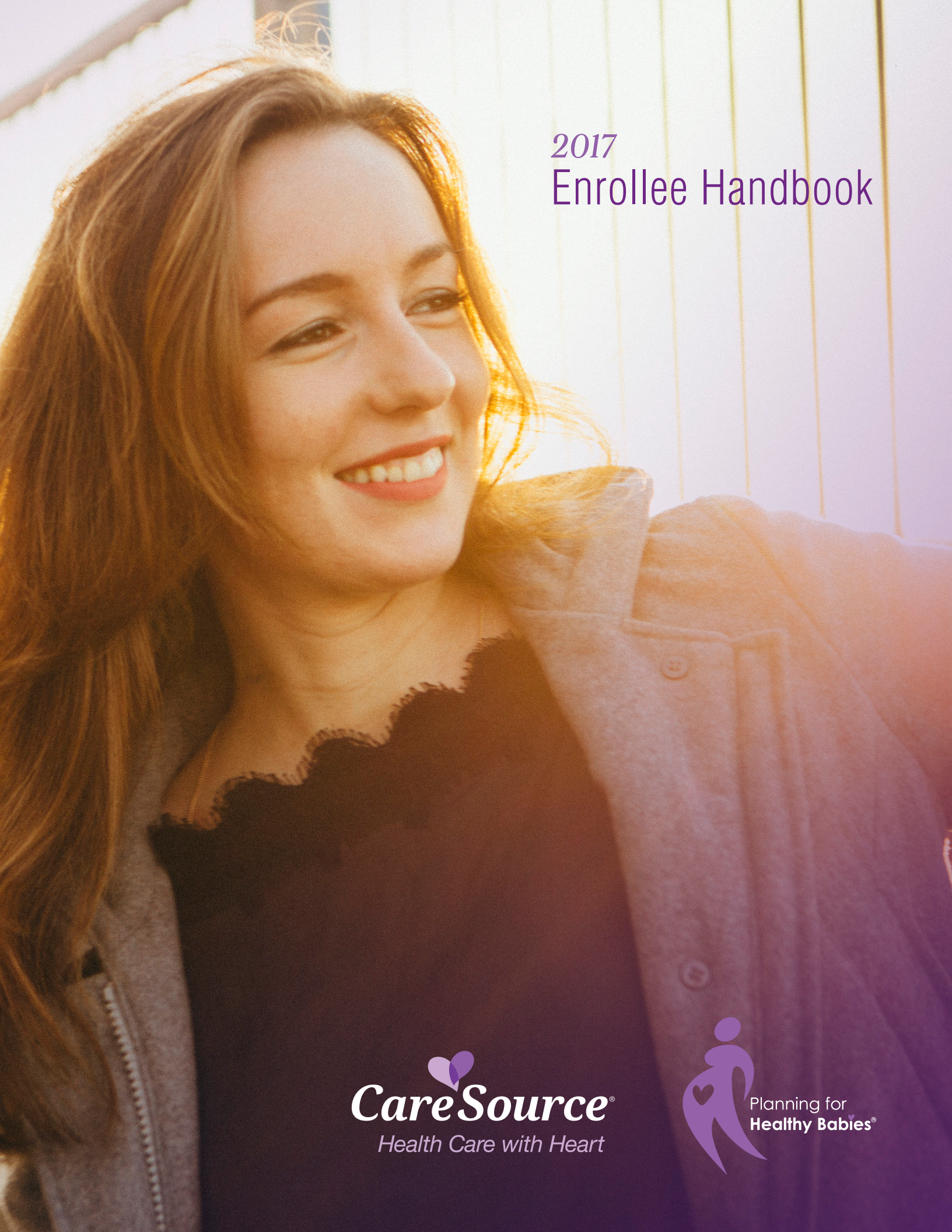

2017
Enrollee Handbook

CareSource®
Health Care with Heart

Planning for
Healthy Babies®

WELCOME TO CARESOURCE

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

The P4HB program offers three levels of services:

- **Family Planning ONLY**: Women ages eighteen (18) through forty-four (44) who do not have insurance, have a family income at or below two hundred eleven percent (211%) of the Federal poverty level, and are able to have a baby. These women are eligible for Family Planning Only Services
- **Inter-Pregnancy Care**: Women ages eighteen (18) through forty-four (44) who do not have insurance, have a family income at or below two hundred eleven percent (211%) of the Federal poverty level, 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 eighteen (18) through forty-four (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

At CareSource, our mission is to make a lasting change in our enrollees' lives by improving their health and well-being. We know life is busy and we are here to make things a little easier as you start your health journey with us. We believe you deserve more than high quality health care; you deserve health care with heart.

