



# Provider Quick Reference

Georgia  
Planning for Healthy Babies® Program



1-800-454-3730  
[providers.amerigroup.com](http://providers.amerigroup.com)

Amerigroup Community Care has contracted with the Georgia Department of Community Health (DCH) to implement the Planning for Healthy Babies® (P4HB) program. The P4HB program is designed to:

- Provide family planning-related services to eligible women who meet income requirements
- Promote child-spacing intervals through effective contraceptive use
- Reduce the number of Low Birth Weight (LBW) and Very Low Birth Weight (VLBW) births by giving participants access to prenatal planning, health education and vitamins
- Provide access to Interpregnancy Care (IPC) services for women with previous VLBW infants

*The P4HB program provides family planning services at no cost to eligible women. Participants may enroll in one of these program sections:*

- Family Planning
- Interpregnancy Care (IPC)
- Resource Mother Outreach

Both IPC and Resource Mother Outreach services are limited to women who give birth to VLBW babies (babies born weighing less than 3 pounds, 5 ounces) born on or after January 1, 2011. If a woman who gives birth to a VLBW baby does not receive Medicaid benefits but meets state income requirements, she will be enrolled in the IPC section of the P4HB program. The IPC section includes Family Planning and Resource Mother Outreach services.

A woman who currently receives Medicaid benefits and gives birth to a VLBW baby is only eligible for Resource Mother Outreach services under the P4HB program. The Resource Mother Outreach section offers support to mothers and provides them with information on parenting, nutrition and healthy lifestyles.

The program covers:

- Annual physical exams, including Pap smears
- Contraceptives and multivitamins with folic acid
- Family planning counseling
- IPC services, including primary care and dental services, substance abuse treatment services, Resource Mother Outreach services, and more



P4HB PROGRAM COMPONENT	ELIGIBILITY REQUIREMENTS	COVERAGE SUMMARY/ COVERED SERVICES
<p><b>Family Planning</b></p>	<p>The member:</p> <ul style="list-style-type: none"> <li>■ Is 18 to 44 years of age</li> <li>■ Is not enrolled in Medicaid</li> <li>■ Meets state income requirements</li> <li>■ May have had a VLBW baby (less than 3 pounds, 5 ounces)</li> </ul>	<ul style="list-style-type: none"> <li>■ Family planning services and supplies only (not primary care services)</li> <li>■ Annual family planning, initial or annual exams</li> <li>■ Contraceptive services and supplies</li> <li>■ Follow-up family planning or family planning-related service visits</li> <li>■ Treatment of major complications related to family planning services</li> <li>■ Planning for Healthy Babies® (P4HB) participant counseling and referrals for social services such as WIC</li> <li>■ Sterilizations</li> <li>■ Multivitamins with folic acid/folic acid</li> <li>■ Hepatitis B and Tetanus diphtheria vaccines</li> </ul>
<p><b>Interpregnancy Care (IPC)</b></p>	<p>The member:</p> <ul style="list-style-type: none"> <li>■ Is 18 to 44 years of age</li> <li>■ Is not enrolled in Medicaid</li> <li>■ Meets state income requirements</li> <li>■ Has had a VLBW baby (less than 3 pounds, 5 ounces)</li> </ul>	<ul style="list-style-type: none"> <li>■ Primary care services</li> <li>■ Office/outpatient visits – five per year</li> <li>■ Management and treatment of chronic diseases</li> <li>■ Substance abuse treatment (detoxification and intensive outpatient rehabilitation)</li> <li>■ Limited dental</li> <li>■ Prescription drugs (non-family planning)</li> <li>■ Nonemergency transportation</li> <li>■ Case management – Resource Mother Outreach services listed below</li> <li>■ Family Planning and Resource Mother Outreach services</li> </ul>
<p><b>Resource Mother Outreach</b></p>	<p>The member:</p> <ul style="list-style-type: none"> <li>■ Is 18 to 44 years of age</li> <li>■ Is currently enrolled in Medicaid (only eligible for Resource Mother Outreach services)</li> <li>■ Has had a VLBW baby (less than 3 pounds, 5 ounces)</li> </ul>	<ul style="list-style-type: none"> <li>■ Covers members who are enrolled in other Medicaid programs. Resource Mothers employed (or contracted) by Amerigroup will help members: <ul style="list-style-type: none"> <li>■ Adopt better behaviors like healthy eating and smoking cessation</li> <li>■ Comply with primary care medical appointments and arrange for nonemergency medical transportation</li> <li>■ Obtain regular preventive health visits and appropriate immunizations for their children</li> <li>■ Comply with treatment and medications for chronic health conditions</li> <li>■ Access social services support</li> <li>■ Connect to community resources (e.g., WIC)</li> </ul> </li> </ul>

## CLAIMS

The P4HB claims process requires that reimbursable procedure codes for office visits, laboratory tests and certain other procedures carry a primary diagnosis or modifier that identifies them as family planning services. For complete details about Amerigroup claim processes and procedures, refer to our Medicaid provider manual.

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## EMERGENCY MEDICAL CARE

P4HB participants who have a family planning-related emergency medical condition should not be held liable for payment. Once the participant's condition is stabilized, providers must obtain precertification for hospital admission or prior authorization for follow-up care.

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## ELIGIBILITY

The Georgia DCH has the sole authority for determining eligibility for the P4HB program. The DCH, or its agent, will continue responsibility for the electronic eligibility verification system.

