

Georgia Planning for
Healthy Babies® (P4HB®)

Enrollee Handbook


CareSource®



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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GA-MED-M-3287030

DCH Approved: 11/18/2024



Non-Discrimination Notice

We follow all state and federal civil rights laws. We do not discriminate, exclude, or treat people differently based on race, color, national origin, disability, age, religion, sex (which includes pregnancy, gender, gender identity, sexual preference, and sexual orientation), or based on marital, health, or public assistance status. We want all people to have a fair and just chance to be as healthy as they can be.

We offer free aids, services, and reasonable modifications if you have a disability. We can get a sign language interpreter. This helps you talk with us or to your providers. Get your printed materials in large print, audio, or braille at no cost. We can also help if you speak a language other than English. We can get an interpreter who speaks your language. Or get printed materials in your language. You can get this all at no cost to you.

Call **1-855-202-0729** (TTY: 711) if you need any of this help. We are open Monday through Friday, 7 a.m. to 7 p.m. We are here for you.

You may file a grievance if we did not provide these services to you or if you think we discriminated in any other way.

Mail: CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, OH 45401
Phone: 1-844-539-1732 (TTY: 711)
Fax: 1-844-417-6254
Email: CivilRightsCoordinator@CareSource.com

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

Mail: U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Mail the complaint form found at
www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.
Phone: 1-800-368-1019 (TTY: 1-800-537-7697)
Online: ocrportal.hhs.gov

You can find this notice at **CareSource.com**.



Welcome to CareSource

Our mission is to make a lasting change in our enrollees' 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.

The Planning for Healthy Babies (P4HB®) program aims to:

- Reduce Georgia's very low birth weight (VLBW) and low birth weight (LBW) rates
- Lower the number of unplanned pregnancies
- Increase the amount of time between each pregnancy
- Give access to health services between pregnancies for women who had a VLBW baby

The P4HB® program offers three levels of services for women ages 18 to 44:

Family Planning

For women who

- Do not have insurance,
- Have a family income at or below 211% of the Federal Poverty Level (FPL), and
- Are able to have a baby.

These women are eligible for Family Planning services only.

Inter-Pregnancy Care

For women who

- Do not have insurance,
- Have a family income at or below 211% of the Federal Poverty Level (FPL),
- Are able to have a baby, and
- Gave birth to a very low birth weight infant (less than 1500 grams or 3 pounds 5 ounces) in the last three years

These women are eligible for Family Planning Services as well as Inter-Pregnancy Care Services.

Resource Mother

For women who

- Are current Medicaid recipients and
- Gave birth to a very low birth weight infant (less than 1500 grams or 3 pounds 5 ounces) in the last three years

These women are eligible for Resource Mother Services only.





GETTING STARTED

Here are the first steps to take to use your benefits.



Your ID Card

Did you get your ID card in the mail? If not, call Member Services.



Learn about your benefits.

Read this handbook to learn more about your health care benefits and how to use them. You can also visit our web site at [CareSource.com/ga/plans/planning-for-healthy-babies](https://www.caresource.com/ga/plans/planning-for-healthy-babies).



Find a provider.

Family Planning: Choose a Family Planning provider if one is not listed on your ID card. You do not need a referral before you choose a Family Planning provider.

- Find providers at [findadoctor.CareSource.com](https://findadoctor.caresource.com).
- Choose or change providers at [MyLife.CareSource.com](https://mylife.caresource.com).

If you need to see a primary care provider (PCP), you can find one near you through the Georgia Primary Care Association at [georgia.apca.org](https://www.georgia.apca.org). PCP visits are not covered under P4HB®.

Learn more about Family Planning Providers and PCPs. See **page 6**.

Inter-Pregnancy Care (IPC): Your PCP will be your main contact for your care. Find PCPs at [findadoctor.CareSource.com](https://findadoctor.caresource.com). Or choose and change your PCP at [MyLife.CareSource.com](https://mylife.caresource.com) or in the mobile app. You can also call us.

Resource Mother: Primary care services are not available to Resource Mother members under the P4HB® program. Your primary care is covered under Medicaid/PeachCare for Kids®. Learn more on **page 10**.



Your Prescriptions

- **Family Planning** enrollees have coverage for
 - Contraceptives (birth control)
 - Folic acid and/or multivitamin with folic acid
 - Limited drug treatment for gynecological and urinary tract infections
 - Select vaccine coverage
- **Inter-Pregnancy Care** enrollees have contraceptive (birth control) and some prescription drug coverage. To see what is covered, go to [CareSource.com/Georgia](https://www.caresource.com/Georgia) and choose *Find My Prescriptions*. You can also call us.
- **Resource Mother** enrollees do not get contraceptives (birth control) or prescription drugs through the P4HB® program. Their coverage is through Medicaid/PeachCare for Kids®.



