

A photograph of a woman with long brown hair smiling and hugging a young boy with glasses. The woman is wearing a grey sweater and the boy is wearing a blue sweater and khaki pants. They are sitting outdoors. The image is partially obscured by a purple diagonal graphic on the left side.

Member Handbook

Georgia Medicaid and
PeachCare for Kids[®]

Members Enrolled in
Georgia Families[®]


CareSource[®]

ENGLISH - Language assistance services, free of charge, are available to you. Call: **1-855-202-0729** (TTY: 1-800-255-0056 or 711).



SPANISH - Servicios gratuitos de asistencia lingüística, sin cargo, disponibles para usted. Llame al: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

NEPALI - तपाईंका निमित्त निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन् । फोन गर्नुहोस्: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

KOREAN - 언어 지원 서비스가 무료로 제공됩니다. 전화: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

FRENCH - Services d'aide linguistique offerts sans frais. Composez le 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

GERMAN - Es stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Anrufen unter: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

SIMPLIFIED CHINESE - 可为您提供免费的语言协助服务。请致电: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

TELUGU - భాషా సాయం సర్వీసులు, మీకు ఉచితంగా లభ్యమవుతాయి. కాల్ చేయండి: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

BURMESE - ဘာသာစကားဆရာအကူအညီအခမဲ့များအား သင်အတွက် အခမဲ့ ရရှိနိုင်ပါသည်။ ဖုန်းခေါ်ရန်: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

ARABIC - تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم: 1-855-202-0729 (هاتف نصي: 1-800-255-0056 أو 711).

URDU - زبان کی معاونتی ترجمانی خدمات، آپ کے لیے بالکل مفت یا فری آف چارج دستیاب ہیں۔ کال کریں: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

PENNSYLVANIA DUTCH - Mir kenne dich Hilf griege mit Deitsch, unni as es dich ennich eppes koschte zellt. Ruf 1-855-202-0729 (TTY: 1-800-255-0056 or 711) uff.

RUSSIAN - Вам доступны бесплатно услуги языкового сопровождения. Позвоните по номеру: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

TAGALOG - May mga serbisyong tulong sa wika, na walang bayad, na magagamit mo. Tumawag sa: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

VIETNAMESE - Dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

GUJARATI - ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-202-0729 (TTY: 1-800-255-0056 or 711) પર કોલ કરો.

PORTUGUESE - Serviços linguísticos gratuitos disponíveis para você. Ligue para: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

MARSHALLESE - Jerbal in jibañ ikijen kajin, ejelok onean, ej bellok ñan eok. Kurlok: 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

NOTICE OF NON-DISCRIMINATION

CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status.

CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille, or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services.

If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

Mail: CareSource, Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com

Phone: 1-844-539-1732

Fax: 1-844-417-6254

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

Mail: U.S. Dept. of Health and Human Services
200 Independence Ave, SW Room 509F
HHH Building Washington, D.C. 20201

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are found at:

www.hhs.gov/ocr/office/file/index.html.

CONTACT US



Mail: P.O. Box 723308, Atlanta, Georgia 31139-0308



Online: **CareSource.com/Georgia**



Online: **MyCareSource.com**. This is a private online account where you can chat with Member Services.

Member Services



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

Open Monday – Friday from 7 a.m. to 7 p.m. except for the holidays listed below.

CareSource is closed each year on these holidays:

- New Year's Day
- Independence Day
- Day after Thanksgiving
- Martin Luther King Day
- Labor Day
- Christmas Eve
- Memorial Day
- Thanksgiving Day
- Christmas Day

Call us or visit **CareSource.com/Georgia** to learn more about:

- Your benefits and what is covered.
- Finding out if a service needs a referral or prior authorization (PA).
- How to get a new ID card or report a lost ID card.
- Changing your primary care provider (PCP).
- Changing your address, phone number, or email.
- Help for those who have trouble reading or speaking English.
- Help for those who have problems seeing or hearing.
- Other questions you may have.

The phone number and website are at the bottom of each page of this handbook. Please have your member ID number handy when you call.

Ways to get information

We can explain our items in English or in your first language. We can get sign language interpreters. You can have a language interpreter at your medical visits. We can get an interpreter for you to talk with us or your providers. You can get any material in other formats for free. This can be large print, braille, or audio. Call us. We are here to help.

CareSource24[®] Nurse Advice Line: 1-844-206-5944 (TTY: 711)

The CareSource24 Nurse Advice Line is open 24/7, 365 days a year, along with observed holidays. To get the fastest help, have your member ID number handy when you call.

TABLE OF CONTENTS

Contact Us	III	Transportation	21
Member Services.....	III	Georgia Medicaid Member Copays.....	21
Welcome to CareSource	1	Rides for Food.....	22
Getting Started	1	Incentives and Rewards.....	23
CareSource24® Nurse Advice Line.....	2	CareSource MyKids Rewards	23
My CareSource®	2	MyHealth Rewards	25
CareSource Mobile App.....	3	Where to Get Care	27
Review CareSource Member ID Cards.....	4	Primary Care Provider (PCP)	28
Current Treatment Plans and Health Care	5	Primary Dental Provider.....	29
Services Covered by CareSource	6	Telehealth.....	30
Services Outside of the Network.....	7	Community Behavioral Health Centers (CBHCs).....	31
Services Not Covered.....	8	Convenience Care Clinics	32
Explanation of Benefits.....	9	Urgent Care	32
Copayments.....	10	Emergency Services.....	33
Georgia Medicaid Member Copays.....	10	Pharmacy	34
PeachCare for Kids® Copays	11	Prescription Drugs.....	34
Benefits.....	12	Find My Prescriptions.....	34
Extra Benefits	19	Over-the-Counter (OTC) Drugs.....	34
MyStrength SM	19	Medication Therapy Management (MTM) Program.....	35
KidsHealth®	19	Medication Disposal	35
MyResources.....	19	Care Management.....	36
Express Banking®	19	Care Transitions.....	36
Lifeline	19	Disease Management.....	36
CareSource SmilePack.....	20		
CareSource Life Services®	20		
Youth Programs.....	20		



Preventive Care	37
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit	38
When Your Child Should Have an EPSDT Check	38
Pregnancy and Family Planning	39
Before You are Pregnant.....	39
During Pregnancy	40
After You Have Your Baby	40
Help for Breastfeeding Moms	40
Member Rights and Responsibilities.....	41
HIPAA Privacy Practices	43
Advance Directives.....	48
Quality Management and Improvement Program.....	50
Fraud, Waste, and Abuse.....	52
Grievances and Appeals	54
Ending Your CareSource Benefits	58
Office of the Ombudsman.....	59
Word Meanings.....	60

WELCOME TO CARESOURCE

We are excited to serve you. This handbook is for Georgia Medicaid and PeachCare for Kids® members in Georgia Families®.

We want to better your health and well-being. You deserve health care with heart. For help or to learn more, visit [CareSource.com/Georgia](https://www.caresource.com/Georgia) or call us at **1-855-202-0729** (TTY: 711).

GETTING STARTED



Your ID cards. You will get an ID card in the mail in your new member booklet. Each person in your family who is a CareSource member will have a card.



Learn about your benefits. Keep this handbook to know how to use them.



Make sure your providers are in network. In most cases, CareSource does not pay for out of network provider charges. To find the most up-to-date list of providers visit [findadoctor.CareSource.com](https://findadoctor.caresource.com).

We are always adding new practitioners to the CareSource network. The most up-to-date list is online, [CareSource.com](https://www.caresource.com). Click on the Find A Doctor link at the top of the webpage or call Member Services. You will be able to find out about in-network practitioners. This includes their name, address, telephone numbers, professional qualifications, specialty, medical school attended, residency completion, board certification status, and more.



Keep your current treatments and care. If you are being treated for a health issue, call us. We can help you keep your care.



Make Sure Your Prescriptions are on the CareSource Drug List. Use Find My Prescriptions to see what drugs and medical supplies are covered. See **page 33** to learn more.



Set up a My CareSource® account. Use this account to see your plan online. See **page 2**.

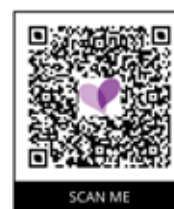


Get the CareSource Mobile App. This mobile app lets you manage your health plan on-the-go. You can do things like view your ID card, find a doctor, access your My CareSource account and more! The app is free. Get the CareSource mobile app through the **App Store® for iPhone®** or **Google Play® for Android®**.

Fill out your Health Needs Assessment (HNA). Answer questions that can help with your care. And have \$10 added to your MyHealth Rewards account. To take the HNA:

Call: **1-833-230-2011** (TTY: 711)
between 7 a.m. to 6 p.m.,
Monday – Friday.

Online: **MyCareSource.com** account
and click on the *Health* tab.



CARESOURCE24[®] NURSE ADVICE LINE

You can call any time to talk with a caring, skilled nurse. This is a free call. You can call **1-844-206-6944** (TTY: 711) 24 hours a day, 7 days a week, 365 days a year. Our nurses can help you:

- Learn about a health problem.
- Decide when to go to your doctor, urgent care, or the emergency room (ER).
- Find out more about your medicine you take.
- Find out about health tests or surgery.
- Learn about healthy eating.
- If you have a mental health or behavioral crisis and need help.
- If you need to speak with a care manager after hours.