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

After you've followed the Quick Steps, 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 Steps to start your care
2. How to use **CareSource.com** or call Member Services for help
3. What is covered in your plan
4. How to find a health care partner
5. Plans to keep you well
6. Steps you can use to make sure you have a healthy baby when you are ready
7. Your enrollee 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/GeorgiaMedicaid** or call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

CareSource®

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GETTING STARTED WITH CARESOURCE

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

Step 1 ID Card

- Have you gotten your CareSource P4HB ID card in the mail? You should get it within seven days of CareSource getting your enrollment information. 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 Your Doctor

- **Family Planning Only Enrollees:** Choose a Family Planning Provider if one is not listed on your CareSource P4HB ID card. If you need to choose a family planning provider or change your provider, go to **CareSource.com/FindaDoc**. Or you can call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711) or login to **MyCareSource.com**.
  The P4HB program does not cover primary care services for family planning only P4HB enrollees. If you need primary care services, 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.
- **IPC Only Enrollees:** You may select a family planning provider and a primary care provider. You may also choose to receive family planning services from your primary care provider. If you want to change your PCP, visit us online at **CareSource.com** and click on **Find a Doctor/Provider** on the right side of the page. Or call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711). IPC enrollees 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 Only Enrollees**: Primary care services are not available to you under the P4HB program. They are available under your Medicaid or PeachCare for Kids benefit. Information about getting these services may be found in the “Georgia Association for Primary Health Care” section on page 18.

Step 3 Your Prescriptions

- **Family Planning Only enrollees** have contraceptive (birth control), folic acid and/or multi-vitamins with folic acid, and select vaccine coverage only.
- **IPC enrollees** 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** and click ‘Find My Prescriptions’ on the right side of the page. Or call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).
- **Resource Mother enrollees** do not have contraceptive or prescription drug coverage under the P4HB program but do have coverage under their Medicaid/ PeachCare for Kids benefit.

HOW CAN WE HELP?

Contact Us

Member Services Department

Phone: **1-855-202-0729** (TTY: 1-800-255-0056 or 711)
Hours: **Monday through Friday, 7 a.m. to 7 p.m. EST**

The Member Services phone number is at the bottom of each page of this handbook.

Street Address: **600 Galleria Parkway, Suite 400, Atlanta, GA 30339**

Online: **CareSource.com**

CareSource24® Nurse Advice Line

Phone: **1-844-206-5944** (TTY: 1-800-255-0056 or 711)

CareSource Member Services

Member Services is open Monday through Friday from 7 a.m. to 7 p.m. EST, except on the holidays listed below.

To reach us, call **1-855-202-0729** (TTY: 1-800-255-0056 or 711). We are located at 600 Galleria Parkway, Suite 400, Atlanta, GA 30339 and online at **CareSource.com**.

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 enrollee 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 P4HB enrollee ID number handy when you call.

CareSource is closed on:
New Year's Day, Memorial Day, Independence Day (4th of July), Labor Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day.

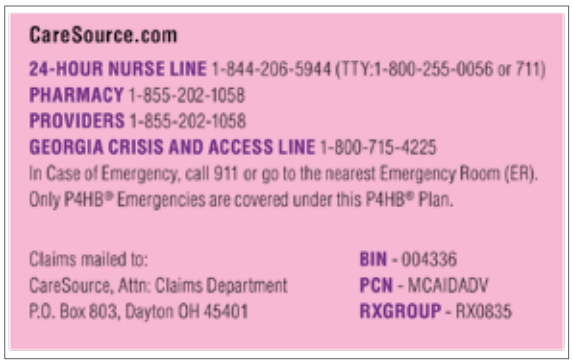
A holiday that falls on a Saturday is observed on the Friday before. A holiday that falls on a Sunday is observed the Monday after.

For help on how to care for an illness or injury call CareSource24, at **1-844-206-5944** (TTY: 1-800-255-0056 or 711) to talk with a Registered Nurse 24/7/365.

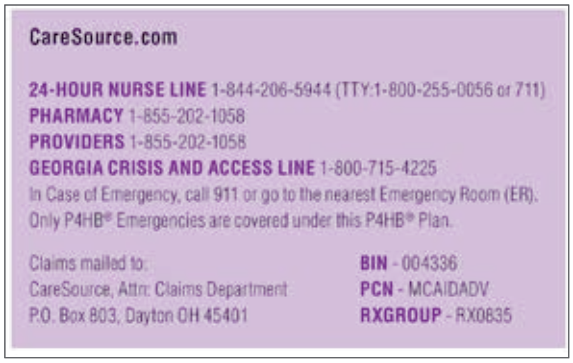
Your CareSource ID card

Here is an example of what a CareSource P4HB enrollee ID card looks like:

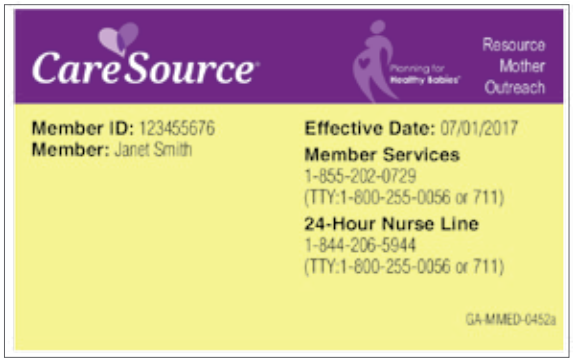
Family Planning ID Card:

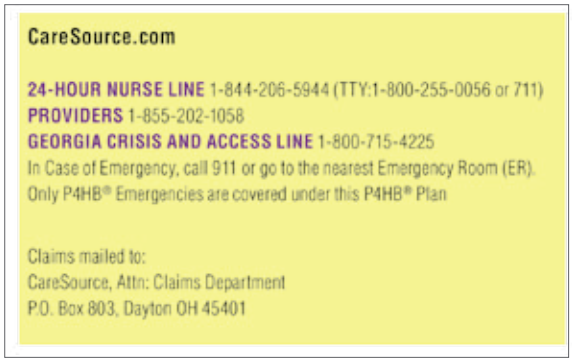


Inter-Pregnancy Care ID Card:



Resource Mother Outreach ID Card:





Your enrollee ID card was mailed to you in a separate packet.

