



Georgia Planning for Healthy Babies[®] (P4HB[®])

Member Handbook—2021-2022


CareSource[®]





WELCOME TO CARESOURCE

We are excited to serve you and other Planning for Healthy Babies (P4HB®) members throughout the state of Georgia.

The P4HB® program offers three levels of services:

- **Family Planning:** Women ages 18 through 44 who do not have insurance, have a family income at or below (211%) of the Federal Poverty Level (FPL), and are able to have a baby. These women are eligible for Family Planning services only.
- **Inter-Pregnancy Care:** Women ages 18 through 44 who do not have insurance, have a family income at or below (211%) of the Federal Poverty Level (FPL), who are able to have a baby, and who have recently given birth to a very low birth weight infant are eligible for Family Planning Services and Inter-Pregnancy Care Services.
- **Resource Mother:** Women ages 18 through 44 who are current Medicaid recipients and have given birth to a very low birth weight infant are eligible for Resource Mother services only.



The P4HB® program aims to:

- Reduce Georgia's very low birth weight (VLBW) and low birth weight (LBW) rates.
- Lower the number of unplanned pregnancies.
- Increase the amount of time between each pregnancy.
- Provide access to health services between pregnancies for women who had a very low birth weight baby.

You may be eligible for the Family Planning component of the Planning for Healthy Babies® program if you meet the requirements listed on page 2. If you meet the requirements on page 2 and you have also given birth to a very low birth rate (VLBW) baby (less than 3.3 lbs.), you may be enrolled in the Inter-Pregnancy Care (IPC) part of the P4HB® program. If you get Medicaid now and gave birth to a VLBW baby, you may qualify for the Resource Mother part of the P4HB® Program.

At CareSource, our mission is to make a lasting change in our members' lives by improving their health and well-being. We know life is busy. We are here to make things simpler. You deserve more. You deserve health care with heart.

To help you get started as a new CareSource P4HB® member, we have listed Quick Start Steps on the following page. These simple steps are meant to help you make the most of your health plan.

Please review this handbook. Keep it handy so you can refer back to it later. Below is a list of what you will find inside:

1. Quick Start Steps to help you find care quickly
2. How to use **CareSource.com/Georgia** or call Member Services for help
3. What is covered by your health plan
4. How to find a doctor or other health care provider
5. Tools to help you stay healthy
6. Steps you can take to make sure you have a healthy baby when you are ready
7. Your member rights and responsibilities and how we keep your information private

We hope this handbook will answer your questions. If you need help or more information, visit **CareSource.com/Georgia** or call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).





QUICK START STEPS

CareSource wants to be a partner with you for good health. Here is a list of first steps as a CareSource P4HB® member.

Step 1 — ID Card. Have you gotten your CareSource P4HB® ID card in the mail? You should get it in your New Member Booklet in the mail after you enroll. If you have not gotten your ID card, please call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

Step 2 — Learn About Your Benefits. Read this handbook to learn about your health care benefits and how to use them. You'll also learn about the extra benefits CareSource provides. You can also visit our website for more information at <https://www.caresource.com/ga/members/tools-resources/quick-start-guide/p4hb>.

Step 3 — Find a Doctor/Provider (doctors, nurses, hospitals, clinics, and other providers).

- **Family Planning:** Choose a Family Planning Provider (a provider that offers services related to family planning) if one is not listed on your CareSource ID card. If you need to choose a Family Planning Provider or change your provider, go to **CareSource.com/Georgia** and click on *Find a Doctor/Provider*. Or you can call Member Services at or login to **MyCareSource.com**.

If you need services from a primary care provider, not covered under the P4HB® plan, you can find a PCP in your area by going to the Georgia Association for Primary Health Care website at www.GAphc.org. Or you can call Member Services for help selecting a PCP in your area.

For more information on what a Family Planning Provider is and what a Primary Care Provider is, see page 19.

- **Inter-Pregnancy Care (IPC):** Your PCP will serve as your primary contact to get needed services. If you want to change your PCP, visit us online at **CareSource.com/Georgia** and click on *Find a Doctor/Provider*. You can also call Member Services. IPC members should also complete the following steps:
 - Set up your My CareSource account. This free portal gives you plan information and more! Go to **MyCareSource.com** to set up your account.
 - Confirm your choice of PCP at **MyCareSource.com**.
- **Resource Mother:** Primary care services are not available to Resource Mother members under the P4HB® program but are available under the women's Medicaid/PeachCare for Kids® benefit. Information about getting these services may be found in the "Where to Get Care" section on page 18.

Step 4—Your Prescriptions

- **Family Planning members** have contraceptive (birth control), folic acid and/or a multi-vitamin with folic acid and select vaccine coverage only.
- **Inter-Pregnancy Care members** have contraceptive and limited prescription drug coverage. To check to see if your prescriptions are covered by CareSource, search our online formulary or drug list at **CareSource.com/Georgia** and click *Find My Prescriptions*. You can also call Member Services.
- **Resource Mother members** do not have contraceptive or prescription drug coverage under the P4HB® program but do have coverage under their Medicaid/PeachCare for Kids® benefit.



Step 5 — Keep your current treatment plans and care. If you are being treated for a health issue, call Member Services so we can help you keep your care. Turn to **page 8** to learn more.

Step 6 — Set up a My CareSource® personal online account. You can use your My CareSource account to change your doctor, ask for a new ID card, view claims and plan details, update your contact information and choose the way you would like for us to communicate with you. 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.

Step 7 — Get the CareSource Mobile App. This mobile app lets you manage your CareSource health plan on-the-go. The app is free. The CareSource mobile app is available through the App Store® for iPhone® or Google Play® for Android®.

Step 8 — Complete your Health Needs Assessment (HNA). Using a few questions about your health and lifestyle, CareSource can help your providers coordinate your care. You can take the HNA in one of these ways:

- **Phone:** Call 1-833-230-2011 (TTY: 711) between 7 a.m. to 6 p.m., Monday – Friday.
- **Online:** Just log into your secure **MyCareSource.com** account and click on the *Health* tab.





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CONTACT US

Member Services

Phone:	1-855-202-0729 (TTY: 1-800-255-0056 or 711) <i>Open Monday – Friday from 7 a.m. to 7 p.m.</i>
Mailing Address:	P.O. Box 723308 Atlanta, Georgia 31139-0308
Online:	CareSource.com/Georgia

The Member Services phone number and website are listed at the bottom of each page of this handbook.

CareSource24® Nurse Advice Line: 1-844-206-5944 (TTY: 1-800-255-0056 or 711)

Call 24/7, 365 days a year.

