Planning for Healthy Babies®

2026 Member Handbook

peach state health plan™

Planning for Healthy Babies®



Welcome



Thank you for choosing Peach State Health Plan as your health plan for Planning for Healthy Babies® (P4HB®). Peach State Health Plan offers you quality healthcare services. The P4HB Handbook tells you about the services available under the P4HB program. Please read this Handbook. Keep it handy. It tells you about your benefits and who to call when you have questions.

Please check your Peach State Health Plan Planning for Healthy Babies ID card. Make sure it is correct. If you find a mistake, please call our Member Services Department at 1-800-704-1484. We will change it for you. Be sure to bring your Planning for Healthy Babies ID card with you when you see your doctor. Keep this card in a safe place.

You can also find information about our programs and services on the Peach State Health Plan website: www.pshp.com.

Thank you for choosing Peach State Health Plan!

Wishing you a healthy year,
Peach State Health Plan, Inc.

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Important Resources

Peach State Health Plan believes in valuing individual differences through our actions, ideas, practices and policies. If you have questions or concerns, please call 1-800-704-1484 (TTY 1-800-255-0056) or visit www.pshp.com.

How to Contact Us

If you have any questions, Member Services will help you. Our staff is here 7 a.m. to 7 p.m. (EST) Monday through Friday. Member Services is closed on holidays.

You can also write to us at:

Peach State Health Plan
1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Visit us online: www.pshp.com

Information you receive electronically from us can be saved and printed. You can also get a copy of electronic information in paper form at no cost. Please call us at: 1-800-704-1484 (TTY 1-800-704-1484).
You will receive the paper form within five (5) business days.

Important Phone Numbers

Member Services 1-800-704-1484
FAX 1-800-659-7518
Language Assistance.....1-800-704-1484
24/7 Nurse Advice Line.....1-800-704-1484
Pharmacy Questions 1-800-704-1484

Mental Health/
Substance Abuse 1-800-704-1484
TTY/TDD 1-800-255-0056
Emergency.....911
Website..... www.pshp.com

Non-Emergency Medical Transportation Services (NEMT)

Non-emergency transportation services are for IPC enrollees only. Georgia Medicaid will provide you with a ride to and from your healthcare appointments. Call the company that serves your area. Use the map at the back of this book to find your region. Call at least 3 days before your appointment if you can.

Members can book online by visiting https://member.verida.com/. Verida call center representatives are available Monday - Friday from 7:00am to 6:00pm EST at the phone numbers listed below.

Please have the following information ready when booking:

- Medicaid ID
- Appointment date, time, and location
- Type of transportation needed
- Any special accommodations

Here are the numbers to call:

Atlanta: 1-404-209-4000 (Verida)	**North: 1-678-510-4555 or 1-866-388-9844 (Verida)**
Central: 1-888-224-7981 (Verida)	**Southeast/East: 1-888-224-7988 (Verida)**
Southwest: 1-888-224-7985 (Verida)	

Interpreter and Translation Services

Interpreter services are provided free of charge to Planning For Healthy Babies enrollees. The law also says you have the right to get free translations at health visits.

Peach State Health Plan's language line available 24 hours a day, 7 days a week. Here is what to do when you call Peach State Health Plan:

- Call Member Services at 1-800-704-1484. If you are hearing impaired, call our TDD/TTY at 1-800-255-0056.
- Tell them the language you speak. We will make sure an interpreter is on the phone with you.
- Our member services line is available Monday- Friday from 7am to 7pm. Choose Option 4 to speak to a nurse if you are calling after hours. The nurse will help you speak with a translator.
- Here is what to do when you call a provider's office to make an appointment.
- Tell them you need help with a translator.
- Tell them what language you speak.

Call Member Services prior to your appointment if you need assistance with getting a translator for a doctor's visit. Make sure you call at least three (3) business days before your appointment to get a translator.

To choose a provider who speaks your language, please call Member Services. We will help you find one. Go to www.pshp.com and click on the "Find a Doctor" link, then select "Start a Provider Search", and use the "Advanced Search" to look up your language.

If you need help in person, we can visit you at your home. Let us know.

If You Are Hearing, Speech, or Visually Impaired

Do you need help understanding this? You can get information in another language, large print, braille or audio. Call Member Services at 1-800-704-1484 (TTY/TDD 1-800-255-0056).

Website Resources

Peach State Health Plan's website helps you get the answers you need. The website has resources and features that make it easy to get quality care. Visit us online to learn about benefits and services. You can also find these resources:

- Planning For Healthy Babies Handbook you can search
- Planning For Healthy Babies Provider Directory
- Member Rights & Responsibilities
- Member Privacy Notice

Special Features:

- Locate a new provider or change your provider.
- Find a Doctor: Helps you search for a doctor by name, location, hospital and language.
- Request a new ID card.

Planning For Healthy Babies Program

The Planning for Healthy Babies Program includes the following components:

Family Planning (FP) Only

Family Planning Only includes family planning and supplies like contraception, patient education counseling and referral services.

Interpregnancy Care (IPC)

Interpregnancy Care includes family planning, limited primary care services, limited dental, management and treatment of chronic diseases, substance abuse treatment, care management and access to Resource Mother Outreach services, prescription drugs and nonemergency medical transportation.

Resource Mother (RM)

Resource Mother Outreach provides a range of support services like supportive counseling, support while caring for her Very Low Birth Weight baby, nonemergency medical transportation, care management and help with finding resources like Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Planning for Healthy Babies enrollees must meet the following eligibility requirements:

- Be a U.S. citizen or person with qualified proof of citizenship.
- Be a woman aged 18 through 44.
- Be able to become pregnant.
- Be a Georgia resident.
- Not be eligible for any other Medicaid program or managed care program.
- Meet family gross income requirements of no more than 211 percent of the federal poverty level (FPL).

If you meet the above requirements, you are eligible for the Family Planning component of the Planning for Healthy Babies (P4HB) Program.

If you meet the above requirements and you have also delivered a very low weight (VLBW) baby (less than 3 pounds and 5 ounces) within three (3) years of application date, you will qualify for the Interpregnancy Care (IPC) component of the P4HB program.

If you currently receive Medicaid and delivered a VLBW baby within three (3) years of application date, you may qualify for the Resource Mother (RM) component of the P4HB Program.

Women are eligible for the IPC/RM component for 2 years (24 months) from start of eligibility.

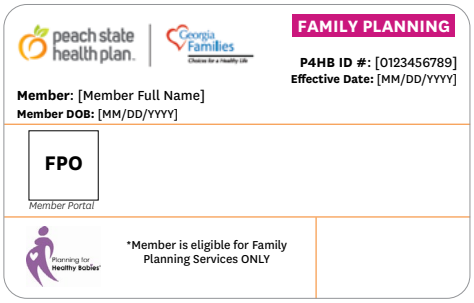
Your P4HB Identification (ID) Card

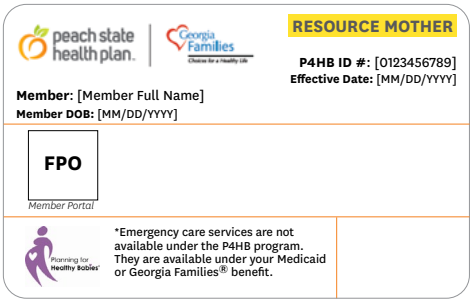
Always carry your Peach State Health Plan Planning for Healthy Babies ID card with you. Show it every time you get care. You may have problems getting care or prescriptions if you do not have it with you. If you have other health insurance cards, bring them with you.

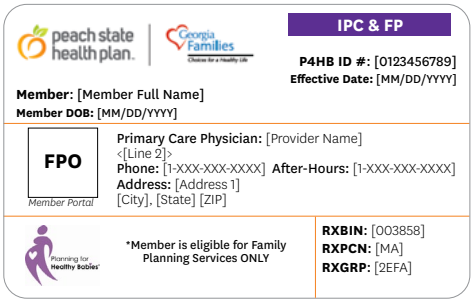
The ID cards can only be used by the enrollee whose name is on the card. Do not let anyone else use your card. If you do, you may be responsible for their costs. You could also lose your eligibility for Planning for Healthy Babies.

