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Provider Manual Addendum

Planning for Healthy Babies®

800-454-3730

https://providers.amerigroup.com/GA

Planning for Healthy Babies®

GAAGP-CD-PM-060565-24 August 2024

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UPDATES AND CHANGES

This provider manual, as part of your provider agreement and related addendums, may be updated at any time and is subject to change. The most updated version is available online at providers.amerigroup.com/GA. To request a free, printed copy of this manual, call Provider Services at **800-454-3730**.

If there is an inconsistency between information contained in this manual and the agreement between you or your facility and Amerigroup Community Care the agreement governs. In the event of a material change to the information contained in this manual, we will make all reasonable efforts to notify you through web-posted newsletters, provider bulletins and other communications. In such cases, the most recently published information supersedes all previous information and is considered the current directive. This manual is not intended to be a complete statement of all policies and procedures. We may publish other policies and procedures not included in this manual on our website or in specially targeted communications, including but not limited to bulletins and newsletters.

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INTRODUCTION

Amerigroup Community Care is contracted with the Georgia Department of Community Health (DCH) to offer the Planning for Healthy Babies® (P4HB) program. This program provides family planning services at no cost to eligible women in Georgia. Women can enroll in one of the following components, based on their eligibility:

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

Both IPC and Resource Mother Outreach services are limited to women who give birth to Very Low Birth Weight (VLBW) babies (babies born weighing less than 1500 grams three pounds, five ounces) born on or after January 1, 2011. If a woman does not receive Medicaid benefits but she meets state income requirements and gives birth to a VLBW baby, she will be enrolled in the IPC section of the P4HB program, which also includes Family Planning and Resource Mother Outreach services. Services such as primary care visits, management and treatment of chronic diseases, substance abuse treatment and limited dental care fall under the IPC section of the program. The Family Planning section of the program includes services such as an initial and annual exam, contraceptive services and supplies, pregnancy testing, and STI testing and treatment.

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

Implementation of the P4HB program will:

- Provide family planning-related services to eligible women who meet income requirements
- Increase birth spacing intervals through effective contraceptive use.
- Reduce the number of VLBW births through access to prenatal planning, health education and vitamins.
- Provide access to IPC services for women with previous VLBW infants.

ELIGIBILITY AND ENROLLMENT

Eligibility

DCH is the sole authority for determining eligibility for the P4HB program. DCH, or its agent, will maintain responsibility for the electronic eligibility verification system.

Eligibility for Georgia Families is determined by DCH based on the following criteria:

- Women ages 18 through 44 who are otherwise uninsured with family income at or below 211 percent of the federal poverty level. The P4HB includes two distinct groups of women eligible for:
  1. Family planning services only
  2. IPC and family planning services
- Women who **do not** receive Medicaid are eligible for IPC and Family Planning services
- Women who gave birth to a VLBW baby (weighing less than 1500 grams or three pounds, five ounces) and **do not** receive Medicaid or are losing Medicaid coverage are eligible for the IPC services
- The following Medicaid eligibility categories are required to receive Resource Mothers Outreach through the P4HB program:

- Women ages 18 through 44 who qualify under the low income Medicaid class of assistance under the Georgia Medicaid state plan who are already enrolled in Georgia Families, and who deliver a VLBW baby on or after January 1, 2011
- Women ages 18 through 44 who qualify under the aged, blind or disabled classes of assistance under the Georgia Medicaid state plan, and who deliver a VLBW baby on or after January 1, 2011

P4HB Disenrollment

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 no longer meet the P4HB program eligibility requirements
- Women who are or become incarcerated
- Women who move out of the state
- Women who have aged out
- Women who have other health insurance

Enrollment:

- DCH, or its agent, will review the Medicaid Management Information System (MMIS) file daily. They will send written notification and information within two business days to all P4HB participants who are determined eligible.
- A P4HB participant will be automatically assigned a Care Management Organization (CMO) health plan and a family planning provider.
- A P4HB participant eligible for IPC services under Georgia Families will be automatically assigned a CMO plan, a family planning provider and a Primary Care Provider (PCP). The family planning provider and the PCP may be the same provider.
- **During the first 90 days** in a plan, eligible recipients may switch to a different plan.
- **After 90 days**, recipients cannot change plans unless there is a special reason and permission is obtained from Georgia Families.
- **After one year in a plan**, recipients can change plans. Georgia Families will mail information to recipients about changing plans at that time.

