



Caring for Aetna Better Health Moms:
A Guide for Doulas



Aetna Better Health® of Virginia

AetnaBetterHealth.com/Virginia



Welcome to Aetna Better Health of Virginia

Thank you for joining our network.



Having a baby is one of the most exciting and enriching experiences in a person's life, but it can also be one of the most challenging. Mothers rely on help from their partners, family members, and health care team to support them. They also need someone to guide them, empower them, and advocate for them. That's where you come in. As a doula, you provide one of the most important services to our pregnant and postpartum members.

As a doula, your role is to educate and empower moms to be able to advocate for themselves and feel confident and brave about motherhood. You provide a crucial service that supports moms and addresses important maternal disparities, especially for women of color and women of marginalized groups.

At Aetna Better Health, we understand the important role that doulas play in supporting good maternal health. This is part of our commitment to providing the best quality of care. In this guide, you'll find some useful tips and guidance that will help you navigate the process of starting out as a new provider. We're excited for you to empower all of our members to strive for the best, most inspiring, and most supportive birth experiences that each one of our members is worthy of.



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Joining Our Network

Becoming a Participating Provider is Easy

Doulas must have a National Provider Identifier (NPI), certification as a Virginia state-certified community doula, and be enrolled in the Provider Services Solution (PRSS) Portal.



All providers, including doula providers, must enroll in the Department for Medical Assistance Services (DMAS) PRSS Portal, available at **virginia.hppcloud.com**, and select *Aetna Better Health of Virginia*. DMAS will share your request to join the network through the portal and someone will offer a contract package.

The portal is a one-stop shop to complete enrollment and maintain provider details, and it satisfies the federal requirements of the *21st Century Cures Act* for all Medicaid providers.

We want to help you get through the administrative tasks so you can focus on what you do best: caring for our members.

For more information on joining our network, visit our website. Go to **AetnaBetterHealth.com/Virginia**. Then, select “Working with Us,” then *How to Join*.

Helpful Aetna Better Health Enrollment Tips for Doulas

- Doulas adding to existing contracted groups do not need a new contract, but they must enroll in the PRSS portal and be enrolled by our team.
- New groups with new tax IDs will need to be added via the portal and obtain a contract; their providers will also need to be enrolled by our team.



We know that navigating the enrollment process can be a difficult task.

To make things easier for you and guide you through the process, we've created a special concierge team just for doulas.

Your concierge representative can provide you customized assistance for any enrollment or claims issue or simply provide additional education or support as you service our members.



Your concierge team's contact information

Lilibet Elling, Network Relations Manager: EllingL@aetna.com

RJ Dix, Provider Relations Senior Manager: DixR@aetna.com

The DMAS Doula Care Recommendation Form

What It Is and How to Access It



In Virginia, doulas are required to complete the *Doula Care Recommendation Form* in order to provide services to our members. This form must be completed and submitted before you start billing for services.

This form on the DMAS website at


www.dmas.virginia.gov/media/sfekogdc/doula-care-overview-and-form.pdf.

There are two ways you can submit the *Doula Care Recommendation Form*:

- E-mail: AetnaBetterHealthVA-CaseManagement@Aetna.com
- Fax: **860-807-4933**

Virginia Medicaid
 Department of Medical Assistance Services



DOULA CARE FORM

1) If a member is enrolled in Fee-For-Service, please fax forms to 804-452-5447.
 2) If a member is enrolled in a managed care organization, please refer to that Health Care Plan (MCO) for detailed form submission or return the completed form to the Medicaid member or doula (if known).

If you are a Virginia Medicaid member and are pregnant or have given birth within the last six months
 You are eligible to receive community doula care to provide you physical, emotional, and informational support before, during and after you give birth. You or your doula must get a licensed practitioner's signature to provide this care under the VA Medicaid program. You can access the doula care form at: dmas.virginia.gov/doula or request a doula care form from your doctor/midwife/nurse¹ and give it to your doula. You can ask for a doula care form even if you don't know who your doula will be yet.

If you are a doula....
 You must secure and retain a licensed practitioner's recommendation for each member prior to initiation of their doula care and store the record in a manner consistent with HIPAA requirements. A copy of this form must be provided to the Managed Care Organization in which the member is enrolled (for managed care members) or the Department of Medical Assistance Services (for Fee-for-Service members) prior to initiating services.