Eligibility is determined by DCH and includes the following:

- Women ages 18 through 44 who meet monthly family income limits
- Women who do not receive Medicaid (eligible for Family Planning services)
- Women who give birth to a baby weighing less than 3 pounds, 5 ounces and *do not* receive Medicaid or lose Medicaid coverage (eligible for the IPC services)
- Women who receive Medicaid and give birth to a baby weighing less than 3 pounds, 5 ounces (eligible for Resource Mother Outreach services *only*)

## Exclusions

The following women are excluded from participation in the P4HB program:


- Eligible women who become pregnant while enrolled
- Women determined to be infertile (sterile) or who are sterilized while enrolled in the P4HB program
- Women who become eligible for any other Medicaid or commercial insurance program
- Women who no longer meet the P4HB program eligibility requirements
- Women who are or become incarcerated or who move out of the state



# PLANNING FOR HEALTHY BABIES® (P4HB) PROGRAMS

## Family Planning and Family Planning-related Services




The pink P4HB logo identifies the participant as eligible for Family Planning services *only*:



Effective Date: **MDYEFF**  
 Date of Birth: **MDYDOB**  
 Subscriber #: **MEMBERID**

FAMILY PLANNING SERVICES

Member Name: **MBRNAME**  
 State Identifier #: **MBRALTKEY**

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care covered by the program. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Not all emergency care is covered by this program. Always call your Family Planning Provider for non-emergency family planning care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

**MIEMBROS:** Porte esta tarjeta en todo momento. Muestre esta tarjeta antes de recibir atención médica cubierta por el programa. No tiene que mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. No toda la atención de emergencia está cubierta por este programa. Llame siempre a su Proveedor de Planificación Familiar para atención de planificación familiar que no sea de emergencia. Si tiene alguna pregunta, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo(a) o tiene problemas auditivos, llame al 1-800-855-2884.

**HOSPITALS:** For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**PROVIDERS:** For preauthorizations/billing or pharmacy information, call 1-800-454-3730.

**PHARMACIES:** Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; RXGRP: RX4284 For technical help, call Caremark at 1-800-364-6331.

**SUBMIT MEDICAL CLAIMS TO:**  
 AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010

**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**

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## Interpregnancy Care (IPC) Services

IPC services are noted in the above chart and are available in addition to the family planning services and Resource Mother Outreach described in the previous section.

### SELECTION OF A PRIMARY CARE PROVIDER

Family Planning-only participants, with counseling and assistance from DCH or its agent, are encouraged to choose a Primary Care Provider (PCP) for these services. Only specified Primary Care services related to Family Planning are covered under the program. Amerigroup will furnish a list of available providers affiliated with the Georgia Primary Care Association. The list also includes other PCPs serving the uninsured and underinsured populations who are available to provide family planning primary care services.




The purple P4HB logo identifies the participant as eligible for IPC and Family Planning services:



Effective Date: **MDYEFF**  
 Date of Birth: **MDYDOB**  
 Subscriber #: **MEMBERID**

INTERPREGNANCY CARE

Member Name: **MBRNAME**  
 State Identifier #: **MBRALTKEY**  
 Primary Care Provider (PCP): **PCPNAME**  
 PCP Telephone #: **PCPPHONE**  
 PCP After Hours #: **CLINICPHONE**  
 PCP Address: **PCP\_ADDRESS\_LINE1 PCP\_ADDRESS\_LINE2**

Amerigroup Member Services: **1-800-600-4441**

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for non-emergency care. If you have questions, call Member Services at 1-800-600-4441. If you are hearing impaired, please call 1-800-855-2880.

**MIEMBROS:** Porte esta tarjeta en todo momento. Muestre esta tarjeta antes de recibir atención médica. No tiene que mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para atención que no sea de emergencia. Si tiene alguna pregunta, llame a Servicios al Miembro al 1-800-600-4441. Si tiene deficiencia auditiva, llame al 1-800-855-2884.

**HOSPITALS:** For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.

**PHARMACIES:** Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; RXGRP: RX4284. For technical help, call Caremark at 1-800-364-6331.

**SUBMIT MEDICAL CLAIMS TO:**  
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# PLANNING FOR HEALTHY BABIES® (P4HB) PROGRAMS

## Resource Mothers Outreach

The yellow P4HB logo identifies the participant as eligible for Resource Mothers Outreach services *only*:

 <b>RESOURCE MOTHER OUTREACH</b> Member Name: <b>MBRNAME</b> State Identifier #: <b>MBRALTKEY</b>	Effective Date: <b>MDYEFF</b> Date of Birth: <b>MDYDOB</b> Subscriber #: <b>MEMBERID</b>	 	<p><b>MEMBERS:</b> Please keep this card with your Medicaid ID card. For questions about Resource Mother or Case Management services, please call Member Services at 1-800-600-4441. For medical questions, please call your state Medicaid office at 1-866-211-0950. If you have an emergency, call 911 or go to the nearest emergency room. Always call your doctor for nonemergency care.</p> <p><b>MIEMBROS:</b> Conserve esta tarjeta junto con su tarjeta de identificación de Medicaid. Para preguntas sobre servicios de Madre Tutora (Resource Mother) o Manejo de Casos, llame a Servicios al Miembro al 1-800-600-4441. Para preguntas médicas, llame a la oficina de Medicaid de su estado al 1-866-211-0950. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su médico para atención que no sea de emergencia.</p>
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010 <b>USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.</b> GA04 10/11			

Women served under the IPC component of the P4HB program and women enrolled in other Medicaid programs who have delivered a VLBW baby on or after January 1, 2011, have access to a Resource Mother.

If you have questions or need additional information about the services described in this quick reference card, please call Provider Services at 1-800-454-3730.