Never let anyone else use your CareSource ID card.

Each card is good during the time you are a CareSource P4HB enrollee. Cards do not expire. You will get a new card if you ask for one or if information on the ID card changes.

Please call Member Services if any of the information on the card(s) is wrong (if you are changing personal information, such as your phone number or address, or if you have not gotten your card within 5 days after getting this handbook).

If you need a new or updated ID card, you can ask for one through your **MyCareSource.com** account or by calling Member Services.

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 annual exams
- Follow-up family planning visits
- Contraceptive (birth control) services and supplies
- Counseling and referrals to social service and Primary Health Care Providers
- Family planning lab tests:
  - Pregnancy tests
  - Pap smears and pelvic exam
  - Follow up for abnormal pap smears
- Screening (tests), treatment and follow up for sexually transmitted infections (STIs)
  - 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 you 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. This happens through giving you confidential (private) preventive services, including:

- Contraceptive services
- Pelvic exams
- Pregnancy testing
- Screening (tests) 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 in the CareSource provider directory at **CareSource.com**. Click on Find a Doctor. 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 a qualified Out-of-Network Family Planning Provider for your care. CareSource will cover In-Network and qualified Out-of-Network Family Planning provider services.

INTER-PREGNANCY CARE (IPC)

Inter-Pregnancy Benefits

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

- Primary Care services, up to 5 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 case manager will help you with your personal and social problems. They will also help you get services like WIC. Please see the Resource Mother section below for more details.

Your Primary Care Physician (PCP)

Inter-Pregnancy Care enrollees get up to 5 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. He or she plays 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, PCPs are general/family practitioners, internists, gynecologists, physician assistants or nurse practitioners certified in family practice. However, other physicians can 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 provide to help you control your chronic condition.

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 enrollees can choose a PCP by:

- Going to **MyCareSource.com** to select a PCP
- Searching our online provider search tool at **CareSource.com/GA**
  - 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 (see number below)

Or 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 in close proximity 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. Non-emergency transportation (rides) for IPC enrollees is a covered service. We can help set up a ride for you. Just call Member Services. See the Transportation Services section in this handbook.

How to Change PCPs

We hope you are happy with your PCP. Please note, you may change your PCP by signing in to your member portal at **MyCareSource.com** account or by calling Member Services at the bottom of this page. Member Services can also help you set up your first visit. You need to stay with the same PCP for at least six months. Exceptions include:

- You may change PCP within the first 90 calendar days after PCP selection
- Your PCP has moved outside of the program coverage area
- Your PCP does not provide covered services based on his or her moral or religious beliefs
- You request to be assigned to the same PCP as an immediate family member

Telemedicine

CareSource also works with the Georgia Partnership for Telehealth (GPT). They partner local providers with specialists in other areas to conduct medical exams remotely. It gives members that live in rural areas more access to specialty care.

Members like telemedicine because:

- They can see specialty providers without leaving their local area.
- They spend less time and money traveling to get specialty care.
- Working members miss less time from work.

How GPT works

The local provider and member can see a remote provider in real time using medical cameras and video conferencing tools.

- The PCP refers the member to a specialist.
- An appointment is set up through the GPT scheduling center with a specialist.
- The member meets with the doctor by video.
- The consulting doctor offers advice for patient care to a referring doctor.

RESOURCE MOTHER

Resource Mother Benefits

Resource Mother enrollees get case management services such as:

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

Your case manager will help set you up with health care services and will review your care plan as needed.

Medical related services would be 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 (throw aways) like diapers, cotton or bandages
- Cosmetic surgery
- Experimental (trial) and investigational items
- Hysterectomy (removal of the uterus)

For more information about services not covered by CareSource, please call Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711).

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 get needed primary care. 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 assistance.

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

CareSource24 Nurse Advice Line

You can call any time to talk with a caring, skilled registered nurse. **This is a free call.** You can call 24 hours a day, 7 days a week, 365 days a year.

Our nurses can help you:

- Decide if you need to go to the doctor or the Emergency Room
- Learn about a health condition
- Make a list of questions for doctor visits
- Find out more about prescriptions or over-the-counter medicines
- Find out about health tests or surgery
- Learn about eating habits and wellness

To reach CareSource24, call 1-844-206-5944 (TTY 1-800-255-0056 or 711).

Family Planning or IPC-related Urgent Care Services

There are some injuries and illnesses that are not emergencies. Some can turn into them if they are not treated quickly and should be treated within 24 hours. Some examples of urgent care are:

- Severe (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 enrollees) about family-planning related urgent care services. Your provider will tell you what to do. Your provider may tell you to go to his or her 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 our 24-hour nurse advice (help) line, CareSource24, 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.

Family Planning or IPC-related Emergency Care

A medical emergency is when not seeing a doctor to get care right away could result in death or very serious harm to your body. The problem is so bad that it:

- May be life-threatening or cause serious damage to your body
- May cause serious harm to how your body works or to an organ or body part

Here are some examples of problems that may be seen as emergencies resulting from a P4HB program service:

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

Please remember that the P4HB program only covers family planning related emergencies. You do not have to pay for family planning related emergency care or follow-up screenings (tests) and treatments needed to what is wrong or to make sure your condition is stable. P4HB enrollees can go to any hospital for family planning-related emergency services. These services do not require prior authorization.