In 2021 and 2022 CareSource is closed* on:

- New Year's Day - January 1, 2021
- Memorial Day - May 31, 2021
- Independence Day - July 3, 2021
- Labor Day - September 6, 2021
- Thanksgiving - November 25 and 26, 2021
- Christmas - December 23 and 24, 2021
- New Year's Day (2022) – December 31, 2021
- Martin Luther King Jr. Day - January 17, 2022
- Memorial Day - May 30, 2022
- Independence Day - July 4, 2022
- Labor Day - September 5, 2022
- Thanksgiving - November 24 and 25, 2022

*Our CareSource24® Nurse Advice Line is open 24/7, 365 days a year, along with observed holidays.



Call Member Services or visit **MyCareSource.com** to:

- Ask questions about CareSource benefits and claims
- Find out what services are covered and how to get them
- Ask for a new member ID card
- Report a lost ID card
- Get help finding providers
- Tell us if your address or phone number changes
- Ask for interpreter services if you need help in another language or need help due to seeing or hearing problems
- Ask for a print copy of this handbook or the CareSource provider directory
- Tell us you have an issue with CareSource or a provider by filing a complaint
- Let us know if you think you have been discriminated against (treated unfairly based on your gender, race or age.)

To get the fastest help, please have your member ID number handy when you call.

My CareSource®

My CareSource is a secure and private member account where you can find out about your benefits, see plan records, and make changes to your care. My CareSource accounts can be linked to manage health care for families. Here are a few things you can do:

- Choose or change your primary care provider (PCP)
- 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 plan records
- Visit MyHealth to see what rewards can be earned and redeemed
- Take your Health Needs Assessment (HNA)
- View health alerts and more

Signing up is easy!

1. Go to **MyCareSource.com**.
2. Click *Sign Up* at the bottom of the page.
3. Answer the questions.
4. Click *Register*. You're all set!

CareSource Mobile App

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

- View and share your digital CareSource member ID card
- View your claims
- Access your secure My CareSource account
- Find a doctor, hospital, clinic, or urgent care near you (i.e., get directions or make a call)
- Call CareSource24®, our Nurse Advice Line, and speak with a registered nurse 24/7
- Call and speak with Member Services
- Connect with MYidealDOCTOR® and speak with a doctor anywhere, anytime through your phone or computer
- And more!



The CareSource mobile app is available 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.

Your CareSource ID Card:

- Each CareSource P4HB® member will get their own ID card.
- Each ID card is good while you are a CareSource member. Cards do not expire. You can get a new ID card if you ask for one.
- You can change the information on your card by going to MyCareSource.com or by calling Member Services.
- You should get your card with your New Member Booklet. If you do not, please call Member Services.
- You can view your ID card on the CareSource Mobile App.
- Member ID cards will look like the one below.

Family Planning ID Card:

 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 Member Services: 1-855-202-0729 (TTY: 1-800-255-0056 or 711)	Effective Date: 07/01/2017  RxBIN - 003858 RxPCN - MA RxGRP - RXINN01
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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)




Mail claims to:

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

GA-MMED-2988



Inter-Pregnancy Care ID Card:

 		Interpregnancy Care and Family Planning Planning for Healthy Babies®
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 Member Services: 1-855-202-0729 (TTY: 1-800-255-0056 or 711)	Effective Date: 07/01/2017	 RxBIN - 003858 RxPCN - MA RxGRP - RXINN01

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)

Mail claims to:



CareSource, Attn: Claims Department

P.O. Box 803, Dayton OH 45401

CareSource.com

GA-MMED-2987

Resource Mother Outreach ID Card:

 		Resource Mother Outreach Planning for Healthy Babies®
Member ID: 123455676 Member: Mary Doe 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)	Effective Date: 07/01/2017	

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

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

GA-MMED-2989

Your member ID card was included in your New Member Booklet.

Never let anyone else use your CareSource ID card.

ALWAYS KEEP YOUR ID CARD(S) WITH YOU

You will need your CareSource ID card each time you get covered health care.

Your CareSource ID will show the name of the program you are enrolled in: Family Planning, Inter-Pregnancy Care, or Resource Mother.



FAMILY PLANNING

Family Planning Benefits

Family Planning members receive the following covered benefits:

- Family planning annual exams
- Follow-up family planning visits
- Contraceptive (birth control) services and supplies
- Counseling and referrals to social service and primary care providers
- Family planning lab tests:
 - Pregnancy tests
 - Pap tests and pelvic exams
 - Follow up for abnormal pap tests
- Screening, treatment and follow up for sexually transmitted infections (STIs), except HIV/AIDS and Hepatitis
 - Antibiotic treatment for an STI if it is found during a routine family planning visit
 - Follow-up visits to check that your STI has been treated
- Drugs to treat infections in your bladder and areas near your bladder if the infection is found during a routine family planning visit. You can visit your family planning provider after you take your medicine to make sure your infection was treated.
- Treatment of complications related to family planning services:
 - Tubal Ligation (Sterilization)
 - Family planning pharmacy visits
 - Hepatitis B, Tetanus-Diphtheria (Td) and combined Tetanus, Diphtheria, Pertussis vaccinations (shots)



Family Planning Providers

Family Planning Providers play a big role in your healthcare and in lowering the number of babies born with low birth weights. They provide services related specifically to family planning. This happens through giving you confidential (private) preventive services, including:

- Contraceptive services
- Pelvic exams
- Pregnancy testing
- Screening for cervical and breast cancer
- Screening for high blood pressure, anemia (low red blood cells), and diabetes
- Screening for STDs, including HIV
- Basic fertility services
- Health education
- Referrals for other health and social services

You do not need a referral to see a Family Planning Provider. If you need help finding a Family Planning Provider, you will find a list of network Family Planning Providers at the CareSource *Find a Doctor/Provider tool* at findadoctor.caresource.com. If you need help choosing a Family Planning Provider, call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

You may see a network Family Planning Provider or an out-of-network Family Planning Provider for your care. CareSource will cover in-network and out-of-network Family Planning Provider services.



INTER-PREGNANCY CARE (IPC)

Inter-Pregnancy Benefits

Inter-Pregnancy Care (IPC) members get all covered benefits listed under the Family Planning Benefit program, plus:

- Primary care services, up to five office/outpatient visits
- Limited dental services
- Management and treatment of chronic (on-going) diseases like high blood pressure or diabetes.
- Substance (drug) abuse treatment including detox and intensive outpatient rehabilitation (rehab)
- Prescription drugs for the treatment of your chronic diseases
- Non-emergency transportation (rides)
- Resource Mother Outreach
 - A Care Team Member will help you with your health care and social needs. They will also help you get services like Women, Infants, and Children (WIC). Please see the Resource Mother section on page 17 for more details.

Your Primary Care Provider (PCP)

Inter-Pregnancy Care members get up to five primary care office/outpatient visits a year. There is no limit for family planning visits. You need to select a PCP and set up a visit because they are your health partner. They play a big role in your health. They will work with you to improve your health and lower any risk factors that may harm future pregnancies.

