



# Maternal Health Provider Training



Aetna Better Health® of Illinois  
November 2025

# Topics

## **Joining Our Network**

Learn how to become a participating provider with Aetna Better Health® of Illinois.

## **Claims and Billing**

Guidance on submitting claims, billing procedures, and reimbursement timelines.

## **Extra Benefits for Moms**

Overview of additional support services available to pregnant and postpartum members.

## **Helpful Tips for Moms**

Practical advice and resources to empower and support maternal health.

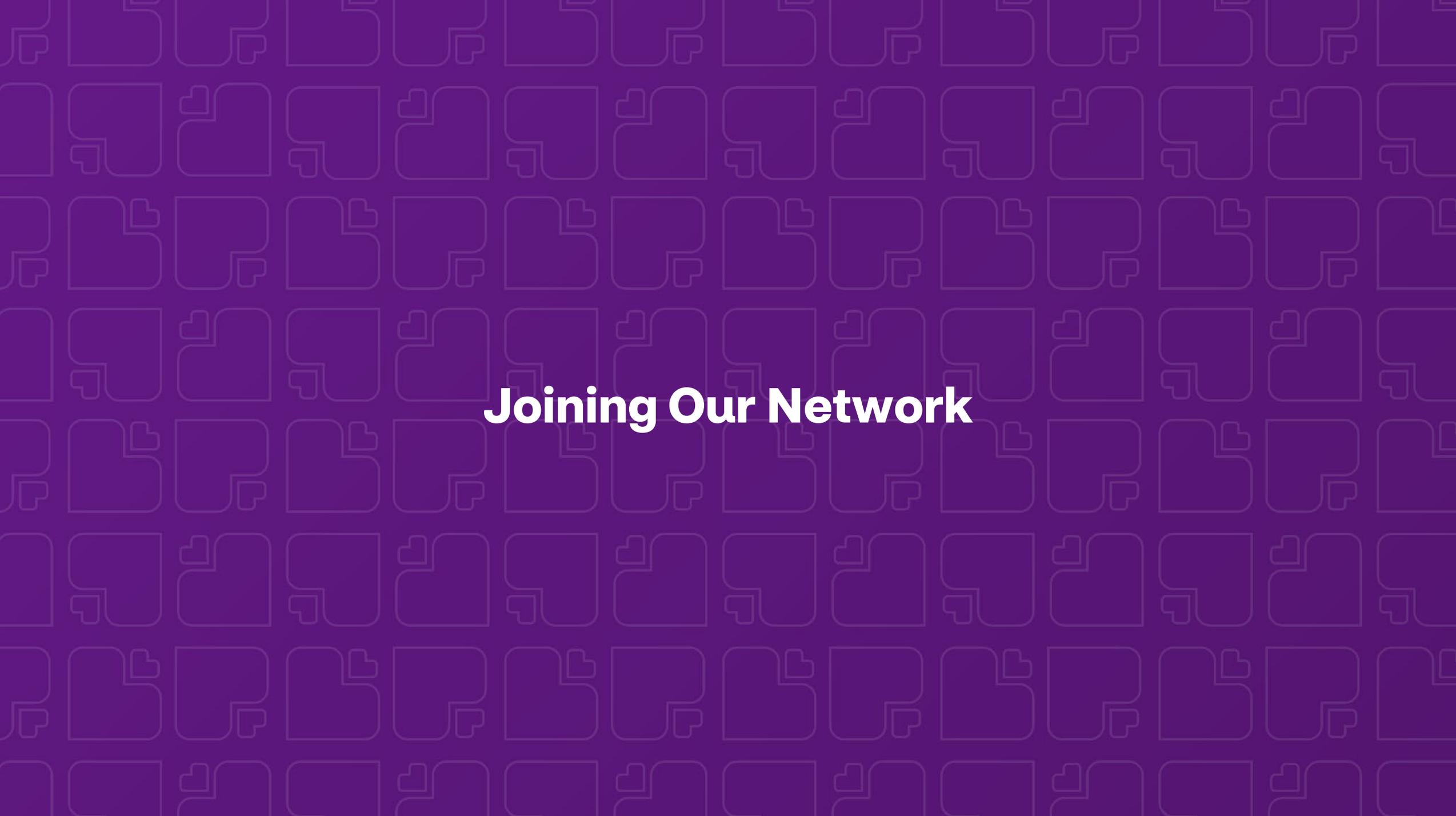
## **Resources for Providers**

Tools and contacts to help you serve members effectively and navigate provider processes.