If you are a licensed practitioner¹....
 By completing this doula care form, you are enabling this individual to access non-clinical community doula services².
A doula care form is not the same as a prescription/medical order.

Licensed Practitioner's Support for Doula Care	
VA Medicaid member's full legal name (first, middle, last) – (please print):	
VA Medicaid member's DOB or ID #:	
Licensed Practitioner's Signature:	
Licensed Practitioner's full legal name (first, middle, last) – (please print):	
Licensed Practitioner's NPI number:	
Address and phone number of Licensed Practitioner (please print):	
Date of recommendation (MM-DD-YYYY):	
Name of doula or doula organization (if known):	
Name & address of member's OB/GYN provider (if known):	
Name of member's Health Care Plan (MCO) - (check one):	Anthem <input type="checkbox"/> Aetna <input type="checkbox"/> Molina <input type="checkbox"/> Sentara Health <input type="checkbox"/> United Healthcare <input type="checkbox"/> Fee For Service (no MCO) <input type="checkbox"/>

¹ For the doula benefit, VA Medicaid defines a "licensed practitioner" as licensed clinicians, including physicians, licensed midwives, nurse practitioners, physician assistants, and other Licensed Mental Health Professionals (Virginia Administrative Code 12VAC35-105-10 defines a Licensed Mental Health Professional as a: physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist).
 Recommendations from licensed, non-clinical providers will not be accepted. The recommending clinician need not be a VA Medicaid provider.

² VA Medicaid's doula services are provided as a preventive service. Federal Medicaid law (42 C.F.R. Section 440.130(c)) indicates: "Preventive services" means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to - (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.

Registration must be completed and received by Aetna Better Health prior to beginning services.

If you have an administrative contact that you would like us to reach, you may list the name and contact information on the fax cover sheet.

Licensed practitioner's signature, name, and NPI is the referring provider. The types of valid referring providers are listed at the bottom of the form.

Date which must be equal to or before start of services.

Optional details (noted as *if known*) are recommended but not required when submitting the form to Aetna Better Health.

Doula Claims and Billing Submission

Submitting Claims: Getting It Right the First Time

Aetna Better Health accepts claims electronically or through the mail. Our teams work continuously to streamline claims processing to improve payment turnaround time.

Doula CPT Codes and Required Modifier

Doulas are unique providers with specific codes and rates. It's important you use the correct codes and rates in order to receive payment for the services provided.

The chart below includes the current codes and rates for doulas:

Code	Modifier	Description	Max Visits	Unit Max Per Visit	Minutes Per Unit	Rate	Notes
99600	HD	Initial prenatal	1	6	15	\$14.99	Total visit max = 90 minutes
59425	HD	Standard Prenatal	3	4	15	\$14.99	Each visit max 4 units. Total units max = 12 units
59409	HD	Labor Support Vaginal	1	1	N/A	\$350	Only 1 support code allowed
59514	HD	Labor Support C-Section	1	1	N/A	\$350	Only 1 support code allowed
59430	HD	Postpartum	6	4	15	\$14.99	Each visit max 6 units. Total units max = 24 units
99199	HD	Incentive Mom Postpartum	1	1	N/A	\$50	Only one allowed per delivery
99199	HD	Incentive Baby Postpartum	1	1	N/A	\$50	Billed under baby's Medicaid ID
<p><i>Except as noted, all codes are submitted on claim with the mother's Medicaid ID.</i> <i>Required taxonomy must be on the claim: 374J00000X</i> <i>Diagnosis code: Z32.2</i> Place of service must be present on each claim line. Reference Place of service codes.</p>							

Here is a sample claim:

24. A. Date(s) of Service From: MM/DD/YYYY To: MM/DD/YYYY	B. Place of Service	C. EMG	D. Procedures, Services, or Supplies (Explain Unusual Circumstances) CPT/HCPCS Modifier	E. Diagnosis Pointer	F. Charges	G. Days or Units	H. EPSDT Family Plan	I. ID Qual	J. Rendering Provider ID#
09/12/2022	12		59425 HD	A	\$100.00	4		NPI	[REDACTED]
09/19/2022	12		59425 HD	A	\$100.00	4		NPI	[REDACTED]
09/23/2022	12		59425 HD	A	\$100.00	4		NPI	[REDACTED]
09/30/2022 10/01/2022	21		59409 HD	A	\$800.00	1		NPI	[REDACTED]
10/03/2022	12		59430 HD	A	\$100.00	4		NPI	[REDACTED]
10/09/2022	12		59430 HD	A	\$100.00	4		NPI	[REDACTED]
10/04/2022	11		99199 HD	A	\$50.00	1		NPI	[REDACTED]

Total Service Lines (8) +Add Service Line

PHYSICIAN OR SUPPLIER INFORMATION

Claim Submission

Start with Eligibility

Presentation of an Aetna ID card is not a guarantee of eligibility.