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. Turn to **page 7** to learn more.



Set up a CareSource MyLife account.

Use this account to see your plan online or through the mobile app. See **page 2**.



Complete Your Health Needs Assessment (HNA).

CareSource wants to help you stay healthy. The HNA is a simple way to take control of your health and helps us find the right support for you. Plus, you can earn rewards when you complete the HNA (for members 18 and older). Scan the QR code with your phone to get started. Or visit [MyLife.CareSource.com/Assess](https://www.mylife.caresource.com/Assess).





TABLE OF CONTENTS

Contact Us 1

- Member Services..... 1
- CareSource24® Nurse Advice Line..... 2
- CareSource MyLife..... 2
- Your CareSource ID Card 3

Family Planning 5

Inter-Pregnancy Care (IPC)..... 7

Resource Mother..... 10

General Information 11

- Services Not Covered..... 11

Where to Get Care 12

- Family Planning Provider..... 12
- Primary Care Provider (PCP) 13
- Telehealth..... 13
- Family Planning or IPC-Related Urgent Care..... 13
- Family Planning or IPC-Related Emergency Services..... 14
- Transportation..... 15

Utilization Management..... 16

Other Information..... 18

- Redetermination 18
- If You Get a Bill 19

Advance Directives..... 20

Grievance and Appeals 22

- Member Grievance and Appeals Form 27

Enrollee Rights and Responsibilities 28

HIPAA Privacy Practices 30

Reporting Fraud, Waste and Abuse 34

Confidential Fraud, Waste, and Abuse Reporting Form 36

Word Meanings..... 37



CONTACT US



Member Services



Phone: 1-855-202-0729 (TTY: 711)
Open Monday through Friday from 7 a.m. to 7 p.m.



Mailing Address: P.O. Box 8738
Dayton, OH 45401-8738



Online: [CareSource.com/Georgia](https://www.caresource.com/Georgia)

Call Member Services to:

- Learn about your benefits and how to use them
- Get a new ID card
- Get help finding providers
- Tell us if your address or phone number changes
- Ask for interpreter services for help in another language or if you need help due to seeing or hearing problems
- Ask for a print copy of this handbook or the CareSource Provider Directory
- File a complaint about CareSource or a provider
- File a complaint if you think you have been discriminated against. (Treated unfairly based on your gender, race or age.)

Have your enrollee ID number handy when you call.



CareSource24® Nurse Advice Line



Phone: 1-844-206-5944 (TTY: 711)

Open 24 hours a day, 7 days a week, 365 days a year

CareSource24 Nurse Advice Line can help you:

- Learn about a health problem
- Decide when to go to your doctor, urgent care, or ER
- Find out more about your medications
- Find out about health tests or surgery
- Learn about healthy eating
- If you have a mental health crisis or concerns

CareSource is closed* on these days:

- New Year's Day (observed)
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

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



CareSource MyLife

Access your CareSource account on-the-go. Log in to **MyLife.CareSource.com** to view your benefits, see your claims and get health tips and support tailored to you. Or download the mobile app in the App Store® or Google Play®.



Your CareSource ID Card

- Each CareSource P4HB® enrollee will get their own ID card.
- Each ID card is good while you are a CareSource enrollee. Cards do not expire. You can get a new ID card if you ask for one.
- You can view your ID card at **MyLife.CareSource.com** or in the mobile app.
- You can also call Member Services and ask that a new one be mailed to you. You should get your card with your New Enrollee Booklet. If you do not, please call Member Services.
- Enrollee ID cards look like the ones below.
- Your CareSource ID will show the name of the program you are enrolled in: Family Planning, Inter-Pregnancy Care or Resource Mother.

Family Planning ID Card:

Family
Planning

Planning for
Healthy Babies®

Member ID: 123455676 **Effective Date:** 07/01/2017

Member: Mary Doe

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

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

Rx CareSource
nnovations
Powered by Express Scripts

RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

IN CASE OF EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM (ER). ONLY P4HB® EMERGENCIES ARE COVERED UNDER THIS P4HB® PLAN.