Amerigroup will notify pregnant members at least 30 calendar days prior to the expected date of delivery that they may be eligible to enroll in the P4HB program. These members may choose to switch to a different CMO plan for receipt of P4HB program services.

Enrollment Procedures

Women already enrolled in Georgia Families due to pregnancy will have an expedited enrollment into the P4HB program upon termination of their pregnancy benefits. Members determined to be eligible for the P4HB program must be given the opportunity to choose a new CMO, if desired, for the delivery of P4HB program-related services.

MEMBERS' RIGHTS

Members have:

1. A right to receive information about the organization, its services, its practitioners and member rights and responsibilities.
2. A right to be treated with respect and recognition of their right to privacy.

3. A right to participate with practitioners in making decisions about their health care.
4. A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
5. A right to voice complaints or appeals about the organization or the care it provides.
6. A right to make recommendations regarding the organization's member rights and responsibilities policy
7. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
8. A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
9. A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

P4HB participants have a right to:

- Receive information about the P4HB program.
- Be treated with respect and due consideration for dignity and privacy.
- Have all records, medical and personal information remain confidential.
- Receive information on available demonstration-related treatment options and alternatives presented in a manner appropriate to the P4HB participant's condition and ability to understand.
- Participate in decisions regarding her demonstration services.
- Request and receive a copy of medical records pursuant to *45 CFR 160* and *164, subparts A and E*, and request to amend or correct the record as specified in *45 CFR 164.524* and *164.526.*
- Receive demonstration-related services in accordance with *42 CFR 438.206* through *438.210*, as appropriate.
- Freely exercise her rights, including those related to filing a grievance or appeal, and that the exercise of these rights will not adversely affect the way the P4HB participant is treated.
- Not be held liable for the contractor's debts in the event of insolvency; not be held liable for the demonstration-related services provided to the P4HB participant for which DCH does not pay the contractor; not be held liable for demonstration-related services provided to the P4HB participant for which DCH or the CMO plan does not pay the demonstration provider that furnishes the demonstration services; and not be held liable for payments of demonstration-related services furnished under a contract, referral or other arrangement to the extent that those payments are in excess of the amount the P4HB participant would owe if the contractor provided the services directly.

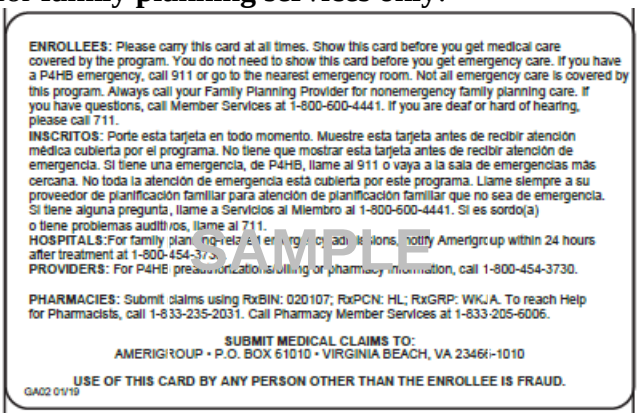
COVERED BENEFITS, SERVICES, AND MEMBER IDENTIFICATION CARDS

Emergency Services

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

Family Planning and Family Planning-Related Services

The pink P4HB logo identifies the participant as eligible for **family planning services only**:



Family planning and family planning-related services covered under the P4HB program must be performed by family planning providers as part of a family planning visit or service.

Reimbursement will not be available for the costs of any services, items, or procedures that do not meet specific program requirements, as outlined below, even if family planning clinics or providers provided them. The P4HB program does not reimburse for testing or treatment not associated with a family planning visit (such as, those provided at a public sexually transmitted infection STI clinic).

Family planning services and supplies for members include at a minimum:

- Education and counseling necessary to make informed choices and understand contraceptive methods.
- Initial and annual complete physical examinations including a pelvic examination and Pap test.
- Follow-up, brief, and comprehensive visits.
- Pregnancy testing.
- Contraceptive supplies and follow-up care.
- Drugs, supplies, or devices related to the services described above that are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).
- Diagnosis of STIs.
- Treatment of STIs with the following exception: drugs for the treatment of HIV/AIDS and hepatitis C.
- Use of multivitamins with folic acid or folic acid alone to all women of reproductive age.