The provider is responsible for verifying a member's current enrollment status before providing care.

Verify eligibility [online](#) or by phone **1-800-279-1878**.

Claims must be submitted within 365 days from the date services were provided. Providers have 365 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

The provider manuals, maintained by DMAS, are a great resource and can be found on their website. Chapter 5 contains billing guidelines. The DMAS Provider Manuals Library can be found at: vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library.

Submitting Claims Online

Office Ally is the provider claims submission portal that we provide at no cost. Claims can be submitted electronically [here](#).

[Visit here to learn more.](#)

Visit this YouTube video to learn more about claims submissions [through Office Ally](#)

Submitting Claims by Mail

Alternatively, claims and resubmission may be mailed on a CMS-1500 form. Any resubmitted claims must be clearly marked “resubmission” to avoid denial as a duplicate.

Mail your claims to:



Aetna Better Health of Virginia
PO Box 982974
El Paso, TX 79998-2974

How can I resubmit a claim?

To resubmit a claim through [Availability](#), choose the button “Medicaid Claim Submission – Office Ally” or resubmit a claim by mail. Mailed resubmittals must include these documents:

- [Claim resubmission/appeal request form \(PDF\)](#)
- An updated copy of the claim — all lines must be rebilled
- A copy of the original claim (reprint or copy is acceptable)
- A copy of the remittance advice on which we denied or incorrectly paid the claim
- A brief note describing the requested correction
- Any other required documents
- Use resubmission code 7

EFT/ERA Registration Services

Providers can get funds through EFT/ERA. To enroll, visit [here](#). Or, visit the [ECHO provider portal](#).

Learn more about EFT/ERA by visiting the *Claims* page on the Aetna Better Health [website](#).

Additional Billing Information

Helpful Tips

- Always confirm the member's enrollment at the beginning of each month.
- Use the modifier HD with every claim line.
- Use only appropriate location codes where service was provided. Place of service code sets are available on the CMS website.
- If a member has another insurance in addition to Medicaid, then an EOB will be required with claim submission.
- When not participating with the other insurance carrier, an attestation stating nonparticipation will be required and must be included with each claim submitted for that member.

Questions?

Email AetnaBetterHealth-VAProviderRelations@Aetna.com.

Paper Remittances

Electronic Payment Clearinghouse

Aetna Better Health of Virginia
P.O. Box 982979
El Paso, TX 79998-2979



Aetna Better Health
of Virginia

Tran Nbr: [REDACTED]
Card Value: [REDACTED]
Date: [REDACTED]



Questions Regarding This Method of Payment? Please Call: (877) 705-4230

Claim Questions call: 1-800-279-1878

Federal regulation prohibits billing Medicaid members, unless noted as member responsibility on this remittance advice.

Beginning 7/1/2023 payment will be suspended to ANY provider not enrolled in the DMAS's MES Provider Services Solution (PRSS) at Virginia.hppcloud.com. Both groups and rendering providers must enroll. Questions can be directed to Gainwell 888-829-5373

Tax ID: [REDACTED] EPC Draft #: [REDACTED] Payment Week: [REDACTED] Payment Date: [REDACTED] Page 1 of 4

Service Date	Proc/Rev Code (Modifiers)	Units	Explanation Code(s)	Total Charge	Allowed / Base Amount	Contractual Adjustment	Other Coverage	Other Adjustment	Patient Obligation				Net Payment Amount
									Co-Pay	Non-Cov	Deductible	Co-Ins	

Claim Reconsiderations

A claim reconsideration is a request that we previously received and processed as a clean claim. It's a review of a claim that a provider believes was paid incorrectly or denied due to processing errors.