MY CARESOURCE[®]

My CareSource[®] accounts can be linked to manage health care for families. You can:

- Choose or change your primary care provider (PCP).
- Find out about benefits
- View and print your ID card or ask that a new one be mailed.
- Check your copays and coinsurance (as it applies).
- View claims and records.
- Take your Health Needs Assessment (HNA).
- View health alerts

Create Your MyCareSource Account

It's easy to do:

1. Go to **MyCareSource.com**.
2. Click *Sign Up* at the bottom of the page.
3. Answer the questions.
4. Click *Register*.





CARESOURCE MOBILE APP

This easy to use app lets you manage your CareSource health plan on the go. The app is free. You can:



- View your digital CareSource member ID card.
- See your **MyCareSource.com** account.
- Find a health care provider, hospital, clinic, or urgent care near you.
- View your claims.
- Call CareSource24, our Nurse Advice Line, and speak with a registered nurse 24/7.
- Call and speak with Member Services.
- Use Teladoc[®] and visit with a doctor on your phone or computer.
- Learn more about your benefits!

The CareSource mobile app is through the App Store[®] for iPhone[®] or Google Play[®] for Android[®]*

**iPhone is a registered trademark of Apple, Inc. The App Store is a service mark of Apple, Inc. Google Play and Android are registered trademarks of Google, Inc.*

REVIEW CARESOURCE MEMBER ID CARDS

- Each CareSource member will get their own ID card. It is included with your new member booklet.
- Each ID card is good while you are a CareSource member. Cards do not expire.
- You can change what is on your card or ask for a new one by going to **MyCareSource.com** or call us.
- If your card is lost or stolen, get a new one. Go to **MyCareSource.com** or call us.
- You can view your ID card on the CareSource Mobile App.
- ID cards look like:





<p>Member ID: 123455676 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</p>	<p>Medicaid ID: 123456789101 Effective Date: 07/01/2017 Dental Home: Jill Doe 12345 Main Street Atlanta, Georgia 30307 1-404-555-1213</p>
<p>Member Services: 1-855-202-0729 (TTY:1-800-255-0056 or 711)</p>	

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



RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

GA-MMED-2986

Always keep your ID card with you.

You will need your CareSource ID card when you:

- See your providers or a specialist.
- Go to an emergency room or a hospital for any reason.
- Go to an urgent care.
- Get medical supplies.
- Get a prescription.
- Have tests.

Call Member Services if:

- You did not get your ID card.
- Anything on the card is wrong.
- You lose your card.



CURRENT TREATMENT PLANS AND HEALTH CARE

Your health care may need to be approved by us. If you don't have an emergency, call us. We will let you know if your care needs to be approved. Some of this care is:

- Any surgery or medical procedure.
- Cancer care.
- Care after a hospital stay.
- Equipment (like a breathing machine).
- Home health care.

You do not need to call if you have an in-network provider. You can find an in-network provider at **MyCareSource.com** or **findadoctor.CareSource.com**.

Current Drug Coverage

Your prescription might need prior approval. This means it will need to be approved before you fill it. If your drug needs to be approved, ask your provider to call us. You can also check at **CareSource.com/Georgia**:

- Click on Tools & Resources.
- Click on the *Find My Prescriptions* tool.
- Enter your drug name in the search tool.
- This will tell you if your drug needs to be approved to be covered.



SERVICES COVERED BY CARESOURCE

Georgia Families® covers all services that are medically necessary. This means you need the services to prevent, diagnose, or treat a medical condition. You should not be billed for them. If you are sent a bill, call us. The full list of what is covered is on **page 6**.

- You must get services from providers in network. Network or in-network providers take CareSource insurance see **page 5**. You do not need a prior authorization (PA) to see them.
- When you see a provider out of network, a PA is needed. PA is not needed in an emergency.
- Check the PA list on our website, it is up-to-date. There are changes throughout the year.

Please note what is a PA and what is a referral:

Prior Authorization (PA): Approval that may be needed before you get a service. It must be medically necessary for your care. Your provider will get PA for the care you need. A list of services that need a PA are at: [caresource.com/ga/plans/medicaid/benefits-services/referrals-prior-authorization](https://www.caresource.com/ga/plans/medicaid/benefits-services/referrals-prior-authorization). You can also call us.

Referral: Your provider will ask for some services before you can get them. They will set up the service, give you a note, or tell you next steps. This can be lab tests, x-rays, or seeing a specialist.

Words to Know

Medically Necessary – care to diagnose or treat an illness, injury, condition, or disease.

Covered Service – medically necessary care that we pay for.

Services Outside Of The Network

CareSource may work with a provider out-of-network to set up needed services. This happens if you cannot get care from an in-network provider. You must have PA before getting care out of network.

Standing Referral

Members with ongoing care can see a specialist. A standing referral from a PCP is needed.

Continuity of Care

CareSource will work with you to keep getting your planned current care. We will help you when:

- You are new to CareSource.
- Your provider has left the network.

Utilization Management

Utilization Management (UM) reviews the health care you get based on guidelines. We review care to make sure it is the best for your needs. You can ask how care is reviewed for procedures. CareSource does not reward providers or our staff for denying services. We want you to get the care you need. We can arrange interpreter services in your preferred language.

Questions for UM?

- Call **1-855-202-0729** (TTY: 711) and ask for the UM team. We are open Monday through Friday, 8 a.m. to 5 p.m.
- You can leave a message after normal business hours.
- 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 and title and that they are from CareSource.

New Care Approvals

CareSource may decide a new development can be covered. This can be:

- Health care services
- Medical devices
- Therapies
- Treatment options



Review of New Technology

CareSource depends on science research and advances for evidence-based, high quality-care. Our New Technology Committee reviews medical advances to decide their quality and safety. Providers may send requests to us. We strive to give up-to-date, effective, and affordable care.

CareSource reviews any requests that are not currently covered. This involves:

- Updated Medicaid or PeachCare for Kids® rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations

Authorization Time Frames

Standard authorization requests will be decided in three business days. This is counted by after we get the request. CareSource will tell you and your doctor if the services are approved. You, your provider or CareSource can ask for more review time. It can be up to two weeks from the original request date. This happens if more information is needed. It also has to be 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. CareSource will decide on these in 24 hours. We can ask for up to five business days for review. This happens if more information is needed. It also has to be in your best interest.

Services Not Covered

CareSource will not pay for care or supplies not covered by Medicaid. This can be:

- Abortions (except for a reported rape, incest or medically necessary to save the mother's life).
- Acupuncture (therapy with needles).
- All care or supplies that are not medically necessary.
- Experimental services and procedures.
- Infertility treatment for males or females, along with reversal of voluntary sterilizations.
- Care you get in another country.
- Alternative medicine.
- Voluntary sterilization if under 21 years of age or not able to legally agree.
- Plastic or cosmetic surgery that is not medically necessary.

*This is not a full list that is not covered by Medicaid or CareSource. If you have a question about what is covered, call us. See **page 12** for a full list of the covered services.*

Other Insurance

Call us if you have other health insurance. If you have another primary insurance, they are responsible to pay before us. They must be billed before a claim can be sent to CareSource. The provider will need your CareSource and other insurance information. You must have both insurance cards when you get care.



EXPLANATION OF BENEFITS

When you have a health service, we send you an Explanation of Benefits (EOB).

An EOB is not a bill. It will list:

- Who got care
- The doctor who billed for the care
- The date of the care
- The type of care
- The amount that CareSource paid
- How much you owe or paid

If you owe for a service, you will get a bill. You should save your EOBs and pay only the amount listed. If you get a bill for more than the EOB, or for care you did not get, call us.

Going Green

You can view your EOB online. You can do this by logging in to your My CareSource account.

COPAYMENTS

Some Georgia Families® members pay a small part of health care costs. This is called a copayment or copay. Many services do not have a copay. These can be preventive care, emergency services and family planning services. You pay your copay to your doctor. **They cannot deny treatment if you cannot pay.** Call us to ask about services not listed or to learn more.

Georgia Medicaid Member Copays

Service	Exceptions	Your Copay Amount
Ambulatory Surgery Centers/ Birthing Centers	\$3 deducted from the surgical code billed. Only one \$3 copay will be deducted for each date of service for multiple surgical procedures.	Prior authorization is needed after 30 visits in a year.
Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)		\$2 for all FQHCs and RHCs.
Outpatient service		\$3 for all non-emergency hospital visits.
Inpatient services	You will not have to pay if you were admitted or transferred from: <ul style="list-style-type: none"> • an ER • urgent care • another hospital • a nursing, or other health facility 	\$12.50
Emergency (ER) services		\$3 if it is not an emergency health issue.

