




**IAMHP**

ILLINOIS ASSOCIATION OF  
MEDICAID HEALTH PLANS

**IAMHP Maternal  
Health Toolkit for  
Providers**

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 IAMHP is a member organization representing all Medicaid Health Plans. Together we are committed to improving the quality of healthcare for all Illinois residents.

# Covered Medicaid Benefits

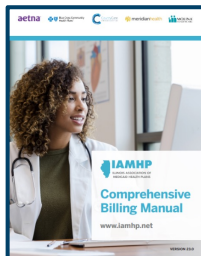
The Medicaid program covers about half of births in Illinois with a focus on vulnerable and disadvantaged families. IAMHP and our member Medicaid managed care plans are committed to promoting access to the full continuum of care for pregnant people from the prenatal to postpartum periods.

This page serves as a guide to maternal health benefits covered in Illinois.

## Medicaid Maternal Health Benefits:

- Family Planning Services
- Prenatal Care Visits
- Labor and Delivery
- Postpartum Care Visits
  - Visit within the first 3 weeks
  - Coverage for additional visit between 4 and 12 weeks
- Breastfeeding Education and Lactation Counseling
- Blood Pressure Cuffs
- Emergency Services
- Prescription Drugs
- Smoking Cessation Counseling
- Therapy
- Mental Health and Substance Use Disorder Treatment
- Doula Services
- Lactation Support

## Billing Resources:



The IAMHP Comprehensive Billing Manual provides support and guidance to contracted Medicaid managed care providers on how to bill for services to Medicaid members. For more information on billing, visit the IAMHP website to view this helpful resource: [IAMHP Comprehensive Billing Manual](http://www.iamhp.net).

# Lactation Support and Doula Services

To better support pregnant people and families, additional maternal health services have been added to the Medicaid service array. IAMHP and our member plans are thrilled to work with HFS to implement access to lactation support and doula services for Medicaid members.

## Lactation Support

Per [PA 102-665](#), the Department of Healthcare and Family Services (HFS) has added lactation support services delivered by Board-Certified Lactation Consultants (IBCLCs), Certified Lactation Counselors (CLCs), and Certified Lactation Specialists (CLSs) to the Illinois Medicaid Program. This change became effective January 1, 2024.

Lactation consultants provide assessment, education, counseling, and support on breastfeeding and human lactation to promote the successful attainment of breastfeeding goals. Lactation support services may be provided in the perinatal period through infant weaning.

For more information about lactation support coverage, view the approved [State Plan Amendment](#).

## Doula Coverage

As a result of [PA 102-4](#), the Department is implementing perinatal doula services delivered by certified doulas as a Medicaid benefit. Coverage for doula services will include up to 16 prenatal visits, up to 16 postpartum visits, and continuous support provided during labor and delivery.

Doulas support pregnant customers throughout the pregnancy, childbirth, and postpartum experience, with the goal of improving outcomes for birthing people and infants.

For more information about doula coverage, view the [HFS Public Notice](#).

# Blood Pressure Monitoring Kit

Improving the health and overall well-being of mothers, babies and families is one of the highest priorities of the IAMHP and our member Health Plans.

A home blood pressure monitor can be an effective method of supporting pregnant women and new mothers between clinic appointments and as an adjunct to telehealth protocols.

**Purpose:** The purpose of this notice is to serve as a reference tool and reminder if a member requires a blood pressure monitoring kit, including those who are prenatal or postpartum.

**Refer to the procedure guidelines:** Blood pressure cuffs are a covered Medicaid benefit that can be provided to Medicaid members at no cost. Providers can order a blood pressure cuff for any member who may benefit from home blood pressure monitoring.

If a member requires a blood pressure monitoring kit, a Primary Care Provider (PCP), prenatal/women's health provider and/or specialist may order a BP monitoring kit, including the appropriately sized cuff, from a Durable Medical Equipment (DME) Provider.

Providers should follow ICD-10 guidelines and include the appropriate diagnosis codes. Code and Allowance: No prior authorization is required for DME less than \$1000; however, orders will be denied if the member has already received the item within the allowed timeframe.