When sending a reconsideration, be sure to include:

- A claim form for each reconsideration
 - Obtain the form here:
[AetnaBetterHealth.com/Virginia/providers/file-submit-claims.html](https://www.AetnaBetterHealth.com/Virginia/providers/file-submit-claims.html)
- A copy of the remit/Explanation of Benefits (EOB) page for each resubmitted claim, with a brief note about each claim.
- Any information that was previously requested.

A claim reconsideration may be sent by mail. Mail the reconsideration form and all supporting documents to:

Aetna Better Health of Virginia
Attn: Reconsiderations
PO Box 982974
El Paso, TX 79998-2974

The Appeals Process

When Claims Don't Go as Planned

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:

- The claim was denied for a medical procedure or item provided for a member due to lack of medical necessity or did not include **a required** prior authorization (PA).
- A claim was denied or paid differently than expected and wasn't resolved to the providers 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**.
- If you are not satisfied with the Peer-to-Peer result, you will be able to submit a formal appeal with Aetna Better Health. If you are not satisfied with the appeal result, you may then submit a formal appeal to DMAS.

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 Virginia
Attn: Appeals Coordinator
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.

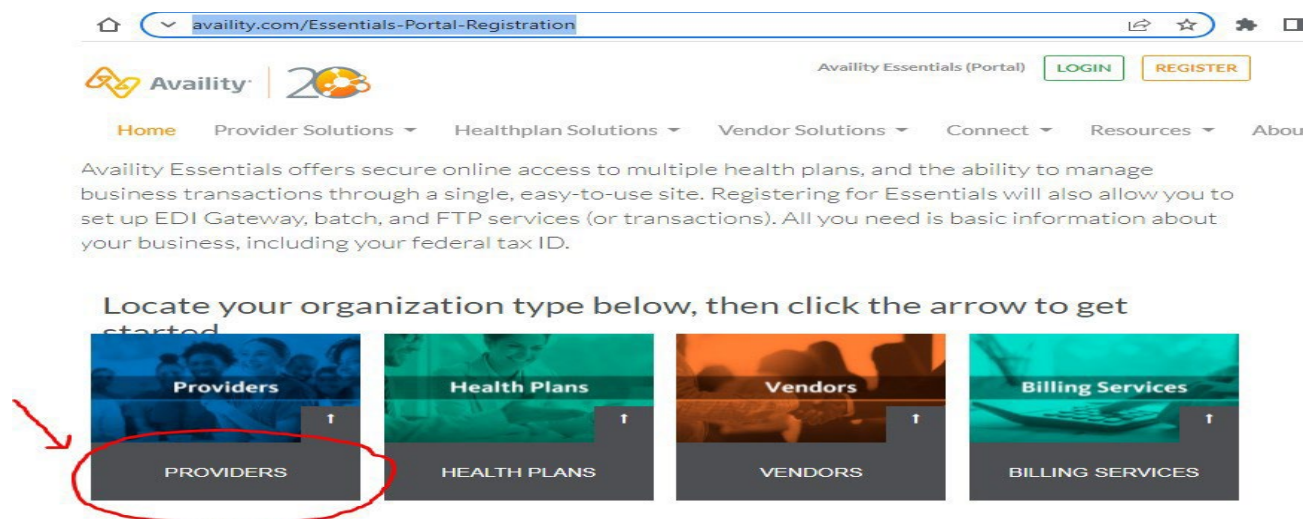
Availity Portal Guide

Availity Provider Portal: Registration

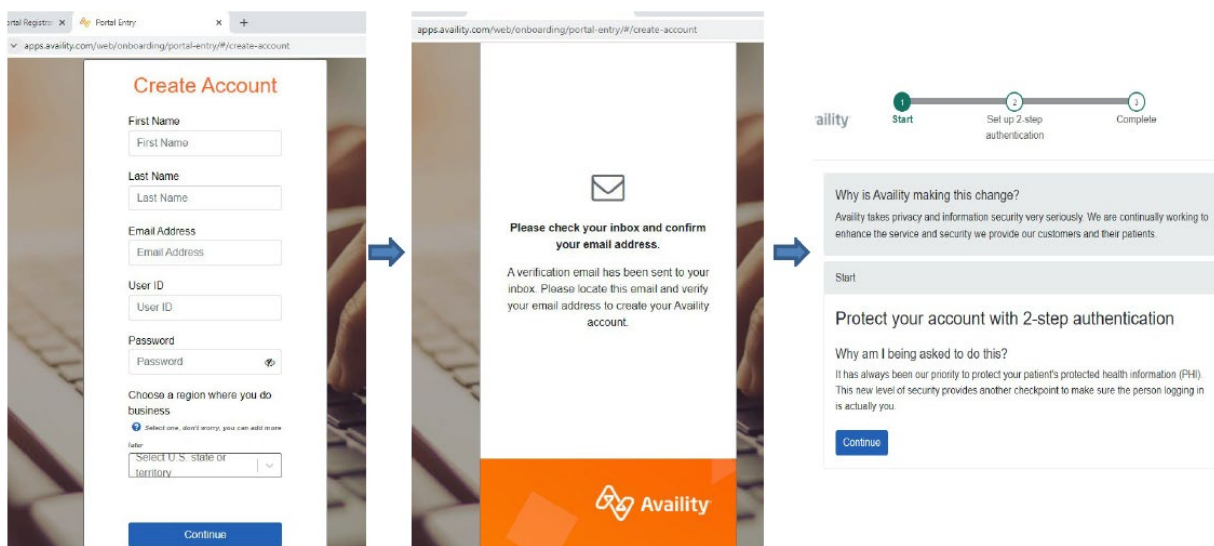
The Availity Provider Portal requires registration.

Go to **avility.com/Essentials-Portal-Registration**.

Select the **Providers** button, as indicated below in red, to get stated.



Fill out all required fields and click **Continue** until the registration is completed. When finished, you will receive a confirmation notification like the one below. Check the registered email and click the link provided to verify the account. Next, log in and set up the 2-step authentication.



Note: For registration, login, or technical issues, call Availity Client Services at 1-800-282-4548.