These Georgia Medicaid members **do not** have copays for covered care:

- Members under the age of 21
- Pregnant women
- Nursing facility residents
- Members in hospice care (end-of-life care)
- Members in the Breast and Cervical Cancer program
- American Indian or Alaska Natives

PeachCare For Kids® Copays

PeachCare for Kids® members age six and over have a copay. These copays are no more than five percent of family income. Some copays are a set amount, and some are cost-based. Cost-based means the copay depends on the cost of the care. PeachCare for Kids® copays are listed below:

Service	Copay
Ambulatory Surgery Centers/Birthing Centers	\$3
Durable medical equipment	\$2
Federally Qualified Health Center (FQHC)	\$2
Free-Standing Rural Health Clinic	\$2
Home health services	\$3
Hospital-Based Rural Health Center	\$2
Inpatient services	\$12.50
Face or jaw surgery	Cost-Based
Orthotics and prosthetics	\$3
Outpatient services	\$3
Pharmacy – preferred drugs	\$0.50
Pharmacy – non-preferred drugs	Cost-Based
Physician assistant services	Cost-Based
Physician services	Cost-Based
Foot care	Cost-Based
Eye care	Cost-Based
Cost-Based Copays	Copay
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1
\$25.01 to \$50.00	\$2
\$50.01 or more	\$3

These PeachCare for Kids® members **do not** have copays for covered care:

- Members under age six
- Members in end-of-life care
- Nursing facility residents
- Children in foster care
- American Indian or Alaska Natives

Benefits

This chart lists the covered care and services you have with us. **If you need to find any type of provider listed, visit findadoctor.CareSource.com or call Member Services.**

Service	Details
Ambulance and Ambulette Transportation	Rides for emergencies by ambulance or an ambulette, a wheelchair van, is covered. Non-emergency ambulance services need a prior authorization (PA).
Behavioral or Mental Health Services	<p>Addiction Services:</p> <ul style="list-style-type: none"> • Detox • Medication Assisted Treatment (MAT) • Therapy, and more <p>Behavioral Health Services:</p> <ul style="list-style-type: none"> • Tests • Counseling (individual, family and group) • Medication • Intensive Outpatient • Partial Hospitalization • Inpatient Hospitalization • Community Support Services • Intensive Family Intervention <p>Residential Treatment for ages 21 and under: Live-in recovery for mental illness or addiction.</p> <p>Addiction Support Line: If you would like help stopping alcohol use or stopping drug use, call 1-833-674-6437.</p> <p>If you are having suicidal thoughts, call 988.</p> <p>These services need a PA:</p> <ul style="list-style-type: none"> • All Inpatient Services • Assertive Community Treatment (ACT) • Community Support Services • Electroconvulsive Therapy (ECT) • Family Psychotherapy • Individual Psychotherapy • Intensive Customized Care Coordination (IC3) Services • Intensive Outpatient Program (IOP) Services • Partial Hospitalization Program (PHP) Services

Service	Details
Behavioral or Mental Health Services	<ul style="list-style-type: none"> • Psychiatric Diagnostic Evaluation • Psychiatric Residential Treatment Facility (PRTF) Services.
Certified Nurse Midwife (CNM)	Nurses who help with pregnancy and giving birth. No PA is needed.
Certified Nurse Practitioner (CNP)	Nurses who are trained in some of the medical care that doctors provide. No PA is needed.
Dental Care	<p>For Georgia Families® members under age 21 (per yearly limits/restrictions):</p> <p>Preventive care:</p> <ul style="list-style-type: none"> • Two dental exams, routine x-rays and cleanings (once every six months) • Tooth Sealants (protective coatings on molar teeth) • Fluoride treatment • Space maintainers for adult teeth (after early removal of baby teeth) • Two tobacco or substance use counseling sessions from your dentist. <p>Basic care:</p> <ul style="list-style-type: none"> • Fillings • Prefabricated (Special crowns) • Dental Extractions (Tooth removal) • Root Canal Treatments • Periodontal (Gum) Care and gum maintenance. <p>Major care:</p> <ul style="list-style-type: none"> • Dentures/partial • Permanent custom crowns on root canal treated first molar teeth. • Oral Surgery • Sedation and General Anesthesia <p>Orthodontic care:</p> <ul style="list-style-type: none"> • Medically necessary full braces for teens up to age 20. • Medical necessary individual areas braces or braces for children age 12 and under.



Service	Details
Dental Care	<p>For Georgia Families adult members age 21 and older:</p> <ul style="list-style-type: none"> • Limited exams, tooth removal, and limited other oral surgery with dental sedation/anesthesia. • Two routine exams and cleanings (one every six months) • Two tobacco or substance use counseling sessions from your dentist. • A \$700 allowance that can be used towards: <ul style="list-style-type: none"> - Fillings - Periodontal (Gum) Care - Dentures and Partial - Root canals on front and premolar (side) teeth - Some types of dental crowns (full tooth covering) <p>Pregnant Women in the Georgia Families and Right from the Start Medical Assistance Group, (RSM) get the benefits above and more:</p> <ul style="list-style-type: none"> • Additional gum care and surgery • Expanded benefits include the above per age category (some code limitations apply.) <p>A PA is needed for:</p> <ul style="list-style-type: none"> • Root canal • Periodontal (Gum Care) • Partial and dentures • Some oral surgery • Orthodontics (Only under age 21) • General anesthesia and hospital cases • Some increased service quantities • All Early and Periodic Screening, Diagnostic and Treatment (EPSDT) noncovered service requests
Diagnostic Services	<p>Lab work, x-rays, or tests.</p> <p>A PA is needed for, but not limited to:</p> <ul style="list-style-type: none"> • Some bloodwork/lab testing • Scans (CT, MRI, PET)
Dialysis	<p>Clean your blood when your kidneys cannot. No PA is needed.</p>

Service	Details
Durable Medical Equipment	<p>Items prescribed by your doctor that can be used more than once.</p> <p>A PA is needed for, but not limited to:</p> <ul style="list-style-type: none"> • Wheelchairs and some accessories • All rental/lease items: CPAP/BiPAP, NPPV machines, apnea monitors, ventilators • Hospital beds, specialty mattresses • High frequency chest wall oscillators • Cough assist/stimulating device • Pneumatic compression devices • Speech generating devices and accessories • Infusion pumps • Cochlear implants including most replacements • Left Ventricular Assist Device (LVAD) • Wound vacs • Prosthetic/orthotic devices • Oral appliances for obstructive sleep apnea • Patient transfer systems/hoyer lifts • Power wheelchair repairs • Spinal cord stimulators
Emergency Services	<p>A medical problem that must be treated right away. They are always covered. See page 12. No PA is needed.</p>
Family Planning	<p>Exams, nurse midwife services, prenatal and postnatal visits are part of family planning. Lamaze, parent education, and breast-feeding classes and breast pumps are covered. Birth control is also covered.</p> <p>Artificial insemination and infertility treatment services are not covered.</p> <p>Infertility diagnostic services require a PA.</p> <p>In and out-of-network family planning services are covered. This can be Planned Parenthood®. You may self-refer for these services.</p>



Service	Details
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)	Special offices to help people who live in rural or urban areas get care. No PA is needed. This can be: <ul style="list-style-type: none"> • Dental • Mental health services • Specialist services • Speech pathology and hearing • PCP visits • Physical therapy • Podiatry (feet care) • Vision
Hearing Services	Testing your ears is covered. Hearing aids and other items are covered for those under the age of 21. Speech therapy and hearing aids need a PA.
Home Health Services	Services that can be given in your home for an illness or injury. Private duty nursing is not covered. <ul style="list-style-type: none"> • A PA is needed for, but not limited to: • Home health aide visits • Skilled nurse visits • Social worker visits • Occupational therapy • Speech therapy • Physical therapy
Hospice Care	Care for terminally ill patients is covered at no cost to you. Only inpatient hospice care needs a PA.
Inpatient Hospital Services	Medical procedures or tests that are done in a hospital or other medical center. They usually need an overnight stay. A PA is needed.
Medical Supplies	Diabetic supplies and nutritional supplies. A PA is needed for, but not limited to: <ul style="list-style-type: none"> • Continuous glucose monitors • Donor milk • Insulin infusion device • Oral nutrition (for medical purposes) and enteral nutritional therapy
Obstetrical/ Maternity Care	Prenatal and postpartum care, at-risk pregnancy care, and gynecological services. You may self-refer to any in-network provider or see your PCP. A PA is needed for maternity care if delivery and inpatient stay is scheduled at less than 39 weeks or if the stay is more than 48 hours for vaginal or 96 hours for cesarean.

Service	Details
Outpatient Facility Services	Procedures or tests done in a medical center. There is not an overnight stay. Elective surgeries need a PA.
Out-of-Network Providers	Doctors, hospitals, drugstores, or others that have not signed a contract with us. PA is needed, unless it is an emergency.
Pain Management Services	<p>This helps the quality of life for those living with chronic pain.</p> <ul style="list-style-type: none"> • A PA is needed for, but not limited to: • Epidural steroid injections • Trigger point injections • Implantable pain pump • Implantable spinal cord stimulator • Sacroiliac joint procedures • Sacroiliac joint fusion • Facet joint interventions
Physical, Speech, and Occupational Therapy	Covered at no cost to you, but needs a PA.
Physical Exams	<p>Preventive care is covered at no cost to you.</p> <p>They are covered if the exam is not free by a different source. No PA is needed.</p>
Podiatry Services	Feet care, no PA is needed.
Prescription Drugs, including prescribed Over-the-Counter Drugs	All medically necessary Medicaid-covered drugs are covered. We use a preferred drug list (PDL). PA varies by drug. See page 33 to learn more.
Preventive Breast Cancer and Cervical Cancer Screenings	Covered at no cost to you. No PA is needed.
Preventive Prostate Screening	Covered at no cost to you. No PA is needed.
Primary Care Provider (PCP)	<p>Preventive care is always covered at no cost to you.</p> <p>Your PCP will do check-ups, shots, and routine health care needs.</p>
Residential Treatment	Therapy for substance abuse, mental illness, or behavioral issues in a health care facility. PA is needed.
Screening and Counseling for Obesity	These are covered. No PA is needed.

