code:	

B. PATIENT INFORMATION

1b. Patient's Member ID:				
2b. Last Name:	3b. First Name:	4b. MI:	5b. Date of Birth / /	
6b. Home Address:				
7b. City:	8b. State:		9b. Zip Code:	
10b. Sex: M ☐ F ☐	11b. Relationship to Subscriber:	12b. Full Time Student: Yes ☐ No ☐	13b. School Name:	

C. ACCIDENT INFORMATION (if applicable)

1c. Accident Work ☐ Auto ☐ Other ☐	2c. Date Accident Occurred: / /
3c. How did the accident occur?	

D. OTHER INSURANCE

1d. Is the patient covered by another insurance plan? Yes ☐ No ☐ If yes, please complete the following:		
2d. Name of person carrying other insurance:		3d. Date of Birth / /
4d. Member ID:	5d. Name of Other Insurance Carrier:	
6d. Policy Number:	7d. Employer Name:	

8d. **ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OF ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES. I CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT.**

Member or Parent/Guardian Signature: _____ Date: _____

E. ASSIGNMENT OF BENEFITS

1e. Please sign below *only if you want CareSource to pay benefits directly to the provider* of medical services.

Member or Parent/Guardian Signature: _____ Date: _____

GUIDELINES FOR SUBMITTING CLAIMS TO CareSource

- Clip, do not staple, all bills to the completed form and mail them to **CareSource** at the address listed below.
- **Make sure all bills indicate a diagnosis code, procedure code, date of service and cost.**
- **Provide a copy of either a UB92 or HCFA1500 form (this form can be obtained from your provider of service.)**
- Please include your **Member #** on all documents, and submit all claims to CareSource in a timely manner.
- Submit claims to: **P.O. Box 8730, Dayton, OH 45401-8730**
- This form may not be used for pharmacy claims

Word Meanings

Abuse – Actions that cause unneeded costs to the Medicaid Program. Abuse can be caused by a provider or a member. Provider abuse could be caused by actions that do not meet good fiscal, business, or health practices. It can also be paying for services that are not medically necessary.

Administrative Law Hearing – The appeal process run by Georgia as required by law for members after they complete CareSource's Appeal process.

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

Advance Directives – A written record of a person's wishes for medical care. They are used to make sure those wishes are followed if the person can't tell them to a doctor.

Adverse Benefit Determination – Means any of these:

- Denying or limiting a service based on the type or level, medical necessity, appropriateness, 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, such as cost-sharing.

Appeal – A review by CareSource of an Adverse Benefit Determination.

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

Authorized Representative – A person you allow in writing to make your health decisions.

Benefits – Health care that is covered by CareSource.

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

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

Care Management – A team of registered nurses, social workers, and other outreach workers who work with you, your (PCP and/or other specialists, and any family or other caregivers you would like to help coordinate your care).

Care Management Organization (CMO) – A plan that manages your health coverage. CareSource is your CMO.

Chronic Condition – Any physical or behavioral disorder that lasts at least 12 months.

Claim – Bill for services.

Convenience Care Clinic – A health clinic in a retail store. These are often open late and on weekends to care for routine sicknesses. Examples include CVS Minute Clinic®, etc.

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

Diagnostic – Any medical procedure or supply to find the nature of an injury or sickness.

Disenrollment – The removal of a member from CareSource benefits.

Documentation – Material to verify information or serve as a record, for Georgia Pathways to Coverage, it supports information given for qualifying activities hours.

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

Emergency Medical Condition – A medical problem you think is so serious it must be treated right away, like a miscarriage or difficulty breathing.

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

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

Emergency Services – Services given by a qualified provider that is needed to check, treat, or stabilize an emergency medical condition.

Enrollment – Process by which DCH says a person gets health coverage by a care management organization.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – EPSDT covers care for those under the age of 21 at no cost to you. For Georgia Pathways to Coverage members, this is ages 19 and 20. EPSDT includes things like well visits, vision and hearing tests, lab testing, and more.

Excluded Services – Health care that your health insurance or plan doesn't pay for or cover.

Expedited Appeal – Review done fast to meet a member's health need.

Explanation of Benefits (EOB) – A statement you may get from CareSource that shows what health care services were billed to CareSource and 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.

Good Cause Exception – Temporary circumstances that prevent or diminish your ability to fulfill the hours and activities threshold during the reporting period.

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 – Health care that helps you keep, learn, or fix skills and functioning for daily living. This involves therapy for a child who isn't walking or talking at the expected age. These services may involve physical and occupational therapy, speech-language pathology, and other services for people with disabilities in inpatient and/or outpatient settings.

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

Health Needs Assessment – An assessment where you answer questions about your health and habits to identify your health needs. This shows CareSource how we can help members get and stay healthier.

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

Hospice Services – Services that give comfort and support for a person in the last stages of a terminal illness and their families.

Hospitalization – Care in a hospital where you are admitted as an inpatient. Often needs an overnight stay.

Medically Necessary Services – Services or supplies are medically necessary if they are:

- Based on generally accepted medical practices for your condition at the time of treatment.
- Needed to fix or help your health problem or sickness.
- Appropriate and needed for your diagnosis.
- Given in a safe, appropriate, and cost-effective setting.
- Not done just for the ease of you or your provider.
- Given when there is no other useful and less costly treatment, service, or setting available.

Member – A person eligible for Georgia Pathways to Coverage with CareSource.

Mental Health Services – Care for mental, emotional, or substance use disorders. Sometimes also called behavioral health services.

Network Provider or In-Network Provider – A doctor, hospital, drugstore, or other licensed health care provider that has signed a contract agreeing to give services to CareSource members. They are listed in our Provider Directory and on our website.