Typically, PCP's are general/family practitioners, internists, gynecologists, physician assistants or nurse practitioners certified in family practice. Other physicians can also agree to serve as a PCP including:

- Providers at public health department clinics and hospital outpatient clinics
- Specialists for members with chronic conditions that may increase the risk of you having another VLBW baby

Your PCP will give you regular check-ups and exams and help you manage any chronic conditions. You can find more information about PCPs on page 19.

You should be able to see your PCP within 14 days from the time you ask for a visit. Your medical benefit plan does not cover non-emergency services performed by an out-of-network provider when those services are offered by an in-network provider. Please call Member Services for more information.



IPC members can choose a PCP by:

- Going to **MyCareSource.com** to select a PCP.
- Searching our online provider search tool at **findadoctor.caresource.com**
 - You can search for a provider that is close to your home.
 - This tool is the most current list of CareSource providers.
- Looking in the provider directory if you have a printed copy, or
- Calling CareSource Member Services for help

If you have not decided on your PCP before joining CareSource, we have chosen one for you. We made this choice based on:

- Where you live
- If a PCP you have visited before is close to your home
- A PCP that is accepting new patients
- Your language preference

If you are a new patient to your PCP, please call the office to set up a visit. This will help your PCP get to know you and your health care needs right away. If you need help setting a time for a visit, call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711). If you need to cancel a visit, make sure to call your PCP and cancel ahead of time. Set up a new visit as soon as you can. You should also have all of your past medical records sent to your new doctor.

We can help if you need a ride to the appointment. Rides for IPC members are covered. We can help set up a ride for you. Just call Member Services. See the transportation services section in this handbook on page xx.

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:

- To change to the same PCP as another family member
- Because the PCP does not give the covered care you want due to moral or religious objections
- Because you or the PCP have moved too far away from each other

Changes in our PCP Network

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

Appointments

It is important to go to your planned PCP visits. Call the doctor's office at least 24 hours before if you need to change or cancel a visit.

Preventive Care

Your PCP will play a big role in your preventive care. Routine health exams, tests, and screenings can help find and treat problems early before they get worse.





RESOURCE MOTHER

Resource Mother Benefits

Resource Mother members get care management services such as:

- Help dealing with health care and social needs
- Referrals to social services in your area
- Counseling services
- Help getting needed medication (drugs)
- Links to community resources for mothers

Your Care Team Member will help set you up with health care services and will review your care plan as needed.

Medical related services are covered under your Medicaid benefit plan. Please contact Georgia Medicaid at 1-866-211-0950 or www.dch.georgia.gov/medicaid to find out more about your Medicaid benefits.

GENERAL INFORMATION

Services Not Covered

CareSource and the Planning for Healthy Babies® program cover only the services listed in the covered services section of this handbook. All other services are not covered. Some examples of services and benefits not covered are:

- Chiropractic (back doctor) services
- Abortions (ending pregnancy) or abortion-related services
- Partial dentures
- Disposables (throwaways) like diapers, cotton or bandages
- Cosmetic surgery
- Experimental (trial) and investigational items
- Hysterectomy (removal of the uterus)

This is not a full list of the services that are not covered by Medicaid or CareSource. If you have a question about whether a service is covered, call Member Services.

Georgia Association for Primary Health Care

The Georgia Association for Primary Health Care can help provide primary (main) care services to people with limited or no insurance. They can help with primary care services not provided under the P4HB® program. Visit the Georgia Association for Primary Health Care website for further information at www.GAphc.org or call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711) for help.

Most times, your PCP is where you would go for primary health care like vaccines (shots), well visits, physicals, aches, illness, pains, and minor injuries.



WHERE TO GET CARE

We want to make sure you have easy access to care from the right health care provider when you need it.

Primary Care Provider (PCP)	Telehealth	Convenience Care Clinics	Urgent Care	Hospital Emergency Room
Usually open during regular business hours. Appointment needed.	Convenient access to a doctor by phone or computer, from wherever you are.	Usually open seven days a week with evening and weekend hours.	Usually open seven days a week with evening and weekend hours.	Open 24 Hours a day, 365 days a year.
For routine care, common illnesses and advice. May also offer telehealth. Contact your PCP's office to find out. Visit your doctor the most often!	Visit with a provider by phone or computer from wherever you are. Ask your PCP if they offer telehealth. If your PCP is not available, call MYidealDOCTOR at 1-855-879-4332 or visit MYidealDOCTORtelehealth.com to speak with a doctor 24/7.	When your PCP is not available. Inside many local drug and grocery stores. Use for common illnesses such as coughs, sinusitis, colds, sore throats, and immunizations.	When your PCP is not available. Your condition or injury can't wait. For common illnesses, x-rays, deep cuts, etc.	When you are very sick or need immediate help. For life-threatening situations such as chest pain or a head injury

Not every situation falls neatly into one of the above options. If you aren't sure where to go, call the CareSource24® Nurse Advice Line. We're here for you 24 hours a day, 7 days a week. Just call **1-844-206-5944** (TTY: 1-800-255-0056 or 711) to talk to a CareSource24 nurse.



Primary Care Provider (PCP)

For routine health care, visit your PCP. This helps them get to know you and your health care needs so they can give the best care. Some examples of conditions that can be treated by your PCP are:

- Dizziness
- High or low blood pressure
- Swelling of the legs and feet
- High or low blood sugar
- Persistent cough
- Earache
- Backache
- Constipation
- Rash
- Sore throat
- Loss of appetite
- Restlessness
- Joint pains
- Colds/flu
- Headache
- Removal of stitches
- Vaginal discharge
- Pregnancy tests
- Pain management

Family Planning Provider

Family Planning Providers offer services related to family planning. This helps:

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

Family Planning Providers can be outside of the CareSource network. They can be:

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

Telehealth

Telehealth uses your phone, computer, or tablet to speak to a provider. It removes the stress of needing transportation to and from the doctor's office. It is a convenient option for care that lets you talk to a provider from wherever you are and may lower your chance of being exposed to illnesses like the flu. Telehealth can be used to talk to a provider who can order tests or medicine when needed for conditions covered under the program, such as birth control counseling, follow-up on abnormal pap smears and more. You can also use telehealth for many common issues like sinus infections, allergies, rashes, and more. It can also give you quick medical advice that can prevent your condition from getting worse. Plus there is no cost to use telehealth.

Your PCP may offer telehealth services. Please check with your PCP first to find out what is available. If your PCP does not offer telehealth or has limited hours, you have options. CareSource also offers two types of telehealth services: Georgia Partnership for Telehealth (GPT) and MYidealDOCTOR®.