Family planning initial or annual exams (one per year), including:

- Comprehensive family planning visit.
- Laboratory tests performed during an initial family planning visit for contraception include a Pap smear, screening tests for STIs, blood counts and pregnancy test; additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program, or provider.

Contraceptive services and supplies:

- Procedures or services clearly provided or performed for the primary purpose of family planning
- Contraceptive initiation
- Periodic or interperiodic contraceptive management

- Patient education and counseling

Follow-up family planning or family planning-related service visits

In order for a follow-up family planning visit to be reimbursed, it must carry a primary diagnosis or a modifier that specifically identifies it as a family planning service. Services provided must be those that are generally performed as part of or as follow-up to a family planning service for contraception. Such services are provided because a family planning-related problem was identified or diagnosed during a routine periodic family planning visit. Office visits, laboratory tests and certain other procedures must also carry a primary diagnosis or modifier that specifically identifies them as a family planning service.

During follow-up visits, providers can:

- Conduct follow-up on abnormal testing such as:
    - Rescreen for an abnormal Pap smear.
    - Screen or rescreen for a STI.
- Perform colposcopy (and procedures done with/during a colposcopy).
- Perform a Loop Electrosurgical Excision Procedure (LEEP).
- Provide treatment/drugs for STIs, except for HIV/AIDS and hepatitis C, when the STIs were identified/diagnosed during the routine periodic family planning visit.
- Provide treatment/drugs for vaginal infections/disorders; other lower genital tract and genital skin infections/disorders; and urinary tract infections when these conditions were identified/diagnosed during the routine periodic family planning visit.

Treatment of major complications related to family planning services such as:

- A perforated uterus due to an intrauterine device insertion
- Severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage
- Surgical or anesthesia-related complications during a sterilization procedure

Counseling and referrals to:

- Social services (for example, WIC)
- Primary health care providers:
    - Primary care services are not offered as part of the family planning visit.
    - Primary care services are not covered for enrollees who are not in the IPC program.
    - Women should be referred to a primary health care provider for conditions identified during a family planning visit.
    - Each CMO is required to maintain an up-to-date list of available providers affiliated with the Georgia Primary Care Association and other PCPs serving the uninsured and underinsured populations who are available to provide primary care services to P4HB participants.

Sterilizations, hysterectomies, and abortions

In compliance with federal regulations, sterilization for P4HB participants is covered only if all of the following requirements are met and the appropriate form is submitted:

- The participant is at least 21 years of age at the time consent is obtained.
- The participant is mentally competent.
- The participant voluntarily gives informed consent in accordance with the state policies and procedures for family planning clinic services, including the completion of all applicable documentation.

- At least 30 calendar days, but not more than 180 calendar days, have passed between the date of informed consent and the date of sterilization.
- An interpreter is provided when language barriers exist; arrangements are to be made to effectively communicate the required information to a participant who is visually impaired, hearing impaired or otherwise disabled.
- The participant is not institutionalized in a correctional facility, mental hospital or other rehabilitative facility.
- A hysterectomy is not considered a covered service for P4HB participants.
- Abortions or abortion-related services are not considered a covered service for P4HB participants.

Prescription drugs

Covered medications for the Family Planning participants include:

- Contraceptives and contraceptive supplies
- Drugs for treatment of sexually transmitted infections, except HIV/AIDS and hepatitis C
- Multivitamins with folic acid or folic acid alone

Any medication not related to the family planning benefit will not be covered and prior authorization is not allowed. For a listing of preferred drugs, refer to the Family Planning searchable formulary or printable Preferred Drug List (PDL) at provider.amerigroup.com/georgia-provider/resources/pharmacy information.

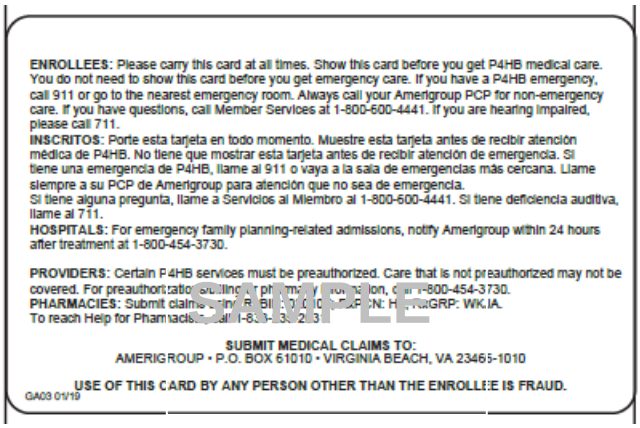
Hepatitis B and Tetanus Diphtheria vaccines:

- Immunizations are covered for P4HB participants ages 18 to 20 for Hepatitis B, tetanus-diphtheria (Td) and combined tetanus, diphtheria, pertussis (Tdap) vaccinations according to the Advisory Committee on Immunization Practices (ACIP) guidelines, as needed.
- Participants aged 18 should receive vaccines through the Vaccines for Children (VFC) program's vaccine stock.
- If the family planning provider is unable to provide these vaccines, the participant should be referred to a network provider or pharmacy who can administer them.

Selection of a PCP

Family Planning only participants, with counseling and assistance from DCH or its agent, will be encouraged to choose a PCP to provide them family planning services only. Primary care services are not covered; therefore, Amerigroup will furnish a list of available providers affiliated with the Georgia Primary Care Association and other PCPs serving the uninsured and underinsured populations who are available to provide primary care services.

Interpregnancy Care Services



These services are available in addition to the family planning services described in the previous section.

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

In addition to the family planning and family planning-related services described above, women who are enrolled in the IPC component of the program will be eligible for the benefits described below.

PRIMARY CARE

Participants in the IPC component have freedom of choice in selecting a PCP.

The PCP is responsible for supervising, coordinating, and providing all primary care to each assigned IPC member.

IPC participants, with counseling and assistance from DCH or its agent, will be encouraged to choose a network PCP. If an IPC P4HB participant fails to select a PCP, Amerigroup will assign the participant to a participating PCP closest to their home address.

For IPC participants, PCP assignment is effective immediately. Amerigroup will notify the IPC participant via mail of her auto-assigned PCP within 10 calendar days of the auto assignment.

Primary care office/outpatient visits:

- Five per year limit

Management and treatment of chronic diseases:

- Managed by the PCP

Substance abuse treatment (detoxification and intensive outpatient rehabilitation):

- Participants can self-refer to an in-network provider for an initial mental health or substance abuse visit, but prior authorization may be required for subsequent visits
- Participants may also receive detoxification and intensive outpatient rehabilitation services only

Case management/Resource Mother Outreach:

- See below

Limited dental

Prescription drugs:

- Covered medications for the IPC participants include:
  - Contraceptives and contraceptive supplies
  - Drugs for treatment of sexually transmitted infections except HIV/AIDS and hepatitis C
  - Multivitamins with folic acid or folic acid alone
  - Hepatitis B, tetanus-diphtheria (Td) and combined tetanus, diphtheria, pertussis (Tdap) vaccinations for age 18 to 20
  - Prescription drugs, supplies or devices related to a chronic disease or condition that may have caused your baby to have very low birth weight
  - Substance abuse treatment
- Any medication not related to the IPC benefit will not be covered and prior authorization is not allowed. For a listing of preferred drugs, refer to the Inter-Pregnancy Care searchable formulary or printable *Preferred Drug List (PDL)* at provider.amerigroup.com/georgia-provider/resources/pharmacy information.

Non-Emergency Medical Transportation:

- Non-Emergency Medical Transportation (NEMT) services will be coordinated with NEMT vendors for services required by P4HB participants in the IPC component.