Out-of-Network Provider – A doctor, hospital, drugstore, or other licensed health care provider that has not signed a contract agreeing to give services to CareSource members. CareSource will not pay for services from these providers unless it is an emergency, we have given prior authorization, or you are getting family planning services.

Over-the-Counter Drug – A drug you can often buy without a prescription.

Pharmacy – Drugstore.

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

Primary Care Provider (PCP) – A provider in the CareSource network that you choose to be your personal doctor. Your PCP works with you to coordinate your health care, such as giving you checkups and shots, treating you for most of your health care needs, sending you to specialists if needed, or admitting you to the hospital.

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

Prescription – A health provider's order for a drugstore to fill and give a drug to their patient.

Preventive Care – Routine care like screenings and exams. You get this care to help stop a health problem from occurring.

Prior Authorization – Approval that may be needed before you get a service. The service must be medically necessary for your care. Your provider will get prior authorization for the care you need.

Provider Directory – A book that lists health care providers you can go to as a CareSource member.

Qualifying Activity – Activities that Georgia Pathways to Coverage members must engage in for at least 80 hours per month to be eligible for the program. See pages 7-8 for a list.

Reasonable Accommodation – The ADA defines a reasonable accommodation as a "modification or adjustment to a job, the work environment, or the way things are usually done during the hiring process."

Referral – A request from a provider for you to get certain services, like physical therapy, or to see a specialist for care.

Rehabilitation Services and Devices – Health care services or supplies that help you keep, get back, or improve skills and functioning for daily life. The skills may have been lost or harmed because you were sick, hurt, or disabled. They may involve physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in inpatient and/or outpatient settings.

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

Screening – A test done as a preventative measure to spot possible health issues or diseases.

Self-Attestation – Self-reporting of qualifying activities for program eligibility and required documentation.

Service Areas – Where CareSource gives managed care for Georgia Pathways to Coverage members.

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

Specialist – A doctor who focuses on a certain kind of health care such as a surgeon or a heart doctor.

Subsidized – Financial help provided by a public or private entity to offset overall costs.

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

Telehealth – A way to get care from a provider using a phone or computer. Telehealth lets a doctor see and talk to you through technology instead of face-to-face. The doctor can then make decisions about the care you need from far away.

Urgent Care – Needed care for an injury or sickness that should be treated within 24 hours, mostly not life-threatening.

Utilization Management – The review of care given to make sure it is needed.

Waste – Overusing benefits when they are not needed.

Verification/verify – To confirm information, in this case, work or activity hours for Georgia Pathways to Coverage member eligibility.

Sources: https://www.dol.gov/agencies/odep/program-areas/employers/accommodations

If you need help reading this handbook, please call 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

Si necesita ayuda para leer este manual, Llame al 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

To get this handbook in other formats, such as large print or audio CD, call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

ENGLISH - Language assistance services, free of charge, are available to you. Call: **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

SPANISH - Servicios gratuitos de asistencia lingüística, sin cargo, disponibles para usted. Llame al: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

NEPALI - तपाईंका निम्ति निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन् । फोन गर्नुहोस्: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

KOREAN - 언어 지원 서비스가 무료로 제공됩니다. 전화: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

FRENCH - Services d'aide linguistique offerts sans frais. Composez le 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

GERMAN - Es stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Anrufen unter: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

SIMPLIFIED CHINESE - 可为您提供免费的语言协助服务。请致电：1-855-202-0729 (TTY: 1-800-255-0056 or 711).

TELUGU - భాషా సాయం సర్వీసులు, మీకు ఉచితంగా లభ్యమవుతాయి. కాల్ చేయండి: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

BURMESE - ဘာသာစကားဆိုင်ရာအကူအညီဝန်ဆောင်မှုများအား သင့်အတွက် အခမဲ့ ရရှိနိုင်ပါသည်။ ဖုန်းခေါ်ရန်: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

ARABIC - تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم: 1-855-202-0729 (هاتف نصيّ: 1-800-255-0056 أو 711).

URDU - زبان کی معاونتی ترجمانی خدمات، آپ کے لیے بالکل مفت یا فری آف چارج دستیاب ہیں۔ کال کریں: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

PENNSYLVANIA DUTCH - Mir kenne dich Hilf griege mit Deitsch, unni as es dich ennich eppes koschte zellt. Ruf 1-855-202-0729 (TTY: 1-800-255-0056 or 711) uff.

RUSSIAN - Вам доступны бесплатно услуги языкового сопровождения. Позвоните по номеру: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

TAGALOG - May mga serbisyong tulong sa wika, na walang bayad, na magagamit mo. Tumawag sa: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

VIETNAMESE - Dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

GUJARATI - ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-202-0729 (TTY: 1-800-255-0056 or 711) પર કૉલ કરો.

PORTUGUESE - Serviços linguísticos gratuitos disponíveis para você. Ligue para: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

MARSHALLESE - Jerbal in jibañ ikijen kajin, ejelok onean, ej bellok ñan eok. Kurlok: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

NOTICE OF NON-DISCRIMINATION

CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status.

CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille, or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services.

If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

Mail: CareSource, Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
Email: CivilRightsCoordinator@CareSource.com
Phone: 1-844-539-1732
Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Mail: U.S. Dept. of Health and Human Services
200 Independence Ave, SW Room 509F
HHH Building Washington, D.C. 20201
Phone: 1-800-368-1019 (TTY: 1-800-537-7697)
Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are found at:
www.hhs.gov/ocr/office/file/index.html.

© 2022 CareSource. All Rights Reserved.
GA-MED-M-1568662 | DCH Approved: 11/14/2022

CareSource®

CareSource.com/Georgia

GA-MED-M-1953500
DCH Approved 6/9/2023
April 2023
© 2023 CareSource. All Rights Reserved.