Georgia Partnership for Telehealth (GPT)

CareSource works with GPT to give you more access to specialty care. You can see a provider that is far away using medical cameras and live video from an office close to you. If you live in a rural area, this gives you better access to the care you need.

How does the GPT work?

- Your PCP can refer you to a specialist.
- The GPT scheduling center can then schedule 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 schedule 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, you can call the GPT scheduling center and do the intake over the phone.
- Once you fill out the form, a GPT scheduler will enter your information into the GPT system and make the appointment.
- A GPT scheduler will call you to go over the details. You will need to then fill out a GPT authorization and consent form. This will need to be returned at least 48 hours (two days) before a scheduled appointment.
- You can take the GPT forms to your PCP's office. They can fax them to the GPT scheduling center for you. You can also fax or email the GPT forms to the GPT scheduling center.

How do I reach the GPT scheduling center?

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

MYidealDOCTOR®

If your provider doesn't offer telehealth, or has limited hours, you may use MYidealDOCTOR® to speak to a board certified doctor 24/7. Use MYidealDOCTOR® for many common health problems, like:

- Colds/Flu/Cough
- Congestion/sinus infection
- Allergies
- Pink eye
- Rashes
- And More



Connecting with MYidealDOCTOR® is easy.

- Visit MYidealDOCTORtelehealth.com
- Call 1-855-879-4332
- Access from the CareSource mobile app
- Referral and direct connection from CareSource24®
- Download the MYidealDOCTOR® app

Have your CareSource member 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, usually within 15 minutes.

Note: MYidealDOCTOR® should not be used for trauma, chest pain, shortness of breath, or the prescribing of DEA (Drug Enforcement Agency) controlled substances. Children under age two cannot be treated through MYidealDOCTOR®.

Convenience Care Clinics for Family Planning Members

If you can't see your PCP, we want to make it easy for you and your family to get care when you need it most. A retail visit is quicker and easier than a visit to urgent care or an ER. You can go to clinics inside of CVS®, Kroger®, and Walgreens® for basic care. At the clinic, you can:

- Get a flu shot
- Get health screenings and physicals
- Get care for aches and pains, sicknesses, and minor injuries

Most clinics are open in the evening, seven days a week. Visits can be scheduled for the same day. Walk-ins are often welcome. Find one near you using our online *Find a Doctor/Provider* tool at findadoctor.CareSource.com.

Note: children's immunizations are not covered at these clinics.

FAMILY PLANNING OR IPC-RELATED URGENT CARE

You can visit an urgent care center for non-emergency situations to keep a family planning-related injury or illness from getting worse when your family planning provider's office is closed or if your family planning provider is not able to see you right away. Some examples of urgent care are:

- Heavy bleeding
- Pelvic pain
- Burning sensation when urinating (using the restroom)

CareSource covers urgent and after-hours care visits that are family planning-related conditions. These visits include conditions that are not life-threatening but must be treated within 24 hours. You should call your Family Planning Provider or PCP (IPC members) about family planning-related urgent care services. Your provider will tell you what to do. Your provider may tell you to go to their office right away. You may be told to go to a different office to get care fast. You should follow your provider's instructions. In some cases, your provider may tell you to go to the emergency room (ER) at a hospital for care.



You can also call CareSource24, our 24-hour Nurse Advice Line, for advice about urgent care. You should be able to see your provider within 24 hours for an urgent care visit. Family planning-related urgent care services do not need prior authorization. Go to an in-network urgent care center listed in your Provider Directory or findadoctor.CareSource.com. After you go, always call your provider to set up follow-up care.

FAMILY PLANNING OR IPC-RELATED EMERGENCY SERVICES

Emergency Services are for severe health issues that must be treated right away. CareSource covers emergency services both in and out of the county where you live. Examples of medical issues needing emergency care resulting from a P4HB® program service are:

- Heavy menstrual bleeding from a Depo-Provera® injection
- Problems related to a sterilization procedure
- An opening made in the uterus from an IUD

The P4HB® program only covers family planning-related emergencies. You do not have to pay for family planning-related emergency care. You also do not have to pay for follow-up screenings (tests) and treatments needed to tell what is wrong or to make sure your condition is stable. P4HB® members can go to any hospital for family planning-related emergency services. These services do not need prior authorization.

If you need emergency services:

- Go to the nearest ER or call 911. The provider does not have to be in the CareSource network. No prior authorization is needed.
- Show your member ID card. Tell the staff you are a CareSource member.
- If they treat your emergency but think you need more care, the hospital must call CareSource.
- If you must stay at the hospital, please have them call CareSource within 24 hours.
- Call your PCP to tell them of your health emergency. Plan any follow-up care with your PCP.

If you are not sure if it is an emergency, call your PCP first. Or call CareSource24®, our Nurse Advice Line, at **1-844-206-5944** (TTY: 1-800-255-0056 or 711). If you need emergency care, call 911 or go to the nearest ER. There is no need to call CareSource first — your health comes first.

Post-Stabilization Services

The care you get until your condition is stable is called post-stabilization care. This care must be done to keep, improve or solve your medical condition. CareSource will pay for post-stabilization services caused by a family planning-related emergency.

What to Do If You Need Help While Traveling

Sometimes you may have a family planning-related emergency while you are traveling. If you need to visit an urgent care while out of state, call your provider or CareSource24 at **1-844-206-5944** (TTY: 1-800-255-0056 or 711). Our team of registered nurses (RNs) will help you decide what to do. If you go to an urgent care, call your provider to tell them about your visit and to make sure any follow-up visits are made.



UTILIZATION MANAGEMENT

Members in substance abuse treatment or who have been admitted to a hospital for a family planning-related non-emergency will need prior authorization. This prior authorization is handled by our Utilization Management (UM) team. The UM team will review the health care services you get based on pre-set rules or guidelines. We review your care to make sure it is the best for your needs. If you have questions about how your care is reviewed, you can contact us by calling Member Services and asking to speak to someone on the Utilization Management team.

When calling UM, please keep these things in mind:

- We are open for calls Monday–Friday from 8 a.m. to 5 p.m. Call **1-855-202-0729** (TTY: 1-800-255-0056 or 711).
- You can leave a message after normal business hours. They will return your call the next business day.
- You can reach UM using the secure “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 when they call.

You can call us anytime about prior authorization requests. We also give help to members that speak a language other than English so they can talk about Utilization Management issues or concerns. Just call Member Services for help.

Any decisions we make with your health partners about the medical necessity of your health care are based only on how the setting or service will impact your care. CareSource does not reward health partners or our own staff for denying coverage or services.

Authorization Time Frames

Standard authorization requests will be decided within three business days after we get the request. CareSource will tell you and your doctor if the services have been approved. You, your provider, or CareSource can ask for more time to review. The review can last up to two weeks. This would happen if more information is needed to make a decision and is in your best interest.