PHARMACIST: 1-800-416-3630

PROVIDERS: 1-855-202-1058

GEORGIA CRISIS AND ACCESS LINE: 1-800-715-4225

CARESOURCE24® NURSE ADVICE LINE: 1-844-206-5944 (TTY: 711)

Mail claims to:

CareSource, Attn: Claims Department

P.O. Box 803, Dayton OH 45401

CareSource.com

GA-MMED-2988

Inter-Pregnancy Care ID Card:

Interpregnancy Care
and Family Planning

Planning for
Healthy Babies®

Member ID: 123455676 **Effective Date:** 07/01/2017

Member: Mary Doe

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

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

Rx CareSource
nnovations
Powered by Express Scripts

RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

IN CASE OF EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM (ER). ONLY P4HB® EMERGENCIES ARE COVERED UNDER THIS P4HB® PLAN.

PHARMACIST: 1-800-416-3630

PROVIDERS: 1-855-202-1058

GEORGIA CRISIS AND ACCESS LINE: 1-800-715-4225

CARESOURCE24® NURSE ADVICE LINE: 1-844-206-5944 (TTY: 711)

Mail claims to:

CareSource, Attn: Claims Department

P.O. Box 803, Dayton OH 45401

CareSource.com

GA-MMED-2987



Resource Mother Outreach ID Card:

 		Resource Mother Outreach
Member ID: 123455676	Effective Date: 07/01/2017	
Member: Mary Doe		
Member Services: 1-855-202-0729 (TTY:1-800-255-0056 or 711)		
CareSource24® Nurse Advice Line: 1-844-206-5944 (TTY:1-800-255-0056 or 711)		

<p>IN CASE OF EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM (ER). ONLY P4HB® EMERGENCIES ARE COVERED UNDER THIS P4HB® PLAN.</p> <p>PROVIDERS: 1-855-202-1058 GEORGIA CRISIS AND ACCESS LINE: 1-800-715-4225</p> <p>Mail claims to: CareSource Attn: Claims Department P.O. Box 803, Dayton OH 45401 CareSource.com</p>	GA-MMED-2989
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Never let anyone else use your CareSource ID card.

ALWAYS KEEP YOUR ID CARD(S) WITH YOU.

You will need your CareSource ID card each time you get covered health care.





FAMILY PLANNING

Family Planning Benefits

Family Planning enrollees get these covered benefits:

- Family planning initial or annual exams
- Follow-up family planning visits
- Contraceptive (birth control) services and supplies
- Patient education and counseling
- Referrals to social service and primary care providers
- Family planning lab tests:
 - Pregnancy tests
 - Pap tests and pelvic exams
 - Follow-up care for abnormal pap tests
- Screening, treatment and follow-up care for sexually transmitted infections (STIs) (Except HIV/AIDS and Hepatitis)
 - Antibiotic treatment for an STI if it is found during a routine family planning visit
 - Follow-up visits to check that your STI has been treated
- Drugs to treat infections in or near your bladder if the infection is found during a family planning visit
 - You can visit your family planning provider after you take your medicine to make sure the infection was treated.



- Treatment of complications related to family planning services:
 - Tubal ligation (sterilization)
 - Family planning pharmacy visits
- Vaccines (Hepatitis B, Tetanus-Diphtheria (Td) and combined Tetanus, Diphtheria, Pertussis (Tdap) for those 19 and 20 years old
 - 18-year-old P4HB® participants get vaccines at no cost under the Vaccines for Children (VFC) program.
- Folic acid and/or a multivitamin with folic acid

Family Planning Providers

Family Planning providers play a big role in your health care. They provide:

- Contraceptive services
- Pelvic exams
- Pregnancy testing
- Screening for cervical and breast cancer
- Screening for high blood pressure, anemia (low red blood cells), and diabetes
- Screening for STIs, including HIV
- Basic fertility services
- Health education
- Referrals for other health and social services

You do not need a referral to see a Family Planning provider. You can find Family Planning providers at **findadoctor.CareSource.com**. If you need help, call us.

Your Family Planning Provider can be in network or out of network. CareSource will cover your care either way.





INTER-PREGNANCY CARE (IPC)

Inter-Pregnancy Benefits

Inter-Pregnancy Care (IPC) enrollees get all the benefits in the Family Planning Benefit program plus:

- Up to five primary care visits
- Limited dental services, including
 - Dental exams
 - X-rays
 - Dental cleanings (once every 6 months)
 - Routine extractions
- Some extra dental services*, such as
 - Deep cleanings (for enrollees with specific chronic conditions)
 - Temporary fillings
 - Limited surgical extractions
- Management and treatment of chronic diseases like high blood pressure or diabetes.
- Substance use disorder treatment including detox and intensive outpatient rehabilitation (rehab)
- Non-emergency transportation (rides)
- Care Management/Resource Mother Outreach
 - A Care Team Member will help you with your health care and social needs. They will also help you get services like Women, Infants, and Children (WIC). Learn more on **page 10**.