Code Type	Code	Description	Max Qty	Max Days
HCPC	A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUF	1	365
HCPC	A4663	BLOOD PRESSURE CUFF ONLY	1	365
HCPC	A4670	AUTOMATIC BLOOD PRESSURE MONITOR	1	1825

If a member has received a blood pressure monitoring but requires a replacement kit, thus exceeding the normal benefit limit, please contact the health plan to arrange a replacement kit.

# Tubal Ligation Memo

All Medicaid MCOs require the HFS 1977 Hysterectomy Acknowledgement form or the Sterilization form 2189.

The appropriate form must be completed fully and accurately prior to a hysterectomy or sterilization being performed on a Medicaid member. A form is not considered complete if it is not signed and dated appropriately by both the member and the physician.

## Common Mistakes for the HFS 1977 Form:

- **Part I** must be completed in its entirety. The provider number is the Medicaid provider ID number. If Part I is not complete a provider may face a claim denial.
- **Parts II and III** must be signed and dated by the patient and physician no later than the date of the surgery. The purpose of the HFS 1977 hysterectomy acknowledgement form is to ensure members are informed of the effects of a hysterectomy prior the surgery. Additionally, the physician signature is needed to ensure appropriate clinical review.
- **Part IV**, if applicable, must be signed and dated in addition to providing the appropriate detail regarding the exception.

## Common Mistakes for the HFS 2189 Form:

- **Consent to Sterilization** must be completed and signed by the Medicaid member prior to treatment. Race and ethnicity information is requested but not required.
- **Interpreter statement** must be completed and signed if an interpreter was used. The date should be prior to treatment.
- **Statement of person obtaining consent** must be completed and signed prior to treatment. If the information is completed but there is not a signature the form is not complete. The signature may not be provided at a later date.
- **Physician statement** must be completed and signed prior to treatment. Additionally, please cross out paragraph 1 or 2, whichever is NOT used. If a physician circles a section that is used the form has not been completed accurately. If the information is completed but there is not a signature the form is not complete. The signature may not be provided at a later date.

# Importance of Prenatal and Postpartum Visits

New data from the [2024 Perinatal Report](#) published by Illinois HFS indicates that, while timely prenatal and postpartum care rates are improving, pregnant individuals under Illinois Medicaid did not receive timely care in over 30% of births from 2016-2021. Access to the full continuum of care throughout pregnancy is one of the best ways to promote safe and healthy pregnancies.

**Prenatal Care:** The recommended American Congress of Obstetrics and Gynecology (ACOG) prenatal visit schedule for uncomplicated, first pregnancies consists of a visit every 4 weeks until 28 weeks, every 2 weeks until 36 weeks, and weekly thereafter until delivery. For pregnant people over 35 or with a chronic health condition, more frequent prenatal care visits may be necessary. It is important to discuss health history with patients and make a plan for managing any complications.

**Postpartum Care:** ACOG published an [updated guideline](#) for postpartum care that recommends an initial postpartum visit within 3 weeks after birth to address acute issues, followed by ongoing care as needed including another visit between 4 to 12 weeks after birth. Illinois Medicaid covers 2 postpartum visits in line with this guideline, effective October 8, 2021. As of April 2021, Illinois Medicaid also expanded postpartum Medicaid coverage from 60 days to a full year after childbirth for members with incomes up to 213% of the federal poverty level.

**Medicaid Redetermination:** Illinois provided continuous healthcare coverage for all Medicaid members, including postpartum individuals, during the COVID-19 public health emergency (PHE). With the end of the PHE, Illinois has resumed federally required eligibility processes. Postpartum individuals are now required to renew their Medicaid coverage after their 12-month postpartum period ends or utilize the ACA Marketplace for other coverage options. [Get Covered Illinois](#) navigators are available for patients who need help exploring ACA marketplace options.

# Postpartum Care Guidelines

For all postpartum members, MCOs must ensure that they have a primary care medical home and appropriate continuity of care during and after pregnancy.

## Requirements and Guidelines for Well-Woman Care

According to [Illinois law](#), postpartum members can choose a woman's principal care provider in addition to a primary care provider. A **woman's principal health care provider** is a provider who is licensed, specializes in obstetrics, gynecology or family practice and may be seen for care without referrals from a primary care provider.

