



# NETWORK *Notification*

**Notice Date:** November 18, 2024  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** CareSource Dental Plan Update  
**Effective Date:** Immediately

---

This notification is an update to the [network notification](#) posted on July 2, 2024.

## Summary

CareSource notified you in July 2024 of a potential dental plan change effective January 1, 2025. After careful consideration, the decision was made to NOT change the dental plan partnership at this time.

CareSource will continue our partnership with SkyGen as the servicer of dental claims and explore opportunities to introduce enhanced tools and processes for the dental providers in the coming months.

This decision reflects an assessment of current priorities and timing. Our focus remains on aligning our strategic objectives with opportunities that best support our mutual goals.

## Impact

NO further action is required at this time.

## Questions?

If you have questions regarding this notice, please contact your dedicated Provider Representative by calling Provider Services at **1-855-202-1058** and ask for your Regional Representative. You may also contact your representative at [GAProviderRelations@CareSource.com](mailto:GAProviderRelations@CareSource.com).

GA-MED-P-3405792

DCH Approved: 11/15/2024