Each Planning for Healthy Babies (P4HB) ID card is color-coded to help you and your doctor identify the program component you are enrolled in:

- Family Planning (FP) ID cards are pink.
- Resource Mother (RM) Outreach ID cards are yellow.
- Interpregnancy Care (IPC) ID cards are purple.







How to Renew

We want to help you keep your Planning for Healthy Babies benefits. In order to keep your coverage active, you must complete your renewal on time or you may lose your Planning for Healthy Babies coverage. If you have questions about the renewal process, go to https://gateway.ga.gov or call 1-877-427-3224 (TTY 1-800-255-0135).

For more information about how to enroll or renew, please give us a call at 1-800-704-1484 or TTY at 1-800-255-0056.

Major Life Changes

If a Peach State Health Plan P4HB Enrollee has had a major change in their life, we would like to know. This could be a change in the member's :

- Address
- Telephone Number
- Family Size
- Job

Enrollees should call Peach State Health Plan's Member Services at: 1-800-704-1484 and tell us about the change.

What Your Family Planning Provider Will Do for You

Your Family Planning Provider should provide all of your family planning services. Your Family Planning Provider will also:

- Educate you on the best options for contraceptive management.
- Provide counseling and referrals as needed to other healthcare providers.
- Provide any ongoing family planning care you need.

Your Family Planning Provider may also give you an exam, like a Pap test.

Choosing Your Family Planning Provider

As a Peach State Health Plan P4HB Enrollee, you should choose a Family Planning Provider. Your Family Planning Provider may be a doctor, nurse or other health care provider who provides family planning services.

Your Family Planning provider will manage all of your Family Planning needs. Your Family Planning Provider works with you to get to know your health. You should always call your Family Planning Provider's office when you have a question about your Family Planning needs. There are Peach State Health Plan Family Planning Providers who are sensitive to the needs of many cultures. There are providers who speak your language, and understand your family traditions and customs.

Changing Your Family Planning Provider

You may change your Family Planning Provider if you are not satisfied. You may change at any time if:

- Your Family Planning Provider is no longer in your area.
- The Family Planning Provider does not provide the services you seek because of religious or moral reasons.

Remember to bring your Planning for Healthy Babies Member ID card with you to all of your appointments. Please be on time so you can be seen as scheduled.

As a P4HB Family Planning enrollee, you are not eligible for primary care services through Peach State Health Plan.

As a P4HB IPC enrollee, you are eligible for primary care services through Peach State Health Plan. If you need help finding primary care services, we can help you. Call us at 1-800-704-1484 or TTY at 1-800-255-0056.

Continuity and Coordination of Care

Peach State Health Plan will let you know if your Family Planning Provider is no longer in the Peach State Health Plan network. We will help you choose a new Family Planning Provider. It is important to call your Family Planning Provider first when you need care related to family planning.



Accessing Care

Our Member Services team is ready to answer questions about your Family Planning Provider. Give us a call at 1-800-704-1484 or TTY at 1-800-255-0056. If you have trouble getting an appointment, call Member Services at 1-800-704-1484 or TTY 1-800-255-0056 for help.

Office Wait Times

Your Family Planning Provider should follow these standards if you are waiting for your appointment:

- Scheduled appointment wait times should not go over 60 minutes.
- Walk-in patients with non-urgent needs should be seen within 90 minutes or scheduled for an appointment.
- Emergency patients should be seen right away.

Call Member Services at 1-800-704-1484 (TTY 1-800-255-0056) if you have any questions about your healthcare or if you need help scheduling a doctor's appointment. You may also write us at:

Peach State Health Plan
Member Services Department
1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339

Nurse Advice Line

Everyone has questions about their health. Peach State Health Plan wants to make sure you get answers to your questions and help when you need it. You can call your doctor 24 hours a day, seven days a week, however, we also have a service called Nurse Advice Line that can help you. Nurse Advice Line is a 24-hour free health information phone line. There are nurses that can answer your questions and get help for you.
Call 1-800-704-1484, select prompt #2 for member services, and then press #4 for the Nurse Advice Line..

Urgent Care – After Hours

Peach State Health Plan also provides coverage for urgent and after hours care. This is for urgent treatments related to Family Planning related conditions that must be treated within 24 hours. It is usually not life threatening, yet you can't wait for a routine doctor's office visit. Urgent Care is not emergency care. When you need urgent care, follow these steps:

1. You may want to call your Family Planning Provider first. The name and phone number are on your Peach State Health Plan Planning for Healthy Babies ID card. An after-hours number may also be listed. You may be given directions over the phone.
2. If it is after hours and you cannot reach your Family Planning Provider, call the Nurse Advice Line at 1-800-704-1484. You will be connected to a nurse. Have your Peach State Health Plan Planning for Healthy Babies ID card number handy. The nurse may direct you to other care. Or the nurse may help you over the phone.
3. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your Family Planning Provider.

If you are told to see another doctor or go to the nearest hospital emergency room:

- Bring your Peach State Health Plan Planning for Healthy Babies ID card.
- Ask the doctor or hospital to call your Family Planning Provider or Peach State Health Plan as soon as possible.

To find a list of urgent care providers go to www.pshp.com and click on the "Find a Doctor" link. Click "Start a Provider Search". Use the "Advanced Search" tool to look for an urgent care provider near your home. Call Peach State Health Plan at 1-800-704-1484 or visit us on our website at www.pshp.com.

Emergency Care

Peach State Health Plan provides coverage for Emergency and Post Stabilization services resulting from a Family Planning related emergency condition. An emergency is when you have severe pain, illness or injury. It could result in danger to you. Call 911 right away if you have an emergency or go to the nearest emergency room.

You do not need a doctor's approval to get emergency care. If you are not sure if it is an emergency, call your Family Planning Provider. Your Family Planning Provider will tell you what to do. If your Family Planning Provider is not available, someone else at the office can help. There may be a message telling you what to do.

Emergency rooms are for emergencies. Go to the nearest hospital emergency room if you are having a family planning related emergency. It is all right if the hospital does not belong to the Peach State Health Plan network. Peach State Health Plan P4HB enrollees can use any hospital for emergency services.

What is Post-stabilization Care?

Post-stabilization care services are covered services that you receive after emergency and urgent medical care.

- You get these services to help keep your condition stable.
- Post stabilization is covered as a part of emergency and urgent care services resulting from Family Planning related emergency conditions.

You should call your Family Planning Provider within 24 hours after you visit the emergency room. If you cannot call, you can have someone else call for you. Your Family Planning Provider will give or arrange any follow-up care you need.

A prior authorization is not needed. You can call our 24-hour emergency number at 1-800-704-1484. Peach State Health Plan P4HB enrollees can use any hospital for emergency services. Be sure to get follow up care after your emergency room visit. If you need help, you can call our 24-hour number, 1-800-704-1484, seven days a week.

Medically Necessary Services

Services that are medically necessary are those that:

- Prevent or treat physical or mental illness and conditions.
- Treat pain and body problems based on your doctor's referrals and plan to improve your care.
- Agree with medical standards
- Have a safe setting based on your diagnosis and treatment plan
- Have a low-cost setting
- Cover services for custodial care.
- Provide resources for services or treatment not covered by Peach State Health Plan

Peach State Health Plan wants our members to be healthy. Authorizations may be granted outside of the benefits plan when medically necessary.

How to Get Medical Care When You Are Out Of the Service Region

If you are out of the area and have a family planning related emergency, go to the nearest emergency room. Show your Peach State Health Plan P4HB ID card. Be sure to call Peach State Health Plan and report your emergency within 48 hours. If you have problems at the pharmacy, call Member Services. We can help you fill your prescription.

If you are away and have an urgent family planning related problem, go to an urgent care clinic. Be sure to show your Peach State Health Plan P4HB ID card.

Benefit Information

Services Covered By Peach State Health Plan

We provide Family Planning, IPC and Resource Mother services. Some services may be limited or require a prior approval.