Post-Stabilization Services

You get care until your condition is stable (safe). This 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 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 provide is not able to see you right away. If you think you need to go to an urgent care center, you can:

1. Call your provider for advice (help).
2. Call CareSource24, our nurse advice line, at **1-844-206-5944** (TTY: 1-800-255-0056 or 711).
3. Go to an in-network urgent care center listed in your Provider Directory or on our website at **CareSource.com**. After you go, always call your provider to set up follow-up care. Sometimes you get sick while you are traveling. If you think you need to go to an urgent care center while you are away from home and are out of the counties that CareSource covers, call your provider or CareSource24, our nurse advice line. The number is **1-844-206-5944** (TTY: 1-800-255-0056 or 711). They can help you decide what to do. If you go to an urgent care center, call your provider as soon as you can to let him or her know of your visit.

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 center 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 center, call your provider to tell them about your visit and to make sure any follow up visits are made.

Utilization Management

Most P4HB services do not require prior authorization (pre-approval). If a P4HB IPC Enrollee needs substance abuse treatment or a P4HB Family Planning Only or IPC Enrollee needs to be admitted to the hospital for a family planning-related non-emergency service, pre-approval is required. This prior authorization is handled by our Utilization Management team. The UM team will review the health care services you get, based on preset 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 be speak to someone on the Utilization Management team. When calling, please keep these things in mind:

- Utilization Management is open for calls Monday–Friday from 8 a.m. to 5 p.m. EST.
- You may leave a message about Utilization Management issues after normal business hours. They will return your call the next business day.
- You may also use the website to contact the Utilization Management Department during and after normal business hours. Go to the "Tell Us" form at https://secureforms.caresource.com/MemberInquiry.
- If you are contacted by a Utilization Management Staff member, they will give you their name, title and organization name (CareSource) when they call you about Utilization Management issues.

You can call us anytime about prior authorization requests. We also give help to enrollees 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 for approval will be decided within three (3) business days after we get the request for review. CareSource will tell you and your doctor the services that have been approved. You, your doctor or CareSource can ask to extend the time frame to review a standard authorization for up to 14 calendar days if additional information is needed and is in your best interest.

Your doctor or CareSource can ask for an expedited (fast) authorization request, if the standard approval time could cause you harm. CareSource will decide on these fast service requests within 24 hours from when we get the request. We will let you and your provider know the services that have been approved. CareSource can ask to extend the time frame to review an expedited authorization for up to 5 business days if additional information is needed and is in your best interest.

Transportation

CareSource Family Planning enrollees have transportation (ride) benefits. Family Planning enrollees can get up to 6 round trip visits per year for covered services. To set up a trip, call at least 3 business days before your visit. Call LogistiCare toll free at 1-855-483-6533 to set up a ride.

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.

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 if possible. You do have the right to change to another care management organization (CMO) 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 CMO 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 Demonstration.
- You become eligible for any other Medicaid or commercial insurance program.
- You no longer meet the Demonstration's eligibility requirements.
- You are or become incarcerated (jailed).
- You move out of State.
- You have reached the end of the twenty-four (24) months of eligibility for the IPC component of the program.

You can call Member Services to ask for a form to disenroll. You can also get updates on the status of your request to disenroll.

In rare cases, CareSource may ask that you be disenrolled from our plan, such as:

- 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

Before asking that you be disenrolled, CareSource will try and resolve any issue with you. We will also send you 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 enrollees, 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).

ADVANCE DIRECTIVES

What is an Advance Directive?

An Advance Directive is your written orders about your future medical care and treatment, including mental health care. By writing an advance directive, you help your family and provider know your wishes about your medical care.

Advance directives are normally one or more documents that list your health care instructions. An advance directive may name a person you choose to make health care choices for you when you cannot make them. If you want, you may use an advance directive to keep certain people from making health care decisions on your behalf.

Advance Directives Under Georgia Law

To make it easier, the state of Georgia has joined the ideas of 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

More people are making their medical care and mental health care wishes known in writing while they are healthy and able to choose. Your health care provider must explain your right to be able to state your wishes about medical care. The provider also must ask if your wishes are in writing and add your advance directive to your medical record.

You have a right to accept or refuse medical or surgical treatment and the right to write an advance directive. You do not have to make an advance directive, but are encouraged to do so.

When making your advance directive, you will need to answer some tough questions. You need to make sure your wishes are written ahead of time in case you are too sick to make choices. Think about these things when writing your advance directives:

- It's your choice to write down your wishes
- The law states that you can make decisions about health care, such as accepting (saying yes) or refusing (saying no) treatment
- Writing down your wishes does not mean you want to die
- You must be of sound mind when filling out your advance directive
- You must be at least 18 years of age (or an emancipated minor)

You will need two people to see you sign your advance directive form. Also know:

- Making your wishes known will not affect anything that is based on your life or death (like other insurance)
- Keep the advance directive form in a safe place. Give a copy to a family member, health care agent, and your PCP
- You may change your advance directive at any time

An Advance Directive for Health Care must be in writing.

