# 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

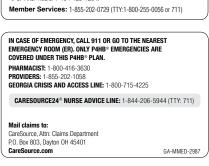




### Planning for Healthy Babies (P4HB) Member ID Cards

# Interpregnancy Care and Family Planning (purple)





### Family Planning (pink)



GA-MMED-2988

#### **Resource Mother Outreach (yellow)**





# Contacting CareSource

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

P.O. Box 803 Dayton OH 45401

CareSource.com

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### 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 GACS1

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**.

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

• **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 National Provider Identifier (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**.

