

Care Source NETWORK Notification

Notice Date: December 28, 2020

Georgia Medicaid Providers To:

From: **CareSource**

Subject: **Elective Transplant Process Change**

Effective Date: September 28, 2020

Summary

Effective Sept. 28, 2020, all transplant requests are to be sent to the elective transplant mailbox.

Email address: <u>electivetransplant@caresource.com</u>

Impact

This will only impact the method of which our Providers are to submit transplant requests. This change will also allow increased visibility into transplant requests, thus improving overall member care.

Questions?

Please contact Provider Services at 1-855-202-1058.

GA-MED-P-367663 DCH Approved: 12/22/2020