Three Parts of the Advance Directive for Health Care

Part 1: Lets you choose someone to make health care decisions for you when you cannot or do not want to. This person would be your health care agent. However, even if you pick a health care agent, they do not have to use the powers you give them for your health care. Carefully consider who you pick to be your health care agent.

Part 2: Lets you make your wishes known about getting or stopping life support, food or liquids. Part 2 will only go into effect if you cannot tell others the care you want.

Part 3: Lets you choose a guardian if a court says that you need one.

You do not need to fill out all three parts of an Advance Directive for Health Care. You only have to fill out the parts you wish to fill out. You may make changes to an Advance Directive for Health Care at any time.

What to Do If Your Advance Directive for Health Care is Not Followed

If your advance directive is not being followed, a complaint can be made. A complaint is when you let someone know that you are unhappy about a situation. You can make a complaint by calling or writing to:

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

Additional Resources for an Advance Directive for Health Care

If you have more questions about advance directives you can find answers by doing the following:

- Talking with your provider.
- Going online at http://aging.dhs.georgia.gov/
- Contacting the Georgia Department of Human Services, Division of Aging Services by calling 1-404-657-5319. They are located at: 2 Peachtree Street NW, Suite 9395, Atlanta, GA 30303-3142.
- Calling CareSource Member Services using the number at the bottom of each page of this handbook.
- Speaking with a local attorney or legal aid service.

GRIEVANCES AND APPEALS

We hope you will be happy with CareSource and the services provided. If you are unhappy with anything about CareSource or its providers, let us know as soon as possible. Even if you do not agree with a decision we have made. Please contact us.

You have three options to voice an issue with CareSource:

- Grievance process;
- Appeal process; and
- State fair hearing

Help Available

CareSource will help you fill out forms and take other needed steps for both Grievances and Appeals, such as giving you toll-free numbers with TTY and interpreter services.

Please call Member Services toll-free at **1-855-202-0729** (TTY: 1-800-255-0056 or 711) if you need help filing a Grievance or an Appeal.

Member Grievance Process

You may file a Grievance at any time.

A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination (see definition below). Grievances may include but are not limited to:

- The quality of care or services provided,
- Rudeness of a provider or provider's employee,
- or not respecting your rights.

Grievances also includes your right to dispute an extension of time proposed by CareSource to make an authorization decision.

You or your Authorized Representative can file a Grievance with CareSource by calling Member Services at **1-855-202-0729** or sending a letter to this address:

CareSource
Attn: Member Grievance
PO Box 1947
Dayton, OH 45401

A provider may not file a Grievance for you, unless he or she is acting as your Authorized Representative and/or has your written permission.

How and When to File a Grievances

You may file a Grievance at any time.

A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include but are not limited to, the quality of care or services provided, and actions such as rudeness of a provider or employee, or not respecting your rights regardless of whether remedial action is requested. Grievances also include your right to dispute an extension of time proposed by CareSource to make an authorization decision.

You or your Authorized Representative can file a Grievance with CareSource by calling Member Services at **1-855-202-0729** or sending a letter to this address:

CareSource
Attn: Member Grievance
PO Box 1947
Dayton, OH 45401

A provider may not file a Grievance for you, unless he or she is acting as your Authorized Representative and/or has your written permission.

We'll send you a letter within 10 business days after getting your Grievance to confirm we got it.

CareSource will investigate your grievance. CareSource makes sure people who decide on Grievances for medical issues are health care professionals, supervised by CareSource's medical director, and were not involved in any prior level of review or decision making.

If your Grievance is about not being able to get medical care, CareSource will respond within two business days from when we get it. For all other types of Grievances, CareSource will respond as soon as possible, but no later than 90 calendar days from when we get it.

CareSource will tell you the resolution of the grievance in your primary language.

Member Appeals Process

You may ask for an Appeal of an Adverse Benefit Determination (denial). CareSource will tell you in writing when an Adverse Benefit Determination is taken against you. An Adverse Benefit Determination can include:

- Denying or limiting services based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- Reducing, delaying or stopping a previously authorized service;
- Denying part or all of the payment for a service;
- Not providing services in a timely manner;
- CareSource not acting in the right time frames; or
- 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 sixty (60) calendar days from the date on the Adverse Benefit Determination notice.

You or your Authorized Representative can file an Appeal with CareSource by calling **1-855-202-0729** or mailing a letter to:

CareSource
Attn: Member Appeals
PO Box 1947
Dayton, OH 45401

You or someone acting for you with your written consent may file an appeal orally or in writing. Unless asking for an expedited (fast) appeal, all oral filings of appeal must be followed up in writing. We'll send you a letter within 10 business days after getting your request for an appeal to confirm we got it.

CareSource will make sure that the people making appeals decisions were not involved in any prior review of the decision. These people will be health care professionals, supervised by CareSource's medical director, who have the right clinical expertise in treating your condition or disease if deciding any of the following:

1. An appeal of a denial that is based on lack of medical necessity; or
2. An appeal that involves clinical issues.

You or someone acting for you with your written consent will be able to share proof in person or in writing. You can also review your case file, health records, and any other appeal process papers. CareSource will tell you when we need to get this information for an expedited review.

Appeal Decision

CareSource will tell you and your provider/facility of the Appeal decision if you are in an inpatient setting. CareSource will send written notice to you, your Authorized Representative, and provider acting on your behalf with your written consent.