# Working with Aetna Better Health® of Illinois – Maternal Health Providers

- Maternal health care providers play a vital role in supporting pregnant and postpartum members, especially in educating and empowering new parents.
- Help to address health disparities affecting women of color and marginalized groups.
- Aetna Better Health of Illinois supports these providers
- Including doulas and lactation consultants by offering guidance on enrollment, billing, claims, and helping members access their benefits.





# Joining Our Network

# Joining Our Network

For information about joining our network, visit [AetnaBetterHealth.com/Illinois-Medicaid/providers](https://www.aetna.com/illinois-medicaid/providers) and complete the [intake form](#).

## Doula & Lactation Consultant Services

- Doula services and lactation consultant services are covered under the Medicaid fee-for-service (FFS) program and the HealthChoice Illinois managed care program.
- For the latest updates, visit the **Provider Notices** section on the <https://www.hfs.illinois.gov/>.

## Enrollment Tips

- **Doulas joining existing contracted groups do not** need a new contract.
- Submit via the **IAMHP Universal Roster** and email to: [ABHILProviderUpdateRequests@Aetna.com](mailto:ABHILProviderUpdateRequests@Aetna.com)

## Need Help?

- Contact our **Contracting Department:** [ABHILContracting@Aetna.com](mailto:ABHILContracting@Aetna.com)

# Doula Certification and Medicaid Enrollment

## Doula Certification & Enrollment

### Eligibility & Certification

- Must be **18+ years old**
- Certified through the **Illinois Medicaid-Certified Doula Program** (administered by SIU School of Medicine)
- Certification includes a unique number, effective date, and expiration date
- Learn more: <https://www.siumed.edu>.

## Enrollment Requirements

- Obtain a **National Provider Identifier (NPI)** via the [CMS website](#).
- Enroll in **IMPACT** (Illinois Medicaid provider system): [IMPACT Home | HFS](#)

### Enrollment Types in IMPACT

#### 1. Rendering/Service Provider

- Must associate with a billing group (cannot bill independently)

#### 2. Regular Individual/Sole Proprietor

- Can bill independently or associate with a group

## Special Notes

- **Advanced Practice Registered Nurses** who are doulas can bill using E&M codes without enrolling under the new provider type
- **Clinics** (FQHCs, RHCs, etc.) can bill practitioner claims under the rendering doula's NPI

### Support Contacts

- Certification questions: [doulacertification@siumed.edu](mailto:doulacertification@siumed.edu)
- IMPACT help: Review **Account Activation Instructions for New External Users**



# 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](#). Common Billable Codes (as of 02/14/2025):

Code	Modifier	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

## Important Notes

- **CPT 59430** is reimbursable only if the doula attends the postpartum visit within:
  - **26 days** of delivery, or
  - **27–89 days** of delivery
  - Delivery date must be included on the claim.

## Telehealth Billing

- Allowed for codes: **S9444, S9445, T1032**
- Use modifiers:
  - **GT** (audio/video)
  - **93** (audio-only)
- Use place of service codes:
  - **02** (not in patient's home)
  - **10** (in patient's home)

## Taxonomy Code for Doula Services

- **374J00000X**

## More Info

- Visit the **Reimbursements page** on the HFS website for the full [Doula Fee Schedule](#).

# Lactation Consultant Certification/HFS Enrollment

## Certification Requirements

- Must be certified by an approved board **before** enrolling with HFS:
  - **IBCLCs**: International Board of Lactation Consultant Examiners
  - **CLCs**: Academy of Lactation Policy and Practice, Inc.
  - **CLSs**: Lactation Education Consultants
- **Certificate must include:**
  - Unique certification number
  - Effective and expiration dates
- Upload certificate during HFS enrollment
- Submit proof of **recertification** when renewing credentials

## Enrollment in IMPACT

- Enroll via the **Illinois Medicaid Program Advanced Cloud Technology (IMPACT)** system
- Review the **Account Activation Instructions for New External Users**

## IMPACT Provider Setup

- **Provider Type**: Health Support Professional
- **Specialty**: Lactation Consultants
- **Subspecialty**:
  - IBCLC
  - Lactation Support Professional (LSP – includes CLCs and CLSs)