Portal functions include:

- Claim status inquiry
- Eligibility and benefits
- Payer space claim submission link (Through Office Ally)
- Contact us messaging for changing provider demographics
- Claim issues
- PA/authorization issues
- Member eligibility issues
- HEDIS record submissions
- Credentialing inquiries
- Appeals and grievances submission
- Grievance and appeal status check

Availity Payer Spaces

The screenshot shows the Availity Payer Spaces interface. The top navigation bar includes links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces (selected), and More. A COVID-19 Provider Resource Center banner is visible on the left. The main content area displays a grid of payer logos, including Aetna, Banner, Magellan, TriWest, and others. A notification center on the left provides updates on provider information. Below the payer logos, there are buttons for A&R, EB, CS, and PC. A sidebar on the right offers FTP and EDI Connection Services and a Do You Have Out-of-Area Blue Plan Members? link.

Availity Eligibility and Patient Registration

The screenshot shows the Availity Eligibility and Patient Registration interface. The top navigation bar includes links for Patient Registration (selected), Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A dropdown menu for Patient Registration is open, showing options for EB (Eligibility and Benefits Inquiry), A&R (Authorizations & Referrals), and PCS (Patient Care Summary Inquiry). The EB option is highlighted. Below the dropdown, there are buttons for A&R, EB, CS, and PC. A sidebar on the right offers FTP and EDI Connection Services and a Do You Have Out-of-Area Blue Plan Members? link.

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Tip: On the left side of the **Coverage and Benefits** tab, click a service type or coverage to jump to that service type or coverage on the right side of the page.

Search

My Patients Only

Availability Test Org

New Request

Detail View

List View

AVAILITY, JUAN C

Multiple Service Types

Transaction Date: Mar 30 2:35 pm

Date of Service: Mar 30, 2021

Member ID ABC123456789

Payer: AETNA BETTER HEALTH (AETNA MEDICAD)

