



NETWORK Notification

Notice Date: October 2, 2026
To: Georgia Medicare Advantage Dual Special Needs (D-SNP) Providers
From: CareSource
Subject: Non-Renewal of Georgia CareSource Dual Advantage plans
Effective Date: January 1, 2027

Summary

As of January 1, 2027, CareSource will no longer offer CareSource Dual Advantage™ (HMO D-SNP) and CareSource Dual Advantage™ Plus (HMO D-SNP) in Georgia. Members' coverage will remain active through December 31, 2026. In the coming months, and during the annual enrollment period, CareSource's members will transition to other Medicare coverage options.

This decision does not impact CareSource's Georgia Medicaid or Marketplace plans. CareSource remains committed to serving members and communities across Georgia.

Impact

Because of this change, it is important to carefully check all patient ID cards and verify their eligibility before rendering services. As of January 1, 2027, providers should no longer accept CareSource Dual Advantage and CareSource Dual Advantage Plus ID cards similar to the following:

CareSource Dual Advantage ID Card:

CareSource		CareSource Dual Advantage™ (HMO D-SNP)	
Member Name: <John Doe>	Effective Date: <01/01/2026>		
Member ID #: <12345678900>			
Medicaid ID#: <12345678900>			
Health Plan: 80840 Payer ID: <XXXX>			
Primary Care Provider/Clinic Name: <Last name, First name>		RxBIN: <610014>	
		RxPCN: <MEDDPRIME>	
		RxGRP: <RXINN02>	
Provider/Clinic Phone: <XXX-XXX-XXXX>		CMS: <XXXX-XXX>	
		Copay: \$0.00	

CareSource.com/DSNP	
This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.	
MEMBERS: 1-833-230-2020 TTY: 1-833-711-4711 or 711	
24-Hour Nurse Advice Line: 1-833-687-7331	Medical Claims:
Vision Benefits: EyeMed 1-866-299-1425	CareSource
Hearing Benefits: TruHearing 1-833-759-6826	P.O. Box 8730
Dental Network: Skygen 1-833-778-7101	Dayton, OH 45401-8730
Pharmacy: 1-877-891-5279	Pharmacy Claims:
Providers: 1-833-230-2176	Express Scripts
PROVIDERS: DO NOT BILL MEMBER. Please submit Medicare claims to the plan. Please bill Medicaid for any remaining charges.	ATTN: Medicare Part D
	P.O. Box 52023
	Phoenix, AZ 85082
V0119_5A-DSNP-M-4101158_C	

CareSource Dual Advantage Plus ID Card:

CareSource		CareSource Dual Advantage™ Plus (HMO D-SNP)
Member Name: <John Doe>	Effective Date: <01/01/2026>	
Member ID #: <12345678900>		
Medicaid ID#: <12345678900>		
Health Plan: 80840 Payer ID: <XXXX>	RxBIN: <610014>	
Primary Care Provider/Clinic Name: <Last name, First name>	RxPCN: <MEDDPRIIME> RxGRP: <RXINN02>	
Provider/Clinic Phone: <XXX-XXX-XXXX>	CMS: <XXXX-XXX> Co-pay: <\$0.00>	

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ATTN: Medicare Part D
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PROVIDERS: DO NOT BILL MEMBER. Please submit Medicare claims to the plan. Please bill Medicaid for any remaining charges.

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Members' plans will remain active through December 31, 2026. They will have the opportunity to select a new plan during the upcoming annual election period.

We understand these changes may raise concerns. We are committed to providing clear, transparent communication to support continuity of care and to assist members during their transition to new coverage. Please note: This action does not affect CareSource's Georgia Medicaid or Marketplace plans.

Questions?

If you have any questions, please contact Provider Services at 1-833-230-2101, Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET). Thank you for your continued service to our members and communities across Georgia.

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