The tables below list services covered by each program component. If you have questions about these services, call us. We can be reached at 1-800-704-1484. If you are hearing impaired call TTY 1-800-255-0056.

Family Planning Covered Services
Family planning initial or annual exams
Contraceptive services and supplies
Patient education and counseling
Counseling and referrals to: social services and primary health care providers
Family planning lab tests: ▪ Pregnancy test ▪ Pap smear and Pelvic exam
Screening, treatment and follow up for sexually transmitted infections (STIs) ▪ Antibiotic treatment for STIs when the infections are found during a routine family planning visit ▪ A follow up visit for the treatment/drugs may be covered ▪ Follow up visits to re-screen for STIs based on the Centers for Disease Control and Prevention guidelines ▪ Treatment and follow up for (STIs) does not include HIV/AIDS and Hepatitis
Drugs for the treatment of infections in the lower part of the female reproductive and urinary tract infections ▪ When infection/disorder is identified or diagnosed during a routine/periodic family planning visit ▪ A follow up visit for the treatment/drugs may be covered
Treatment of a major complication such as: ▪ Harm caused to the uterus due to a device insertion used for birth control ▪ Severe menstrual bleeding caused by birth control injections ▪ Complication of a related sterilization procedure

Sterilization
- Sterilization
- Treatment and follow up of an STI diagnosed at the time of sterilization

Family planning pharmacy visits

Folic Acid and/or Multivitamin with Folic Acid Supplements

Select immunizations for participants aged 18 to 20
- Enrollees age 19 and 20 will get Hepatitis B, Tetanus-Diphtheria (Td) or combined Tetanus, Diphtheria, Pertussis vaccinations according to the Advisory Committee on Immunization Practices guideline as needed.

Interpregnancy Care (IPC) Covered Services

IPC Enrollees receive all the services stated above. They also receive:
- Up to 5 primary care office/outpatient visits with their selected PCP
- Limited dental services such as:
  - **Oral Evaluation**
  - **Dental X-Rays**
  - **Dental Cleanings**
  - **Tooth Extraction or Removal**
  - **Dental Anesthesia**
- Management and treatment of chronic diseases such as: high blood pressure, diabetes, asthma and obesity
- Substance abuse treatment including Detoxification and Intensive Outpatient rehabilitation
- Care Management/Resource Mother Outreach
- Prescription drugs (non-family planning) for chronic diseases
- Non-emergency transportation (NEMT)

The Georgia Families Medicaid & PeachCare for Kids® member handbook has additional benefit information for IPC enrollees. The handbook has information on:
- The role of a Primary Care Provider (PCP)
- The role of a Dental Home
- Referrals for specialty care
- Telemedicine services
- Co-payments

Resource Mother (RM) Covered Services

Support and care management for mothers who have given birth to babies weighing less than 3 pounds, 5 ounces.

Planning for Healthy Babies® enrollees who qualify for the resource mother care management services are eligible for resource mother services only. The services provided by a Resource Mother may include but are not limited to:
- Home visits.
- Coordination of services.
- Referrals to community resources.
- Peer support and mentoring.

If you need help understanding any of this information call Member Services at 1-800-704-1484 (TTY 1-800-255-0056).

Services Not Covered By Peach State Health Plan

Some services are not covered by Peach State Health Plan. These services include:

- Drugs for treatment of HIV/AIDS and Hepatitis
- HPV vaccine
- Infertility assessment
- Hysterectomy
- Abortions or abortion related services

We can help you get the services you need. Call Member Services at 1-800-704-1484 to discuss the resources that may be available to you but not covered by Peach State Health Plan.

Prior Authorization

Some treatments and services require approval from the health plan before the service is provided. Prior authorization is needed for all non-emergent and non-urgent inpatient admissions as well as other services such as Substance Abuse treatments and specific prescriptions (not listed on the preferred drug list). The provider performing the treatment or service will submit a request for authorization to the health plan along with the medical information that supports the treatment. All prior authorizations and pre-certifications will be reviewed by the UM staff of Peach State Health Plan.

Time Frames for Authorization Requests

Standard Service Authorizations: Peach State Health Plan will decide on non-urgent care services within 3 business days after we get the request. We will tell your doctor of services that have been approved within 3 business days after we get the request. You or your provider can ask to extend the time frame up to 14 calendar days. All decisions and notifications will occur within the extended 14 calendar days if the time frame is extended.

Expedited Service Authorizations: Your doctor can ask for an expedited review if it is thought that a delay will cause harm to your health. Peach State Health Plan will notify your doctor of a decision within 24 clock hours after we get the request, but no later than 72 hours after receipt of the request for service. You or your doctor can ask to extend the expedited time frame up to 5 business days. All decisions and notifications will occur by the end of the 5 business days if the time frame is extended.

Payment for Services

Peach State Health Plan will only pay for the services it approves.

Communication with the Utilization Management (UM) Staff

The Utilization Management (UM) team is responsible for reviewing prior authorization requests and precertification requests for non-emergency family planning related services submitted by your doctor. Non-emergent family planning related service authorizations must be submitted by your doctor online at: mmis.georgia.gov/portal/

UM Questions Contact our UM team If you have questions. The phone lines are open for authorization requests and UM related questions and or issues 24 hours a day, 7 days a week.

- Call our UM Team at 1-800-704-1483 (TDD/TTY: 1-800-255-0056 or 711) Monday-Friday 8:00am-5:30pm (excluding State Holidays)
- After normal business hours and on State Holidays, calls are routed to the Nurse Advise Line. The UM team will return your call the next business day.

Our Nurse Advice Line does not make authorization decisions. The Nurse Advice Line staff will take the authorization information for next business day response by the Health Plan or notify the Peach State Health Plan on call nurse in cases requiring an immediate response.



Pharmacy

Peach State Health Plan covers Family Planning and Interpregnancy Care covered drugs, services, and supplies for Planning for Healthy Babies enrollees.

How do you get your prescriptions?

- Go to your Peach State Health Plan provider for a prescription.
- Show the pharmacy your Peach State Health Plan Planning for Healthy Babies ID card.
- Give them your prescription order.

See the P4HB Provider Directory for the names of pharmacies near you. Member Services can also help you find a pharmacy and provide you with a list of drugs Peach State Health Plan uses. We update the list of covered drugs often. Some drugs like non-preferred drugs must be approved by Peach State Health Plan before you get them.

Non-preferred drugs are drugs that are not listed in the Preferred Drug List (PDL). Your doctor can decide if it is necessary to have a non-preferred drug. If so, they must give Peach State Health Plan a request for a prior authorization (PA). If Peach State Health Plan does not approve the request we will notify you. We will give you information about the grievance and appeal process and your right to a State Hearing.

Peach State Health Plan doctors have been notified in writing of:

- The drugs included in the Preferred Drug List (PDL).
- How to request a prior authorization.
- Special procedures set up for urgent requests.

You can always ask your doctor if your prescription needs a prior authorization approval. If it does, you can ask if there is another medicine that can be used that does not require an approval.

Call our Member Services Department to:

- Get information about the PDL.
- Find out how to get an appeal on a PA decision.
- Ask if your drug is covered.
- Learn more about health education services at no cost to you.

We can be reached at 1-800-704-1484. If you are hearing impaired call TTY 1-800-255-0056.

Grievance Procedures

We hope our Planning for Healthy Babies Enrollees will always be happy with us and our providers. If you are not happy, please let us know. This includes if you do not agree with a decision we have made about your care. Peach State Health Plan will try to resolve your grievance on the phone. If we cannot, you, your legal guardian or your authorized representative can file a grievance. A grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination and can be filed at any time.

A grievance can be filed if or when:

- You are not satisfied with your provider's services or care
- Your Provider and/or staff have behavior that is not appropriate or courteous
- Your Provider is not as available to you as you would like
- Your Provider does not respect your rights even though you ask them to
- You do not want to give us extra time to respond to a service authorization.

A Provider cannot file a grievance for you unless you name him or her as your authorized representative.