*Some services may require prior authorization. This means that approval may be needed before you get a service. It must be medically necessary for your care. Your provider will take care of this for you.



Your Primary Care Provider (PCP)

Inter-Pregnancy Care enrollees get up to five primary care office/outpatient visits a year. There is no limit for family planning visits. You can choose your own PCP and set up a visit. They play a big role in your health. They will work with you to improve your health and lower any risks that may harm future pregnancies.

PCPs can be general or family practitioners, internists, gynecologists, physician assistants or nurse practitioners certified in family practice. Other physicians can also agree to serve as a PCP including:

- Providers at public health department clinics and hospital outpatient clinics
- Specialists for members with chronic conditions that may increase the risk of you having another VLBW baby

Your PCP will give you regular check-ups and exams and help you manage any chronic conditions. Learn more on **page 5**.

You should be able to see your PCP within 14 days from when you ask for a visit. Your medical benefit plan does not cover non-emergency services from an out-of-network provider when those services can be given by an in-network provider. Please call Member Services for more information.

IPC enrollees can choose a PCP by:

- Going to **MyLife.CareSource.com** to select a PCP
- Searching our online provider search tool at **findadoctor.CareSource.com**
 - Search for a provider that is close to your home.
 - See the most current list of CareSource providers.
- Looking in the provider directory if you have a printed copy
- Calling CareSource Member Services for help

If you have not decided on your PCP before joining CareSource, we choose one for you. We make this choice based on:

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

If you are a new patient to your PCP, call their office to set up a visit. This will help them get to know you and your health needs right away. If you need help setting up a visit, call us. If you need to cancel a visit, call your PCP ahead of time. Set up a new visit as soon as you can. You should have all your past medical records sent to your new doctor.

We can help if you need a ride to the visit. Rides for IPC members are covered. Just call Member Services. Learn more on **page 15**.



Changing PCPs

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

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

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 their 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.





RESOURCE MOTHER

Resource Mother Benefits

Resource Mother enrollees get care management services such as:

- Help dealing with health care and social needs
- Referrals to social services in your area
- Counseling services
- Help getting needed medication
- Links to community resources

Your Care Team Member will help set you up with health care services. They will review your plan as needed.

Medical services are covered under your Medicaid benefit plan.

Call Georgia Medicaid at 877-423-4746 or visit medicaid.georgia.gov to find out more about your benefits.



GENERAL INFORMATION

Prior Authorization

Approval may be needed before you get a service. This is called prior authorization (PA). It must be medically necessary for your care. Your provider will get PA for the care you need. You can also call us.

Services Not Covered

CareSource and the P4HB® program cover only what is listed in the covered services section of this handbook. All other services are not covered.

Some examples of services and benefits **not covered** are:

- Chiropractic (back doctor) services
- Abortions (ending pregnancy) or abortion-related services
- Partial dentures
- Disposables (throwaways) like diapers, cotton or bandages
- Cosmetic surgery
- Experimental (trial) and investigational items
- Hysterectomy (removal of the uterus)

This is not a full list of what is not covered by Medicaid or CareSource. If you have a question about covered services, call us.

Georgia Primary Care Association (GPCA)

The GPCA can help provide main care services to people with limited or no insurance. They can help with primary care services not provided under the P4HB® program.

Visit their website at www.georgiapca.org. Or call Member Services.



WHERE TO GET CARE



Telehealth

Visit with a doctor by phone or computer.

Ask your PCP if they offer telehealth. If they don't or have limited hours, call Teladoc® at 1-800-TELADOC (835-2362) or visit [Teladoc.com/CareSource](https://www.Teladoc.com/CareSource)



Urgent Care

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



Hospital Emergency Room

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



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



Family Planning Provider

Family Planning providers help:

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

Family Planning providers can be outside of the CareSource network. They can be:

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



Primary Care Provider (PCP)

For routine health care, visit your PCP. This helps them get to know you and your health care needs to give you the best care. Some things your PCP can treat 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 meet with a provider. You can use it to get quick help for issues covered under the program. This can be birth control counseling, follow up on pap smears and more. There is no cost to use telehealth.

Your PCP may offer telehealth. Check with them first to find out what is available.