## Enrollment Types

### 1. Rendering/Servicing Provider

1. Must associate with a billing group
2. Cannot bill independently

### 2. Regular Individual/Sole Proprietor

1. Can bill independently or associate with a group
2. Flexible billing options

## Additional Notes

- Must obtain a **National Provider Identifier (NPI)** via the CMS website
- **Advanced Practice Registered Nurses** who are also certified lactation consultants can bill using E&M codes without enrolling under the new provider type
- **Clinics** (FQHCs, RHCs, etc.) may bill practitioner claims under the lactation consultant's NPI, with payment directed to the clinic's corporate NPI

## Lactation Consultant Enrollment Support Educational Resources

- The **Medicaid Technical Assistance Center (MTAC)**, in partnership with **HFS**, offers onboarding materials tailored for lactation consultants.
- **Topics include:**
  - Overview of Medicaid provider requirements
  - How to obtain a **National Provider Identifier (NPI)**
  - How to enroll in **IMPACT**, Illinois' Medicaid provider system

## Training Access

- Visit the **MTAC Learning Center** to:
  - Register for an account
  - Access the **training calendar** with dates, times, and registration links

## Support Contacts

- For technical assistance:  
[mtac.maternalhealth@uillinois.edu](mailto:mtac.maternalhealth@uillinois.edu)
- For **MEDI training** or questions about FFS claims:  
**877-782-5565** (Bureau of Professional and Ancillary Services)
- Or contact the appropriate **Managed Care Organization (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.

# Claims and Billing

# 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:

<p><b>Electronic portal</b>  (Professional-CMS1500 and Institutional-UB04)</p>	<p><a href="#">Avality</a> is our provider portal, which provides functionality for the management of patients, claims, authorizations and referrals. To submit claims online via <a href="#">Avality</a>, 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.</p> <p>Providers must have an <a href="#">Office Ally</a> account to submit claims online. The status of claims submitted online should be managed through your <a href="#">Office Ally Account</a>.</p> <p>Our electronic payer ID is 68024.</p>
<p><b>Paper submission</b>  (Professional-CMS1500 and Institutional-UB04)</p>	<p>Mail paper claims to:</p> <p style="text-align: center;">Aetna Better Health of Illinois P.O. Box 982970 El Paso, TX 79998-2970</p>

### 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. Mark resubmitted claims clearly with “resubmission” to avoid denial as a duplicate. 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

# 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](mailto:ABHILProviderRelations@Aetna.com)** for claims questions and concerns.



# 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.

## Section A

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

## 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.

The screenshot shows a paper remittance document from Aetna. Callouts point to the following fields:

- A1:** Page number (Page 3 of 11)
- A2:** Billing Provider Name (AIT LABORATORIES)
- A3:** TIN & NPI (TIN: 621433252, NPI: 1689639544)
- A4:** Line of Business (Aetna Better Health - FloridaHealthy Kids)
- A5:** Discount & Interest (Discount: 0.00, Interest: 6.54)
- A6:** Payment # (1006975)

- A1:** Page number
- A2:** Billing Provider Name
- A3:** TIN & NPI
- A4:** Line of Business
- A5:** Discount & Interest
- A6:** Payment #

Line #	Service From - To	Serv Code	Modifier	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Net Payable Remark	Ded FR1	Coins PR2	Copay PR3	Other Remark
1	10/07/21	U0003		-1		FFS	-125.00	-100.00	-25.00 CO45	0.00	0.00	0.00	
2	10/07/21	U0005		-1		FFS	-31.25	-4.25	-25.00 CO45	0.00	0.00	0.00	
Payment #							1006975	Claim Totals	-156.25	-106.25	-50.00		

Line #	Service From - To	Serv Code	Modifier	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Net Payable Remark	Ded FR1	Coins PR2	Copay PR3	Other Remark
1	10/07/21	U0003		1		FFS	125.00	87.50	37.50 CO45	0.00	0.00	0.00	
2	10/07/21	U0005		1		FFS	31.25	24.12	7.13 CO45	0.00	0.00	0.00	
Payment #							1006975	Claim Totals	156.25	91.62	44.63		

**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 when a provider disagrees with the original claim outcome but does **not** need to make changes to the claim.

## Examples of Claim Reconsiderations

### Itemized Bill

- Attach an itemized bill broken out by **Rev Code** with sub-totals to verify charges.

### Duplicate Claim

- Provide documentation (e.g., medical records) showing services were not duplicates.

### Untimely Filing

- Submit good cause justification or proof of timely filing (e.g., second-level acceptance report). Refer to the **Provider Manual**.

### Untimely Decision Making

- Provide denial copy showing received and decision dates.