Service	Details
Shots (Immunizations)	Your PCP will do shots, and treat you for routine health care needs. You can also get some shots like the flu shot at convenience care clinics. See page 31 to learn more. No PA is needed.
Specialists	A provider will give you a referral. Out of network will need a PA from your provider.
Telehealth	Your PCP may offer telehealth. If your PCP is not available, or does not have telehealth, use Teladoc®. Call: 1-800-TELADOC (835-2362) or visit Teladoc.com/CareSource . No PA is needed.
Urgent Care	Urgent Care is for non-emergencies. They are if you can't see your PCP right away. They help keep an injury, sickness, or mental health issue from getting worse. No PA is needed.
Vision Services	<p>A yearly eye exam and \$75 towards glasses or contacts is covered. The \$75 per year is for adults towards frames and contact lenses.</p> <p>A PA is needed, but not limited to:</p> <ul style="list-style-type: none"> • Contacts • Vision surgery
Well-child (EPSDT) Visits	Covered at no cost to you. Covers medical exams, shots, health education, and tests for members under the age of 21. EPSDT also covers medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams. See page 38 to learn more. No PA is needed
There may be a copay for services. Check the chart on pages 10-11 to learn what will be billed. You should not be billed more than the amount listed.	





EXTRA BENEFITS

This list is at no cost to you.

myStrengthSM

Take charge of your mental health with myStrengthSM. It offers support to help your mood, mind, body, and spirit. You can find it online or on your mobile device. This is at no cost to you. Visit bh.mystrength.com/caresource.

KidsHealth[®]

KidsHealth is a trusted source of health tools and tips on hundreds of topics. Visit kidshealth.org/CareSource/en/.

MyResources

MyResources helps you find programs and support for: food, shelter, school, work, and more. More programs are added each day. You can find it in your **MyCareSource.com** account. You can also call us to find support near you.

Express Banking[®]

A bank account from Fifth Third Bank. It has no monthly charge, minimum balance, or overdraft fees. It has a debit card. Visit 53.com/CareSource.

Lifeline

You can get a free smartphone. It has unlimited minutes and text, and 14.5 GB of data! Sign up at mybenefitphone.com or call 888-224-3213.

CareSource SmilePack

CareSource rewards your child when they go to the dentist. They'll get a SmilePack when they visit the dentist within 90 days of signing up, or their first visit. Each child can get one SmilePack in their lifetime. A SmilePack is a free toothbrush, toothpaste, floss, brushing chart and stickers.

CareSource Life Services®

We can help you reach your life goals. You must be our member, or parent or guardian of a CareSource member and at least 16 years old. We can help you with:

- Finding full-time employment
- Food help
- Housing
- Education or training
- Budgeting and finances

CareSource JobConnect™

CareSource JobConnect helps you get new skills, finding services, and job search help. You'll be paired with a Life Coach. Life Coaches give one-on-one coaching for up to 24 months. CareSource JobConnect partners with employers to help you in your job search. We also have free rides to and from our coaching and training sessions.

CareSource GED Support Program

CareSource Life Services helps you get ready for and take the GED (General Educational Development test). If you pass the GED Pre-test, you can take the exam for free. We offer rides to GED classes and tests. CareSource also offers up to \$200 in help for the test and test prep.

To sign up:

- Fill out our online form at secureforms.CareSource.com/en/LSRInfo/.
- Call us at **1-844-607-2828**
- Email LifeServicesGeorgia@CareSource.com.

Youth Programs

CareSource partners with groups across the state.

- **Boys & Girls Club®**: \$65 towards the fee for Boys and Girls Clubs in Georgia is covered.
- **YMCA®**: Memberships are covered at many YMCAs across the state.
- **Girl Scouts®**: Girl Scout fees are covered in grades K through 8 and adults.

These offers may not be in all parts of Georgia. Some may be based on eligibility. Please call Member Services to learn more.



TRANSPORTATION

You get free rides to and from your health care visits. PeachCare for Kids® or Planning for Healthy Babies® Family Planning should call MTM at 866-733-8997. You can also call us. Call at least two business days before your visit. All other members should contact the company that is listed below for their county:

Georgia Medicaid Member Copays

Service	Exceptions	Your Copay Amount
North	Verida Toll free: 1-866-388-9844	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta	Verida Toll free: 1-866-388-9844 Local: 404-209-4000	Fulton, DeKalb and Gwinnett
Central	ModivCare Toll free: 1-888-224-7981	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson



Service	Exceptions	Your Copay Amount
East	ModivCare Toll free: 1-888-224-7988 For Crisis Stabilization Units and Psychiatric Residential Treatment Facilities call 1-800-486-7642 Ext. 461 or 436	Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes
Southwest	ModivCare Toll free: 1-888-224-7985	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Wort

Rides For Food

You can get free rides to and from:

- Food pantries or food banks
- Churches for food pickups
- Food pickups through other organizations
- Grocery stores to pick up a grocery order (such as curbside pickup)

Call us at **1-855-202-0729** (TTY: 711). Tell them you are scheduling a food trip. Make sure that you call for your ride two business days before your trip. Rides to grocery stores are for curbside pickup only. Give your order number, store location, and pickup time when you call.

INCENTIVES AND REWARDS

Earn Rewards For Getting Healthier

CareSource has two programs to give you rewards. Earn rewards for going to your well visits and doing other doctor visits. We want you to be as healthy as you can be!

CareSource MyKids

Who can sign up? Sign up your kids, newborns through 17 years old.

If you're pregnant and 17 years old and under, sign up you and your baby.

Reward Amount* up to \$450

Healthy Activity	Who Can Earn the Reward	Reward	Earn Per Year
Sign up for CareSource MyKids	Pregnant female through 17 years	\$15	\$15
Well-Baby Visits 1 & 2	Newborns – 15 months	\$15 per visit	\$30
Well-Baby Visits 3 & 4	Newborns – 15 months	\$20 per visit	\$40
Well-Baby Visits 5 & 6	Newborns – 15 months	\$30 per visit	\$60
Baby Lead Test	Newborns – 15 months	\$10	\$10
Routine Dentist Visit	Ages 15 months – 17 years	\$10 up to 2 times a year	\$20
Well-Child Visit: Baby	Ages 15 months – 30 months	\$10 up to 3 times a year	\$30
Well-Child Visit	Ages 3 years – 17 years	\$20	\$20
Well-Child Shots: Meningococcal	Ages 11 – 17 years	\$10 twice a lifetime	\$20
Well-Child Shots: Tetanus-Diphtheria-Pertussis (Tdap)	Ages 11 – 17 years	\$15	\$15
Yearly Flu Shot	Ages 15 months – 17 years	\$10 up to 2 times a year	\$20
Follow-up visits within 30 days of first prescription.	Ages 6 – 12, if have a diagnosis.	\$10	\$10
ADHD follow up visits	Ages 6 – 12, with it. Two follow up visits within 10 months of first prescription.	\$10 up to 2 times a year	\$20
First Prenatal visit within 42 days of signing up	Pregnant female through 17 years	\$50 each time you are pregnant	\$50
Postpartum visit within 7 to 84 days after having your baby	New Mother	\$60 each time you are pregnant	\$60

HOW TO GET YOUR REWARDS

1. Sign up for CareSource MyKids at [CareSource.com/Georgia](https://www.CareSource.com/Georgia) and click on Rewards. We will mail your CareSource Rewards Card after you do your first healthy activity.
2. After you get your CareSource Rewards Card, call 1-833-832-7306 (TTY: 711) or visit [HealthyBenefitsPlus.com/CareSourceMDC](https://www.HealthyBenefitsPlus.com/CareSourceMDC). You will need your Rewards and ID card to sign up.
3. Rewards are added to your card as you do healthy activities. When you see a provider, they will let us know. We will add the rewards to your account after we go through what they send us. This can take up to 60 days.
4. CareSource Rewards Card can be used at stores like:
 - CVS®
 - Dollar General®
 - Kroger®
 - Walgreens®
 - Walmart®
 - And many more
5. Buy health and well-being items with your CareSource Rewards Card. These can be:
 - Groceries
 - Clothes
 - School items
 - Diapers
 - And more!