Postpartum members with chronic health conditions may need clinical supervision by a non-OBGYN provider in the early to extended postpartum period. If the postpartum person's principal care provider is an OBGYN, it is essential that there be coordination with the non-OBGYN provider regarding transfer of services or referrals.

Clinical guidelines require providers to identify and closely follow postpartum members who are at risk of or diagnosed with chronic physical and behavioral health conditions as well as provide or arrange for interconception care management services for identified high-risk postpartum members for 24 months following delivery.

Pregnant members **without chronic conditions or with no unresolved conditions** from a recent pregnancy should be transferred to ongoing well-woman care. The [Women's Preventive Services Initiative](#) recommends that a well-woman visit be conducted annually and include multiple health promotion, health education, and preventive services.

These include: 1) interconception care, 2) reproductive life planning and family planning services, 3) depression screening and treatment and 4) referral to support services.



# Family Planning Services

The Illinois Medicaid program covers a comprehensive array of family planning services for Medicaid members. Access to family planning services allows individuals to achieve desired birth spacing and family size and improves health outcomes for pregnant people and their families.

## Covered Family Planning Services

- A reproductive life plan
- Education and counseling on all contraceptive methods
- Contraceptive methods, including over-the-counter and prescription emergency contraception
- Permanent methods of birth control: tubal ligation, transcervical sterilization and vasectomy
- Abortion services (through Medicaid fee-for-service only)
- Basic infertility counseling. Infertility medications and procedures are NOT covered.
- Reproductive health exam
- STI/STD testing and treatment
- HIV testing and counseling
- Lab test or screening necessary for family planning and reproductive health services
- Cervical cancer screening, management, and early treatment
- Vaccines for preventable reproductive health related conditions (i.e., HPV, Hepatitis B)
- Mammography referral and BRCA genetic counseling and testing

All abortion services for both Medicaid fee-for-service and managed care members are state-only funded effective November 1, 2019. Therefore, all claims containing abortion procedures must be billed to HFS directly as required in the [HFS Provider Notice](#).

Providers are encouraged to continue to assess the needs of patients for family planning services and talk to them about their options. Immediate postpartum long-acting reversible contraceptives (LARCs) may be an option for pregnant people looking for family planning services.

# Family Planning Services

In addition to covering family planning services for individuals eligible for Medicaid, the Illinois Medicaid program has expanded income eligibility for family planning services only to include individuals who do not otherwise qualify for full Medicaid benefits.

## [Medicaid Coverage Expansion for Family Planning Services](#)

Illinois Medicaid has extended access to family planning services only for individuals who do not otherwise qualify for full Medicaid benefits based on income.

As a result of legislation passed in 2021 ([PA 102-665](#)), individuals with a monthly income of up to \$3,500 of the federal poverty line are eligible for Medicaid-funded family planning services with an effective date of November 30, 2022. Applicants are eligible to request retroactive coverage for up to 90 days when applying for ongoing coverage. In addition, presumptive eligibility has been implemented for these services.

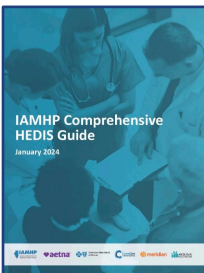
Providers can view the HFS Provider Notice outlining the changes [here](#). To find income eligibility information for each year, providers can check the Department of Human Services [Program Standards](#) page.

# MCO Maternal Health Quality Measures

As a pillar of the [HFS Quality Strategy](#), improving the quality of maternal health services is top of mind for IAMHP and our member health plans. Plans are held accountable for improving maternal health outcomes through reporting and performance measures.

Maternal and Child Health Pay-for-Reporting (P4R) Measures	Maternal and Child Health Pay-for-Performance (P4P) Measures
Well-Child Visits (WCV)	Prenatal and Postpartum Care— Timeliness of Prenatal Care
Family Planning	
Unexpected Complications in Term newborns (PC06)	Prenatal and Postpartum Care— Postpartum Care
Oral Evaluation, Dental Services (OED)	
Prenatal Depression Screening (PND-E)	Childhood Immunization Status— Combination 10
Postpartum Depression Screening (PND-E)	

## Quality Resources:



IAMHP has published a new [Comprehensive HEDIS Guide](#). In our continuing commitment to improve the quality of care for our members, the HEDIS Guide is a one-stop guide for providers to ensure correct coding of key HEDIS metrics across all the Medicaid health plans.

