



IAMHP

ILLINOIS ASSOCIATION OF
MEDICAID HEALTH PLANS

IAMHP Maternal Health Toolkit

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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

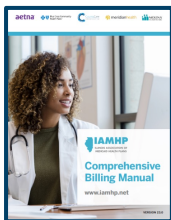
The Medicaid program covers about half of births in Illinois with a focus on vulnerable and disadvantaged families. IAMHP and our member Medicaid managed care plans are committed to promoting access to the full continuum of care for pregnant people from the prenatal to postpartum periods. As such, we are proud that Illinois is the first state to extend postpartum Medicaid coverage from 60 days to a full year.

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

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).

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 & Postpartum Visits

New data from the 2022 Perinatal Report published by the Department of Healthcare and Family Services indicates that pregnant people in the Illinois Medicaid program did not receive timely prenatal and postpartum care in over 20% of 2019 births.

Access to the full continuum of care throughout pregnancy is one of the best ways to improve the chances of a safe and healthy pregnancy. Delays in this essential care have contributed to a rise in birthing complications in recent years.

Prenatal Care: The current 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 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 have a discussion with the patient regarding their health history and make a plan for managing any complications.

Postpartum Care: ACOG also recently published an updated guideline for postpartum care and now recommends an initial postpartum visit within 3 weeks after birth to address acute issues, followed by ongoing care as needed and concluding with a visit from 4 to 12 weeks after birth. Illinois Medicaid now covers 2 postpartum visits in alignment with this guideline, effective October 8, 2021.

Key best practices promoting respectful pregnancy care include adequate communication and information sharing between pregnancy care providers and pregnant people. Throughout pregnancy care, listening to pregnant people, taking their concerns seriously, and engaging in shared decision making can save lives.

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
- 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

Due to legislation passed in 2021 (PA 102-665), Medicaid members with incomes at or below 208% of the federal poverty line will be eligible for family planning services effective December 1, 2022. Presumptive eligibility will also be implemented for these services.

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 options.

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.

For more information on additional benefits offered by health plan, please visit enrollhfs.illinois.gov/en/Compare-plans.

	Additional Maternal Health Benefits
Aetna Better Health	<ul style="list-style-type: none"> • Up to \$70 on a rewards card for completing a pregnancy form and postpartum appointments • A free car seat by completing a pregnancy form and keeping one prenatal appointment in the first four months of pregnancy
BlueCross BlueShield	<ul style="list-style-type: none"> • A free car seat or portable crib by keeping one prenatal appointment during the first trimester of pregnancy • Two free packages of diapers for keeping postpartum appointments • A gift card for keeping at least six well child appointments
CountyCare Health Plan	<ul style="list-style-type: none"> • Free packages of diapers for getting regular immunizations (shots) • Up to \$300 in rewards cards by keeping prenatal and postpartum appointments and well child appointments • A Safe Sleep Survival Kit with a portable crib by keeping prenatal appointments • A free car seat or booster seat and breast pump
Meridian Health Plan	<ul style="list-style-type: none"> • Up to \$100 in gift cards by keeping well child appointments and getting regular immunizations (shots) • A free stroller, playpen, car seat or diapers for keeping prenatal appointments
Molina Healthcare	<ul style="list-style-type: none"> • Up to \$180 in gift cards by keeping prenatal and postpartum appointments and well child appointments • A New Mom Baby Box with baby supplies

Mental 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

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

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)

Transportation Benefits

The lack of transportation can be a significant barrier for pregnant people who have trouble accessing routine care. MCOs work to improve access to services. For more information on scheduling transportation by MCO, check out IAMHP's [MCO Transportation Toolkit](#).

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 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 or schedule a ride by calling 1-630-403-3210.
- [Meridian](#): If you need a ride to your health care appointments, you can call Meridian Transportation at 1-866-796-1165.
- [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://member.modivcare.com/en/login>. You can also call Molina Member Services at 1-855-687-7861.

For non-emergency ambulance services, members and providers should call First Transit at 877-725-0569, effective January 1, 2022.