DOB: Feb 19, 2014

Edit Delete

TESTER, BRETT A

Health Benefit Plan Coverage

Transaction Date: Mar 30 2:35 pm

ERR123456788

Health Benefit Plan Coverage

Transaction Date: Mar 30 2:34 pm

Date of Service Mar 30, 2021

Transaction ID: 15441554 Transaction Date: Mar 30 2:35 pm Customer ID: 1194


AVAILITY, JUAN C Subscriber

Member ID ABC123456789

DOB Feb 19, 2014

Gender Male

Plan / Coverage Date Mar 01, 2019

Aetna Better Health®

Patient Information

Coverage and Benefits

Subscriber Information

123 PATIENT PARK DR

AUSTIN, TX 1324

Member ID ABC123456789

Plan Number QMZBP4321

Plan Date Mar 01, 2019

Availability Applications

Availity

essentials

Home

Notifications1

My Favorites

State

Help & Training

Demo's Account

Logout

Patient Registration

Claims & Payments

My Providers

Reporting

Payer Spaces

More

Keyword Search

Applications

Resources

News and Announcements

Sort By

A-Z

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

Medicaid Appeal and Grievance Status

Check an appeal and/or grievance status

Medicaid Appeals

Submit single or bulk appeal

Medicaid Business Intelligence Reports

Medicaid Case Management(Dynamo)

Case Management(Dynamo)

Medicaid Claim Submission (Read Only)

Medicaid Claim Submission - Connect Center

Medicaid Contact Us

Contact Us through Availity Messaging

Medicaid Grievance

Submit a grievance to Aetna Medicaid

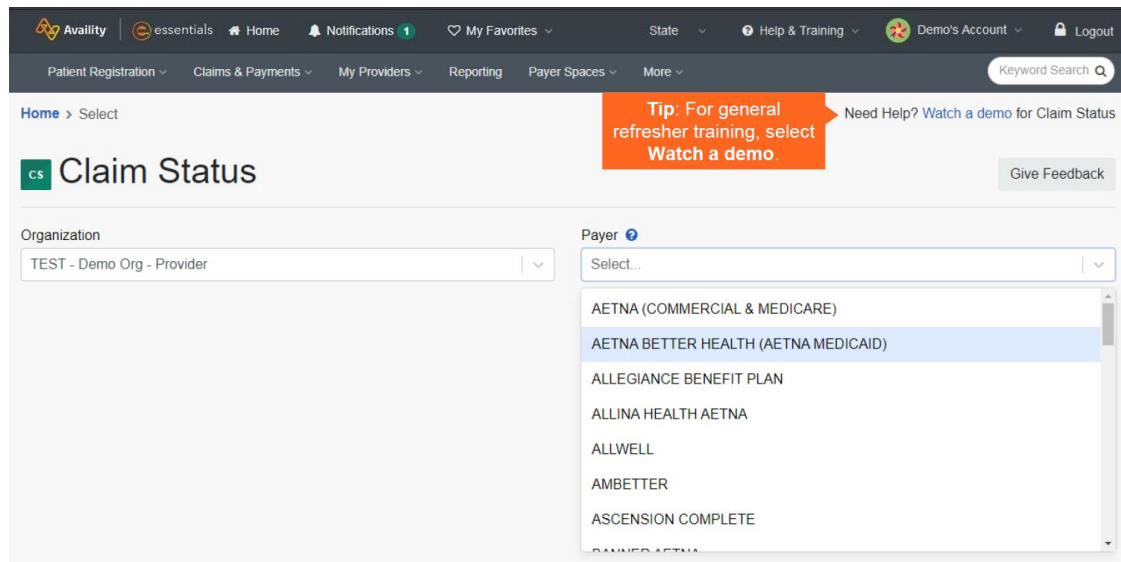
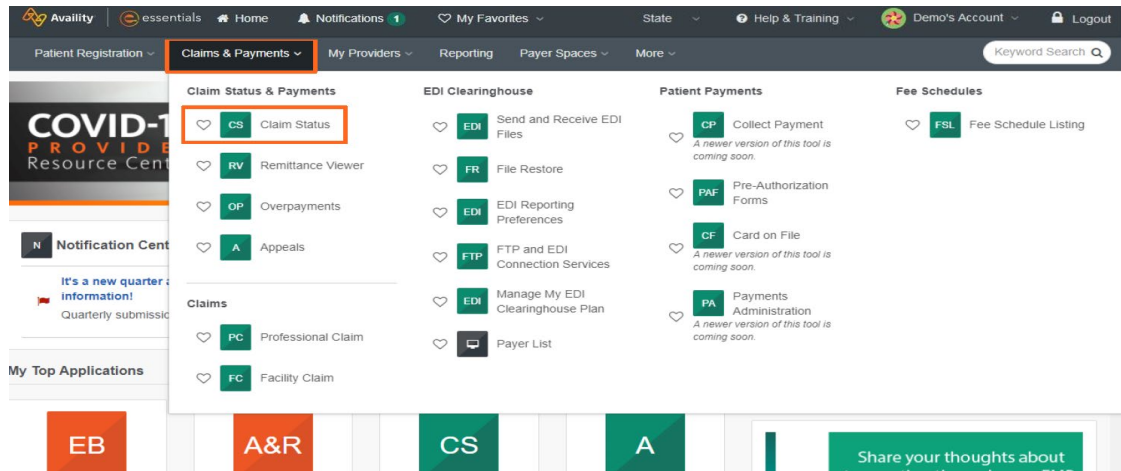
Medicaid Panel Roster

