Maternal Health Provider Guide

Working with Aetna Better Health® of Illinois

Maternal health care providers have an important role in the lives of our pregnant and postpartum members. They educate and empower new parents to advocate for themselves and feel confident in their abilities. While supporting mothers, you also address disparities — including those for women of color and members of marginalized groups.

At Aetna Better Health of Illinois, we support maternal health care providers — including doulas and lactation consultants.

This guide has tips and guidance to help you navigate enrollment, billing and claims, while supporting members with their benefits.

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Aetna Better Health®
of Illinois

Joining our network

Doula services and lactation consultant services are covered under the Medicaid fee-for-service (FFS) program and the Health*Choice* Illinois managed care program.

Consult the **Provider Notices section** on the HFS website for most current information.

For information about joining our network, visit **AetnaBetterHealth.com/Illinois-Medicaid/providers** and complete the **intake form**.

Enrollment tips

Doulas adding to existing contracted groups don't need a new contract. They should make the submission via the IAMHP Universal Roster and email to **ABHILProviderUpdateRequests@Aetna.com**.

If you need additional information, contact our Contracting Department at **ABHILContracting@Aetna.com**.

Doula certification and Medicaid enrollment

Doula providers must be at least 18 years old and certified by the Illinois Medicaid-Certified Doula Program, have a National Provider Identifier (NPI) and enroll in IMPACT, the Illinois Medicaid provider enrollment system. Learn more at **HFS.Illinois.gov/IMPACT.**

Doulas must obtain a certificate from the Illinois Medicaid-Certified Doula Program, administered by the Southern Illinois University (SIU) School of Medicine, before completing the Medicaid enrollment process with HFS. This is the first step in the process of getting approved to bill Medicaid for doula services. You can find details on the certification program at **Illinois Medicaid-Certified Doula Program | SIU School of Medicine**.

You'll find:

- Pathways and requirements - Pick the Training Program Pathway or Legacy Pathway, and see requirements needed to apply.
- How to apply - See a list of required application items, download the handbook and submit your application via email, mail or online.

Once a doula becomes certified through SIU, they will be issued a certificate that confirms they have met all applicable requirements. It contains a unique certification number tied to the doula, with an effective date and expiration date. The certificate must be uploaded during the provider enrollment process with HFS.

Questions about certification should be directed to the SIU School of Medicine at **doulacertification@siumed.edu**.

Doula services are reimbursable to certified doulas enrolled in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) provider enrollment system. Doulas should review the IMPACT Account Activation Instructions for New External IMPACT Users.

In IMPACT, a doula must select an enrollment type of either:

1.) Rendering/servicing provider – An individual provider who will be rendering services to Medicaid customers but will not be submitting claims directly to the State for reimbursement. Enrolling as a rendering provider requires that you associate with a Group Practice or Facility, Agency, Organization (FAO) as a billing provider in the IMPACT system and would not allow you to bill for yourself.

2.) Regular individual/sole proprietor – A provider that owns his/her own practice. A sole proprietor may receive payments directly or associate to billing providers and/or billing agents. If you enroll as a sole proprietor, you can still also associate with a group practice or FAO as your billing provider(s) and they may bill on your behalf, but this is optional. You can use this enrollment option to work as part of an organization and/or bill for yourself.

Doulas must have a National Provider Identifier (NPI) to enroll. Information about obtaining an NPI is located on the **CMS website**.

Note for Advanced Practice Registered Nurses: If you're an advanced practice registered nurse who is also a doula, you can bill using Evaluation and Management codes and don't need to enroll under the new provider type.

Note for clinics: Federally Qualified Health Centers, Rural Health Clinics, and Encounter Rate Clinics will be allowed to bill practitioner claims (instead of medical encounters). For the services listed below, the service must be billed under the enrolled, rendering doula's NPI with payment directed to the clinic/center's corporate NPI.