CareSource will respond to an Appeal in writing as fast as your health condition requires, but no later than thirty (30) calendar days of when we got it for a standard Appeal or within seventy-two (72) hours for an expedited Appeal.

Appeals will be expedited when your provider indicates, or CareSource determines, that following the standard timeframe could seriously harm your life, health or ability to attain, maintain, or regain maximum function. If an Appeal does not meet the expedited review criteria, CareSource will quickly tell you. We will send you a letter within two (2) calendar days saying the matter does not meet expedited criteria and will be handled under the standard Appeal process.

If you do not agree with our appeal decision, then you may ask for a State Fair Hearing.

Before you can ask for a hearing, you must complete our internal appeal process. However, if CareSource does not follow the notice and timing rules stated in this handbook, then you may ask for a State Fair Hearing before completing our internal process.

Extending the Appeal Timeframe

You, your Authorized Representative, or provider on acting on your behalf with your written consent can ask that CareSource extend the time frame to resolve a standard or expedited Appeal up to 14 calendar 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 (DCH) satisfaction that there is a need for moreinformation and how the delay is in your best interest. CareSource will immediately give you written notice of the reason for the extension and the date that a decision must be made.

Georgia Families® State Fair Hearing

If you are a Georgia Families® member, then you should ask for a State Fair Hearing.

You or your Authorized Representative must ask for a State Fair Hearing within 120 calendar days of the date on our appeal decision. A provider may not ask for a State Fair Hearing for you, unless he or she is acting as your Authorized Representative and/or has your written consent.

Please send your request to:

CareSource – State Fair Hearing – Georgia
PO Box 1947
Dayton, OH 45401

What To Expect At A State Fair Hearing

The Office of State Administrative Hearings will tell you the time, place and date of your hearing.

The people who will go to the hearing include you and others acting for you with your written consent, CareSource agents and a fair Administrative Law Judge. 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 important information. CareSource will make records and witnesses available to you that are important to your 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 State Fair Hearing

For Georgia Families® Medicaid members, CareSource will continue your benefits if:

- You or your Authorized Representative files an appeal timely;
- The appeal involves ending, delaying or reducing a previously authorized course of treatment;
- The services were ordered by an authorized provider;
- The time covered by the original authorization has not ended; and
- You ask for an extension of the benefits.
- "Timely" means filing on or before the later of the following:
  - Within 10 calendar days of CareSource mailing the notice of our appeal decision; or
  - The intended effective date of the CareSource's Adverse Benefit Determination.

If, at your request, CareSource continues your benefits while the appeal or State Fair Hearing is pending, the benefits will be continued until:

- You withdraw the appeal or request for the State Fair Hearing;
- You don't ask for a State Fair Hearing and continuation of benefits within 10 calendar days after CareSource sends its appeal decision;
- An Administrative Law Judge makes a decision that is not in your favor; or
- The time period or service limits of a pre-approved service has been met.

If the final decision of an appeal or State Fair Hearing is not in your favor, then 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 fast, and as quickly as your health requires.

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.

Grievance and Appeals Form

Member Name _____ **Member Address** _____ _____	**Member ID#** _____ **Member Telephone** _____

If the grievance/appeal concers a provider(s), please supply the following information, if known.

Name of Provider(s) _____

Address _____

Telephone _____

Please write a description of the grievance/appeal with as much detail as possible. Attach extra pages if needed.

_____ _____

(Member Signature) **(Date Filed)**

OFFICE USE ONLY **Date Received:** _____ **Received By:** _____ **Greivance Level: 1 2** **Hearing Date:** _____	**Action taken to resolve grievance/appeal:** _____ **(Signature Plan Rep)** _____ **(Resolution Date)**

YOUR ENROLLEE RIGHTS

As an enrollee of CareSource, you have the following rights:

Your Rights

As a CareSource enrollee, you 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 the member has said should be reached in an emergency when it is not in the best interest of your health to give it to you.

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 take part in 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 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 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 enrollees in CareSource's service area;
- In other ways, 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 be told of any experimental care and to be able to refuse to be part of the care.

To make advance directives.

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.

To see woman's health provider in CareSource's network for covered women's health services.

To be able to get a second opinion from a qualified provider on CareSource's panel. If a qualified provider is not available to see you, CareSource must set up a visit with a provider not on its panel.

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 recommendations (give your ideas) about CareSource's enrollee 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 in excess of the amount you would owe if the CareSource provided the services directly.

Enrollee Responsibilities

Use only approved providers/doctors.

Keep scheduled doctor appointments; be on time, and to call 24 hours ahead of a cancellation.

Follow the advice and instructions for care you have agreed upon with your doctors and other health care providers.

Always carry your ID card and present it when getting services.

Never let anyone else use your ID card.

Let your county caseworker and CareSource know of a change in phone number or address.

Contact your PCP after going to an urgent care center or retail clinic, or after getting physical or behavioral health care outside of CareSource's covered counties or service area.

Let CareSource and the county caseworker know if you have other health insurance coverage.

Give the information that CareSource and your health care providers need, to the extent possible, in order to give care.

Understand as much as you can about your health issues, follow plans and instructions, and take part in reaching goals that you and your health care provider agree upon.

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 tells how health information about you may be used and given out. It also tells how you can get this information. Please review it carefully. 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 certain rights:

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records. You can also get other health information we have about you. Ask us how to do this.
- We will give you a copy or a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

Ask us to fix health and claims records

- You can ask us to fix your health and claims records if you think they are wrong or not complete. Ask us how to do this.
- We may say "no" to your request. If we do, we will tell you why in writing within 60 days.