Your grievance can be filed in writing or you can call us to file your grievance. To file a grievance, you can call Member Services at 1-800-704-1484, TTY 1-800-255-0056. They can provide help with writing and filing a grievance. This includes help with completing any forms or steps related to a grievance. They can also help you if you need this information translated or help those who are blind or have low vision.

Or write us a letter telling us why you are not happy. Be sure to include:

- Your first and last name.
- Your Peach State Health Plan Planning for Healthy Babies ID card number.
- Your address and telephone number.

Mail the letter to:
Peach State Health Plan
Attn: Grievance & Appeals Coordinator
1100 Circle 75 Parkway, Suite 1100
Atlanta, GA 30339
FAX: 1-866-532-8855

If you would rather have someone speak for you, let us know. Another person can act on your behalf.

We will send you a letter in ten (10) calendar days letting you know that we received your grievance. We will look into your grievance and try to make a decision right away. If not, we will give you a written decision within ninety (90) calendar days from the date of your grievance request or sooner if your health condition calls for it. A doctor will review your grievance if it has medical issues. If you need help understanding the letter call Member Services at 1-800-704-1484.

If you are hearing impaired call 1-800-255-0056. To get the letter in large font, translated, or on audio, call Member Services.

We cannot treat you differently because you have filed a grievance. Your benefits will not be affected.

Appeals Process

There may be times when Peach State Health Plan will not pay for services that have been recommended by your doctor. If we do this, a letter will be mailed to you and your provider for services that are not approved. This letter is called an Adverse Benefit Determination letter. The adverse benefit determination letter will explain how you or your doctor (with your consent) or a legal representative of a deceased Planning for Healthy Babies Enrollee's estate can ask for an appeal of the decision.

An adverse benefit determination is when Peach State Health Plan:

- Denies the care you want;
- Decreases the amount of care;
- Ends care that has already been approved;
- Does not allow you to use a different provider to obtain services outside the network if you live in a rural area and only have Peach State Health Plan coverage;
- Does not provide services in a timely manner;
- Takes too long to send you a decision on an appeal or grievance; or
- Denies payment for care. You may have to pay for it;
- Denial of your request to dispute a financial liability.

An appeal is a review of an adverse benefit determination. Peach State Health Plan will ensure that the individuals who make decisions on your appeal are individuals who were not involved in any previous level of review or decision-making and who are health care professionals who have the appropriate clinical expertise in treating your condition or disease. You have sixty (60) calendar days from the date on the adverse benefit determination letter to ask for an appeal. We will acknowledge your appeal in writing within ten (10) calendar days of the receipt of your request for an appeal. We will give you a written decision within thirty (30) calendar days of the appeal request. You can request an appeal in writing or orally by calling Member services toll free at 1-800-704-1484. We will help you with completing any forms or steps related to an appeal. If you are hearing impaired, you can call 1-800-659-7487. If you request an oral appeal, a written, signed appeal is required. The appeal request should be sent to the following address:

Peach State Health Plan
Grievance & Appeals Coordinator
1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339
FAX: 1-866-532-8855

Expedited Appeal

You, your doctor with your consent, your legal representative with your consent, or the legal representative of a deceased Planning for Healthy Babies Enrollee may want us to make a fast decision. You can ask for an Expedited Administrative Review if you feel that your physical or mental health is at risk. If you feel this is needed, call our Member Services Department at 1-800-704-1484 (TTY 1-800-255-0056). Peach State Health Plan will look at your request and judge if your request deserves a fast decision. If we decide your case requires a fast decision, we will provide a decision within 72 hours. We will send you a letter with the decision within 72 hours or sooner if your health condition requires it.

If we do not agree that the request for an expedited appeal is needed, we will call you or your doctor right away. We will send you a letter within two (2) calendar days letting you know that the appeal will be reviewed through the regular review process. You may file a grievance if you do not agree with this decision by calling our Member Services department.

Peach State Health Plan may request more time if needed. If this occurs, you will be notified in writing. You may file a grievance if you do not agree with this decision by calling our Member Services department. If you feel you need more time before your expedited appeal is completed, please call 1-800-704-1484 and ask for the appeals department to request extension for up to 14 calendar days.

Peach State Health Plan will not hold it against you if you, or an authorized representative, your doctor (with your consent), or a legal representative for a deceased Planning for Healthy Babies Enrollee's estate file an appeal.

Requesting a Hearing with the State

Peach State Health Plan will send you a Notice of Resolution that lets you know what happened to your appeal within 30 calendar days after we receive your appeal. If you are still not happy with our answer, you can request a State Fair Hearing within 120 days of the date on the Notice of Resolution. A State Fair Hearing is a request that allows the State to review Peach State Health Plan's response to your appeal of the adverse benefit determination.

Who may file a State Fair Hearing?

- Peach State Health Plan Planning for Healthy Babies Enrollee.
- A person named by the Peach State Health Plan Planning for Healthy Babies Enrollee.
- A provider acting for a Planning for Healthy Babies Enrollee with your consent.
- A legal representative of a deceased Planning for Healthy Babies Enrollee's estate.

You must give written permission if a provider files a State Fair Hearing for you. A form was included in the Notice of Adverse Benefit Determination letter. Contact us if you need help.

The request for State Fair Hearing should be sent to the following address:

Peach State Health Plan
State Fair Hearing Coordinator
1100 Circle 75 Parkway
Suite 1100
Atlanta, GA 30339
FAX: 1-866-224-9327

You may request to continue to get the care that you are currently receiving until the State Fair Hearing is completed. This can be up to thirty (30) calendar days. The request for your benefits to continue must be made within ten (10) calendar days from the date we mailed the adverse benefit determination notice.

You may also ask for free mediation services after you have filed a request for a hearing by calling 404-657-2800.

The decision reached by the State Fair Hearing is final. Peach State Health Plan will comply with the State Fair Hearing decision.

If you need help requesting a State Fair Hearing, or need an interpreter, call Member Services at 1-800-704-1484. If you are hearing impaired please call our TTY line at 1-800-255-0056.

Continuation of Benefits

If you want your benefits to continue while you are waiting for your Appeal, or State Fair Hearing process, you must request a continuation of benefits on or before the later of the following:

- Within ten (10) calendar days from the date we mailed you the adverse benefit determination notice that we would not cover or pay for a service you are already receiving.
- The intended effective date of the proposed adverse benefit determination.

Before the date we intend to stop or reduce the service, Peach State Health Plan will continue the benefit if:

- You request an appeal or hearing about the termination, suspension, or reduction of a service you are already receiving.
- Your appeal or request for a hearing was filed on time.
- You have requested the continuation of benefits.
- The services were ordered by one of Peach State Health Plan's providers.
- The covered period that the service is given has not ended.

Peach State Health Plan will continue your benefits until:

- You withdraw the appeal or State Fair Hearing request.
- Ten (10) calendar days after Peach State Health Plan mails the Adverse Benefit Determination Notice of Resolution, unless you, within ten (10) calendar days request a State Fair Hearing, you will receive continuation of benefits until a decision is made.
- A decision is made during the Appeal or State Fair Hearing and is not in your favor.
- The time period or service limits of a service you are already receiving has been met.

You may have to pay for the cost of continuation of your benefits if the final decision is not in your favor. If the decisions are made in your favor, Peach State Health Plan will approve and pay for requested services that are needed but were not received during the review of your case as quickly as possible. If the decision is made in your favor and you did receive continuation of benefits during the review of your case, Peach State Health Plan will pay for those services.



Fraud, Waste and Abuse (FWA) Program

Peach State Health Plan takes the detection, investigation, and prosecution of fraud, waste, and abuse very seriously. It operates a FWA program that complies with all state and federal laws. Peach State Health Plan's management company, Centene Corporation, operates a Special Investigations Unit that reviews claims data for up coding, unbundling, and other systematic deviations that suggest fraudulent or abusive billing practices. It also investigates all reports of raud, waste, and abuse.

Peach State Health Plan's Compliance and Special Investigation Unit work very closely with the Department of Community Health and the Georgia Medicaid Fraud and Patient Protection Division in prosecuting substantiated instances of health care fraud.