Doula billable procedure codes

Doulas have a specific HFS payment fee schedule they should use for services. Fee schedules are updated frequently and should be reviewed prior to claim submission. The Doula Medicaid Fee schedule can be found on the **HFS website.** A list of codes as of 02/14/2025 can be found below:

Code	Description	Daily unit max quantity	Maximum quantity payable
S9445	Non-physician Prenatal Patient Education - billable in 15 min increments per unit	N/A	N/A

S9445, HQ	Non-physician Prenatal Patient Education, Group (2+ individuals) - billable in 15 min increments per unit	N/A	N/A
59409	Labor & Delivery Support – Vaginal Delivery Only	1	1 unit per pregnancy
59514	Labor & Delivery Support – Cesarean Delivery	1	1 unit per pregnancy
59612	Labor & Delivery Support – Vaginal Delivery, after previous cesarean delivery (VBAC)	1	1 unit per pregnancy
59620	Labor & Delivery Support – Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	1	1 unit per pregnancy
S9444	Postpartum Parenting Education, Advocacy and Connection to Appropriate Resources - billable in 15 min increments per unit	N/A	N/A
S9444, HQ	Postpartum Parenting Education, Advocacy and Connection to Appropriate Resources, Group (2+ individuals) - billable in 15 min increments per unit	N/A	N/A
59430	Postpartum Visit (attendance with mother at practitioner/OB visit)	1	2 units per delivery
99381	Initial Newborn Visit - Facilitation & Attendance (1st newborn visit with practitioner that occurs within 2 weeks of delivery)	1	1 unit per child
T1032	Doula support during or after miscarriage or abortion - billable in 15 min increments per unit	N/A	N/A

Please note: CPT 59430 is reimbursable only when the doula attends the postpartum visit with a practitioner, and the visit occurs within 26 days from delivery date, and/or between 27-89 days of the delivery date. The actual delivery date must be reported on the claim to receive payment for attendance at the postpartum visit(s), provided the above timelines are met.

Taxonomy code for doula services

374J00000X

Telehealth doula services

The telehealth delivery method is allowable for patient education codes S9444 and S9445, as well as the doula support during and/or after miscarriage or abortion code T1032, utilizing modifier GT (Via Audio and Video Telecommunications Systems) or 93 (Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system) and place of service 02 (Telehealth Provided Other than in Patient's Home) or 10 (Telehealth Provided in Patient's Home), as applicable.

Fee schedule for doula services

More detail regarding the billable procedures is contained in the **Doula Fee Schedule** on the Reimbursements page of the HFS website.

Lactation consultant certification/HFS enrollment

Lactation consultants must obtain a certificate from their certifying board prior to completing the Medicaid enrollment process with HFS. International Board-Certified Lactation Consultants (IBCLCs) must be certified by the International Board of Lactation Consultant Examiners. Certified Lactation Counselors (CLCs) must be certified by the Academy of Lactation Policy and Practice, Inc. Certified Lactation Specialists (CLSs) must be certified by the Lactation Education Consultants.

The certificate must be uploaded during the provider enrollment process with HFS. The certificate must contain a unique certification number tied to the lactation consultant, with a certificate effective date and expiration date. When lactation consultants recertify their credentials, they must submit proof of recertification to HFS.

Lactation consultant services are reimbursable to certified lactation consultants enrolled in the **Illinois Medicaid Program Advanced Cloud Technology (IMPACT)** provider enrollment system. Lactation consultants should review the **IMPACT Account Activation Instructions for New External IMPACT Users.**

IMPACT provider type	IMPACT specialty	IMPACT subspeciality

Health Support Professional	Lactation Consultants	International Board-Certified Lactation Consultant (IBCLC)
Health Support Professional	Lactation Consultants	Lactation Support Professional (LSP) (Includes Certified Lactation Counselors and Certified Lactation Specialists)

In IMPACT, a lactation consultant may select an enrollment type of either:

1.) Rendering/servicing provider– An individual provider who will be rendering services to Medicaid customers but will not be submitting claims directly to the State for reimbursement. Enrolling as a Rendering provider requires that you associate with a Group Practice or Facility, Agency, Organization (FAO) as a billing provider in the IMPACT system and would not allow you to bill for yourself.