Ask for private communications

- You can ask us to contact you in a specific way, such as home or office phone. You can ask us to send mail to a different address.
- We will think about all fair requests. We must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for care, payment, or our operations.
- We do not have to agree to your request. We may say "no" if it would affect your care or for certain other reasons.

Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information. This is limited to six years before the date you ask. You may ask who we shared it with, and why.
- We will include all the disclosures except for those about:
  - care,
  - amount paid,
  - health care operations, and
  - certain other disclosures (such as any you asked us to make).

We will give you one list each year for free. If you ask for another within 12 months, we will charge a fair, cost-based fee.

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time. You can ask even if you have agreed to get the notice electronically (email). We will give you a paper copy quickly.

Give CareSource consent (approval) to speak to someone on your behalf.

- You can give CareSource consent to talk about your health information with someone else on your behalf.

If you have a legal guardian, that person can use your rights and make choices about your health information. CareSource will give out health information to your legal guardian. We will make sure a legal guardian has this right and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights 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 may not make you give up your right to file a complaint as a condition of:
  - care,
  - payment,
  - enrollment in a health plan or
  - eligibility for benefits.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear choice for how we share your information in the situations described below, talk to us. Tell us what you want us to do. We will follow your instructions.

In these cases, you have both the right and choice to tell us to:

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

If you are not able to tell us your choice, such as if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and close threat to health or safety.

In these cases we often cannot share your information unless you give us written consent:

- Marketing uses
- Sale of your information
- Sharing behavioral health notes

Other Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in these ways:

Help you get health care

- 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 as we pay for your health care. **Example:** We share information about you with your dental plan to arrange payment for your dental work.

Operate the program

- We may use or share your health information to run our business. **Example**: We may use your information to review and improve the quality of health care you and others get. We may give your health information to outside groups so they can assist us with our business. Such outside groups include lawyers, accountants, consultants and others. We require them to keep your health information private, too.

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

To help with public health and safety issues

- We can share health information about you for certain reasons such as:
  - How to prevent disease
  - Help with product recalls
  - Reporting harmful reactions to drugs
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

To do research

- We can use or share your information for health research. We can do this as long as certain privacy rules are met.

To obey the law

- We will share information about you if state or federal laws require it. This includes the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.

To respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when a person dies.

To address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities allowed by law
  - For special government functions such as military, national security, and presidential protective services

To respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a court order.

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

Special Rules for CareSource Enrollees 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;
- 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 our enrollees' health information in many ways. This includes information that is written, spoken or available online using a computer.
  - CareSource employees are trained on how to protect member information.
  - Enrollee information is spoken in a way so that it is not inappropriately overheard.
  - CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
  - CareSource limits who can access enrollee health information. We make sure that only those employees with a business reason to access information use and share that 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 their mind at any time and tell us in writing.

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

Effective date and changes to the terms of this notice

The original notice was effective April 14, 2003, and this version was effective September 29, 2016. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice and the new one would apply to all health information we keep. If this happens, the new notice will be available upon request and will be posted on our web site. You can also ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Officer.

The CareSource Privacy Officer can be reached by:

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

Email: **HIPAAPrivacyOfficer@caresource.com**

Phone: 1-855-202-0729, ext. 12023 (TTY: 1-800-255-0056 or 711)

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

Georgia Health Information Network

The Georgia Health Information Network (GaHIN) lets providers view health information that CareSource has about enrollees. Enrollees may choose to “opt-out” of having their health records shared through the GaHIN network. If an enrollee opts-out, no provider can share the enrollee’s health records through the GaHIN network. Enrollees can easily opt back into the system later.

NON-DISCRIMINATION NOTICE

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.

REPORTING FRAUD, WASTE AND ABUSE

Medicaid benefits and resources can be misused, resulting in fraud, waste or abuse.

- Fraud means the purposeful misuse 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 practices. They also can be payment for services that are not medically necessary.

Watching fraud, waste and abuse is very important. It is managed by CareSource's Special Investigations department. Help us by reporting questionable situations.

Fraud can be committed by providers, pharmacies or enrollees. We monitor and take action on any provider, pharmacy or member fraud, waste and abuse.

Examples of provider fraud, waste and abuse include doctors or other health care providers who:

- Prescribe drugs, equipment or services that are not medically necessary
- Do not give patients medically necessary services due to lower pay rates
- Bill for tests or services not provided
- Use wrong medical coding on purpose to get more money
- Plan more visits than are medically necessary
- Bill for more costly services than provided
- Keep members from getting covered services they need

Examples of pharmacy fraud, waste and abuse include:

- Not providing medicines as written
- Sending claims for a brand-name drug that costs more when they really give a generic drug that costs less
- Giving less than the prescribed quantity (amount) and then not letting the member know to get the rest of the drug

Examples of member fraud, waste and abuse include:

- Improperly using services such as selling prescribed drugs or trying to get controlled substances from more than one provider or pharmacy
- Changing or forging prescriptions
- Using pain medicine you do not need
- Sharing your ID card with another person
- Not telling us that you have other health insurance
- Getting equipment and supplies you don't need