If you suspect or witness health care fraud committed by a provider, member, or employee, please contact Peach State Health Plan's Compliance Department at:

Peach State Health Plan
Office of Compliance
1100 Circle 75 Parkway, Suite 1100
Atlanta, GA 30339
PeachStateCompliance@centene.com
1-866-685-8664

Authority and Responsibility

Peach State Health Plan is committed to identifying, investigating, and prosecuting those who commit health care fraud. Peach State Health Plan's Vice President of Compliance has the overall responsibility and authority for carrying out the provisions of the Compliance and FWA programs.

Or you can tell the state of Georgia about it. Here is the state's address and phone number:

Department of Community Health
Office of Inspector General, Program Integrity Unit
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334
1-800-533-0686
1-404-463-7590

P4HB Enrollee Rights

Your Enrollee Rights

Peach State Health Plan provides covered services to all Planning for Healthy Babies enrollees without regard to:

- Age
- Disability
- Marital Status
- Race
- Sex
- Income
- Health Status
- Arrest or Conviction
- Religion
- Sexual Preference
- Color
- Birth Nation
- Military Participation
- Language

All family planning services that are covered and medically necessary may be obtained. All services are provided in the same way to all enrollees.

Peach State Health Plan's providers who refer enrollees for care do so the same way for all. Translation services are available if you need them. This includes sign language. This service is free.

You have the right:

- The right to appeal any denied service according to state guidelines.
- To participate in decisions regarding your healthcare including the right to refuse treatment.
- To have all your personal information including your medical records kept private.
- To be given choices about your healthcare. To know all of your options.
- To never worry about someone forcing you to do something because it makes his or her job easier.
- To talk with your doctor about your medical records. This includes:
  - **Ask for and receive a copy of your medical records at no cost pursuant to 45 CFR 160 and 164, subparts A and E, and request to amend or correct the records as specified in 45 CFR 164.524 and 164.526.**
  - **Ask for a summary of your record.**
  - **Have your records kept private.**
- To know that the Quality Assessment Performance Improvement Program (QAPI) assures that all enrollees receive quality care and appropriate care. The QAPI program focuses on improving clinical care and non-clinical care which will result in positive health outcomes.
- To file a complaint against a doctor, hospital, the service(s) you received, or Peach State Health Plan. If you file a complaint, no one can stop you from continuing to get services.
- To know how to request an appeal for a decision we made not to pay for a service or limit coverage.
- To know that you or your doctor will not be penalized for filing a complaint or appeal.
- To not pay if Peach State Health Plan runs out of money to pay their bills.
- To not pay for healthcare even if Medicaid or Peach State Health Plan do not pay the doctor who treated you.
- To have medical services available to you under your Peach State Health Plan in accordance to 42 CFR 438.206 through 438.210 which include the federal access standards.

- To be free from any Peach State Health Plan's debts in the event of insolvency and liability for covered services in which the state does not pay Peach State Health Plan.
- To never pay more than what Peach State Health Plan would charge, if Peach State Health Plan has to have someone else manage your care.
- To only be billed by a provider if you have agreed to the following:
  - **You signed a Member Acknowledgement Statement which makes you responsible for services not covered by Peach State Health Plan.**
  - **You agreed ahead of time to pay for services that are not covered by Peach State Health Plan or Medicaid.**
  - **You agreed ahead of time to pay for services from a provider who is not in the network and/or did not receive a prior authorization ahead of time, and requested the service anyway.**
- To not be billed for any service covered by the P4HB Program. If you get a bill for services Peach State Health Plan should have paid, call Member Services at 1-800-704-1484. When you call give us the following:
  - **Date of service**
  - **Name of provider**
  - **Total amount of the bill**
  - **Phone number on the bill**
- To be free from receiving bills from providers for medically needed services that were authorized or covered by Peach State Health Plan.
- To be treated with dignity, respect and privacy from Peach State Health Plan's staff providers, physicians and their office staff.
- To have access to a PCP 24 hours a day, 365 days a year for urgent care.
- To choose a Peach State Health Plan doctor (PCP) or Family Planning Provider (in the case of FP-only enrollees), or be told which hospitals to use.
- To change your doctor without a reason.
- To know about other doctors who can help you with treatment.
- To know your rights and responsibilities with Peach State Health Plan and to call if you have questions or comments or want to make recommendations about our member rights and responsibilities policy.
- To get information about Peach State Health Plan's organization and services, providers, physicians, hospitals, policies and procedures, your rights and responsibilities and any changes made.
- To know about all the services you will get. This includes:
  - **Hours of operation.**
  - **How to get emergency care after hours.**
  - **How to get services if you are out of town.**
  - **What may not be covered.**
  - **What has limited coverage.**
- To be told if your services change. To be told if we cancel a service.
- To be told if your doctor is no longer available.

- To tell us and your doctor if you need help talking to your doctor. You will not have to pay if you are hearing impaired or if you do not speak English.
- To know all information about your doctor(s) so they can care for you.
- To tell your doctor what you like and don't like about your care.
- To speak with your physician about decisions related to your health care. This includes the right to refuse medical or surgical treatment to the extent of the law and to refuse to take part in medical research.
- To help set treatment plans with your physician, talk to your physician openly and understand your health care options regardless of cost or benefit coverage.
- To understand your health problems and to speak with your physician about your treatment plans which you and your doctor agree on.
- Decide ahead of time the kind of care you want if you become sick, injured or seriously ill by making a living will or advance directive.
- Decide ahead of time the person you want to make decisions about your care if you are not able to by making a durable power of attorney
- To be free from any form of restraint or seclusion as a means of force, discipline, convenience or revenge.
- To exercise these rights. Also, to know if you do, it will not change how you are treated by the plan, its doctors and providers.

P4HB Enrollee Responsibilities

You have a responsibility:

- To give information about yourself to the Peach State Health Plan organization, providers, physicians, and hospitals in order to help set treatment goals.
- To give information about you and your health to your Family Planning Provider.
- To understand your health problems and how to take your medicines the right way.
- To ask questions about your health care.
- To follow your instructions for care agreed upon by you and your physician or hospital.
- To help set treatment goals with your Family Planning Provider.
- To read the P4HB Handbook to understand how Planning for Healthy Babies works.
- To call Peach State Health Plan and ask questions when you don't understand.
- To always carry your Peach State Health Plan P4HB ID card.
- To show your Peach State Health Plan P4HB ID card at each provider visit.
- To schedule appointments for care with your doctor.
- To go to the emergency room when you have an emergency.
- To notify Peach State Health Plan as soon as possible if you go to the emergency room.
- To cooperate with people providing your health care.
- To be on time for appointments.
- To notify the doctor's office if you need to cancel an appointment.
- To notify the doctor's office if you need to change your appointment time.

- To respect the rights of all providers.
- To respect the property of all providers.
- To respect the rights of other patients.
- To not be disruptive in your doctor's office.
- To keep all your appointments. To be on time and cancel within twenty-four (24) hours if you cannot make it.
- To treat your provider with dignity and respect.

Physician Reimbursement

You may ask how we pay our providers. An enrollee may also ask if the way we pay them affects services. We will never pay a physician to withhold care. Call the Member Services Department at 1-800-704-1484. You may ask about our payment arrangements. Our providers may also be paid more as they improve the quality of care and services, improve member satisfaction and or provide needed information to Peach State Health Plan. If you want more information about the different ways our providers may be paid, please call Member Services at 1-800-704-1484. If you are hearing impaired, call our TDD/TTY at 1-800-255-0056.

Disenrollment

You may change to another plan during the first ninety days of your membership. You may do this without cause. This means you have no reason for your request. After 90 days, you may ask to disenroll without cause every twelve months.