MyHealth Rewards

Adults 18 years and older are part of MyHealth Rewards

Reward Amount* up to \$360

Healthy Activity	Who Can Earn the Reward	Reward	Earn Per Year
Choose a PCP and tell us your preferred way to get info from us	Ages 18 and older	\$15 only one time in lifetime.	\$15
Fill out the Health Needs Assessment	Ages 18 and older	\$10 once each year	\$10
Journeys Health Tools	Ages 18 and older	\$10 twice each year	\$20
Dentist visit	Ages 18 and older	\$10 once each year	\$20
Routine annual exam	Ages 18 and older	\$20 once each year	\$20
Flu shot	Ages 18 and older	\$10 twice a year	\$20
Tetanus-Diphtheria (Td) or Tetanus-Diphtheria-Pertussis (Tdap) Booster Shot	Ages 18 and older	\$10 once each year	\$10
Full diabetes care: A1c testing	Ages 18 and older, that have it	\$20 once each year	\$20
Full diabetes care: Retinal eye exam	Ages 18 and older, that have it	\$20 once each year	\$20
Antidepressant Medication Management	Ages 18 and older	\$10 four times each year	\$40
Chlamydia testing	Ages 18 – 25	\$15 once each year	\$15
Stop tobacco use with MyHealth modules	Ages 18 and older	\$10 once each year	\$10
Cervical cancer testing	Women ages 18 and older	\$15 once each year	\$15
Breast cancer testing	Women ages 50 – 64	\$15 once each year	\$15
First prenatal visit within 42 days of joining CareSource	Pregnant women 18 and older	\$50 once when pregnant	\$50
Postpartum visit	Between 7 and 84 days after having a baby	\$60 once for new mom	\$60

How To Use MyHealth Rewards

1. Adults are part of MyHealth Rewards.
2. Log into MyCareSource.com. Click on the MyHealth Rewards link under the Health tab. Then you can get rewards.
3. Rewards are added to your card as you do healthy activities. When you see a provider, they will let us know. We will add the rewards to your account after we go through what they send us. This can take up to 60 days.
4. You can track your rewards and your progress.
5. Get rewards for gift cards from:
 - Dominos®
 - Google Play®
 - Home Goods®
 - Marshalls®
 - Old Navy®
 - Panera®
 - Sephora®
 - TJ Maxx®
 - Walmart®

Start Earning Rewards Today!

Questions? Call us at **1-855-202-0729** (TTY: 1-800-255-0056 or 711) or visit **CareSource.com/Georgia** and click on Rewards.

*Rewards are subject to change and may vary by age, gender and health needs. If you are not with CareSource anymore, your Rewards may be no longer available. Access to the Rewards Portal will be deactivated and any unused rewards will no longer be available.

CareSource MyKids Rewards end one year from the issued date. MyHealth Rewards end in mid-December of the next year. Such as, a 2024 rewards will end in mid-December 2025.



WHERE TO GET CARE

We want you to have access to the right care when you need it.



Primary Care Provider (PCP)

Used for common sicknesses and tips. You will get most of your preventive care from your PCP. You should see your PCP the most often.



Telehealth

Visit with a PCP by phone or computer. Ask them if they offer telehealth.

If your PCP is not available or does not offer telehealth, call Teladoc® at 1-800-TELADOC (835-2362) or visit www.Teladoc.com/CareSource



Convenience Care Clinics

Used for common sickness like coughs, colds, sore throats, and to get shots. They are found in many local drug and grocery stores.



Community Behavioral Health Center (CBHCs)

CBHCs give health and social services for mental health and/or substance use problems. CBHCs are often the first place people go to get help for behavioral health issues.



Urgent Care

Used to treat non-life threatening issues. When You can not 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. Call **1-844-206-5944** (TTY: 711) to talk to a CareSource24 nurse.



Primary Care Provider (PCP)

Your PCP, also known as a Medical Home, is your main health partner. They can give you regular health exams, sick or well-visits, and shots. Sometimes your PCP is not able to treat your health issue. If so, they will send you to other providers or a specialist. Your PCP can also admit you to the hospital. PCPs can be:

- General or family doctors
- Pediatricians
- Internists
- OB/GYNs
- Physician assistants (PA)
- Nurse practitioners (NP)
- Certified nurse practitioners (CNP)
- Psychiatrists for those with mental health issues
- Providers at public health clinics and hospital outpatient clinics
- Specialists for those with chronic conditions

Choose a Federally Qualified Health Center or Rural Health Clinic as your Medical Home.

You should see your PCP for all routine visits. This helps them know you and your health care needs. Then they can give the best care. Some things your PCP can treat are:

- Colds/flu
- Earache
- High or low blood pressure
- High or low blood sugar
- Pains
- Rash
- Sore throat
- Swelling of the legs and feet

If you don't have a PCP, we will choose one for you. We will send you a letter about this within 10 days. We made this choice based on:

- Where you live
- If a PCP you have visited before is close to your home
- The PCP is taking new patients
- Your language choice

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 doctor does not give the care you want due to moral or religious reasons.
- You or the PCP have moved too far away from each other.

To change your PCP, sign into My CareSource or call us. Once you find a PCP, set up a visit right away. Make sure your health records move to your new PCP.

Changes in our PCP Network

If your PCP leaves the CareSource network, we will find you a new one. We will tell you this in writing. We will also tell you if any hospitals are no longer in network. You can change your new PCP after 30 days if you choose.

Appointments

Set up visits with your provider as far ahead as you can. You need to keep your visits. Call at least 24 hours before if you need to change or cancel a visit. If you miss too many visits, they may ask that you choose another provider. CareSource can provide transportation to and from the provider's office. See **page 21** to learn more.

When You Can See A Non-Network Provider

For any routine health care needs, contact your PCP first. You must go to CareSource in-network providers. See **pages 6-8** to see what is covered by us. The only time you can use providers that are out of network is for:

- Emergencies
- Federally Qualified Health Centers (FQHC)/Rural Health Clinic (RHC)
- Certified nurse midwives or certified nurse practitioners
- Qualified family planning providers
- An out of network provider that CareSource has approved you to see

Your PCP may decide you need medical care from an out-of-network provider. If your PCP gets a Prior Authorization (PA) from us, you will be covered.

Primary Dental Provider

The Dental Home

A Dental Home is a primary dental provider. They arrange dental care for Georgia Families® members under the age of 21. They cover all oral health needs. The Dental Home involves members, parents, and experts to set up care. All kids should have a Dental Home by 12 months of age.

Your dentist's name, address, and phone number will be on your ID card. If you do not choose a dentist, CareSource will choose one for you.

You may go to any dentist in the CareSource network for care. You can change your Dental Home at any time.



Telehealth

Telehealth uses a phone, computer or tablet to meet with them. You can use telehealth for many common issues. These can be sinus infections, allergies, rashes and more. It can also give you quick medical advice. There is no cost to use telehealth.

Check with your PCP to see if they offer telehealth. If they do not offer telehealth or has limited hours, you have options. CareSource offers two types of telehealth services: Georgia Partnership for Telehealth (GPT) and Teladoc®.

Georgia Partnership for Telehealth (GPT)

CareSource works with GPT to give you more access to specialty care.

How does the GPT work?

- Your PCP can refer you to a specialist.
- The GPT scheduling center can then set up your visit.
- You then meet with the specialist by video. This gives you a face-to-face visit.
- The specialist offers treatment and can then follow up with your PCP.
- You should also follow up with your PCP after you see the specialist.

How do I set up a visit at a GPT site?

- You can fill out the intake form at your PCP's office. They will send it to the GPT scheduling center. Or, call the GPT scheduling center to do the intake.
- Once you fill out the form, a GPT scheduler will set up the visit.
- A GPT scheduler will call you. Fill out their forms at least two days before the visit.
- You can take the GPT forms to your PCP's office. They can fax them to the GPT center for you. You can also fax or email the GPT forms to the GPT center.

How do I reach the GPT scheduling center?

- Ask your doctor
- Call: 1-866-754-4325
- Fax: 1-912-285-0938
- Email: scheduling@gatelehealth.org

Teladoc

You may use Teladoc® to visit a board-certified doctor 24/7. Connecting with Teladoc is easy.

- Visit: www.Teladoc.com/CareSource
- Call: 1-800-TELADOC (835-2362)
- Use the CareSource mobile app
- Referral from CareSource24, our Nurse Advice Line
- The Teladoc app

Have your CareSource ID number ready when you call. You will need to answer a few questions about the reason for your call. A doctor will contact you, often within 15 minutes.

Note: Teladoc should not be used for:

- Trauma
- Chest pain
- Shortness of breath
- Prescribing of DEA (Drug Enforcement Agency) controlled substances

Children under age two cannot be treated through Teladoc.



Community Behavioral Health Centers (CBHCs)

CBHCs, are also called community service boards (CSB). They are designed to serve any individual in need of care. This can be people with:

- Serious mental illness
- Serious emotional disturbance
- Long-term chronic addiction
- Mild or moderate mental illness
- Substance use disorders
- Complex health profiles

Call us or your PCP to learn more.

Behavioral health helps your mental health. It is just as important as your physical health. It is part of your wellbeing. We have ways to help you:

Addiction Services:

- Detox
- Medication Assisted Treatment (MAT)
- Therapy
- And more

Behavioral Health Services:

- Tests
- Counseling
- Medication
- Intensive Outpatient
- Partial Hospitalization
- Inpatient Hospitalization
- Community Support Services
- Intensive Family Intervention

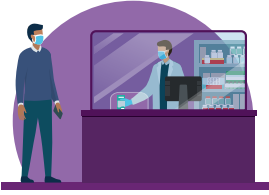
Residential Treatment (ages 21 and under): Live-in recovery for mental illness or addiction.

988 Suicide and Crisis Lifeline

DIAL 9-1-1 if you or someone else is in danger now.

DIAL 9-8-8 if you or someone else is:

- Thinking of suicide
- Having a mental health crisis
- Having a substance use crisis



Convenience Care Clinics

A retail visit is quicker and cheaper than urgent care or an ER. You can go to them at places like CVS® and Walgreens® for basic care. You can:

- Get a flu shot.
- Get health tests and physicals.
- Get care for aches and pains, sicknesses and minor wounds.

Most clinics are open in the evening, seven days a week. Visits can be scheduled for the same day. Walk-ins are often welcome. Note: children's shots are not covered here.