Family Planning or IPC-Related Urgent Care

CareSource covers urgent and after-hours care for family planning concerns. This is for issues that are not life-threatening but must be treated within 24 hours.

Go to an urgent care when your family planning provider is not able to see you right away. Some reasons to go to urgent care are:

- Heavy bleeding
- Pelvic pain
- Burning sensation when urinating (using the restroom)

You should call your Family Planning Provider or PCP (for IPC) if you think you need to go to urgent care. They will tell you what to do.

You can also call CareSource24, our 24-hour nurse advice line.

These visits do not need PA. Find a network urgent care at [findadoctor.CareSource.com](https://findadoctor.caresource.com).

After you go, call your provider to set up follow-up care. You should be able to see your provider within 24 hours of an urgent care visit.



Family Planning or IPC-Related Emergency Services

Emergency Services are for severe health issues that must be treated right away. The P4HB® program only covers family planning-related emergencies.

They can be:

- Heavy menstrual bleeding from a Depo-Provera® injection
- Problems related to a sterilization procedure
- An opening made in the uterus from an IUD

You do not have to pay for family planning-related emergency care. You also do not have to pay for follow-up care. P4HB® members can go to any hospital for family planning-related emergency care. You do not need PA.

If you need emergency services:

- Go to the nearest ER or call 911. The provider does not have to be in the CareSource network. P4HB® enrollees can use any hospital or other setting for emergency services. No PA 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® at **1-844-206-5944** (TTY: 711). If you need emergency care, call 911 or go to the nearest ER. There is no need to call CareSource first.

Post-Stabilization Services

The care you get until your condition is stable is called post-stabilization care. This care must be done to keep, improve or solve your medical condition. CareSource will pay for services needed due to a family planning-related emergency.

What to Do If You Need Help While Traveling

Sometimes you may have a family planning-related emergency while you are traveling. Here's what to do if this happens:

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



Transportation

- CareSource Family Planning enrollees can get up to six round trip rides per year for covered services.
 - Call Member Services to set up a ride. Call at least three business days before your visit.
- Transportation for CareSource IPC enrollees is covered through the Georgia (DCH) Non-Emergent Medical Transportation Program.
 - Contact the NEMT Broker to book a ride at least three days before your visit. They are open Monday through Friday from 7 a.m. to 6 p.m.
 - Modivcare Solutions: 1-888-224-7981 (Central), 1-888-224-7985 (Southwest), 1-888-224-7988 (East)
 - Verida: 1-866-388-9844 (North) and 404-209-4000 (Atlanta)
- We offer 5 food trips per month for online food order pick up, to food banks and to food pantries.





UTILIZATION MANAGEMENT

The Utilization Management (UM) team will review the health care services you get to make sure it is the best for your needs.

Questions for UM?

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

You will need prior authorization (PA) if you:

- Are in substance abuse treatment
- Have been admitted to a hospital for a family planning-related non-emergency

This PA is handled by our UM team. You can call us anytime about PA requests. We also help if you speak a language other than English. Just call Member Services for help.



Authorization Time Frames

Standard authorization requests will be decided three business days from when we get your request. We will tell you and your provider 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 happens when:

- More information is needed to make a decision
- More time to make the decision is in your best interest

Your provider or CareSource can ask for an expedited (fast) request. This is if the standard time frame could cause you harm. We will decide on these requests within 24 hours.

We can ask for up to five business days for review. This happens when:

- More information is needed to make a decision
- More time to make the decision is in your best interest

CareSource Providers

We contract with a network of providers who have agreed to be paid in different ways by us. Payment is based on things like

- Enrollee satisfaction
- Quality of care
- Accessibility
- Availability

We review care to make sure it is best for your needs. We do not reward providers or our staff for denying services. We want you to get the care you need.

Contact us to find out more about how we pay our contracted doctors and other providers who work with us.



OTHER INFORMATION

If You Become Pregnant

If you become pregnant, let the Georgia Department of Community Health (DCH) know to make sure you get the right health coverage. You will be disenrolled from the P4HB® program so that you can get prenatal care. To learn more, visit dch.georgia.gov or call us. We will help you.

Redetermination

Redetermination is how it is decided that you should stay in the P4HB® program. For the P4HB® Program, this is done every 12 months.

Each person has a different redetermination date. When it is time for you to renew, you will get a packet in the mail from the state. Fill out the packet and return it to the state as soon as you can. We do not want you to have a gap in your health coverage!