Enrollees may request to disenroll at any time. Reasons why enrollee may request to disenroll at any time:

- The Enrollee became Pregnant
- The Enrollee received a sterilization and completed all necessary follow-up
- The Enrollee became unable to become pregnant
- The Enrollee moved out of state or Peach State Health Plan's service region
- The Enrollee became incarcerated
- The Enrollee aged out of the program
- The Enrollee needs services and not all services are available within the Peach State Health Plan network
- A Peach State Health Plan provider cannot address the enrollee's health care needs
- Peach State Health Plan does not, due to moral or religious grounds, provide the covered service the member seeks
- The Enrollee, the enrollee's provider or another provider have determined that not receiving the services would subject the member to unnecessary risk
- The Enrollee feels he or she received poor access to services
- The Enrollee requests to be assigned to the same plan as family members
- Income status change
- Enrollee feels he or she received poor care

Peach State Health Plan does not request disenrollment of a member for discriminating reasons, including but not limited to:

- Adverse changes in a member's health status
- Missed appointments
- Utilization of medical services
- Diminished mental capacity
- Pre-existing medical condition
- Uncooperative or disruptive behavior resulting from his or her special needs
- Lack of compliance with the treating physician's plan of care
- If member attempts to exercise their rights under the grievance system

Reasons why Peach State Health Plan may request disenrollment at any time:

- Enrollee is no longer eligible for the demonstration waiver
- Enrollee is disenrolled by the Georgia Department of Community Health (DCH)
- Enrollee allows someone else to use his or her Peach State Health Plan ID card
- Enrollee does not have a good relationship with providers
- Enrollee does not follow medical advice
- Enrollee tried to hurt other patients or make it hard for other patients to get the care they need
- Enrollee moves out of the service region
- Enrollee is incarcerated
- Enrollee dies
- Enrollee becomes pregnant
- Enrollee received a sterilization and completed all necessary follow-up
- Enrollee becomes unable to become pregnant
- Enrollee aged out of the program

Advance Directives

You have the right to make decisions about your medical care. You have the right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of care you may receive in the future. This will help if you become unable to express your wishes. You may do this by completing a form. This form is called an Advance Directive for Health Care form or "advance directive". You should talk to your doctor about your wishes.

P4HB enrollees have rights under the Georgia Advance Directive for Health Care Act. There are three parts to the Georgia Advance Directive for Health Care Act:

- Part one lets you choose a person to make decisions for you when you cannot make them yourself; this person is called a health care agent
- Part two lets you make choices about getting the care you want about stopping or continuing life support. It also lets you make choices about accepting or refusing nutrition if you are too sick to decide for yourself.

- Part three lets you choose someone you appointed as your guardian if a court says this is needed.

You can get a copy of the advance directive in several ways:

- Ask your doctor
- Online at www.aging.dhr.georgia.gov

Call our Member Services department at 1-800-704-1484 (TTY 1-800-255-0056)

Writing or Calling:

Georgia Division of Aging Services
47 Trinity Avenue, SW,
Atlanta, GA, 30334
1-404-657-5258

You should give a copy of the form with your wishes to your doctor. You should also give a copy to any person who you give permission to make decisions for you. Take a copy with you when you go to the doctor or hospital. You can change your mind anytime. If you do tell your doctor to remove the form from your medical record. You can also make changes to your directive as you see fit. If you want to make changes fill out and sign a new form.

If you need help you can talk to your doctor, or call our Member Services Department. We can be reached at 1-800-704-1484. If your directive is not being followed you may file a complaint.

Georgia Division of Aging Services
47 Trinity Avenue, SW
Atlanta, GA, 30334
1-404-657-5258

Affirmative Statement

Peach State Health Plan does not reward or pay its network of providers, or employees for completing utilization reviews. Peach State Health Plan does not pay its network providers or employees to deny reviews. Utilization decisions are based on the following reasons:

- Services are medically needed.
- Services are covered by the P4HB program.

Our Utilization and Claims Management systems allow Peach State Health Plan and its partners to:

- Identify
- Track
- Monitor the care given

If you need help understanding this information, call the Population Health and Clinical Operations (PHCO) department at 1-800-704-1483 or TTY 1-800-255-0056.

Georgia Health Information Network (GaHIN)

Georgia Health Information Network (GaHIN) Peach State Health Plan works with the Georgia Health Information Network (GaHIN) to share our member's health information in a safe and secure way. GaHIN connects Georgia hospitals, doctors and other healthcare partners through a protected electronic network. Members can decide to opt-out at any time be completing a form from their doctor. No doctor can share a member's health information through GaHIN if the member has opted out. Visit www.gahin.org to learn more about GaHIN.

P4HB Enrollee Privacy Rights

Notice of Privacy Practices

Effective May 5, 2023

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

For help to translate or understand this, please call 1-800-704-1484.

Hearing impaired TTY 1-800-255-0056.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.

1-800-704-1484. (TTY 1-800-255-0056).

Interpreter services are provided free of charge to you.

Covered Entities Duties

Peach State Health Plan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Peach State Health Plan is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Peach State Health Plan reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Peach State Health Plan will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

We will make any revised Notices available, as appropriate, via a delivery method such as the Member Handbook, website, or a separate mailing.

Please note: You will also receive a Privacy Notice from the State of Georgia with its rules for your health records. Other health plans and providers may have other rules when using or sharing your health records. We ask that you get a copy of their Privacy Notices and read them.

Internal Protections of Oral, Written and Electronic PHI:

Peach State Health Plan protects your PHI. We have privacy and security processes to help. These are some of the ways we protect your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential.

Permissible Uses and Disclosures of Your PHI

The following is a list of how we may use or disclose your PHI without your permission or authorization:

Treatment - We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.

Payment - We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:

- processing claims
- determining eligibility or coverage for claims
- issuing premium billings
- reviewing services for medical necessity
- performing utilization review of claims

HealthCare Operations - We may use and disclose your PHI to perform our healthcare operations. These activities may include:

- providing customer services
- responding to complaints and appeals
- providing care management and care coordination
- conducting medical review of claims and other quality assessment
- Improvement activities

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better understand your healthcare needs.
- Know your language preference when seeing healthcare providers.
- Providing healthcare information to meet your care needs.
- Offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of healthcare professionals
- Care management and care coordination
- Detecting or preventing healthcare fraud and abuse.

Group Health Plan/Plan Sponsor Disclosures – We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

Fundraising Activities – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.

Underwriting Purposes – We may use or disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.

Appointment Reminders/Treatment Alternatives - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.

As Required by Law - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.

Public Health Activities - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.

Victims of Abuse and Neglect - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.

Judicial and Administrative Proceedings - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:

- an order of a court
- administrative tribunal
- subpoena
- summons
- warrant
- discovery request
- similar legal request.

Law Enforcement - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:

- court order
- court-ordered warrant
- subpoena
- summons issued by a judicial officer
- grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

Coroners, Medical Examiners and Funeral Directors - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.

Organ, Eye and Tissue Donation - may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:

- cadaveric organs
- eyes
- tissues

Threats to Health and Safety - We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Specialized Government Functions - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:

- to authorized federal officials for national security
- to intelligence activities
- the Department of State for medical suitability determinations
- for protective services of the President or other authorized persons

Workers' Compensation - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previous identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

Inmates - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.

Research - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

Sale of PHI – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

Marketing – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

Psychotherapy Notes – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

Individuals Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

Right to Revoke an Authorization - You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.

Right to Request Restrictions - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.

Right to Request Confidential Communications - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason is for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where you PHI should be delivered.

Right to Access and Receive Copy of your PHI - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Right to Amend your PHI - You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to Receive an Accounting of Disclosures - You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

Right to File a Complaint - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of 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 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Right to Receive a Copy of this Notice - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

Peach State Health Plan
Attn: Privacy Official
1100 Circle 75 Parkway
Suite 1100
Atlanta, Georgia 30339
1-800-704-1484
TTY 1-800-255-0056

You may also contact the Secretary of the United States, Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health & Human Services
61 Forsyth Street, SW – 3B70
Atlanta, GA 30323
1-404-562-7886
TTY 1-866-627-7884
FAX: 1-404-562-7881
www.hhs.gov/ocr

PSHP Statement of Non-Discrimination

Peach State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Peach State Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Peach State Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Peach State Health Plan at 1-800-704-1484 (TTY/TDD 1-800-255-0056).