# Additional MCO Benefits

One of the many benefits of Medicaid managed care is that our member health plans can offer additional benefits that go above what is covered under the Illinois Medicaid program. This page includes additional benefits offered by each plan.

	Additional Maternal Health Benefits
<b>Aetna Better Health</b>	<ul style="list-style-type: none"> <li>• Free convertible car seat or play yard or highchair, plus a diaper bag after completing a Health Risk Screening and a prenatal visit.</li> <li>• A voucher for diapers for children ages 2.5 years (30 months) and under.</li> <li>• Care coordination and rewards through Maternity Matters program.</li> <li>• A \$25 monthly benefit for over-the-counter health supplies and products.</li> </ul>
<b>Blue Cross and Blue Shield</b>	<ul style="list-style-type: none"> <li>• Welcome baby package with free baby supplies and education.</li> <li>• A free Pack and Play (safe sleep space) or car seat for completing a prenatal visit.</li> <li>• \$30 gift card for members who complete a prenatal visit in the first trimester.</li> <li>• Two free packs of diapers for completing a postpartum visit.</li> <li>• \$30 gift card for completing a postpartum visit between 7 and 84 days after delivery.</li> <li>• A \$25 quarterly benefit for hygiene products and other over-the-counter items.</li> </ul>
<b>CountyCare Health Plan</b>	<ul style="list-style-type: none"> <li>• Free Sleep Safe Kit (including portable crib) and car seat for expectant parents.</li> <li>• Up to \$360 for Notification of Pregnancy and attending prenatal/postpartum appointments.</li> <li>• Up to \$200 for baby's immunizations and check-ups.</li> <li>• Pregnant members who develop gestational diabetes or pregnancy-induced hypertension are eligible for fresh food delivery for the duration of their pregnancy.</li> <li>• Find more information about available benefits, rewards, and care coordination on our <a href="#">Brighter Beginnings website</a>.</li> </ul>
<b>Meridian Medicaid Plan</b>	<ul style="list-style-type: none"> <li>• Community baby shower events with education, resources, and free giveaways.</li> <li>• Through the <a href="#">Healthy Rewards program</a>, members can earn up to \$250 plus baby gear.</li> <li>• Up to \$230 for well-child visits for babies and \$100 for immunizations from birth to age 2.</li> <li>• <a href="#">Meridian Community Resources</a> page for help with breast feeding, food, and housing.</li> <li>• <a href="#">Smart Start for Your Baby Program</a> supports members' prenatal and postpartum care and includes enhanced outreach, wellness materials, care management, and provider collaboration.</li> </ul>
<b>Molina Healthcare</b>	<ul style="list-style-type: none"> <li>• Free Bump Boxes for expectant mothers and Bitsy Boxes for families with new children, if they complete preventative visits.</li> <li>• <a href="#">Motherhood Matters</a> program provides counseling via phone, education, and care coordination.</li> <li>• MolinaCares program offers gift cards to members for completing select preventative visits.</li> </ul>

# Behavioral Health Support

Perinatal depression and anxiety affect about 20% of pregnant people during and after childbirth. In fact, IDPH identified mental health, including substance use disorders, as the leading cause of pregnancy related deaths from 2016-2017 in their 2021 Maternal Mortality and Morbidity Report.

Medicaid managed care plans offer cover a variety of mental health and substance use disorder services aimed at supporting our members.

## Mental Health Covered Benefits:

- Mental health assessments
  - Perinatal depression screenings up to 12 months after childbirth
- Case management
- Crisis intervention
- Mental health intensive outpatient care
- Rehabilitation
- Mental Health and SUD Prescription Drugs
- Therapy/Counseling
- Detox Services

# Behavioral Health Support

Beyond the services covered under the Illinois Medicaid program, IAMHP would like to share the following resources to assist in accessing services.