Always keep your contact information up to date. That way, you won't miss getting your renewal packet in the mail.

Below are ways you can stay up to date. They are also the same resources you can use to renew your coverage.

- Visit your local Department of Family & Children Services. You can make an appointment or just walk in when they are open.
- Call 1-877-423-4746.
- Log in to www.gateway.ga.gov.



How to Disenroll From CareSource

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 care management organization (CMO) in these cases:

- During the first 90 days after you enroll with CareSource or you are sent a CareSource enrollment notice, whichever is later
- Every 12 months from your date of enrollment
- When you have a reason to change, such as:
 - Asking to enroll in the same CMO as a family member
 - Moving outside of our service area
 - Needing services or providers that are not offered in our network
 - Poor quality care

You Are Not Eligible for the P4HB® Program If:

- You become pregnant while enrolled in P4HB®.
- You are determined to be infertile (sterile) or are sterilized while enrolled in the P4HB® program.
- You become eligible for any other Medicaid or commercial insurance program.
- You no longer meet the P4HB® program's eligibility requirements.
- You are or become incarcerated (jailed).
- You move out of state.
- You have reached the end of the 24 months of eligibility for the IPC and RM components of the program.
- If you are placed in a long-term care facility, state institution or intermediate care facility for people with intellectual (mental) disabilities

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

If You Get a Bill

Always show your CareSource ID card when you see a doctor, go to the hospital or go for tests. Even if your doctor told you to go, you must show your CareSource ID card (for Resource Mother Outreach members, show your current Medicaid or PeachCare for Kids® card).

This makes sure you are not sent a bill for services not covered by the CareSource P4HB® program. You do not have to show your CareSource ID card before you get emergency care. If you do get a bill, send it to us with a letter saying that you have been sent a bill or call Member Services. Send the letter to:

CareSource
P.O. Box 8738
Dayton, OH 45401-8738



ADVANCE DIRECTIVES

What Is an Advance Directive?

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

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

You choose a person to make health care choices for you when you cannot make them. It can also keep certain people from making health care choices for you.

Advance Directives Under Georgia Law

The State of Georgia has joined a 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.

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 you have a right to state your health care wishes. They must ask if your wishes are in writing. They also must add your advance directive to your medical record.

Think about these things when you write your advance directive:

- It is a choice to write one.
- The law states 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.



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

Part 1

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

Part 2

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

Part 3

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

Part 4

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

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

You can make a complaint by calling or writing to:

Healthcare Facility Regulation Division (HFRD)
2 Martin Luther King Drive
East Tower, 17th Floor
Atlanta, Georgia, 30334
Toll free: 1-800-878-6442

To Find Answers About Advance Directives:

- Talk with your PCP
- Go to aging.georgia.gov/
- Call the Georgia Department of Human Services, Division of Aging Services at 1-866-552-4464
- Visit them at 47 Trinity Avenue, SW, Atlanta, GA, 30334
- Speak with a local lawyer or legal aid service

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



GRIEVANCE AND APPEALS

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

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

What Is a Grievance?

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

Examples are:

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

How and When to File a Grievance

You or your authorized representative may file a grievance at any time. This can be verbally or in writing. You or your representative can file a grievance with the State or with CareSource. An authorized representative is someone who can speak on your behalf. Call us or send a letter to:

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

You can also file a grievance at **MyLife.CareSource.com**. A provider may not file a grievance for you.

Grievance Process

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

- CareSource will look into your grievance.
- We make sure people who decide on grievances are health care professionals. They are supervised by CareSource's medical director. They do not take part in earlier reviews or decisions.
- CareSource will respond as soon as possible, but no later than 90 days.
- CareSource will tell you the decision in your primary language.



Extending the Grievance Time Frame

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

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

We will give you prompt verbal notice and also send a written notice within two days. This will explain why we are extending the decision and when it will be made.

What Is an Appeal?

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

Appeals Process

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

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. Call **1-855-202-0729** or write to:

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

You can file an appeal at **MyLife.CareSource.com**.

You may request an appeal 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 can share proof in person or in writing. You can also review your case file and health records. You can review any other appeal process papers free of charge.

We will tell you when we need this information for an expedited review. If your appeal is expedited, it should be given to CareSource within 24 hours of the request.

Appeal Decision

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

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

Appeals are expedited when the standard time frame could harm your life, health or ability to gain, maintain or regain full function. You or your provider can ask for an expedited appeal. If we agree your appeal should be expedited, we will let you know 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.

