

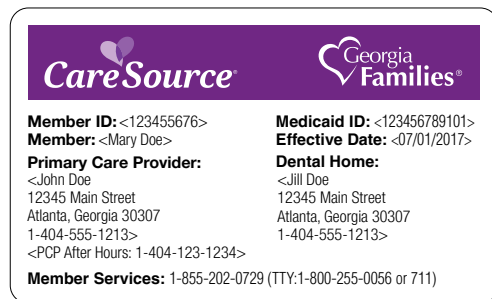
# CareSource Quick Reference Guide

CareSource® currently serves Georgia Medicaid and PeachCare for Kids® members enrolled in the Georgia Families® program and women enrolled in the Planning for Healthy Babies® program. This quick reference guide will help answer some basic questions about working with our plan.

## ABOUT CARESOURCE GEORGIA FAMILIES:

- Providers should refer CareSource patients to in-network providers only. If you cannot find an in-network provider, please contact Provider Services at **1-855-202-1058**.
- Please check eligibility every time a patient receives care.

## GEORGIA FAMILIES MEMBER ID CARD



**CareSource** Georgia Families®

**Member ID:** <12345676>  
**Member:** <Mary Doe>

**Medicaid ID:** <123456789101>  
**Effective Date:** <07/01/2017>

**Primary Care Provider:**  
<John Doe  
12345 Main Street  
Atlanta, Georgia 30307  
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)

**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

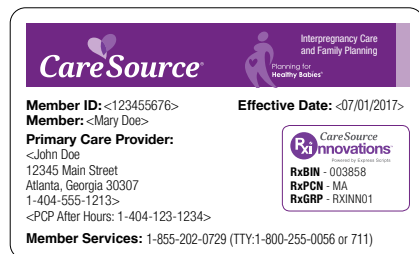
**Mail claims to:**  
CareSource, Attn: Claims Department  
P.O. Box 803, Dayton OH 45401  
**CareSource.com**

**CareSource innovations** RxBIN - 003858  
RxPCN - MA  
RxGRP - RXINN01

GA-MMED-2986

## PLANNING FOR HEALTHY BABIES (P4HB) MEMBER ID CARDS

### Interpregnancy Care and Family Planning (purple)



**CareSource** Interpregnancy Care and Family Planning  
Planning for Healthy Babies®

**Member ID:** <12345676>  
**Member:** <Mary Doe>

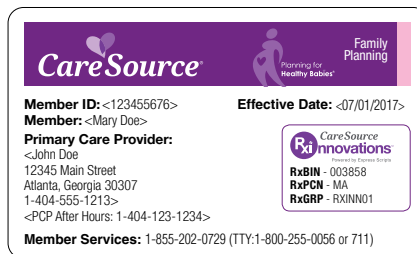
**Effective Date:** <07/01/2017>

**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)

**CareSource innovations** RxBIN - 003858  
RxPCN - MA  
RxGRP - RXINN01

### Family Planning (pink)



**CareSource** Family Planning  
Planning for Healthy Babies®

**Member ID:** <12345676>  
**Member:** <Mary Doe>

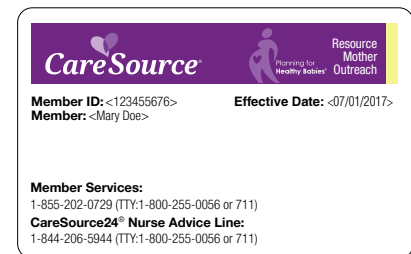
**Effective Date:** <07/01/2017>

**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)

**CareSource innovations** RxBIN - 003858  
RxPCN - MA  
RxGRP - RXINN01

### Resource Mother Outreach (yellow)



**CareSource** Resource Mother Outreach  
Planning for Healthy Babies®

**Member ID:** <12345676>  
**Member:** <Mary Doe>

**Effective Date:** <07/01/2017>

**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)

**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

**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

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

**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**

GA-MMED-2989

## CONTACTING CARESOURCE

<b>Provider Services:</b>	<b>1-855-202-1058</b>
<b>Website:</b>	CareSource resources at <b>CareSource.com/providers</b>
<b>Provider Portal:</b>	<b>https:providerportal.caresource.com/GA</b>
<b>Utilization Management:</b>	<b>1-855-202-1058</b>
<b>Claims Inquiries</b>	<b>1-855-202-1058</b>
<b>Check Claims Status</b>	<b>https:providerportal.caresource.com/GA</b>

# CareSource Quick Reference Guide

## CLAIM SUBMISSIONS

CareSource encourages providers to submit claims electronically for the most efficient processing. Paper claim forms are encouraged for services that require clinical documentation or other forms to process.

### **Electronic Funds Transfer (EFT):**

Complete the enrollment form on the “Claims” or “Forms” page of **CareSource.com** and fax, email or mail it back to ECHO Health, Inc.

### **Electronic Claims Submission:**

EDI CareSource payer ID **GACSI**

**Timely Filing:** 180 calendar days from the date of service or discharge

**Paper Claims:** CareSource  
Attn: Claims Department  
P.O. Box 803  
Dayton, OH 45401

## SERVICES THAT REQUIRE PRIOR AUTHORIZATION

Services are provided within the benefit limits of the member’s enrollment. Prior authorization requirements by service type may be found on the CareSource website or on the searchable authorization lookup tool.

## PRIOR AUTHORIZATION PROCESS

The Georgia Department of Community Health has a centralized prior authorization feature. This feature allows participating providers to submit prior authorization requests through a centralized source, the Georgia Medicaid Management Information System (GAMMIS) at **[www.mmis.georgia.gov](http://www.mmis.georgia.gov)**.

**For questions related to prior authorization for health care services, you can contact the Utilization Management department by phone, fax, mail or email.**

- **Email:** [gamedmgt@caresource.com](mailto:gamedmgt@caresource.com)
- **Fax:** 844-676-0370.
- **Phone:** 1-855-202-1058

**When requesting an authorization, please provide the following information:**

- Member/patient name and CareSource member ID
- Health partner name and NPI
- Anticipated date of service
- Diagnosis code and narrative
- Procedure, treatment or service requested
- Number of visits requested, if applicable
- Reason for referring to an out-of-plan health partner, if applicable
- Clinical information to support the medical necessity for the service

Please review the **CareSource Health Partner Manual** for additional information.  
You may find it on **CareSource.com**.



**CareSource.com**