Panel Roster

30

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Availity Claim Status



Availity Home Notifications 4 My Favorites State Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword Search

Home > Search > Results Need Help? Watch a demo for Claim Status

CS Claim Status

Give Feedback New Search Edit Search

Transaction ID: 15785901 As of July 15, 2021 3:45 PM

AVAILITY, JUAN Patient

Patient ID ABC123456789	Subscriber AVAILITY, JUAN	Provider ABC LABS, LLC
DOB 01/01/1980		Provider ID 3234567899

20000E0140600

FINALIZED

10/08/2019 - 10/08/2019

Processed 04/11/2020

Billed \$1,600.72

Paid

Verify Eligibility ☒ View EOB ☐ Print this Page Send Attachments

Claim 20000E0140600

Dates of Service 10/08/2019 - 10/08/2019	Processed Date 04/11/2020
Status FINALIZED	

Billed \$1,600.72	Paid \$1,553.72
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Availity essentials Home Notifications 1 My Favorites State Help & Training Demo's Account Logout

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword Search

20000E0140600

FINALIZED

10/08/2019 - 10/08/2019

Processed 04/11/2020

Billed \$1,600.72

Paid \$1,553.72

Verify Eligibility ☒ View EOB ☐ Print this Page Send Attachments

Claim 20000E0140600

Dates of Service 10/08/2019 - 10/08/2019	Processed Date 04/11/2020
Status FINALIZED	

Billed \$1,600.72	Paid \$1,553.72
-----------------------------	---------------------------

Status as of 05/12/2021

- Finalized/Payment The Claim/Line has been paid
- Claim/Line has been paid

Check Number EFT700000	Check Date 05/01/2021	Patient Account # 12345
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Tip:

The claim number is needed to correct or void a claim.

Dates of Service 10/08/2019 - 10/08/2019	Procedure Code 99383	Quantity 1	Status FINALIZED
Billed \$0.01	Paid \$0.01		

55

Enhanced Benefits for Aetna Better Health Moms

Extra Perks and More

We offer many unique benefits and value-added services to our members, especially our moms. Here is a list of a few of the great perks that Aetna Better Health moms get to use.



New Moms Box

The New Moms Box is a care package that contains products to help new mothers adjust to life and care for their new baby. Members who gave birth the previous month and connect with care management are eligible. The New Moms box contains lots of goodies, including:



New Moms Stipend

Pregnant and postpartum moms who connect with their case manager can receive a \$25 monthly stipend for over-the-counter products. Members can go online, in person, or call to place an order from a list of applicable products. Only pregnant members or moms who gave birth within the past 12 months who regularly connect with their case manager are eligible.

New moms may be able to get more things that they and their baby need for free. Scan this QR code to visit our Pregnancy Care page at **AetnaBetterHealth.com/Virginia/pregnancy-care.html**



Maternity Incentive Program

Prenatal and postpartum visits are important. That's why our members can earn \$50 in Walmart gift card through our Maternity Incentive Program for attending these important appointments.



Period Stipend for Menstrual Care Products

A monthly stipend of \$20 for female members ages 10 to 55 to spend on their choice of period products through CVS Pharmacy® by ordering online or over the phone. Products can be delivered to the member's door for free.

More information and how to enroll and get free period products can be found at

AetnaBetterHealth.com/Virginia/period-pack.html.

Members can also call **1-888-628-2770 (TTY:711)**

or follow this QR code:



Pacify



Pacify provides 24/7 support via mobile application to maternal and pediatric experts, including lactation consultants, as well as coordination with Aetna Better Health services. Pacify also offers a Nurse Help Line and Behavioral Health Crisis Line. You can learn more about Pacify by visiting their website at **Pacify.com/aetna-better-health-virginia**.