2.) Regular individual sole proprietor – A provider that owns his/her own practice. A Sole Proprietor may receive payments directly or associate to Billing Providers and/or Billing Agents. If you enroll as a Sole Proprietor, you can still also associate with a Group Practice or FAO as your Billing Provider(s) and they may bill on your behalf, but this is optional. You can use this enrollment option to work as part of an organization and/or bill for yourself.

Lactation consultants must have a National Provider Identifier (NPI) to enroll. Information about obtaining an NPI is located on the **CMS website.**

Note regarding Advanced Practice Registered Nurses: If you are an advanced practice registered nurse who is also an IBCLC, CLC, or CLS, you can bill using Evaluation and Management codes and don't need to enroll under the new provider type.

Note regarding clinics: Federally Qualified Health Centers, Rural Health Clinics, and Encounter Rate Clinics will be allowed to bill practitioner claims (instead of medical encounters). For the services listed below, the service must be billed under the enrolled, rendering lactation consultant's NPI with payment directed to the clinic/center's corporate NPI.

Medicaid provider educational materials and webinars for lactation consultants

The Medicaid Technical Assistance Center (MTAC), in partnership with HFS, has prepared enhanced Medicaid onboarding educational materials and support to aid lactation consultants in the enrollment process. This includes a Medicaid provider overview

specifically for lactation consultants, how to obtain a National Provider Identifier (NPI), and how to enroll in IMPACT, the Illinois Medicaid provider enrollment system.

Please visit the **MTAC Learning Center** to register for an MTAC Learning Center account to access the **calendar of training dates, times, and registration links**. Lactation consultants may also reach MTAC for technical assistance support at **mtac.maternalhealth@uillinois.edu**.

Questions about this or requests to schedule a MEDI training may be directed to the Bureau of Professional and Ancillary Services at 877-782-5565 for FFS claims, or the appropriate **MCO**.

Lactation consultant billable procedure codes

Lactation consultants have a specific HFS payment fee schedule they should use for services. Fee schedules are updated frequently and should be reviewed prior to claim submission.

The Lactation Consultant Medicaid Fee schedule can be found on the **HFS website**. A list of codes as of 01/01/2024 can be found below:

Code	Modifier	Description
S9443	HD	Lactation Consultation Service by International Board Certified Lactation Consultant (IBCLC)
S9443	(No Modifier)	Lactation Consultation Service by Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS)
S9443	HD HQ	Group Lactation Consultation Service by International Board Certified Lactation Consultant (IBCLC) (2+ customers)
S9443	HQ	Group Lactation Consultation Service by Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS) (2+ customers)

Please note: The appearance of a code on this fee schedule does not guarantee payment. Services for which medical necessity is not clearly established are not covered in the Department's Medical Programs. See Chapter 100, Topic 104 and Chapter A-200, Section 204, for additional exclusions.

Taxonomy code for lactation services

174N00000X

Telehealth for lactation services

Telehealth delivery method is allowable for all services utilizing modifier GT or 93 and place of service 02 or 10, as applicable.

Fee schedule for lactation services

More detail regarding the billable procedures is contained in the **Lactation Consultant Services Fee Schedule** on the Reimbursements page of the HFS website.

Standing recommendation for lactation services

The State of Illinois has issued a **standing recommendation** for lactation consultant services. When lactation consultants document the services they deliver, they must note in their documentation that they either (1) used the standing recommendation or (2) used a recommendation from a specific licensed physician, physician assistant (PA) or advanced practice registered nurse (APRN).

This documentation is for audit purposes and to meet the federal requirement that preventive services provided by the lactation consultant provider type be recommended by a licensed provider. The information will not go on the claim submitted for reimbursement.

The standing recommendation cannot be used by IBCLCs, CLCs or CLSs if breastfeeding is contraindicated by any drug use or health condition, as specified in the standing recommendation.