Urgent Care

Urgent Care is for non-emergencies when you can't see your PCP. They help with wounds, sickness, or mental health issues. You can find one at **findadoctor.CareSource.com**. Always check in with your PCP after you go to an urgent care.

If you need to visit an urgent care out of state, call your PCP or the CareSource24 Nurse Advice Line at **1-844-206-5944** (TTY: 711).





Emergency Services

Emergency Services are for severe health issues that must be treated right away. CareSource covers them both in and out of the county where you live. They can be

- Black out
- Chest pain
- Hard to breathe
- Major burns
- Miscarriage/pregnancy with vaginal bleeding
- Rape
- Seizures
- Vomiting that won't stop
- Uncontrolled bleeding

If you need emergency services:

- Go to the nearest ER or call 911. No PA is needed.
- Show your ID card. Tell the staff you are a CareSource member.
- If your emergency is treated, but the hospital feels you need more care, they must call us.
- If you must stay at the hospital, they should call CareSource within 24 hours.
- Call your PCP to tell them of your health emergency. Set up any extra care with them.

If you are unsure if it is an emergency, call your PCP first. Or call CareSource24, our Nurse Advice Line at **1-844-206-5944** (TTY: 711). If you need emergency care, call 911 or go to the nearest ER.

Follow-Up Care

Care after your emergency is called follow-up care (post-stabilization care). Let us know you had an emergency. Tell the ER if you have a Care Manager. They can help you get back home and set up visits. CareSource will talk to the doctors that give you care during your emergency. They tell us if you need more care after the emergency. If needed, CareSource will cover your care after your emergency, 24 hours a day, seven days a week.

If your emergency care was out of network, CareSource will get in-network providers for you.

When You Travel Outside of Our Service Area

Sometimes you get sick or injured when you are traveling. Here's what to do if that happens:

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

Emergency or Urgent Care Outside of Our Service Area

If the emergency care provider is out of network, you will need to send the bill with a claim form to CareSource. You will also need to do this if you visit urgent care outside your service area. Visit [CareSource.com/Georgia](https://www.caresource.com/Georgia) and find the Claim Form in *Forms*, or call us.

PHARMACY

Prescription Drugs

CareSource covers all medically necessary Medicaid-covered medications. We use a **Preferred Drug List (PDL)**. These are the drugs we would like your provider to choose.

CareSource has drug procedures in place to give you the drugs you need safely. Find the PDL and Prior authorization (PA) drug list at **CareSource.com/Georgia**, or call us. The list of drugs can change. Check the list when you need to fill or refill a drug.

Find My Prescriptions

CareSource has a drug list at: **CareSource formulary**. Find out which drugs are covered by going to the *Find My Prescriptions* link under *Member Tools & Resources*. This is the most up to date list. You can also call us.

Over-the-Counter (OTC) Drugs

You can get many OTC drugs at no cost to you. You will need a written prescription from your provider. This can be:

- Allergy medicine
- Antacids
- First aid cream
- Lancets and pen needles
- Multivitamins
- Nicotine gum and patches

The OTC list is at **CareSource.com/Georgia Find My Prescriptions link under Member Tools & Resources**. You can also call us. This list can change.

Step Therapy

You may need to try one drug before another. You must try a PDL medicine before a drug not on the PDL is approved. Certain drugs will be covered only if step therapy is used.

Generic Substitution

A drugstore will give you a generic drug instead of a brand-name one. Your provider will need our approval if they ask for a brand-name one when a generic drug is available.

Therapeutic Interchange

If you have an allergy or can't take a certain drug, your provider can ask us to cover another drug.

Exceptions

You may ask us to cover a drug not on the PDL. You may be allergic, not able to take it, or have a poor response. You or a person allowed to represent you can give this request. We will work with your provider to get the forms needed.

Specialty Medicines

Some drugs have special steps, hard to take, or special monitoring. These are called specialty drugs. Most of these drugs need a PA from your provider. If the PA is approved, we will work with your provider and pharmacy.

Georgia Lock-In Program (GA LIP)

GA LIP is a health and safety program. It protects members whose use of controlled substances is more than what is needed. Use of controlled substances is watched, and members are assigned designated providers. Members that are part of GA LIP must use one pharmacy and their PCP.

Prior Authorization (PA)

CareSource may ask your provider why you need a certain medicine or dose. PA may be needed if:

- There is a generic or other drug.
- The drug can be misused.
- There are other drugs that must be tried first.

Some drugs have limits on how much can be given at once. Some drugs are never covered, like drugs for weight loss. If we do not approve a drug, we will tell you. We will tell you how to ask for an appeal and your right to a state fair hearing.

Medication Therapy Management (MTM) Program

The MTM program is working one-on-one with your pharmacist. Your pharmacist will meet with you to go over your drug list. Your drug list covers:

- Any prescription drugs
- Over-the-counter (OTC) drugs
- Herbals or supplements

The MTM program is at no cost to you. Ask your pharmacist if they are part of the MTM program. Drugstores may also reach out if you could be part of the program. This program will:

- Help you safely use your drugs.
- Helps your doctors and other caregivers work better together.
- Helps you learn about your drugs and the right way to use them.
- Helps your health.

Medication Disposal

Drug take back sites safely throw away out of date or unused drugs. They can be drug stores or police stations. Visit deadiversion.usdoj.gov/pubdispsearch to see a list of sites near you.

CareSource has free DisposeRx[®] packets. They help you safely get rid of these drugs. These packets are environmentally safe, easy, and cut drug misuse. Get your free packet at secureforms.CareSource.com/DisposeRx or call us.

CARE MANAGEMENT

CareSource has a Care Team of nurses, social workers and other staff. They work with you one-on-one to help with your health care needs. You may hear from us:

- If your provider asks us to call you.
- If you ask us to call you.
- If our staff feels they would be helpful to you.

Our staff is trained to help you with medical problems. These can be asthma, cancer or other conditions. We can help you work through any issues or unmet needs. We can work with your providers to help meet your health care needs. We can work with you to help know where to get care.

Care management has many levels of care. The level of care is tailored to your health care needs. Start by filling out your Health Needs Assessment (HNA). It shows us the level of care for you.

You can take the HNA by:

- Calling **1-833-230-2011** (TTY: 711) between 7 a.m. to 6 p.m., Monday – Friday.
- Logging into **MyCareSource.com** and click on the Health tab.

Please call us if you have any questions or feel you would benefit from care management services. We are happy to help. You can reach us at 1-844-679-7876 (TTY: 711). Or fill out the form at <https://secureforms.caresource.com/en/caremanagementreferral/>

High Risk Care

Our High Risk Care team helps with complex needs. They can work with you one-on-one by phone or in person. They will help set up your care.

Care Transitions

- CareSource helps you after you leave the hospital by:
- Answering questions about discharge.
- Answering questions about drugs.
- Setting up your PCP and/or specialist visits.
- Setting up you or your family's needs when home.

If you need help after a hospital stay, call us at **1-855-202-0729** (TTY: 711).

Disease Management

Do you have chronic health issues? This can be diabetes, asthma, high blood pressure or Chronic Obstructive Pulmonary Disorder (COPD).

Our free programs can help you learn more about your health. You can choose to join the program, or your provider will contact us. Call **1-844-438-9498** if you would like to be part of the program. You can also opt-out by calling this number. We want to help you be healthy and well.



PREVENTIVE CARE

Preventive Care

See your PCP even if you are healthy. This helps them find and treat problems early and before they get worse.

This covers:

- Yearly well-adult and well-child exams
- Mammograms and cervical cancer exams for women
- Prostate cancer exams for men
- Preventive dental exams and cleanings
- Routine exams
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT). This is for children under the age of 21.
- And much more!

You and your family can earn rewards by getting preventive care. See rewards on **page 23**.



Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit

EPSDT covers care for those under the age of 21 at no cost to you. EPSDT stands for:

- Early** - So problems are treated soon
- Periodic** - To set up routine visits
- Screening** - To check for a health problem
- Diagnostic** - To find a health problem
- Treatment** - To care for a problem

Your child's PCP will work with you. They will make sure your child gets the care they need.

EPSDT includes:

- Well-child exams
- Lab testing
- Vision and hearing tests
- Lead screening
- Health education

EPSDT also covers medically necessary care found in an exam. This can be glasses and hearing aids.

When Your Child Should Have an EPSDT Check:

At birth	4 months	15 months
3-5 days old	6 months	18 months
By 1 month	9 months	24 months
2 months	12 months	30 months

After that, children should have at least one exam per year.

There are Care Management services for members under the age of 21 with special needs. Call us and ask about it.



PREGNANCY AND FAMILY PLANNING

CareSource covers family planning services. This helps:

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

You do not need approval for family planning visits. They can be outside of the CareSource network. They can be:

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

Before You Are Pregnant

You can do some things to be healthier before getting pregnant. These actions can limit problems during pregnancy:

- Set up a visit to see your PCP.
- Talk with your PCP about healthy eating.
- Stop smoking now.
- Take folic acid daily.
- Don't drink alcohol or use illegal drugs.

During Pregnancy

See a provider as soon as you know you are pregnant. Going to visits early and regularly help to spot and stop problems before they happen.

Text4Baby™

This free program can help answer your pregnancy questions. Sign up and learn more at text4baby.org. You will get up to three texts a week while pregnant, and until your baby is one year old.