Your provider or CareSource can ask for an expedited (fast) authorization request. This is if the standard time could cause you harm. CareSource will decide on these requests within 24 hours. We can ask for up to five business days for review. This would happen if more information is needed to make a decision and is in your best interest.

Transportation

CareSource Family Planning members have transportation (ride) benefits. Family Planning members can get up to six round trip visits per year for covered services. To set up a trip, call at least three business days before your visit. Call Member Services **1-855-202-0729** (TTY: 1-800-255-0056).



OTHER INFORMATION

If You Become Pregnant

If you become pregnant, let the Georgia Department of Community Health (DCH) know to make sure you get the right kind of health coverage you need. You will be disenrolled from the P4HB® program so that you can receive prenatal care. To learn more, go to dch.georgia.gov to access more information or call CareSource Member Services and we will help you.

Redeterminations

Redetermination is how it is decided that you should remain in the P4HB® program. Redeterminations of eligibility for the P4HB® Program are done every 12 months.

You will get a note in the mail before the renewal deadline. The renewal date is based on the following:

- New members – 12 months from the original date of eligibility
- Existing members – 12 months from the last redetermination date

You will need to confirm your income when you renew. You can use pay stubs to do this. Pay Stubs must be less than 90 days from the renewal deadline.

For more information about P4HB® renewals, visit the [P4HB® Medicaid.georgia.gov/planning-healthy-babies](http://P4HB.Medicaid.georgia.gov/planning-healthy-babies) website or call 1-877-423-4746 or 1-877-427-3224. You can also call CareSource Member Services at **1-855-202-0729** (TTY 1-800-255-0056 or 711).

How to Disenroll From CareSource

We want you to be happy with CareSource. If you are not, please let us know – we want to make it right. However, you have the right to change to another managed care organization (MCO) in these cases:

- During the first 90 days after you enroll with CareSource or you are sent notice of enrollment with CareSource, whichever is later
- Every 12 months from your date of enrollment
- When you have a reason to change, such as:
 - Asking to enroll in the same MCO as a family member
 - Moving outside of CareSource's service area
 - Needing services or providers that are not offered in the CareSource network
 - Poor quality care

You Are Not Eligible for the P4HB® Program If:

- You become pregnant while enrolled in P4HB®.
- You are determined to be infertile (sterile) or are sterilized while enrolled in the P4HB® program.
- You become eligible for any other Medicaid or commercial insurance program.
- You no longer meet the P4HB® program's eligibility requirements.
- You are or become incarcerated (jailed).
- You move out of state.



- You have reached the end of the 24 months of eligibility for the IPC component of the program.
- If you are placed in a long-term care facility, state institution or intermediate care facility for people with intellectual (mental) disabilities.
- If you no longer meet the criteria for P4HB® coverage.

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

- If you commit fraud or abuse in using services
- If you are placed in a long-term care facility, state institution or intermediate care facility for people with intellectual (mental) disabilities
- If you no longer meet the criteria for P4HB® 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.

If You Get a Bill

Always show your CareSource ID card when you see a doctor, go to the hospital or go for tests. Even if your doctor told you to go, you must show your CareSource ID card (for Resource Mother Outreach members, show your current Medicaid or PeachCare for Kids card) to make sure you are not sent a bill for services not covered by the CareSource P4HB® program. You do not have to show your CareSource ID card before you get emergency care. If you do get a bill, send it to us with a letter saying that you have been sent a bill. Send the letter to the address below:

CareSource
600 Galleria Parkway, Suite 400
Atlanta, GA 30339

You can also call our Member Services department for help at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).





OTHER RESOURCES

CareSource wants to make sure you have the resources you need to stay healthy. Here are some other resources that may be helpful as you care for yourself and your family.

Women, Infants, and Children (WIC) Supplemental Nutrition Program

This program provides support for you to buy healthy foods from WIC-authorized vendors, nutrition and health education, breastfeeding support and information, and help to find health care and link to community services. To find out more go to <https://dph.georgia.gov/WIC>.

Healthy Mothers, Healthy Babies Coalition of Georgia (HMHBGA)

Healthy Mothers, Healthy Babies Coalition of Georgia helps to improve access to prenatal and preventive care for women, children and families. To learn more, go to <https://hmhbga.org/>.

Pickles and Ice Cream

A project of HMHBGA, Pickles and Ice Cream has pre-pregnancy, pregnancy, and postpartum resources. They have a blog and informational videos around many topics for pregnant women and new mothers. You can read more at <https://picklesandicecreamga.org/>.



ADVANCE DIRECTIVES

What is an Advance Directive?

An Advance Directive is your written record about your future care and treatment, including mental health care. It helps your family and provider know your wishes about your medical care. You must be of sound mind and at least 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. You may also use an Advance Directive to keep certain people from making health care decisions for you.

Advance Directives Under Georgia Law

To make it easier, the state of Georgia has joined a living will and health care power of attorney into a single document. This single document is now called an Advance Directive for Health Care.

Using Advance Directives to State Your Wishes About Your Medical Care

Many people worry about what would happen 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 every step taken to live longer.

You Have a Choice

You do not have to make an Advance Directive, but we suggest you do so. Many people write their health care wishes while they are healthy. Providers must make it clear that you have a right to state your wishes about your health care. They must ask if your wishes are in writing. They also must add your Advance Directive to your medical record.

When making an Advance Directive, you will need to answer some tough questions. Think about these things when you write your Advance Directive:

- It's a choice to write one.
- The law states that you can make choices about health care, such as agreeing to 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.



There Are Four Parts of the Advance Directive for Health Care Under Georgia Law

Part 1

Health Care Agent: Lets you choose someone to make health care rulings for you when you cannot or do not want to. This person becomes your health care agent. You should give a lot of thought about who you pick as a health care agent.

Part 2

Treatment Preferences: Lets you 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 of the first three parts of the Advance Directive. 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 calling or writing to:

Georgia Department of Community Health
Health Care Facility Regulation
2 Peachtree Street, NW
Atlanta, Georgia 30303
Toll free: 1-800-878-6442

Find Answers About Advance Directives by:

- Talking with your PCP.
- Going online at <http://aging.dhs.georgia.gov/>.
- Calling the Georgia Department of Human Services, Division of Aging Services at 1-866-552-4464. You can also visit them at 2 Peachtree Street NW, Suite 9395, Atlanta, GA 30303-3142.
- Speaking with a local lawyer or legal aid service.

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



GRIEVANCES AND APPEALS

We hope you are happy with CareSource and the care provided. If you are unhappy or don't agree with a decision made by CareSource or its providers, let us know.

CareSource will help you fill out forms and take other needed steps. We have toll-free numbers with TTY and translators if needed. Please call Member Services if you need help filing a grievance or an appeal.