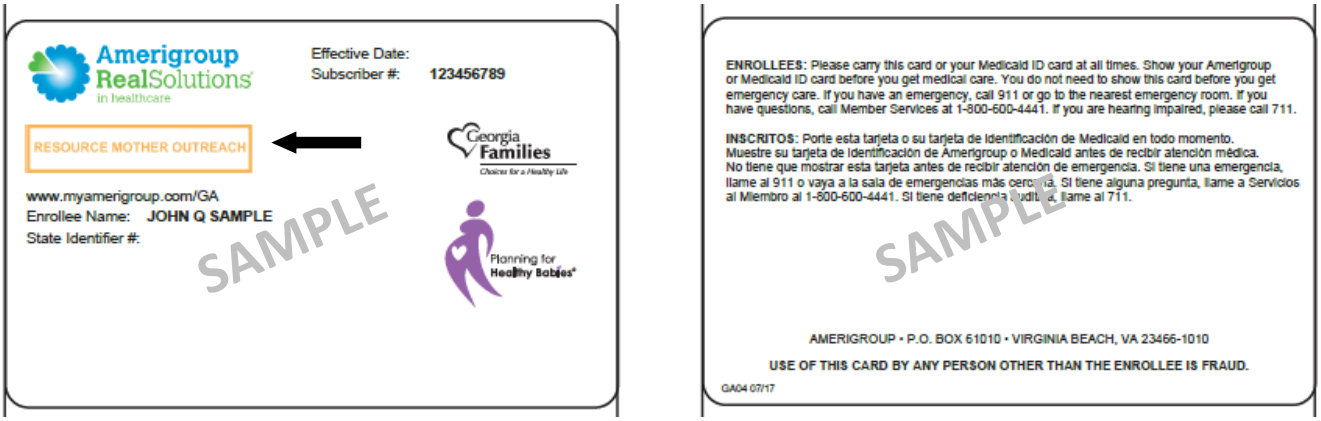
CASE MANAGEMENT

Case Management emphasizes prevention, continuity of care and coordination of care for participants in the IPC component. Additionally, case management performs early identification of participants who have or may have special needs and provides:

- Assessment of a participant's risk factors
- Development of a plan of care
- Referrals and assistance to ensure timely access to network and non-network providers
- Coordination of care actively linking the participant to in-network and out-of-network providers, medical services, residential, social and other support services where needed
- Resource Mother outreach
- Monitoring
- Continuity of care
- Follow-up
- Documentation of care plan, education and services provided

Resource Mother Outreach

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



Under the Resource Mother section of the program, eligible women who have delivered a VLBW baby on or after January 1, 2011, will have access to a resource mother. The CMOs will employ or contract with resource mothers who will assist nurse case managers with the following:

- Increase P4HB participants' adoption of health behaviors such as healthy eating choices and smoking cessation
- Support P4HB participants' compliance with primary care medical appointments, including assisting with arranging nonemergency medical transportation
- Help mothers of VLBW babies obtain regular preventive health visits and appropriate immunizations for their children
- Support P4HB participants' compliance with medications to treat chronic health conditions
- Assist with coordination of social services support
- Assist with linking mothers to community resources such as the WIC special supplemental nutrition program

Providers are encouraged to refer women to the P4HB program who have delivered VLBW infants to determine if they would be eligible to participate in the IPC or resource mother outreach program components.

CLAIMS

For complete details about Amerigroup claim processes and procedures, refer to our Medicaid provider manual.

The P4HB program-specific claim process requires reimbursable procedure codes for office visits, laboratory tests and certain other procedures must carry a primary diagnosis or a modifier that specifically identifies them as a family planning service.

CULTURAL COMPETENCY

Cultural competency is the integration of congruent behaviors, attitudes, structures, policies and procedures that come together in a system, agency or among professionals enabling them to work effectively in cross-cultural situations. Cultural competency practices help an individual to:

- Acknowledge the importance of culture and language.

- Embrace cultural strengths with people and communities.
- Assess cross-cultural relations.
- Understand cultural and linguistic differences.
- Strive to expand cultural knowledge.

The quality of the patient-provider interaction has a profound impact on the ability of patients to communicate symptoms to their provider and to adhere to recommended treatment. Some of the reasons that justify the need for cultural competence in health care at the provider level include:

- The perception of illness and disease, and their causes, vary by culture.
- Belief systems related to health, healing and wellness are very diverse.
- Culture influences help seeking behaviors and attitudes toward health care providers.
- Individual preferences affect traditional and nontraditional approaches to health care.
- Health care providers from culturally and linguistically diverse groups are under-represented in the current service delivery system.

Cultural barriers between the provider and member or P4HB participant can impact many areas including:

- The member's or P4HB participant's level of comfort with the practitioner and fear of what he or she might find upon examination.
- A different understanding on the part of the consumer of the U.S. health care system.
- A fear of rejection of personal health beliefs.
- The member's or P4HB participant's expectation of the health care provider and of the treatment.