Mom and Baby Beginnings™

This program helps you during your pregnancy and after. Our team has nurses, social workers, counselors, and breast-feeding experts to help you. We will connect you to help for your pregnancy and after. They will help you with housing, rides, safety, and food needs. Our team will make sure you have the answers you need. Call 1-833-230-2034 (TTY: 711) to learn more.

After You Have Your Baby

Call CareSource to tell us that you had your baby. Set up a visit with your provider 3 to 6 weeks after you have your baby. They can make sure you are recovering and answer questions. We offer a new baby welcome gift. You will have to finish prenatal, postpartum visits and part of Care Management. You could earn a \$60 reward for your visits.

Help For Breastfeeding Moms

Lactation services are covered for you. You can also get a breast pump at no cost to you. Ameda Direct and Aeroflow have online breastfeeding tips and a lactation specialist for you. They also have many breast pumps to choose from. To learn more:

- Aeroflow: 1-844-867-9890 or Aeroflowbreastpumps.com
- Ameda Direct: 1-877-791-0064 or insured.amedadirect.com

Free Rides

You have free rides to parenting classes and health visits during and after pregnancy. Please see **page 21** to learn more.



MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights

CareSource members have these rights:

- To get information about CareSource, its services, providers, and member rights and responsibilities.
- To get all services that CareSource must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure your personal information and medical records are kept private.
- To be given information about your health. This may also be available to someone legally authorized. It may be given to someone you said should be reached in an emergency.
- To discuss information on any appropriate or medically necessary treatment options and alternatives for your condition, regardless of cost or benefit coverage, in a manner appropriate to your condition and ability to 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 while you are getting medical care.
- Be free from any form of restraint or seclusion as a means of coercion, discipline, convenience or retaliation, 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/corrected if needed in accordance with federal privacy law.
- The right to ask at any time, information on our physician incentive plan, marketing materials or information about the structure and operation of CareSource.
- To be able to say yes or no to having any of your information given out unless CareSource has to by law.
- To be able to say no to treatment or therapy. If you or your parent/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 and that the exercise of these rights will not adversely affect the way you are treated.

- To be able to get all written member 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
- 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 and know that 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 not on its panel.
- 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 responsibility policy.
- 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.
- To not be held liable for covered services provided to you for which DCH or CareSource does not pay the provider that gives the services.
- To not be held liable for payments of covered services furnished under a contract, referral, or other arrangement 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 medical or behavioral health care.
- Let CareSource and the county caseworker know if you are covered by other health insurance.
- Provide information that CareSource and your health care providers need, to the extent possible, in order to give care.
- Tell us of suspected fraud as described in the Fraud, Waste and Abuse section. See **page 52**.
- 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 explains how your health information may be used and given out. It also tells you how you can get this information. Please review it in detail. We will call ourselves “CareSource” in this notice.

Your Rights

When it comes to health information, you have 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 a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

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 not complete. 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 contact you in a specific way, such as home or office phone. You can ask us to send mail to a different address.
- 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 your request. We may say “no” if it would affect 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 the times we’ve shared your health information. This is limited to 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).
- We will give you one list each year for free. If you ask for another within 12 months, we will charge a fair, cost-based fee.

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 have agreed to get the notice electronically. We will give you a paper copy promptly.

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. You can send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not take action 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
 - 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 situations described below, talk to us. Tell us what you want us to do. We will follow your instructions.

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 your care payment.
- 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 go ahead and 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.

We cannot share your information unless you give us written consent for:

- Marketing purposes.
- Sale of your information.
- Disclosure of 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 (STD), or communicable/other 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 Health Information Exchanges (HIE). An HIE lets providers view information that CareSource has about members. You have the right to tell CareSource you do not want your health 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

We use or share your health information in these ways:

- **Help you get health care.** We can use your health information and share it with experts treating you.
Example: We may arrange more care for you based on information sent to us by your health care provider.
- **Pay for your health care.** We can use and give out health information when we pay for health care.
Example: We share information about your dental plan to pay for dental work.
- **Operate the plan.** We may use or share your health information to run our health plan.
Example: We may use your information to make the quality of health care better. We may give your health information to outside groups so they can help us run the health plan. Outside groups are lawyers, consultants, and others. They keep your health information private, too.

How else can we use or share your health information?

How do we typically use or share 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 can use and give out your information to run our company. We use it to contact you when needed.
- We are not allowed to 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 include 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 your 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 are allowed or required to share your information in other ways. These ways are often to help the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these reasons. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

To help with public health and safety issues

- We can share health information about you for certain reasons such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting harmful reactions to drugs
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing 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 security, 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, or in response to a court order.

We may also make a collection of "de-identified" information that cannot be traced back to you.

Our Responsibilities

- We protect our members' health information in many ways. This includes information that is written, spoken or available online using a computer.
- CareSource employees are trained on how to protect member information.
- Member 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 access member health information. We make sure that only those employees with a business reason to access information use and share that information.
- We are required by law to keep the privacy and security of your protected health information. We are required to give you a copy of this notice.
- We will let you know quickly if a breach occurs that 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, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective date and changes to the terms of this notice

The original notice was effective April 14, 2003, and this version was effective June 14, 2018. 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 by mailing a request to the CareSource Privacy Officer.

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. If you opt-out, no provider can share your health records through GaHIN. You can simply opt back into the system later.

ADVANCE DIRECTIVES

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 must be of sound mind and 18 years or older or an emancipated minor to have an advance directive. 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.

Using Advance Directives to state your wishes about your health care

Many people worry 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.

You have a choice

You do not have an Advance Directive, but we suggest you do. 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's a choice to write one.
- The law states you can make choices about health care. This can be agreeing 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.

Advance Directives under Georgia Law

The State of Georgia has joined the 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.

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. This is for when you cannot, or do not want to. This person becomes your health care agent. Give it a lot of thought about who you pick as a health care agent.

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 signature of two disinterested witnesses. You may fill out any or all Advance Directive 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:

Writing to: Georgia Department of Community Health
Health Care Facility Regulation Division
2 Martin Luther King Drive
East Tower, 17th Floor
Atlanta, Georgia 30334

Calling: 1-800-878-6442

Find answers about Advance Directives by:

- Talking with your PCP.
- Visiting: aging.dhs.georgia.gov/
- Calling the Georgia Department of Human Services, Division of Aging Services: 1-404-657-5258
- Visiting them at: 47 Trinity Avenue, SW, Atlanta, GA, 30334
- Speaking with a local lawyer or legal aid service.

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





QUALITY MANAGEMENT AND IMPROVEMENT PROGRAM

CareSource works to have care and services the best they can be. We use evidence-based measures to see how we are keeping you healthy. Examples are:

- Well-child care
 - Making sure children see their PCP on a routine basis.
 - Making sure children get their shots.
- Preventive screenings
 - Breast cancer screening (mammogram).
 - Colon cancer screening (colonoscopy).
 - Cervical cancer screening (Pap test).
 - Prostate cancer screening.
- Prenatal and postpartum care.
 - Making sure you see a provider as soon as you know you're pregnant.
 - Making sure you see the provider after you have a baby

- Long-term health problems:
 - Asthma:
 - Routine use of inhalers
 - Diabetes:
 - Routine tests for blood sugar numbers over three-month period, called an A1C
 - Testing how well your kidneys are working.
 - Checking your eyes each year, called a diabetic retinal exam.
 - Checking your feet
 - High blood pressure
 - Making sure you take blood pressure drugs
 - Making sure you check blood pressure numbers based on your provider's orders
- See your provider after being in the hospital for mental health.
- Make sure children who take drugs for attention deficit hyperactivity disorder (ADHD) see their provider on a routine basis.

We look at how quickly you get care and if you get the care you need. And we make sure you get good service from CareSource.

Preventive Health Guidelines

This helps CareSource take the best care of you and your family. These rules are based on your age and health issues you may have.

CareSource uses the same guidelines providers use to help you stay healthy. These guidelines make sure that you get the health screenings and exams you need. Learn more at [CareSource.com/Georgia](https://www.caresource.com/Georgia). Ask us if you want a printed copy.

CareSource may also call or send you reminders on health exam and screenings you may need. If you have a long-term health issue like asthma or diabetes, you should:

- See your PCP on a routine basis.
- Talk with your PCP about the best plan for your health issue.
- Take the medications your PCP has given you.
- Call your doctor about changing your drugs if they make you sick.
 - Don't stop taking your medication until you talk to your doctor.

Call CareSource24® to talk with a registered nurse. To learn more about CareSource Quality Improvement, please call Member Services.



FRAUD, WASTE, AND ABUSE

Medicaid can be misused, ending in fraud, waste, or abuse.

- **Fraud** means the purposeful misuse or for gain of benefits.
- **Waste** means overusing benefits when they are not needed.
- **Abuse** is action that causes unneeded costs to the Georgia Families® Program. Abuse can be caused by a provider or a member. Provider abuse can be actions that do not meet fiscal, business, or medical sense. They also can 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 members. We check and act on any provider, drugstore, or member 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 but giving a cheaper drug.
- Giving less than the correct amount and not letting the member know how to get the rest of the drug.

Words to Know

Fraud – the purposeful misuse of or for gain of benefits.

Waste – using more benefits than what is needed.

Abuse – an action that causes unneeded costs to CareSource.