How and When to File a Grievance

You or your authorized representative may file a grievance verbally or in writing at any time. You or your authorized representative can file a grievance with the State or with CareSource. Call Member Services or send a letter to:

CareSource
Attn: Member Grievance
P.O. Box 1947
Dayton, OH 45401

You can also file a grievance on our website at **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 decision in your primary language.



Member Appeals Process

You may ask for an appeal of an adverse benefit determination. CareSource will send a letter when an adverse benefit determination is taken against you. An adverse benefit determination can be:

- Denying or limiting services based on the type or level of service. It can be based on medical necessity, appropriateness, setting, or effectiveness.
- Reducing, delaying, or stopping a previously authorized service.
- Denying part or all of the payment for a service. (This does not include a case where the reason for denying the payment is because of missing information.)
- Not providing services in a timely manner.
- CareSource not acting in the right time frames.
- Denying your right to argue a charge, such as cost sharing.

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. Call **1-855-202-0729** or write to:

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

You can also file an appeal on our website at **MyCareSource.com**.

You may request an appeal either orally or in writing. A confirmation letter will be sent 10 business days after getting your appeal request. This is to let you know it was received.

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:

1. An appeal of a denial that is based on lack of medical necessity.
2. 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 make a decision 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 your appeal should be expedited, we will notify you of the decision within 72 hours. If your appeal does not meet expedited review rules, we 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, that 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, then you should ask for an Administrative Law Hearing. You or your authorized representative must ask for an Administrative Law Hearing within 120 days of our appeal decision. A provider may not ask for an Administrative Law Hearing for you. They can only ask if they are acting as your authorized representative and/or has your written consent.

Please send your request to:

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

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 the decision. 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 to 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 on appeal, then you may ask for a review by DCH's Formal Grievance Committee. PeachCare for Kids® members must complete CareSource's internal appeal process before asking for a review by DCH's Formal Grievance Committee.

PeachCare for Kids® members must ask for a review by the Formal Grievance Committee within 30 days of getting CareSource's decision to uphold its decision in response to an appeal. Reviews are done by the Formal Grievance Committee 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 comply with the decision of the Formal Grievance Committee.

The PeachCare for Kids® state review process replaces an Administrative Law Hearing for all other members. Send a request to:

Department of Community Health
PeachCare for Kids
Administrative Review Request
2 Peachtree Street NW, 37th Floor
Atlanta, GA 30303-3159

Our goal is to ensure that you're able to get a resolution for your concerns in a fair and impartial way.



Member Grievance and Appeals Form

Member Name	Member ID#
_____	_____
Member Address	Best phone number to reach you at if you have questions or need additional information related to your issue:
_____	_____
_____	_____

Please write a description of the grievance or appeal giving us as much detail as possible including the provider's information if your issue concerns a provider. You may attach additional pages, if needed.

Member Signature

Date Filed

OFFICE USE ONLY

Date Received: _____

Received By: _____

Grievance: _____

Appeal: _____

Hearing: _____

CareSource will send you a letter with the outcome of your appeal or the resolution of your grievance no later than 30 calendar days from the date we received this notice for a standard appeal, 72 hours for an expedited appeal and 90 calendar days for a grievance.

Note: This form (fillable format) can be found online at:
<https://www.caresource.com/ga/members/tools-resources/forms/medicaid/>



MEMBER RIGHTS AND RESPONSIBILITIES

As a member of CareSource, you have the following rights:

Your Rights

CareSource members have the following rights:

- To get information about CareSource, its services, its practitioners and providers, and enrollee rights and duties.
- To get all services that CareSource must provide to you under the P4HB® program.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your personal information and medical records will be kept private.
- To be given information about your health. This information may also be available to someone legally authorized to have the information. It may also be given to someone you have said should be reached in an emergency. This is when it is not in the best interest of your health to get it.
- 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 your ability to understand.
- To be able to participate with providers in making decisions about your health care including the right to refuse treatment.
- To get information about any medical care, given in a way that you can understand.
- To be sure that others cannot hear or see you when 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 receive 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 request 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 information about you 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 and a note must be placed in your medical record about the treatment refusal.
- To freely be able to file an appeal, a grievance (complaint), or request a state fair hearing and that the exercise of these rights will not adversely affect the way you are treated. To voice complaints or appeals about CareSource or the care it provides.
- To be able to get all written information from CareSource:
 - At no cost to you.
 - In the prevalent (most popular) non-English languages of members in CareSource's service area;
 - In other formats, to help with special needs if you have trouble reading the information for any reason.
- To be able to get help free of charge from CareSource and its providers if you do not speak English or need help in understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told if the health care 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 be told of any experimental care and to be able to refuse to be part of the care.
- To make Advance Directives. (see pages 27-28)
- To be free to carry out your rights and know that CareSource, our providers or the Georgia Department of Community Health 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 woman's health provider for covered women's health care.
- To be able to get a second opinion from a qualified network provider. If a qualified provider is not available, CareSource must set up a visit with a provider in our network.
- To go out of network for care if CareSource is unable to provide a covered service in our network.
- To get information about CareSource from CareSource.
- 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 (not able to pay).
- To not be held liable for the covered services given to you for which DCH does not pay CareSource.
- To not be held liable for covered services given to you for which DCH or CareSource does not pay the health care provider that gives the services.
- To not be held liable for payments of Covered Services given under a contract, referral, or other arrangement to the extent that those payments are more than what you would owe if the CareSource provided the services directly.



Member Responsibilities

- Use only approved providers/doctors.
- Keep doctor and dentist appointments, be on time, and call 24 hours before the scheduled appointment to cancel.
- Follow the advice and instructions for care you have agreed upon with your PCP and other health care 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 convenience care clinic, or after getting medical or behavioral health care outside of CareSource's covered counties or service area.
- Let CareSource and the county caseworker know if you are covered by other health insurance.
- Provide the information that CareSource and your health care providers need, to the extent possible, in order to provide care.
- Understand as much as possible about your health issues, and take part in reaching goals agreed to with your health care provider.

Georgia Family and Social Services Administration:
Medicaid-Department of Community Health
Legal Services Section - General Counsel's Office
Two Peachtree Street, NW 40th Floor
Atlanta, GA 30303-3159



PRIVACY PRACTICES

This notice goes over how health information about you may be used and given out. It also tells you how you can get this information. Please look over it with care. The terms of this notice apply to the CareSource P4HB® Program. We will refer to ourselves simply as “CareSource” in this notice.

Your Rights

When it comes to your health information, you have the right to:

Get a copy of your health and claims records.

You can ask for a copy of your health and claims records. 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 reach 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 change your care or for certain other reasons.

Get a list of those with whom we’ve shared information.