- Getting services or medicines under another person's ID (identity theft)
- Giving wrong symptoms and other info to providers to get treatment, drugs, etc.
- Too many ER visits for problems that are not emergencies
- Lying about eligibility for Medicaid

Enrollees who are proven to have abused or misused their covered benefits may:

- Have to pay back any money that we paid for services which were found to be a misuse of benefits
- Be charged with a crime and go to jail
- Lose your Medicaid benefits

If You Suspect Fraud, Waste Or Abuse

If you think someone is committing fraud, waste or abuse, you must tell us. Report it to us in one of these ways:

- Call 1-855-202-0729 (TTY: 1-800-255-0056 or 711). Select the menu option for reporting fraud.
- Fill out the Fraud, Waste and Abuse Reporting Form. You can write a letter and mail it to us. Or you can go to our website and fill out the form. Our website is **CareSource.com**.
- Mail to: **CareSource**
  Attn: Special Investigations Unit
  P.O. Box 1940
  Dayton, OH 45401-1940

You do not have to give us your name when you write or call. If you are okay about giving your name, you may also contact us by :

- Sending an email* to **fraud@caresource.com**
- Faxing us at **1-800-418-0248**

When you report fraud, waste or abuse, please give us as many details as you can. Include names and phone numbers.

You do not have to give us your name. If you don't, we will not be able to call you back for more information. Your report will be kept private as allowed by law.

**Most email systems are not protected from third parties. This means people may get your email without you knowing or saying it is okay. Please do not use email to tell us info that you think is confidential, like your member ID number, social security number or health info. 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(s): _____

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: Special Investigations Unit
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 1-855-202-0729, and choose the right menu option.**

WORD MEANINGS

Abuse – Actions that cause unnecessary 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 medical practices. They also can be payment for services that are not medically necessary.

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

Advance Directives – A written statement of a person's wishes for medical care. They are used to ensure those wishes are followed if the person can't tell them to a doctor.

Adverse Benefit Determination – Means any of the following:

1. Denying or limiting a service based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
2. Reducing, delaying or stopping a previously authorized service;
3. Denying part of all payment for a service;
4. Not giving services in a timely manner, or
5. 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 the enrollee allows in writing to make her health-related decisions.

Behavioral Health Services – Care for the mental, emotional or chemical dependency disorders.

Benefits – Health care services that are covered by CareSource.

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

Calendar Days – Every day on a calendar, including weekends and holidays.

Care Management Organization – A Plan that manages enrollees' health coverage. CareSource is your Care Management Organization.

Chronic Condition – Any physical or behavioral disorder expected to last at least 12 months.

Claim – Bill for services.

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

Diagnostic – Any medical procedure or supply to identify the nature of an injury or illness.

Disenrollment — The removal of an enrollee from CareSource benefits.

Enrollee – A person eligible for P4HB who has joined CareSource to pay for her benefits.

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

Expedited Appeal – Review done fast to meet an enrollee's health need.

Family Planning Provider – Someone allowed to give family planning services to members.

Fraud – Purposeful misuse of benefits.

Grievance – An expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect enrollee rights regardless of whether remedial action is requested. Grievances also include an enrollee's right to dispute an extension of time proposed by CareSource to make an authorization.

Health Care Services – Care given to an enrollee by a provider.

Medically Necessary – Services or supplies needed to diagnose or treat medical condition and meet accepted standards of medical practice.

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

Pharmacy – Drug store.

Primary Care Provider (PCP) – A provider of your choice that will work with you to coordinate your health care.

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

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

Preventive Care – Care that a member gets from a doctor to help keep the enrollee healthy.

Prior Authorization – Sometimes providers contact CareSource about the care they think you should get. This is done before you get the care to make sure it is the best care for your needs and that it will be covered. Prior Authorizations are needed for some services that are not routine, such as home health care or some scheduled surgeries.

Provider Directory – A list of the doctors and other health care providers you can go to as a CareSource member.

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

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

Service Areas – The area where CareSource provides managed care for Planning for Healthy Babies® members.

WORD MEANINGS CONT.

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

State Fair Hearing – The appeal process run by Georgia as required by federal and Georgia law available to members after they complete CareSource's internal Appeal process.

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

Telemedicine – A way to get care from a provider using a phone and/or computer. Instead of meeting with a doctor face-to-face, telemedicine lets a doctor see and talk to you through technology. The doctor can then make decisions about the care you need from far away.

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

Utilization Management – Utilization Management is the review of care given to a patient to make sure it is needed.

Waste – Overusing benefits when they are not needed.

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 تساعده، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجى الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

AMHARIC
እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ፡፡

BURMESE
CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ခြေးဖျက၊ ပပြု သကြ်၏ အသကြ်၊ ကြ်ကြက်ပေါ်ရှိ အသကြ်၊ ကြ် ဝက်ဝ ငြေ်ငမ္ဝက်ျဝ်နံက်သို့သို့ ဓာဍ်ု့နါ။

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-Servicenummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ ાંથી કોઈને CareSource વિશે પ્રશ્નો હોર્ તો તમને મદદ અને મ હહતી મેળિ નો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ ાં પ્ર પ્ત કરી શક ર્ છે. દ ભ વષરૉ િત 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 helfscht, 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.

CareSource®

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

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

To get this handbook in other formats, such as large print or audio CD,
call Member Services at **Phone: 1-855-202-0729** (TTY: 1-800-255-0056 or 711).

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