Cases of **member** fraud, waste, and abuse 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 don't need.
- Getting care or drugs under some other person's ID.
- 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 money for care that was a misuse of benefits.
- Be charged with a crime and go to jail.
- Lose your Medicaid benefits.

If Fraud, Waste, or Abuse Is Suspected

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

1. Call **1-855-202-0729** (TTY: 711). Select the menu choice to report fraud.
2. Write a letter and mail it to:
CareSource
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401-1940
3. Visit our website and fill out the form:
<https://www.CareSource.com/ga/members/tools-resources/forms/medicaid/>

You do not have to give us your name when you write or call. If you are not concerned about giving your name, you can 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 don't 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.

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

GRIEVANCES AND APPEALS

We hope you are happy with CareSource and the care you get. Let us know if you are unhappy or do not agree with a decision made by CareSource or our providers.

CareSource 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 an appeal.

What is a grievance?

If you are unhappy with a provider or us, you can file a grievance. 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 and/or employee rights.

How and When to File a Grievance

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

The form is at: [CareSource.com/ga/members/tools-resources/forms/medicaid/](https://www.caresource.com/ga/members/tools-resources/forms/medicaid/)

To file a grievance: Call: Member Services

Mail the form to: CareSource
Attn: Member Grievance
P.O. Box 1947
Dayton, OH 45401

Online: [MyCareSource.com](https://www.mycaresource.com)

A provider may not file a grievance for you.

Member Grievance Process

We'll send you a letter within 10 days after getting your grievance.

- CareSource will look into your grievance.
- CareSource makes sure people who decide on grievances for medical issues are health care professionals. They are supervised by CareSource's medical director. They are not involved in prior levels of review or decision making.
- CareSource will respond as soon as possible, but no later than within 90 days. CareSource will tell you the outcome.

Words to Know

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

Grievance – A formal complaint about us, our providers, or the care you get.

Member Appeals Process

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 a claim. You have 60 days to file an appeal. You have the right to a hearing at the state level with an appeal.

Examples are:

- Denial of service.
- Denial, termination, or reduction on a service that was previously approved.
- Not giving a timely service or a timely appeal answer.

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. We must have your written consent for your provider to appeal on your behalf.

Call: 1-855-202-0729

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

Online: **MyCareSource.com**.

We will send a letter in 10 business days after getting your appeal request.

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:

- An appeal of a denial that is based on lack of medical necessity.
- An appeal that involves clinical issues.

You or someone acting for you, will be able to share proof in person or in writing. If your appeal is expedited, it should be given to CareSource within 24 hours of the request. You can also review your case file and health records. You can review any other appeal process papers free of charge. CareSource will tell you when we need this information for an expedited review.

Appeal Decision

CareSource will tell you and your provider/facility 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 timeframe to decide 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 it should be expedited, we will let you know within 72 hours. If your appeal does not meet expedited review rules, we

Words to Know

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

Expedite – To hurry, speed up or make something go faster.

will send you a letter within two days. It will be handled under the standard appeal process.

You may ask for an Administrative Law Hearing if you do not agree with our appeal decision.

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 for an Administrative Law Hearing before our internal appeal process is done.

Extending the Appeal Timeframe

You or someone acting for you with your written consent can ask that CareSource extend the time frame to resolve a standard or expedited appeal up to 14 days. CareSource may also ask for up to 14 more days to resolve a standard or expedited appeal if CareSource shows, to the Department of Community Health's satisfaction, upon its request, there is a need for more information and how the delay is in your best interest. CareSource will give you prompt oral notice and give you written notice within two days of the reason for the extension and the date that a decision must be made.

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 our appeal decision. A provider may not ask for an Administrative Law Hearing for you.

Please send your request to:

CareSource
Administrative Law Hearing Request - Georgia
P.O. Box 1947
Dayton, OH 45401-1947

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 don't 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

For Medicaid members, 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.

If you want, CareSource will continue your benefits while the appeal or Administrative Law Hearing is pending. Your benefits will continue until:

- You withdraw the Appeal or request for the Administrative Law Hearing.
- You don't 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 of an appeal or Administrative Law Hearing is not in your favor, CareSource may ask you to pay back the cost of care you got while the appeal or hearing was pending. If CareSource or the Administrative Law Judge changes a decision to deny, limit, or delay services, then CareSource will get you those services as quickly as your health requires. We will approve the care no later than 72 hours from the date we got the notice changing the decision.

If CareSource or the Administrative Law Judge changes a decision to deny services, but you already got the services, CareSource will pay for those services.

PeachCare for Kids® members are not eligible to have benefits continued during an Appeal or Administrative Law Hearing.

PeachCare for Kids® State Review

The Department of Community Health (DCH) allows a review by the Formal Grievance Committee for PeachCare for Kids® members. If you, a parent/guardian, or other authorized representative does not agree with CareSource's decision, you may ask for a review. This is done by DCH's Formal Grievance Committee. PeachCare for Kids® members must fill out our internal appeal process first.

PeachCare for Kids® members must ask for a review by the Formal Grievance Committee within 120 days of getting CareSource's decision to uphold its decision in response to an appeal. Reviews are done within 90 days for standard reviews or within 72 hours for expedited reviews.

The decision of the Formal Grievance Committee will be the final recourse for PeachCare for Kids® members. CareSource will follow the decision of the Formal Grievance Committee.

The PeachCare for Kids® state review process is done instead of an Administrative Law Hearing for other members. Send a request to:

PeachCare for Kids®
Independent Medical Review Request
Georgia Department of Community Health
Division of Medical Assistance
2 Martin Luther King Jr. Drive, SE
19th Floor, East Tower
Atlanta, GA 30334

Our goal is to make sure you get a resolution in a fair and impartial way.



ENDING YOUR CARESOURCE BENEFITS

If you are not happy with CareSource, let us know. We want to make it right. You have the right to change to another Georgia Families® managed care plan. This is allowed:

- During the first 90 days after you enroll. Or when you are sent notice of enrollment with CareSource.
- Every 12 months from your date of signing up.
- When you have a reason to change, such as:
 - You want to be on the same plan as a family member,
 - You need care or providers that are not offered in the CareSource network, or
 - You got poor quality care.

Call us to disenroll. They can also give you updates on your disenroll request. In rare cases, CareSource may ask that you be disenrolled if:

- You commit fraud or abuse services.
- You are placed in a long-term care facility, state institution, or intermediate care facility for people with intellectual disabilities.
- You become ineligible for Georgia Families coverage.

CareSource 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. CareSource must get permission from DCH before you can be disenrolled.



OFFICE OF THE OMBUDSMAN

If you feel we have not fixed a problem, tell the Office of the Ombudsman. This involves:

- Making sure you get a fair answer to any issues.
- Helping you find covered care in the CareSource network.
- Finding doctors who give care not covered under CareSource.

Reach the Office of the Ombudsman by:

Email: gaombudsman@CareSource.com

Phone: (678) 214-7580 / Toll Free: 1-877-683-8993

- The email and phone line are checked between Monday through Friday, 8 a.m. - 5 p.m.
- Calls or emails received after 5 p.m. will be returned the next business day.

The Office of the Ombudsman:

- Is free of charge.
- Is a neutral, independent support for you.
- Helps arrange services with local groups.
- Involves covered and non-covered services.
- Helps you through your health plan.
- Helps to solve unsettled issues.



WORD MEANINGS

Abuse – An action that causes unneeded costs.

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

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

Advance Directives – A written record about your future care and treatment.

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 or emotional health or substance use disorders.

Benefits – Your covered health care services. Benefits are also the extra programs and services you get from us.

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

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

Care Management Organization or Care Management Plan – A plan that manages your health coverage. CareSource is your care management organization.

Care Management – A team of caregivers you choose to help set up your care. These can be registered nurses, social workers and outreach workers. They will work with you, your providers, and family.

Chronic Condition – A problem that affects your health for a long period of time.

Claim – Bill for services.

Convenience Care Clinic – A health clinic in a retail or grocery store. 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, symptom, or condition that needs care 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.

Enrollment – Department of Community Health (DCH) steps saying a person gets health coverage by a care management organization.

EPSDT – Early and Periodic Screening, Diagnostic and Treatment benefit. A range of services required by law given to those under age 21 in Medicaid and those under 19 in PeachCare for Kids®.

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 – Helps you keep, learn, or fix 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 that often doesn't need an overnight stay.

Medical Home – Primary care through partnerships. This is between members, providers, and family or other support. A medical home focuses on sharing information. It is often the source of referrals to other providers, specialists and community resources.

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

Member – A person who is part of CareSource.

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.

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 PA was given.

Over-the-Counter (OTC) Drug – A drug you can often buy without a prescription. Many are covered by CareSource.

Pharmacy – Drugstore.

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

Primary Care Provider (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 and shots or treating your health care needs. They can also send you to specialists or admit you to the hospital.

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

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

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

Prior Authorization (PA) – 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 Directory – A list of providers in the CareSource PASSE 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 health 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 our members.

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. This can be a heart doctor.

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 mostly not life-threatening issues.

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

Waste – Using more benefits than what is needed.

If you need help reading this handbook, call Member Services at **1-855-202-0729** (TTY: 711).

Si necesita ayuda para leer este manual, Llame al **1-855-202-0729** (TTY: 711).

Want this handbook in other formats, like large print or audio? Call **1-855-202-0729** (TTY: 711).