If you believe that Peach State Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:	**Attn: 1557 Coordinator** **PO Box 31384** **Tampa, FL 33631** **Phone No.: 1-855-577-8234 (TTY: 711)** **Fax: 1-866-388-1769** **Email: SM_Section1557Coord@centene.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for 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 https://www.hhs.gov/ocr/complaints/index.html

This notice is available at Peach State Health Plan website: https://www.pshpgeorgia.com/statement-of-non-discrimination.html

Peach State Health Plan Service Map



Region	Counties
Atlanta	Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Henry, Jasper, Newton, Paulding, Pickens, Rockdale, Spalding, Walton
Central	Baldwin, Bibb, Bleckley, Chattahoochee, Crawford, Crisp, Dodge, Dooly, Harris, Heard, Houston, Johnson, Jones, Lamar, Laurens, Macon, Marion, Meriwether, Monroe, Muscogee, Peach, Pike, Pulaski, Talbot, Taylor Telfair, Treutlen, Troup, Twiggs, Upson, Wheeler, Wilcox, Wilkinson
Southwest	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Clay, Clinch, Coffee, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Irwin, Lanier, Lee, Lowndes, Miller, Mitchell, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Terrell, Thomas, Tift, Turner, Webster, Worth
North	Banks, Catoosa, Chattooga, Clarke, Dade, Dawson, Elbert, Fannin, Floyd, Franklin, Gilmer, Gordon, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Oconee, Oglethorpe, Polk, Rabun, Stephens, Towns, Union, Walker, White, Whitfield
East	Burke, Columbus, Emanuel, Glascock, Greene, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Putnam, Richmond, Taliaferro, Warren, Washington, Wilkes
Southeast	Appling, Bacon, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Effingham, Evans, Glynn, Jeff Davis, Liberty, Long, McIntosh, Montgomery, Pierce, Screven, Tattnall, Toombs, Ware, Wayne

Definitions

Appeal: A request for your health insurance plan to review a decision that denies a benefit or payment.

Co-payment: The part of the cost members pay for certain service or items. This is a set amount.

Durable medical equipment (DME): Equipment and supplies ordered by a health care provider for everyday or continued use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency medical condition: An illness, injury, symptom or condition so serious that a reasonable person would look for care right away to avoid severe harm.

Emergency medical transportation: Ambulance services for an emergency medical condition.

Emergency room care: Emergency services you get in an emergency room.

Emergency services: Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

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

Grievance: A complaint that you communicate to your health insurer or plan.

Habilitation services: Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health insurance: A contract that requires your health insurer to pay some or all of your health care costs.

Home health care: Health care services a person receives at home.

Hospice services: Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital outpatient care: Care in a hospital that usually doesn't require an overnight stay.

MH Parity "Medical necessity," "medically necessary care," or "medically necessary and appropriate" means: With respect to the treatment of a mental health or substance use disorder, a service or product addressing the specific needs of that patient for the purpose of screening, preventing, diagnosing, managing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of an illness, injury, condition, or its symptoms, in a manner that is:

- In accordance with the generally accepted standards of mental health or substance use disorder care.
- Clinically appropriate in terms of type, frequency, extent, site, and duration; and
- Not primarily for the economic benefit of the insurer, purchaser, or for the convenience of the patient, treating physician, or other health care provider.

Physical Health "Medical necessity," "medically necessary care," or "medically necessary and appropriate" means: Care based upon generally accepted medical practices in light of conditions at the time of treatment which is:

- Appropriate and consistent with the diagnosis and the omission of which could adversely affect or fail to improve the eligible enrollee's condition;
- Compatible with the standards of acceptable medical practice in the United States;
- Provided in a safe and appropriate setting given the nature of the diagnosis and the severity of the symptoms;
- Not provided solely for the convenience of the eligible enrollee or the convenience of the health care provider or hospital; and
- Not primarily custodial care, unless custodial care is a covered service or benefit under the eligible enrollee's evidence of coverage.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-participating provider: A provider who doesn't have a contract with your health plan to provide services to you.

Physician services: Health care services a doctor provides or coordinates.

Plan: A benefit provided to you to pay for your health care services.

Primary care physician: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient

Primary care provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access health care services.

Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Participating provider: A provider who has a contract with your health plan to provide services to you.

Premium: The amount you pay for your health insurance every month.

Prescription drug coverage: Health insurance or plan that helps pay for prescription drugs and medications.

Prescription drugs: Drugs and medications that by law require a prescription.

Primary care physician: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary care provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access health care services.

Provider: A health professional who provides health care services.

Rehabilitation services and devices: Health care services or supplies that help you keep, get back, or improve skills and functioning for daily living. The skills may have been lost or impaired because you were sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled nursing care: Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Urgent care: Care for an illness, injury or condition serious enough that a reasonable person would look for care right away, but not so severe it requires emergency room care.

Language Assistance

You can get free help in your language. Peach State Health Plan offers language assistance, including written and spoken language support, as well as auxiliary aids and services. Large font, and other alternative formats are also available to you at no cost. Need help? Call Member Services at **1-800-704-1484**. If you have a hearing or speech disability, call **TTY/TDD 1-800-255-0056**.

Español (Spanish):

Puede obtener ayuda gratuita en su idioma. Peach State Health Plan brinda asistencia lingüística, que incluye apoyo tanto en forma escrita como oral, además de ayudas y servicios auxiliares. También tiene a su disposición, sin costo alguno, letra grande y otros formatos alternativos. ¿Necesita ayuda? Llame a Servicios para Miembros al **1-800-704-1484**. Si tiene una discapacidad auditiva o del habla, llame al **TTY/TDD 1-800-255-0056**.

Tiếng Việt (Vietnamese):

Quý vị có thể được trợ giúp miễn phí bằng ngôn ngữ của quý vị. Peach State Health Plan cung cấp hỗ trợ ngôn ngữ, bao gồm hỗ trợ ngôn ngữ viết và nói, cũng như các dịch vụ và trợ giúp bổ sung. Phông chữ lớn và các định dạng thay thế khác cũng được cung cấp miễn phí cho quý vị. Cần hỗ trợ? Hãy gọi Dịch Vụ Hội Viên theo số **1-800-704-1484**. Nếu quý vị bị khiếm thính hay khiếm thanh, hãy gọi **TTY/TDD 1-800-255-0056**.

简体中文 (Mandarin):

您可以获得以您的母语提供的免费帮助。桃州（Peach State）**健康**计划提供语言帮助，包括书面和口头语言支持，以及辅助工具和服务。您还可以免费获得大字体和其他替代格式。需要帮助？请致电 **1-800-704-1484** 联系会员服务部。如果您有听力或语言障碍，请拨打 **TTY/TDD 1-800-255-0056**。

繁體中文(Cantonese):

您可以免費獲得母語幫助。桃州健康計畫提供語言幫助，包括書面和口頭語言支援，以及輔助工具和服務。您還可以免費獲得大字體和其他替代格式。需要幫助嗎？請致電 1-800-704-1484 聯絡會員服務。如果您有聽障或語障，請撥打 TTY/TDD 1-800-255-0056。

한국어(Korean):

원하는 언어로 무료 지원을 받을 수 있습니다. Peach State Health Plan은 문서 및 음성 언어 서비스를 포함한 언어 지원을 비롯하여 보조 기기와· 서비스를 제공합니다. 큰 글자본을 비롯해 다양한 대체 서식도 무료로 제공됩니다. 도움이 필요하세요? 회원 서비스**(1-800-704-1484)**로 연락해 주세요. 청각 또는 언어 장애가 있으시면 **TTY/TDD 1-800-255-0056**번으로 연락해 주세요.

Igbo:

Ị nwere ike inweta enyemaka n'efu n'asụsụ gị. Peach State Health Plan na-enye enyemaka asụsụ, gụnyere enyemaka asụsụ nke odide na nke nsụgharị okwu, yana ngwa nziritaozi na ọrụ enyemaka. Mkpụrụ edemede ukwu, nakwa ụdị ndị ọzọ dịkwara gị na-akwụghị ụgwọ. Ịchọrọ enyemaka? Kpọọ Onye Enyemaka Ndị Otu na **1-800-704-1484**. Ọ bụrụ na ị nwere nsogbu n'ikwu okwu maọbụ ịnụ ihe, kpọọ **TTY/TDD 1-800-255-0056**.