Submitting claims

Claim format

Lactation consultant services are billed electronically on the 837 Professional transaction. Information regarding electronic 837P transactions may be found in the **Chapter 300 Companion Guide.** Claims may also be submitted via direct data entry within the **MEDI system**.

Lactation consultant services must be billed under the birthing person's recipient identification number (RIN), or the child's RIN if the birthing person is not Medicaid eligible.

Submitting claims

You can file claims with us electronically or through the mail. We work to streamline the way we process claims and improve payment turnaround time so you can save time and effort.

Claim submission:

Electronic portal **(Professional-CMS1500 and Institutional-UB04)**	Availity is our provider portal, which provides functionality for the management of patients, claims, authorizations and referrals. To submit claims online via Availity, choose the button labeled "Medicaid Claim Submission – Office Ally." This link will take you directly to the Office Ally website where you can submit claims using their online claim entry feature or by uploading a claim file. Providers must have an Office Ally account to submit claims online. The status of claims submitted online should be managed through your Office Ally Account. Our electronic payer ID is 68024.
Paper submission **(Professional-CMS1500 and Institutional-UB04)**	Mail paper claims to: Aetna Better Health of Illinois P.O. Box 982970 El Paso, TX 79998-2970

Important claims information

You must file claims within 180 days from the date you provided services unless there's a contractual exception. You have 180 days from the paid date to resubmit a revised version of a processed claim.

All claims must be submitted with this information:

- Member's name, date of birth and ID number
- Type of service
- Date and location of service

Submitting claims online

You can submit claims or resubmissions online through **Availity** using payer ID: 68024. This is our provider claims submission portal, this portal will connect you to Office Ally for claims submission.

Availity is our provider portal, which provides functionality for the management of patients, claims, authorizations and referrals. To submit claims online via **Availity**, choose the button labeled "Medicaid Claim Submission – Office Ally." This link will take you directly to the Office Ally website where you can submit claims using their online claim entry feature or by uploading a claim file.

Providers must have an **Office Ally** account to submit claims online. The status of claims submitted online should be managed through your **Office Ally account**.

Submitting claims by mail

You can also mail hard copy claims or resubmissions. Mark resubmitted claims clearly with "resubmission" to avoid denial as a duplicate. Mail your claims to:

Aetna Better Health of Illinois
PO Box 982970
El Paso, TX 79998-2970

EFT/ERA registration services

Electronic funds transfer (EFT) makes it possible for us to deposit electronic payments directly into your bank account. Electronic remittance advice (ERA) is an electronic file that contains claim payment and remittance info sent to your office. The benefits of an ERA include:

- Reduced manual posting of claim payment info, which saves you time and money, while improving efficiency
- No need for paper Explanation of Benefits (EOB) statements

Aetna Better Health offers EFT/ERA Registration Services (EERS) to all providers.

To learn more about EFT/ERA, visit our **Claims page** on our website.

Helpful tips

- ✓ Always confirm a member's enrollment at the beginning of each month.
- ✓ Use only appropriate procedure codes for services provided. The Fee Schedule for Doulas can be located on the HFS website in the Medicaid Reimbursement section.
- ✓ If a patient has another insurance in addition to Medicaid, an EOB will be required with claim submission.

- ✓ You must be enrolled with IMPACT (Illinois Medicaid Program Advanced Cloud Technology) to provide services to Aetna Better Health of Illinois Members.

Email **ABHILProviderRelations@Aetna.com** for claims questions and concerns.

Important links

- **HFS Provider Notice**
- **Medicaid Reimbursement Fee Schedules**
- **SIU School of Medicine Illinois Medicaid-Certified Doula Program**
  - **Pathways and Requirements Illinois Medicaid-Certified Doula Program**
- **Availity**
- **Office Ally**

Paper remittances

We've outlined some of the main components of a paper remittance. A complete example of the Aetna Better Health of Illinois Explanation of Payment (EOP/Paper remittance) can be found in the **IAMHP Billing Guide**, please see Appendix D for MCO Sample EOPs.

