

Care Source NETWORK Notification

Notice Date: July 13, 2020

Georgia Medicaid Providers To:

From: **CareSource**

Subject: **Notification of Pregnancy Incentive**

Effective Date: Program July 1, 2020

Summary

Effective July 1, 2020, CareSource will provide a Quality Enhancer payment upon receipt of a Notification of Pregnancy (NOP) form through Georgia Medicaid Management Information System (GAMMIS).

Impact

CareSource will identify providers that have submitted a NOP form and will reimburse those providers quarterly. No further action is required from providers.

Questions?

If you have any questions about the Quality Enhancer payment, please contact your Health Partner Representative or **GAProviderRelations@CareSource.com**.

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