You can ask how many times we’ve shared your health information. This is only up 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;
- Amount paid;
- Health care operations, and;
- Other disclosures you have asked us to make.

We will give you one list each year for free. We will charge a fair, cost-based fee if one is asked for within 12 months.

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 agreed to get the notice electronically (email). We will give you a paper copy as soon as possible.



Allow CareSource to speak to someone on your behalf.

You can allow CareSource to talk about your health information with someone else on your behalf.

Legal guardians can make choices about your health information. CareSource will give health information to the legal guardian. We will make sure a legal guardian has this right and can act for you 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.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
 - Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
 - Calling 1-877-696-6775, or
 - Visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not take action against you for filing a complaint. We cannot ask you to give up your right to file a complaint as a condition of:
 - Care;
 - Payment;
 - Enrollment in a health plan or;
 - Eligibility for benefits.

Member Choices

For certain health information, you can choose what we share. You should tell CareSource how you want this information shared. We will follow these orders. **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others who pay for your care.
- Share information in a disaster relief situation.

If you can't tell us your choice, such as if you are unconscious, we may share your information if we believe it is in your best interest. We may also share if we need to reduce a serious and close threat to health or safety.

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

- Marketing uses
- Sale of your information
- Sharing your therapy notes

Consent to Share Health Information

The CareSource policy is to share your health information. This includes Sensitive Health Information (SHI) such as drug and/or alcohol care, genetic testing results, HIV/AIDS, mental health, Sexually Transmitted Diseases (STD), or problems that are a danger to your health. We share this for the purpose of treatment, care coordination, and help with benefits. It is shared with your past, present, and future providers and the Health Information Exchanges (HIE). You have the right to tell us if you do not want your health information (including SHI) shared. This excludes the provider who treats you for the specific SHI. Your providers may not be able to coordinate your care if you don't allow 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 who are treating you. Example: A doctor sends us information about your diagnosis and care plan so we can arrange more care.
- **Pay for your health care.** We can use and give out your health information when we pay for health care. Example: We share information with 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, accountants, consultants and others. We require them to keep your health information private, too.

How else can we use or share your health information? We are allowed or required to share your information in other ways. This is often for the public good, such as public health and research. We have to meet many rules in the law before we can share your information for these reasons. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- To help with public health and safety issues
 - Prevent disease
 - Help with product recalls
 - Report harmful reactions to drugs
 - Report suspected abuse, neglect, or domestic violence
 - Prevent or reduce 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 if state or federal laws calls for it. This includes the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.
- **To react to organ and tissue donation requests and work with a medical examiner or funeral director.** We can share health information with organ donation organizations. We can also share with a coroner, medical examiner, or funeral director if you die.
- **To address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you for:
 - Workers' compensation claims
 - Law enforcement purposes or with a police official
 - Health oversight offices for actions allowed by law
 - Special roles such as military, national safety, and presidential protective services
- **To react to lawsuits and legal actions.** We can share health information due to a court or legal order. We may also make a group of "de-identified" information that cannot be traced back to you.

Special Rules for CareSource Members per State Laws: State law requires that we get your approval in many cases before:

- Giving out the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition;
- Giving out information about drug and alcohol treatment you may have received in a drug and alcohol treatment program;



- Giving out information about mental health care you may have received; and
- Giving out information related to genetic testing; and
- Giving out information that we received from a pharmacy.

For full information on when such approval may be needed, you can contact the CareSource Privacy Officer.

Our Responsibilities

- We protect your health information in many ways. This includes information that is written, spoken or found online using a computer.
 - CareSource staff is trained on how to keep your information safe.
 - Your information is talked about in a way so that it is not overheard.
 - CareSource makes sure that computers used by staff are safe by using firewalls and passwords.
 - CareSource limits who can get to your health information. We make sure that only those staff with a business need can get information.
- By law, we must keep the privacy and security of protected health information and give members 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 will not use or share your information other than as listed here unless you tell us we can in writing. You can change your mind at any time and tell us in writing.

For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective Date and Changes to the Terms Of this Notice

This privacy notice is effective April 28, 2017. We must follow the terms of this notice as long as it is in effect. If we change the notice, the new one would apply to all health information we keep. If this happens, CareSource will put the new notice on our web site. You can also ask our CareSource Privacy Officer for it by:

Mail: CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Email: HIPAAPrivacyOfficer@caresource.com

Phone: 1-855-202-0729 (TTY: 1-800-255-0056)

CareSource is open 7 a.m. – 7 p.m. Monday through Friday.

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



REPORTING FRAUD, WASTE AND ABUSE

Health care services 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 unnecessary costs to the P4HB® Program. Abuse can be caused by a provider or a member. Provider abuse could be caused by actions that do not meet good 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 department. 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:

- 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
- Keep members from getting covered services they need
- Unbundling services to get a higher repayment

Cases of **drugstore** fraud, waste and abuse are:

- Not giving drugs as written
- Sending claims for a brand-name drug that costs more but giving a cheaper drug that costs less
- Giving less than the prescribed amount and then not letting the member know to get the rest of the drug



Cases of **member** fraud, waste and abuse include 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 another 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 any money that was paid for care that was a misuse of benefits
- Be charged with a crime and go to jail
- Lose your Medicaid benefits

IF YOU SUSPECT FRAUD, WASTE OR ABUSE

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

1. Call **1-844-415-1272** (TTY: 1-800-255-0056 or 711). Select the menu choice to report fraud.
2. Fill out the Fraud, Waste and Abuse Reporting Form by:
 - Writing a letter and mailing it to us at:
CareSource
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401-1940
 - Going to our website and filling out the form. Our website is **CareSource.com/Georgia**.

You do not have to give us your name when you write or call.

If you are not concerned about giving your name, you may also 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 for more information. 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 a member ID number, social security number, or health information. Instead, please use the form or phone number above. This can help protect your privacy.*

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



CONFIDENTIAL FRAUD, WASTE, AND ABUSE REPORTING FORM

Please use this form to tell us about any fraud, waste, and abuse concerns you may have. This information will be confidential. Tell us as much as you can.

I think that the following person, who can be reached at the address and phone number listed below, may be doing acts of fraud, waste or abuse.

Name: _____

Address: _____

Phone(s): _____

This person is a/an: (please check the appropriate box)

☐ Employee

☐ Member

☐ Provider

☐ Other*

Tell us your concern? Please attach extra pages, if needed.

*Please explain the relationship between the person you are reporting and CareSource or yourself.

You do not need to tell us your name. If you are willing, please give us this information so that we may reach you if we need more info.

Your Name: _____

Your Address: _____

Your Phone Number _____

If you have documents that we should see, please attach them or tell us where to find them.

