

CareSource Quick Reference Guide

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

About CareSource Georgia Families:

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

Georgia Families Member ID Card

CareSource Georgia Families®

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

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

Primary Care Provider:
<John Doe
12345 Main Street
Atlanta, Georgia 30307
1-404-555-1213>
<PCP After Hours: 1-404-123-1234>

Dental Home:
<Jill Doe
12345 Main Street
Atlanta, Georgia 30307
1-404-555-1213>

Member Services: 1-855-202-0729 (TTY:1-800-255-0056 or 711)

IN CASE OF AN EMERGENCY CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM (ER) AND CALL YOUR PRIMARY CARE PROVIDER (PCP) AS SOON AS POSSIBLE.

CARESOURCE24® NURSE ADVICE LINE: 1-844-206-5944 (TTY: 711)
PHARMACIST: 1-800-416-3630
PRIOR AUTHORIZATION: 1-855-202-1058 (TTY:1-800-255-0056 or 711)
PROVIDERS: 1-855-202-1058
GEORGIA CRISIS AND ACCESS LINE: 1-800-715-4225

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

RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

GA-MMED-2986

Planning for Healthy Babies (P4HB) Member ID Cards

Interpregnancy Care and Family Planning (purple)

CareSource Interpregnancy Care and Family Planning
Planning for Healthy Babies®

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

Effective Date: <07/01/2017>

Primary Care Provider:
<John Doe
12345 Main Street
Atlanta, Georgia 30307
1-404-555-1213>
<PCP After Hours: 1-404-123-1234>

Member Services: 1-855-202-0729 (TTY:1-800-255-0056 or 711)

RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

Family Planning (pink)

CareSource Family Planning
Planning for Healthy Babies®

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

Effective Date: <07/01/2017>

Primary Care Provider:
<John Doe
12345 Main Street
Atlanta, Georgia 30307
1-404-555-1213>
<PCP After Hours: 1-404-123-1234>

Member Services: 1-855-202-0729 (TTY:1-800-255-0056 or 711)

RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

Resource Mother Outreach (yellow)

CareSource Resource Mother Outreach
Planning for Healthy Babies®

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

Effective Date: <07/01/2017>

Member Services:
1-855-202-0729 (TTY:1-800-255-0056 or 711)
CareSource24® Nurse Advice Line:
1-844-206-5944 (TTY:1-800-255-0056 or 711)

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

PHARMACIST: 1-800-416-3630
PROVIDERS: 1-855-202-1058
GEORGIA CRISIS AND ACCESS LINE: 1-800-715-4225

CARESOURCE24® NURSE ADVICE LINE: 1-844-206-5944 (TTY: 711)

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GA-MMED-2987

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GEORGIA CRISIS AND ACCESS LINE: 1-800-715-4225

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CareSource.com

GA-MMED-2989

Contacting CareSource

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

CareSource Quick Reference Guide

Claim Submissions

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

Electronic Funds Transfer (EFT):

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

Electronic Claims Submission:

EDI CareSource payer ID **GACS1**

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

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

Services That Require Prior Authorization

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

Prior Authorization Process

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

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

- **Email:** gamedmgt@CareSource.com
- **Fax:** 844-676-0370
- **Phone:** 1-855-202-1058

When requesting an authorization, please provide the following information:

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

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