	Code/Description
	96 - Non-covered charge(s).
Line 2	96 - NON-COVERED CHARGE(S) N130 - CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

Explanation of Payment Key

A - Member's Medicaid ID Number

B - The amount billed on the claim.

C - Patient Control Number submitted on the claim.

D -The total allowed payment amount that can be processed on this claim.

E - This section contains codes that describe the reason for how claims were processed (paid or denied)

F - Net amount :This section contains payment amount of the claim service line. Unpaid claims will contain a ".00" in this column.

G - Beginning Balance: Starting prepayment or advancement balance

H - Processed Amount: Total amount paid on check run

Explanation of Payment Key cont.

I - Any discount or interest applied to the claims

J - Net Amount

K - Refund Amount: The amount refunded by the health plan .

L - Amount Recouped: The recoupment amount taken by the health plan.

M - Amount Paid: The total amount paid on this check run.

N - Ending Balance.

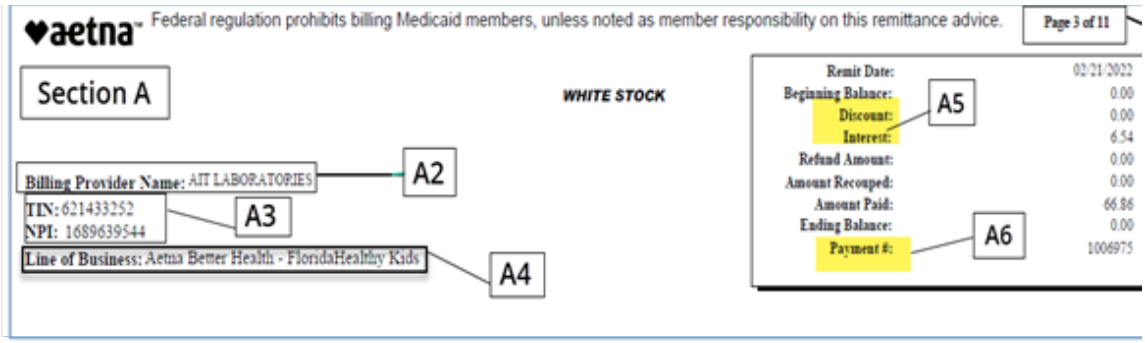
O - EFT Reference: The number the funds were electronically applied to.

P - EFT Amount: Total amount paid on that check run.

Q- Bank Account: The providers account number.

Section A

This section contains high-level claim payment details and basic provider data.

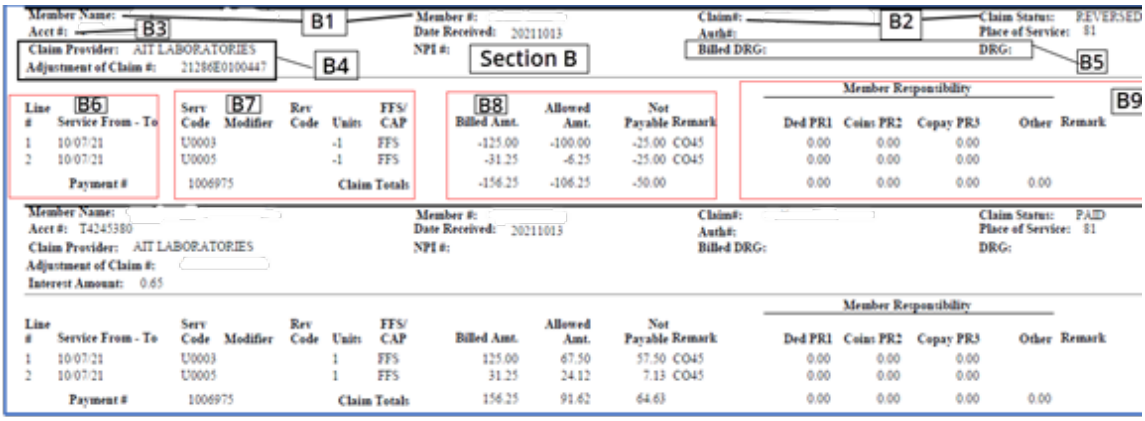


A1: Page number
A2: Billing Provider Name
A4: Line of Business
A5: Discount & Interest

A3: TIN & NPI A6: Payment #

Section B

This section illustrates key fields a provider may refer to when reviewing individual claim information. This section has been re-designed to be easier to interpret and quickly find important claim payment details.