Healthy Food Card



High-risk maternity and childhood obesity members automatically qualify for the Healthy Food Card program, which includes a special \$50 debit card to buy healthy food at local stores. This debit card is refilled every month.

Members can call their case manager or Member Services at **1-800-279-1878** to see if they are eligible. Scan this QR code to learn more.



Even more great benefits for mom:



- After delivery, postpartum moms can get 14 free meals, 2 meals a day for 7 days.
- Members can contact their case manager to receive a one-time delivery of 300 size 1 diapers after the delivery of their baby.
- Free breast pump
- Free transportation; unlimited rides to medical appointments and pharmacy. Plus, free rides (15 round trips or 30 one-way per year) to grocery store, food bank, food pantry, place of worship, library, gym, DSS, DMV, WIC, Social Security Office, and more
- Free access to an online GED training program that helps members pass the GED test (We'll also pay for our members' GED testing voucher.)
- Quarterly Virtual Baby Showers provide moms education, games, prizes, and gifts for every participant.

Helpful Tips for Aetna Better Health Moms

Ways You Can Make Sure Our Members Get the Care They Need

As a doula, we understand your main priority is to empower moms and give them the resources they need to be successful before, during, and after birth. Here are some helpful facts about ways you can use our resources and guidance to empower and educate Aetna Better Health moms.

Let moms know their coverage is extended.

Virginia recently expanded postpartum coverage for new mothers receiving Medicaid services from 60 days to 12 months. Virginia's postpartum Medicaid expansion includes continuous eligibility, regardless of change in income, during the postpartum coverage period. Additionally, after pregnancy, in addition to typical postpartum care services, Medicaid members are also able to continue to receive other health care services under Medicaid for 12 months.

Encourage moms to enroll their baby after they are born.

Babies are not automatically enrolled in Medicaid when they are born to a mom who has Medicaid. A Medicaid member has to enroll their baby after giving birth in order for their baby to be covered. To help our members make sure their babies are covered, encourage them to:

- Contact the Cover Virginia Call Center at **1-833-522-5582**.
- Call their local department of social services.
- Ask the hospital to submit the enrollment details for their baby.

Refer moms to our *Let's Go Baby* book.

Our *Let's Go Baby* book contains lots of 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 *Let's Go Baby* book can be found on our website at **AetnaBetterHealth.com/Virginia/pregnancy-care.html**.

Teach moms how to practice safe sleep.

Aetna Better Health understands the importance of safe sleep and how critical providing education and resources is to new moms to reduce the risk of infant mortality related to co-sleeping. We are championing bringing awareness to this preventable issue by partnering with community organizations, hosting safe sleep events, and distributing safe sleep kits and cribettes to give moms the resources they need to keep their babies safe while they sleep.

Additional Resources for Doulas

Additional Information to Support You



Below are some additional resources that can help you navigate important standards and expectations for doulas in Virginia. These resources are provided by DMAS and Aetna Better Health.

DMAS Resources

- State-maintained general information: **dmas.virginia.gov/for-providers**
- State-specific doula information: **dmas.virginia.gov/for-providers/maternal-and-child-health/community-doula-program**

Aetna Better Health Resources

- Claims support: AetnaBetterHealth-VAProviderRelations@Aetna.com
- Care Managers for member care coordination: AetnaBetterHealthVA-CaseManagement@Aetna.com
- After hours crisis number: **1-800-279-1878, option 3**
- Provider Relations: **1-800-279-1878**
- Member Services: **1-800-279-1878 (TTY: 711)**

Check out our provider newsletter!

We send out a newsletter every quarter to our providers. Our provider newsletter contains helpful information that keeps you up-to-date on the latest initiatives with Aetna Better Health. You can find our newsletter on our website at



AetnaBetterHealth.com/Virginia/providers/notices-newsletters.html.



Everything we do starts with you.

As a provider with Aetna Better Health, you help our members by providing them with the guidance and support they need to feel empowered as they transition to motherhood. Whether you are providing services to first-time moms or moms repeating the beautiful journey of motherhood, we recognize the important work that you do for our members.

We want to thank you again for joining our network, and we look forward to working with you as we continue to strive toward providing our moms with the best possible care.



Thank you for becoming a provider with Aetna Better Health of Virginia!