For help with depression or other mental health concerns:

- Illinois Perinatal Depression MOMsline 866-364-MOMS (6667)
- Postpartum Support International “warmline” 800-944-4PPD (4773)
- Postpartum Depression Alliance of Illinois 847-205-4455
- National Alliance on Mental Illness (NAMI) Helpline 800-950-6264 or check out [www.nami.org](http://www.nami.org) for more resources

To find treatment for substance use disorders:

- Illinois Helpline for Opioids and Other Substances 833-2-FIND-HELP or <https://hub.helplineil.org/findhelp>
- SAMHSA’s National Hotline: 800-662-HELP (4357)

To assist individuals experiencing a mental health crisis:

- CARES line offering 24/7 support 800-345-9049
- 988 Suicide and Crisis Lifeline – Dial 988 or 800-273-8255. More resources can be viewed at [988lifeline.org](http://988lifeline.org)

Other behavioral health resources:

- [Medicaid Assisted Recovery \(MAR NOW\)](#)
  - The Illinois Helpline now offers on demand medications to Illinois residents seeking treatment for an opioid use disorder (OUD).
  - Medication-assisted recovery (MAR) involves the use of FDA-approved medications to treat OUD.
- [IAMHP Behavioral Health Toolkit](#)
- [Illinois Harm Reduction Perinatal Toolkit](#)

# Transportation Benefits

MCOs work to improve access to transportation by offering non-emergency transportation to doctors' appointments and other healthcare needs as a covered benefit. Check out IAMHP's [MCO Transportation Toolkit](#) for more information on scheduling transportation by MCO. For non-emergency ambulance services, providers should advise members to call Transdev at 877-725-0569.

## Medicaid Managed Care Transportation Contacts:

- **[Aetna Better Health](#)**: If you need a ride to your health care appointments or to the pharmacy to pick up your prescription, call 1-866-913-1265 or schedule online at <https://member.modivcare.com/en/login>.
- **[BlueCross and BlueShield](#)**: If you need a ride for your medical needs, such as health care appointments, pharmacy, or BCCHP sponsored events, you can call 1-877-831-3148 or go online at <https://member.modivcare.com/en/login>. If you live within two blocks of a mass transit bus stop, you can get free bus passes mailed to your home by calling 1-877-831-3148 (TTY/TDD: 1-866-288-3133) at least two weeks before your appointment.
- **[CountyCare](#)**: If you need a ride to your health care appointments, you can request public transportation passes (CTA and Pace) at least two weeks before your appointment by calling Member Services at 1-312-864-8200. Members can also schedule a ride by calling Member Services or visiting <https://medrideil.firsttransit.com/Account/Login>.
- **[Meridian Medicaid Plan](#)**: Meridian offers free transportation to healthcare and behavioral health visits, WIC appointments and family case management sites, prescription and DME pick ups, plus reimbursements for gas. Plan ahead and schedule online with MTM at <http://mtm.mtmlink.net/> or call 1-866-796-1165 at least 48 hours in advance.
- **[Molina](#)**: If you need a ride to your health care appointments or to the pharmacy to pick up your prescription, call 1-844-644-6354 or go online at <https://idp-ua.mtmlink.net/Account/Login>. You can also call Molina Member Services at 1-855-687-7861.

# MCO Resource for Medicaid Member Assistance

All Medicaid health plans have a phone number available for Medicaid members to call and ask questions about health plan benefits. This resource is also available for Medicaid providers to assist their patients.

For any questions about benefits or other Medicaid member needs, such as requesting care coordination services and other available support, please contact Member Services at each health plan.

## MCO Member Services Line

- Aetna Better Health of Illinois - 1-866-329-4701
- Blue Cross and Blue Shield of Illinois - 1-877-860-2837
- CountyCare - 1-312-864-8200
- Meridian Medicaid Plan - 1-866-606-3700
- Molina Healthcare - 1-855-687-7861



# Additional Resources

## Recommendations for Individual Conditions:

- Hypertension during pregnancy
  - [CDC Guidance on High Blood Pressure during Pregnancy](#)
  - [ACOG Clinical Information, Patient Resources, and Educational Content](#)
- Gestational diabetes during pregnancy
  - [CDC Guidance on Gestational Diabetes and Pregnancy](#)
  - [ACOG Information and Resources on Gestational Diabetes](#)
  - [American Diabetes Association Resource on Gestational Diabetes](#)
- Oral health during pregnancy
  - [IDPH Resource Guide and Toolkit on Oral Health with Focus on Pregnancy and Early Childhood](#)
  - [American Academy of Pediatrics - Protect Tiny Teeth Toolkit for Providers](#)