B1: Member Name & Member #
B6: Line#: Service From-To

B2: Claim # & Claim Status B7: Serv Code, Rev Code, Units FFS/CAP

B3: Acct # B8: Billed & Allowed Amount

B4: Claim Provider/Adjustment of Claim B9: Member Responsibility B5: Billed DRG & DRG

Section C

This section is an example of a remit document showing the applicable claim remarks in the code descriptions area.

Claim reconsiderations

A claim reconsideration can be submitted if a claim does not require any changes, but a provider is not satisfied with the claim disposition and wishes to dispute the original outcome.

Examples of claim reconsiderations
Itemized bill • An itemized bill must be broken out per Rev Code to verify charges billed on the UB match the charges billed on the itemized bill. (Please attach I-Bill that is broken out by rev code with sub-totals.)
Duplicate claim • Review request for a claim whose original reason for denial was “duplicate” • Provide documentation as to why the claim or service is not a duplicate such as medical records showing two services were performed
Untimely filing of the claim • A review of a claim that was submitted outside the timeframe • Provide good cause justification documentation for late filing; or • For electronically submitted claims provide the second level of acceptance report as proof of timely filing • Refer to Proof of Timely Filing Requirements in the Provider Manual
Untimely decision making • A review of a decision where Aetna did not render the decision on a prior authorization timely • Provide a copy of the denial showing the received date and the decision date
Coordination of benefits • Attach EOB or letter from primary carrier
Claim/coding edit • We use two (2) claims edit applications: Claim Check and Cotiviti. Please refer to the Provider Manual for details

Submit additional information required to reconsider the claim. Information should be submitted single-sided. Please refer to the provider manual for provider filing timeframes.

Claim reconsiderations should be submitted to:

Aetna Better Health of Illinois
P.O. Box 982970
El Paso, TX 79998-2970

Appeals process

You have the right to appeal our claims determinations within 60 calendar days of receipt of the claim denial. You can file an appeal if:

- We denied reimbursement for a medical procedure or item you provided for a member due to lack of medical necessity or no prior authorization (PA) when it was required
- You have a claim that has been denied or paid differently than you expected and wasn't resolved to your satisfaction through the dispute process

Denials based on medical necessity criteria:

You have seven calendar days to request a Peer-to-Peer reconsideration. To request a Peer-to-Peer, call Member Services at **1-833-459-1998** or submit **this form**.

If you're not satisfied with the Peer-to-Peer result, you will be able to submit a formal appeal with Aetna Better Health.

If you're not satisfied with the appeal result, you may submit a formal appeal to:

Illinois Department of Healthcare and Family Services Bureau of Administrative Hearings
69 W. Washington Street, 4th Floor
Chicago, Illinois 60602

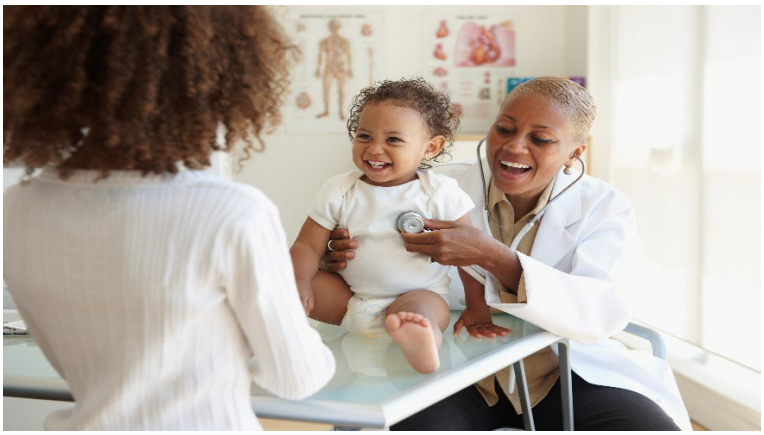
Denials based on administrative reasons:

Send appeal request using the formal provider appeal process.