Extending the Appeal Time Frame

You or someone acting for you with your written consent can ask us to extend the time frame to resolve an appeal up to 14 days.

We may also ask for up to 14 more days to resolve an appeal. To do this, we must show, to the DCH's satisfaction and upon its request:

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

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

We will resolve the appeal as quickly as your health condition requires but no later than the date the extension expires.



Medicaid Administrative Law Hearing

If you do not agree with our appeal decision, ask for an Administrative Law Hearing.

- You or your authorized representative must ask for one within 120 days of the decision.
- A provider may not ask for an Administrative Law Hearing for you.

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

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 do not agree with it. The Administrative Law Judge will make the final decision. CareSource will obey the decision.

Continuation of Benefits During an Appeal or Administrative Law Hearing

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

You can keep your benefits during the appeal or Administrative Law Hearing. This is until:

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



If the final decision is not in your favor, you may have to pay for care you got while the decision was pending.

If CareSource or the Administrative Law Judge changes a decision:

- To no longer deny, limit or delay services, we will get you those services as fast as your health needs. We will approve the care no later than 72 hours from the date we got the notice of the new decision.
- To deny services, but you already got the services, CareSource will pay for those services.





Member Grievance and Appeals Form

Member Your Name:

Member ID#:

Member Address:

Best phone number to reach you:

Please describe the grievance or appeal in as much detail as you can. If your issue is about a provider, give their details. You may add extra pages, if needed.

Member Signature

Date Filed

OFFICE USE ONLY

Date Received:

Received By:

Grievance:

Appeal:

Hearing:

CareSource will send you a letter with the outcome of your appeal or the resolution of your grievance. We will send this:

- No later than 30 calendar days from the date we received this notice for a standard appeal
- 72 hours for an expedited appeal
- 90 calendar days for a grievance

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



ENROLLEE RIGHTS AND RESPONSIBILITIES

As a P4HB enrollee with CareSource, you have the following rights:

Your Rights

- To get information about CareSource, its services, its practitioners and providers and enrollee rights and responsibilities.
- To get all services that CareSource must provide to you under the P4HB® program.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your personal information and medical records are kept private.
- To be given information about your health.
 - It may also be available to someone legally authorized.
 - It may be given to someone you have said should be reached in an emergency.
- To discuss information on any appropriate or medically necessary treatments. This is no matter the cost or coverage and in a way you understand.
- To work with providers for your health care decisions, including the right to refuse treatment.
- To get information about any medical care in a way you can understand.
- To be sure that others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion as a means of
 - Coercion
 - Discipline
 - Convenience
 - Retaliation

This is as specified in federal regulations on the use of restraints and seclusion.

- To ask for and get a copy of your medical records. And to be able to ask that the record be changed or corrected if needed. This is in accordance with federal privacy law.
- The right to ask for, at any time, information on our
 - Physician incentive plan
 - Marketing materials
 - Structure and operation of CareSource
- To be able to say yes or no to having any of your information given out unless CareSource must give it out by law.
- To be able to say no to treatment or therapy. If you or your parent or guardian say no, the doctor or CareSource must talk to you about what could happen. A note must be placed in your medical record about refusing care.
- To freely be able to file an appeal, a grievance (complaint) or ask for a state fair hearing. The exercise of these rights will not adversely affect the way you are treated.



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

Your Responsibilities

- Use only approved providers.
- Keep doctor and dentist visits, be on time, and call 24 hours before to cancel.
- Follow the advice and care you have agreed to with your providers.
- Always carry your ID card. Show it when getting care.
- Never let others use your ID card.
- Tell your county caseworker and CareSource of a change in phone number or address.
- Contact your PCP after going to an urgent care or after you get medical or behavioral health care.
- 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 give care.
- Understand as much as possible about your health issues and take part in reaching goals agreed to with your health care provider.



HIPAA PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed, and how you can get this information. Please review it carefully. We will simply call ourselves “CareSource” in this notice.

Your Rights

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

Get a copy of your health and claims records.

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

Ask us to fix health and claims records.

- You can ask us to fix your health and claims records if you think they are wrong or don't have all the details. Ask us how to do this.
- We may say “no” to 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 certain way, such as home or office phone. You can ask us to change the address we send your mail to.
- We will think about all fair requests. We must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share.

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

Get a list of those with whom we've shared information.

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

Get a copy of this privacy notice.

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

Give CareSource consent to speak to someone on your behalf.