To be culturally competent, Amerigroup expects providers serving members or P4HB participants within this geographic location to demonstrate the following competencies:

Cultural awareness needed:

- The ability to recognize the cultural factors (norms, values, communication patterns and world views) which shape personal and professional behavior
- The ability to modify one's own behavioral style to respond to the needs of others while maintaining a professional level of respect and objectivity

Knowledge needed:

- Culture plays a crucial role in the formation of health or illness beliefs.
- Different cultures have different attitudes about seeking help.
- Feelings about disclosure can be unique to culture.
- There are differences in the acceptability and effectiveness of treatment modalities in various cultural and ethnic groups.
- Verbal and nonverbal language, speech patterns and communication styles vary in cultural and ethnic groups.
- Resources, such as formally trained interpreters, should be offered and used on behalf of various cultural and ethnic groups.

Historical factors affect various cultural and ethnic groups. Healing practices and the role of belief systems play a crucial part in the treatment of various cultures and ethnic groups.

Skills needed:

- The ability to know the basic similarities and differences between and among the cultures of the persons served
- The ability to recognize the values and strengths of all cultures
- The ability to interpret diverse cultural and nonverbal behavior
- The ability to develop perceptions and understanding of other's needs, values and preferred means of meeting needs
- The ability to identify and integrate the critical cultural elements of a situation to make culturally consistent inferences and to specify consistency of actions
- The ability to recognize the importance of time and the use of group process to develop and enhance cross-cultural knowledge and understanding
- The ability to withhold judgment, action or speech in the absence of information about a person's culture
- The ability to listen with respect
- The ability to formulate culturally competent treatment plans
- The ability to use culturally appropriate community resources
- The ability to know when and how to use interpreters and to understand the limitations of using interpreters
- The ability to treat each person uniquely
- The ability to recognize racial and ethnic differences and know when to respond to culturally based cues
- The ability to seek out information when you do not know
- The ability to use agency resources
- The capacity to respond with flexibility to a range of possible solutions
- The ability to accept ethnic differences between people and understand how these differences affect the treatment process
- A willingness to work with clients of various ethnic groups

The cultural competency plan is available at providers.amerigroup.com/GA.

To request a printed copy of the cultural competency plan, call Provider Services at **800-454-3730**.

For additional information about benefits and services, see your Amerigroup provider manual. If you have any questions about anything in this document, please don't hesitate to call us at **800-454-3730**. We are always interested in hearing from you. Please contact us with ideas or suggestions of how we can improve our service so that you can focus on your patients.

P4HB program component	Eligibility requirements	Coverage summary
Family Planning	• 18 to 44 years of age • Not enrolled in Medicaid • Meets state income requirements	• Family planning services and supplies only (not primary care services) • Annual family planning, initial or annual exams • Contraceptive services and supplies • Follow-up family planning or family planning-related service visits • Treatment of major complications related to family planning services (see provider manual addendum) • P4HB participant counseling and referrals for social services such as Women, Infants, and Children program (WIC) • Sterilizations (for members at least 21 years of age at the time of consent) • Drug coverage includes limited antibiotics, prenatal vitamins (for example, multivitamins with folic acid), and family planning drugs. Drugs to treat HIV/AIDS and hepatitis C are not covered. • Vaccines including hepatitis B; tetanus-diphtheria (Td); and combined tetanus, diphtheria and pertussis (Tdap) for enrollees ages 18 to 20
Interpregnancy Care (IPC)	• 18 to 44 years of age • Not enrolled in Medicaid • Meets state income requirements • Has had a VLBW baby	• Primary care services • Office/outpatient visits — five per year • Management and treatment of chronic diseases • Substance abuse treatment (detoxification and intensive outpatient rehabilitation) • Limited dental • Prescription drugs include drugs covered under family planning plus maintenance medications for chronic conditions • Medical Nonemergency transportation • Case management — Resource Mother Outreach services listed below • Family Planning and Resource Mother Outreach services

Resource Mother Outreach	• 18 to 44 years of age
	• Currently enrolled in Medicaid (only eligible for Resource Mother Outreach services)
	• Has had a VLBW baby
		• Covers members who are enrolled in other Medicaid programs; Resource Mothers employed (or contracted) by Amerigroup will help members:
		  ○ Adopt better behaviors like healthy eating and smoking cessation
		  ○ Comply with primary care medical appointments and arrange for nonemergency medical transportation
		  ○ Obtain regular preventive health visits and appropriate immunizations for their children
		  ○ Comply with treatment and medications for chronic health conditions
		  ○ Access social service for support
		• Connect to community resources (for example, WIC)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