Appeals should state Formal Provider Appeal on the document(s) and should be mailed to:

Aetna Better Health of Illinois
Attn: Appeals and Grievance Department
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

Reviewers may not always ask for additional clinical information. If a service is denied, you will be contacted by the reviewer, faxed a denial authorization, faxed a denial letter, and a denial letter will be mailed to you.



Care management support

Aetna Better Health® of Illinois offers care management services to pregnant moms and new mothers as part of their health plan benefits.

Our Maternity Matters Program is managed by experienced obstetrical and neonatal nurses. The team includes behavioral health and social workers who coordinate care, identify and manage social determinants of health and other conditions that can affect pregnancy wellness and outcomes. Our community health workers complement the team to provide grassroots engagement for members.

To refer a pregnant member to care management, send an email to **abhilcommunitycmfax@aetna.com**.

Extra benefits for moms

Our members receive extra benefits and value-added services to our members, especially moms. Here is a list of a few of the perks that Aetna Better Health® members can use.

Breast pump

Breast pumps are provided to pregnant members. A provider can order a breast pump using a DME order, or a member can call their care manager to request a breast pump as part of their covered services.

Blood pressure monitor

Our health plan provides a digital blood pressure monitor for members who are pregnant — to support a healthy blood pressure during pregnancy and postpartum. Members can request a blood pressure kit from their care manager or by calling Member Services at **1-866-329-4701** (TTY: **711**).

Baby book

Our health plan offers a comprehensive guide for expectant parents. You can find “Healthy you, healthy baby” on our website. Use the links below to get the guide.

English
https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/pdf/ABHIL_Baby_Book.pdf

Spanish

https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/illinois/pdf/ABHIL_Baby_Book_Spanish.pdf

Over the counter (OTC) benefits

Members can get everyday health care products at no cost. As part of an Aetna Better Health® of Illinois plan, a household has a $25 monthly allowance to spend on over the counter (OTC) health care products.

Learn more at on the **OTC page** of our member website.

Rides to the doctor

Our members can get a free ride to the doctor or pharmacy. They need to ask for a ride at least 2 business days before you need it. Just call us at **1-866-329-4701** (TTY: **711**). We’re here for you Monday to Friday, 8:30 AM to 5:00 PM CT.

Learn more here.

Smartphone

Members can get a smartphone through Assurance Wireless Lifeline at no cost. To check eligibility, **visit this link.**

Baby showers in the community

Our community outreach team organizes community baby shower events throughout the year and across the state.

Check the **News & Events page** on our member website for upcoming events. We encourage you to share upcoming events with your patients.

Value-added benefits

Our members can qualify to receive several extra benefits as part of their coverage. Here are a few value-added benefits that may support our members who are your patients.

Baby essentials

Pregnant members can receive a car seat or highchair OR play yard, plus a diaper bag. To qualify for this benefit, members need to:

- ✓ Complete a health risk screening
- ✓ Complete 1 prenatal appointment within first four months of pregnancy; or for new enrollees, 1 prenatal visit within 42 days of enrollment

Members can receive a voucher for up to $45 a month to spend on diapers for each child ages 2.5 years (30 months) and under. To qualify for this benefit,

- ✓ Child must complete 6 well-child visits by 15 months
- ✓ Complete an additional 2 visits by 30 months

Grocery delivery fees

Members ages 18 and up can get monthly subscription fees covered for certain grocery delivery apps. To qualify, members need to:

- ✓ Complete a health risk screening
- ✓ Complete an annual wellness visit
- ✓ Fill out a member marketing consent

Fitness

Members can get a voucher for monthly memberships at participating gyms. Ages 13 and up can receive a digital membership, ages 18 and up can receive a digital or in-person membership.