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



File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us. Use the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights in three ways:
 - Send a letter to 200 Independence Avenue, S.W., Washington D.C. 20201
 - Call 1-877-696-6775
 - Visit www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not act against you for filing a complaint. We may not require you to give up your right to file a complaint as a condition of:
 - Care;
 - Payment;
 - Enrollment in a health plan, or
 - Eligibility for benefits.

Your Choices

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

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

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

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

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

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

Consent to Share Health Information

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

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

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

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

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



Other uses and disclosures

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

Help you get health care treatment

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

Run our organization

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

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

Pay for your health care

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

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

To help with public health and safety issues

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

To do research.

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

To obey the law.

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

To respond to organ and tissue donation requests.

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

To work with a medical examiner or funeral director.

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



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

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

To respond to lawsuits and legal actions.

- We can share health information about you in response to a court or administrative order.
- We may also make a group of "de-identified" information that cannot be traced back to you.

Our Responsibilities

- We protect our enrollees' health information in many ways. This includes information that is written, spoken or available online.
 - CareSource employees are trained on how to protect enrollee information.
 - Enrollee information is spoken in a way so that it is not inappropriately overheard.
 - CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
 - CareSource limits who can see enrollee health information. We make sure that only those employees with a business reason can see, use and share information.
- We are required by law to keep the privacy and security of protected health information. We are required to give you a copy of this notice.
- We will let you know quickly if a breach may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice. We must give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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

Effective Date and Changes to the Terms of This Notice

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

The CareSource Privacy Officer Can Be Reached By:

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

Email: HIPAAPrivacyOfficer@CareSource.com

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

Georgia Health Information Network (GaHIN)

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



REPORTING FRAUD, WASTE AND ABUSE

Health care services can be misused, ending in fraud, waste or abuse.

- **Fraud** means the purposeful misuse of or for gain of benefits.
- **Waste** means overusing benefits when they are not needed.
- **Abuse** is an action that causes unnecessary costs to the P4HB® Program. Abuse can be caused by a provider or an enrollee. Provider abuse could be actions that do not meet good fiscal, business or medical sense. They can also be paying for care that is not needed.

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

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

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

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

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

Cases of **enrollee** fraud, waste and abuse include are:

- Selling prescribed drugs or trying to get controlled drugs from more than one doctor or drugstore
- Changing or forging prescriptions
- Using pain medications you do not need



- Sharing your ID card with someone else
- Not telling us that you have other health insurance
- Getting equipment and supplies you do not need
- Giving wrong symptoms to get treatment, drugs and other care
- Too many ER visits for problems that are not an emergency
- Lying about eligibility for Medicaid

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

- Have to pay back any 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

If You Suspect Fraud, Waste or Abuse

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

1. Call **1-844-415-1272** (TTY: 711).
2. Fill out the Fraud, Waste and Abuse Reporting Form by Going to our website and filling out the form. Our website is **CareSource.com/Georgia**.
3. Write a letter and mail it to:

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

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 do not get your name, we will not be able to call you back. This will be kept private as allowed by law.

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

- Member ID number
- Social security number
- Health information

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

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



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(s):

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

- Employee Enrollee 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

P.O. Box 1940

Dayton, OH 45401-1940

You may also send this form by fax or e-mail. Sending the form 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 email or attach them as documents).

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



WORD MEANINGS

Abuse – Actions that cause unneeded costs.

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

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

Adverse Benefit Determination – Means any of these:

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

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

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

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

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

Benefits – Your covered health care services.

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

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

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

Claim – Bill for services.

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

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

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

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

Disenrollment – The removal of a member from CareSource.

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

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

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

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

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

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

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

Enrollee – A person eligible for Planning for Healthy Babies® with CareSource.

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



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

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

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

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

Fraud – Misusing benefits on purpose.

Grievance – A complaint about CareSource or its providers.

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

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

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

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

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

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

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

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

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

Managed Care Organization (MCO) – A plan that manages your health coverage. CareSource is your MCO.

Medically Necessary – Care needed to diagnose or treat an illness, injury, condition, disease or its symptoms.

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

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

Non-Participating Provider – A provider who doesn't have a contract with CareSource to provide services to you.

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

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

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

Pharmacy – Drugstore.

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

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

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

Premium – An amount you pay for your health insurance. CareSource Planning for Health Babies® enrollees do not pay a premium.



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

Prescription Drugs – Medications that by law require a prescription.

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

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

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

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

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

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

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

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

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

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

Service Areas – Where CareSource gives managed care for Planning for Healthy Babies® enrollees.

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

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

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

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

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

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

Waste – Using more benefits than what is needed.