If you do not want to give your name, send this form (and any other documents) by mail to:

CareSource

Attn: Program Integrity

P.O. Box 1940

Dayton, OH 45401-1940

You may also send this form by fax or e-mail. However, sending your report this way will show the number of the fax machine or your e-mail address.

Fax: 1-800-418-0248

E-mail: Fraud@CareSource.com

(copy the form information and attachments into the email or attach them as documents).

If you have any questions, **call us on the Fraud Hotline at 1-844-415-1272,**
and choose the right menu option.



WORD MEANINGS

Abuse – Actions that cause unneeded costs to the Medicaid Program. Abuse can be caused by a provider or a member. Provider abuse could be caused by actions that do not meet good fiscal, business, or health practices. It can also be paying for services that are not medically necessary.

Administrative Law Hearing – The appeal process run by Georgia as required by law for members after they complete CareSource’s Appeal process.

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

Advance Directives – A written record of a person’s wishes for medical care. They are used to make sure those wishes are followed if the person can’t tell them to a doctor.

Adverse Benefit Determination – Means any of these:

- Denying or limiting a service based on the type or level, medical necessity, appropriateness, 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, such as cost-sharing.

Appeal – A review by CareSource of an Adverse Benefit Determination.

Appointment – A visit you set up to see a provider.

Authorized Representative – A person you allow in writing to make your health decisions.

Behavioral Health Services – Care for mental, emotional, or substance use disorders.

Benefits – Health care that is covered by CareSource.

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

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

Chronic Condition – Any physical or behavioral disorder that lasts at least 12 months.

Claim – Bill for services.

Convenience Care Clinic – A health clinic in a retail store. These are often open late and on weekends to care for routine sicknesses. Examples include Kroger Little Clinic®, CVS Minute Clinic®, etc.

Covered Services – Medically necessary health care that CareSource must pay for.

Diagnostic – Any medical procedure or supply to find the nature of an injury or sickness.

Disenrollment – The removal of a member from CareSource benefits.

Emancipated Minor – A person under the age of 18 who is legally free from parent control.



Emergency Medical Condition – A medical problem you think is so serious it must be treated right away, like a miscarriage or difficulty breathing.

Emergency Medical Transportation – Ground or air ambulance services for an emergency medical condition.

Emergency Room Care – Services you get in an emergency room.

Emergency Services – Services given by a qualified provider that is needed to check, treat, or stabilize an emergency medical condition.

Enrollment – Process by which DCH says a person gets health coverage by a care management organization.

Excluded Services – Health care that your health insurance or plan doesn't pay for or cover.

Expedited Appeal – Review done fast to meet a member's health need.

Explanation of Benefits (EOB) – A statement you may get from CareSource that shows what health care services were billed to CareSource and 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 health care providers. Grievances may be, but are not limited to, the quality of care or services given, interactions with others such as rudeness of a provider or employee staff, or not respecting your rights whether or not remedial action is requested. They also involve your right to dispute an extension proposed by CareSource to make an authorization.

Guardian – A person appointed by a court to be legally responsible for another person.

Health Care Services – Care linked to your health, such as preventive, diagnostic, or treatment.

Hospitalization – Care in a hospital where you are admitted as an inpatient. Often needs an overnight stay.

Managed Care Organization (MCO) – A plan that manages your health coverage. CareSource is your MCO.

Medically Necessary Services – Services or supplies are medically necessary if they are:

- Based on generally accepted medical practices for your condition at the time of treatment
- Needed to fix or help your health problem or sickness
- Appropriate and needed for your diagnosis
- Given in a safe, appropriate, and cost-effective setting
- Not done just for the ease of you or your provider
- Given when there is no other useful and less costly treatment, service, or setting available

Member – A person eligible for Georgia Medicaid, PeachCare for Kids®, or Planning for Healthy Babies® with CareSource.

Network Provider or In-Network Provider – A doctor, hospital, drugstore, or other licensed health care provider that has signed a contract agreeing to give services to CareSource members. They are listed in our Provider Directory and on our website.



Out-of-Network Provider – A doctor, hospital, drugstore, or other licensed health care provider that has not signed a contract agreeing to give services to CareSource members. CareSource will not pay for services from these providers unless it is an emergency, we have given prior authorization, or you are getting family planning services.

Over-the-Counter Drug – A drug you can often buy without a prescription.

Pharmacy – Drugstore.

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

Primary Care Provider (PCP) – A provider in the CareSource network that you choose to be your personal doctor. Your PCP works with you to coordinate your health care, such as giving you checkups and shots, treating you for most of your health care needs, sending you to specialists if needed, or admitting you to the hospital.

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

Prescription – A health provider's order for a drugstore to fill and give a drug to their patient.

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

Prior Authorization – Pre-approved coverage from CareSource before health care is given. Providers send prior authorization requests to CareSource for needed services.

Provider Directory – A book that lists health care providers you can go to as a CareSource member.

Referral – A request from a provider for you to get certain services, like physical therapy, or to see a specialist for care.

Schedule – To set up a time for a future visit.

Screening – A test done as a preventative measure to spot possible health issues or diseases.

Service Areas – Where CareSource gives managed care for Georgia Families® and Planning for Healthy Babies® members.

Specialist – A doctor who focuses on a certain kind of health care such as a surgeon or a heart doctor.

Substance Abuse – Harmful use of substances, like alcohol and street drugs.

Telehealth – A way to get care from a provider using a phone or computer. Telehealth lets a doctor see and talk to you through technology instead of face-to-face. The doctor can then make decisions about the care you need from far away.

Urgent Care – Needed care for an injury or sickness that should be treated within 24 hours, mostly not life-threatening.

Utilization Management – The review of care given to make sure it is needed.

Waste – Overusing benefits when they are not needed.



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

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رُجى الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ከፍተኛ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እየከምን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎት ቁጥር ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ရွေးချယ်၍ ပြောပြ သင်္ကေတ အသံဖြင့် ကြိုကြက်ပေါ်ရှိ အသံဖြင့် ကြို ဝက်ခဲ ငြိမ်သက်စွာပြန်ကပ်သို့ ဖော်ပြပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder-Service Nummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે [થી] કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્વની મેળિનિનો અવિકર છે. તે ખર્ચ વિન તમ રી ભ પ મ i પ્ર પ્ત કરી શક ર છે. દ ભ વપરો નિ કરિ મ ટે, કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます（無償）。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstublieft met het Ledenservice nummer op uw lid ID -kaart.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, Зателефонуйте за номером обслуговування учасників, який вказано на вашому посвідченні учасника

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên. Vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.

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If you need help reading this handbook, please call 1-855-202-0729
(TTY: 1-800-255-0056 or 711).

Si necesita ayuda para leer este manual, Llame al 1-855-202-0729
(TTY: 1-800-255-0056 or 711).

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

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