To qualify, members need to:

- ✓ Complete a health risk screening
- ✓ Complete an annual wellness visit
- ✓ Fill out a member marketing consent

Educational support

Members ages 18 and up can receive career training, skill building and GED support through CampusEd. To qualify, members need to:

- ✓ Complete a health risk screening
- ✓ Complete an annual wellness visit
- ✓ Fill out a member marketing consent

Behavioral health wellness app

Members ages 12 and up can receive a voucher to cover behavioral health wellness app membership. To qualify, members need to:

- ✓ Complete a health risk screening
- ✓ Complete an annual wellness visit
- ✓ Fill out a member marketing consent

Healthy kids

Members in grades K through 12 (ages 5 through 18) can get a voucher for clothing through select online retailers.

Members ages 5–21 can get an annual stipend for healthy activities and/or programs.

To qualify for kids clothing and the activity stipend, members need to:

- ✓ Complete a health risk screening
- ✓ Complete an annual wellness visit
- ✓ Be up-to-date on all immunizations

Aetna Better Care® Rewards

Our members can earn rewards for completing annual screenings, wellness exams and care during pregnancy. Aetna Better Care Rewards include the following:

- **Up to $100 for pregnant moms**
  - ✓ $25 for a prenatal visit
  - ✓ $25 for notification of pregnancy
  - ✓ $50 for a postpartum visit

- **Up to $80 for babies**
  - ✓ $10 per well-child visit (up to 8 visits) during the first 30 months of life

Learn more about the rewards program on our **Rewards page**.

Behavioral health care benefits

Our plan covers care for mental health or substance use. Members can go to any behavioral health provider in our network.

Behavioral health benefits cover treatment for mental health and substance use disorders. We offer treatment options to help members feel better and support their recovery.

Members don't need a primary care provider (PCP) referral. They can get care from any provider in our network. They can even connect with a provider from your phone or computer.

Learn more about behavioral health care services at
https://www.aetnabetterhealth.com/illinois-medicaid/behavioral-mental-health.html

You can learn more about our pregnancy benefits here:

https://www.aetnabetterhealth.com/illinois-medicaid/pregnancy-care.html

Provider newsletter and important notices

We share notices and other important information on our provider website. Our quarterly provider newsletter contains information to keep you up to date on the latest initiatives with Aetna Better Health.

You can find notices and newsletters on our website at

AetnaBetterHealth.com/Illinois-Medicaid/providers/notices-newsletters.html.

Helpful tips for moms

We understand your mission is to empower moms and give them the resources they need to be successful before, during and after birth. Here are some ways you can empower and educate moms.

- ✓ **Encourage moms to enroll their baby after they are born.**

A baby whose mother has Medicaid is not automatically enrolled in Medicaid. A Medicaid member must enroll their baby after giving birth for their baby to be covered. To help our members make sure their babies are covered, encourage them to:

- Ask the hospital to submit the enrollment details for their baby.
- Call DHS at **1-800-843-6154**
- Log in to the Application for Benefits Eligibility (ABE) System at **abe.illinois.gov.**

- ✓ **Refer moms to our Baby Book.**

Our book contains helpful information about pregnancy and baby care, including information about eating healthy, getting prenatal care and practicing safe sleep once the baby is born.

The book can be found on our website at **AetnaBetterHealth.com/Illinois-Medicaid/pregnancy-care.html**.

- ✓ **Teach moms to practice safe sleep.**

We understand the importance of safe sleep and how critical education and resources are to new moms to reduce the risk of infant mortality related to co-sleeping.

Additional resources

Provider Relations: **1-866-329-4701** (TTY: **711**)

Member Services: **1-866-329-4701** (TTY: **711**)

Member website: **AetnaBetterHealth.com/Illinois-Medicaid**

Provider website: **AetnaBetterHealth.com/Illinois-Medicaid/Providers**

Provider Manual

Provider Quick Reference Guide

Scan here to access the provider website

Thank you for joining our network. We look forward to working with you to provide the best possible care to our members.

IL-25-04-04