### Coordination of Benefits

- Attach **EOB** or letter from the primary carrier.

### Claim/Coding Edit

- Refer to **Provider Manual** for details on Claim Check and Cotiviti edits.

### Submission Guidelines

- Include all required documentation.
- Submit **single-sided** information.
- Follow provider filing timeframes in the **Provider Manual**.

### Mailing Address:

- 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.

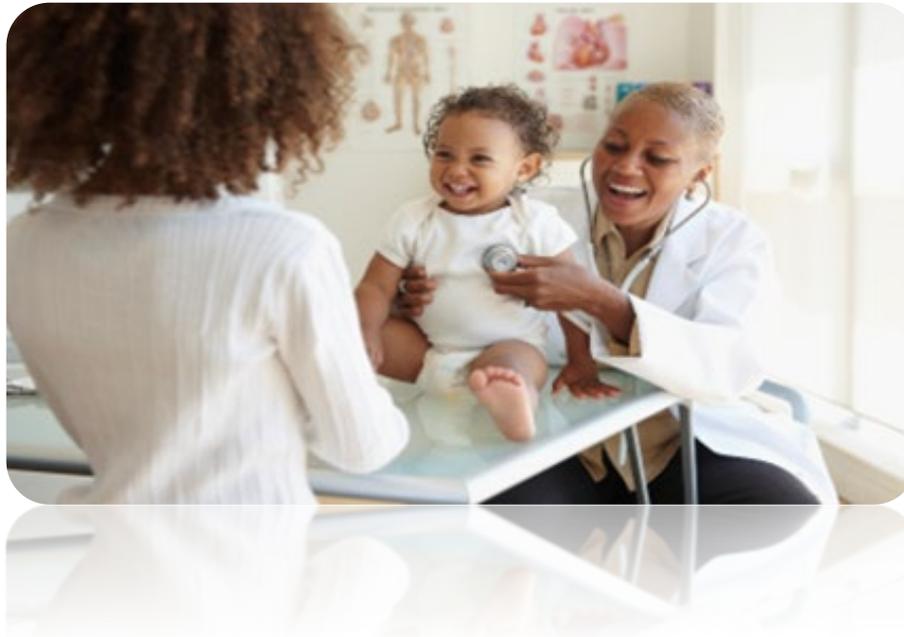
Appeals should state Formal Provider Appeal on the document(s) and should be mailed to:

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](mailto:abhilcommunitycmfax@aetna.com).



# **Extra Benefits For Moms**

# Extra Benefits For Moms

Our members receive extra benefits and value-added services, 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](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](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 the 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

# Value-Added Benefits Continued

## 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



# 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® of Illinois.

You can find notices and newsletters on our website at

[AetnaBetterHealth.com/Illinois-Medicaid/providers/notices-newsletters.html](https://AetnaBetterHealth.com/Illinois-Medicaid/providers/notices-newsletters.html).



## Notices and Newsletters

We want to make sure you're up-to-date with the latest news and other important information regarding Aetna Better Health® of Illinois. We'll post important notices and updates regarding our health plan here.

**NEW:  
Provider  
events**

### Provider events

Register for upcoming events for Aetna Better Health of Illinois network providers.

Local events

**Notices**

Here are some important notices we've gathered to help you:

October 2025

- Maternal Health Provider Guide (PDF)
- Mandatory ADA Information Requirement (PDF)

September 2025

- Provider claim reconsideration, member appeal and provider complaint/grievance instructions (PDF)
- Updated claims submission process for hospice services in ICF/ID and MC/DD facilities (PDF)

August 2025

### Newsletters

2025 Newsletters:

- Fall 2025 Newsletter (PDF)
- Summer 2025 Newsletter (PDF)
- Spring 2025 Newsletter (PDF)
- Winter 2025 Newsletter (PDF)

**Quarterly  
newsletters**



# Helpful Tips For Moms

# 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/](https://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](https://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.

# Resources For Providers

# Additional Resources



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

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

**Member website: [AetnaBetterHealth.com/Illinois-Medicaid](https://AetnaBetterHealth.com/Illinois-Medicaid)**

**Provider website: [AetnaBetterHealth.com/Illinois-Medicaid/Providers](https://AetnaBetterHealth.com/Illinois-Medicaid/Providers)**

**[Provider Manual](#)**

**[Provider Quick Reference Guide](#)**



Scan here to access  
the provider website

## 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](#)**
- **[Maternal Health Provider Guide \(PDF\)](#)**



# Thank You!

Any Questions???