Français (French):
Vous pouvez recevoir une assistance gratuite dans votre langue. Le Projet sanitaire Peach State Health propose une assistance linguistique, notamment un appui linguistique écrit et oral, ainsi que des aides et des services auxiliaires. Une grande police de caractères et d'autres formats alternatifs sont également possibles sans frais. Besoin d'aide ? Appelez les Services aux adhérents au **1-800-704-1484**. Si vous présentez un handicap auditif ou d'élocution, appelez par téléscripteur/ATS au **1-800-255-0056**.

Anglè (French-Creole):
Ou ka jwenn èd gratis nan lang ou. Plan Sante Peach State la ofri asistans lang, ki gen ladan sipò lang alekri ak aloral, ak asistans ak sèvis oksilyè tou. Tèks an gwo karaktè ak lòt fòma disponib pou ou tou gratis. Ou bezwen èd? Rele Sèvis Kliyantèl la nan **1-800-704-1484**. Si ou genyen yon andikap pou tande oswa nan langaj, rele TTY/TDD nan **1-800-255-0056**.

हिंदी (Hindu):
आप अपनी भाषा में मुफ्त सहायता प्राप्त कर सकते हैं। Peach State Health Plan द्वारा लिखित और मौखिक भाषा सहायता और सहायक उपस्करण तथा सेवाओं सहित भाषा सहायता उपलब्ध कराई जाती है। आपके लिए बड़े अक्षर और वैकल्पिक फॉर्मेट बिना अतिरिक्त लागत के उपलब्ध हैं। सहायता चाहिए? **1-800-704-1484** पर सदस्यता सेवा को कॉल करें। यदि आपको सुनने या बोलने में समस्या है, तो **TTY/TDD 1-800-255-0056** पर कॉल करें।

አማርኛ (Amharic):
በራስዎ ቋንቋ ነጻ እርዳታ ማግኘት ይችላሉ። የፒች ግዛት የጤና እቅድ የጽሁፍ እና የንግግር ድጋፍን ጨምሮ የቋንቋ ድጋፍን እንዲሁም አጋዥ መሳሪያዎችን እና አገልግሎቶችን ይሰጣል። እንዲሁም ትልቅ ቅርጸ-ቁምፊ እና ሌሎች አማራጭ ቅርጸቶች ለእርስዎ ያለምንም ወጪ ይገኛሉ። እርዳታ ይፈልጋሉ? በ **1-800-704-1484** ለአባል አገልግሎት ይደውሉ። የመስማት ወይም የመናገር እክል ካለብዎ ወደ **TTY/TDD 1-800-255-0056** ይደውሉ።

Gujarati:
તમને તમારી ભાષામાં નિઃશુલ્ક મદદ મળી શકે છે. પીચ સ્ટેટ હેલ્થ પ્લાન (Peach State Health Plan) લખવા અને બોલવાના કૌશલ્ય સંબંધિત ભાષા સંબંધિત સહાયની સાથે-સાથે સહાયક સહાય અને સેવાઓ પ્રદાન કરે છે. મોટા અક્ષરો અને અન્ય વૈકલ્પિક ફોર્મેટ પણ તમારા માટે કોઈપણ ખર્ચ વિના ઉપલબ્ધ છે. મદદની જરૂર છે? સભ્ય સેવાઓને **1-800-704-1484** પર કૉલ કરો. જો તમને સાંભળવા અથવા બોલવા સંબંધિત અક્ષમતા હોય, તો **TTY/TDD 1-800-255-0056** પર કૉલ કરો.

Português (Portuguse):
Pode obter ajuda gratuita no seu idioma. O Peach State Health Plan (plano de saúde Peach State - estado da Geórgia) proporciona assistência linguística, incluindo apoio linguístico escrito e oral, bem como ajudas e serviços auxiliares. Os formatos de letra grande e outros formatos alternativos também estão disponíveis gratuitamente. Precisa de ajuda? Contacte os Serviços para Membros através do número **1-800-704-1484**. Se tiver uma deficiência auditiva ou verbal, ligue para **TTY/TDD 1-800-255-0056**.

Deutsch (German):
Sie können kostenlose Hilfe in Ihrer Sprache in Anspruch nehmen. Der Peach State-Krankenversicherungsplan bietet Sprachunterstützung an, einschließlich geschriebener und gesprochener Sprachunterstützung, ebenso wie zusätzliche Hilfsangebote und Dienste. Große Schrift und andere alternative Formate stehen Ihnen ebenfalls ohne Zusatzkosten zur Verfügung. Benötigen Sie Hilfe? Rufen Sie den Mitgliederservice unter **1-800-704-1484** an. Wenn Sie an einem Gehörschaden oder einer Sprechstörung leiden, rufen Sie an unter **TTY/TDD 1-800-255-0056**.

ఇంగ్లిష్ (Telegu):
మీరు మాట్లాడే భాషలో ఉచితంగా సహకారం పొందుతారు. Peach State హెల్త్ ప్లాన్ భాషా సాయాన్ని అందిస్తుంది, ఇందులో రాతపూర్వక మరియు మౌఖిక భాషా మద్ధతు, అలాగే సహకారం మరియు సేవలు అందించబడతాయి. పెద్ద ఫాంట్ మరియు ఇతర ప్రత్యామ్నాయ ఫార్మెట్‌లు కూడా మీకు ఉచితంగా లభ్యమవుతాయి. మీకు సహాయం కావాలా? సభ్యుల సేవల నిమిత్తం **1-800-704-1484**కు కాల్ చేయండి. మీకు వినికిడి లేదా మాట్లాడటంలో లోపం ఉంటే, **TTY/TDD 1-800-255-0056** కు కాల్ చేయండి.

Anglè (Haitan-Creole):
Ou ka jwenn èd gratis nan lang ou. Plan Sante Peach State la ofri asistans lang, ki enkli sipò lang alekri ak oral, e tou asistans ak sèvis oksilyè. Tèks an gwo karaktè ak lòt fòma disponib pou ou tou gratis. Bezwen èd? Rele Sèvis Kliyantèl la nan 1-800-704-1484. Si ou genyen yon andikap tande oswa langaj, rele TTY/TDD nan 1-800-255-0056.

العربية اللغة **(Arabic):**
يمكنك الحصول على مساعدة مجانية بلغتك. يقدم لك برنامج Peach State Health Plan خدمات المساعدة اللغوية، بما في ذلك الدعم اللغوي المكتوب والمنطوق، بالإضافة إلى الوسائل والخدمات المساعدة. كما يُوفر لك الطباعة بخط كبير وتنسيقات بديلة أخرى بدون . إذا كنت تعاني من إعاقة في السمع أو**1484-704-800-1**أي تكلفة. هل تحتاج إلى المساعدة؟ اتصل بخدمات الأعضاء على النطق، فاتصل بخدمةTTY/TDD الرقم: .**0056-255-800-1** :على الرقم

Kiswahili (Swahili):
Unaweza kupata msaada bila malipo katika lugha yako. Mpango wa Afya wa Jimbo la (Peach Peach State Health Plan) unatoa msaada wa lugha, ikiwemo msaada wa lugha ya maandishi na ya mazungumzo, pamoja na huduma saidizi na za ziada. Fonti kubwa, na miundo mingine mbadala pia unaipata bila gharama yoyote. Je, unahitaji msaada? Piga simu ya Huduma za Wanachama kwa **1-800-704-1484**. Ikiwa una ulemavu wa kusikia au kuzungumza, piga simu kwa **TTY/TDD 1-800-255-0056**.



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¿Necesita ayuda para entender esto? Si la necesita, llame a la línea de Servicios para los miembros de Peach State Health Plan al 1-800-704-1484. Si es una persona con problemas de audición, llame a nuestro TDD/TTY 1-800-255-0056. Para obtener esta información en letra más grande o que se la lean por teléfono, llame a Servicios para los Miembros.

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