



## **Caring for Aetna Better Health Moms:**

A Guide for Doulas



Aetna Better Health® of Virginia

[AetnaBetterHealth.com/Virginia](https://www.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

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### Becoming a Participating Provider is Easy

**Doula providers must have a National Provider Identifier (NPI) and certification as a state-certified community doula, then have 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](http://virginia.hppcloud.com)**, and select *Aetna Better Health of Virginia*. DMAS will alert us of your request to join the network through the portal and we will reach out to you with 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](http://AetnaBetterHealth.com/Virginia)**. Then, select “Our Network,” 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, Provider Relations Representative: [EllingL@aetna.com](mailto:EllingL@aetna.com)

RJ Dix, Provider Relations Senior Manager: [DixR@aetna.com](mailto:DixR@aetna.com)

## Doula Claims and Billing Submission

### Submitting Claims: Getting It Right the First Time

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.

### Doula CPT Codes and Required Modifier

Doulas are unique providers who have specific codes and rates for what they are allowed to bill Medicaid members. It's important you use the correct codes and rates in order to receive payment for the services you provide.

View the chart below to see what the current codes and rates are 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	4	4	15	\$14.99	Each visit max 4 units. Total units max = 16 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

*Except as noted, all codes are submitted on claim with the mother's Medicaid ID.  
Required taxonomy: 374J00000X, diagnosis code Z32.2*

## 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.

You can access this form on the DMAS website at [vamedicaid.dmas.virginia.gov](http://vamedicaid.dmas.virginia.gov).

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

- E-mail: [AetnaBetterHealthVA-CaseManagement@Aetna.com](mailto:AetnaBetterHealthVA-CaseManagement@Aetna.com)
- Fax: **860-807-4933**

**Virginia Medicaid**  
Department of Medical Assistance Services

**DOULA CARE RECOMMENDATION FORM**

*If a member is enrolled in Fee-For-Service, please fax forms to 804-452-5447.  
If a member is enrolled in a managed care organization, please refer to that MCO for detailed form submission.*

**If you are a Virginia Medicaid member and are pregnant or have given birth within the last six months ...**

You are eligible for community doula care to provide you physical, emotional, and informational support before, during and after you give birth. Your doula must get a licensed practitioner's recommendation to provide this care under the VA Medicaid program. You can request a recommendation (for example, from a doctor/midwife/nurse<sup>1</sup>) and give it to your doula. You can ask for a recommendation even if you don't know who your doula will be yet.

**If you are a doula....**

You must secure and retain the record of a licensed practitioner's recommendation for each member prior to initiation of their doula care, storing 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 practitioner<sup>1</sup>....**

By filling out this recommendation form, you are enabling this individual to access non-clinical community doula services<sup>2</sup>. A recommendation is not the same as a prescription/medical order.

**Licensed Practitioner's Recommendation for Doula Care**

VA Medicaid member full legal name (first, middle, last):

VA Medicaid member DOB or ID #:

Licensed Practitioner's Signature:

Licensed Practitioner's full legal name (first, middle, last):

Licensed Practitioner's NPI number:

Date of recommendation (MM-DD-YYYY):

Name of doula (if known):

Name/address of member's ob/gyn provider (if known):

<sup>1</sup> 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.  
<sup>2</sup> 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 type of provider can be any as 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.

## Important Claims Information

You must file claims within 365 days from the date you provided services unless there's a contractual exception. You 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

## Submitting Claims Online

You can submit claims or resubmissions online through ConnectCenter using payer ID: 128VA. This is our provider claims submission portal via Change Healthcare (formerly known as Emdeon). To register, visit the ConnectCenter portal and follow the prompts to "Sign Up" and enter Vendor Code 214557. Visit **[AetnaBetterHealth.com/Virginia/providers/File-Submit-Claims.html](https://AetnaBetterHealth.com/Virginia/providers/File-Submit-Claims.html)** to learn more.

## Submitting Claims by Mail

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



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

## 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. Aetna Better Health has partnered with Change Healthcare to offer EFT/ERA Registration Services (EERS) to all of our providers.



Visit **[PayerEnrollServices.com](https://PayerEnrollServices.com)** to enroll in EERS.

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

**[AetnaBetterHealth.com/Virginia/File-Submit-Claims.html](https://AetnaBetterHealth.com/Virginia/File-Submit-Claims.html)**.

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**[AetnaBetterHealth.com/Virginia](https://AetnaBetterHealth.com/Virginia)**



## Additional Billing Information

The provider manuals maintained by DMAS, which are available on their website, are a great resource for billing providers. Chapters 5 in each provider manual contains billing guidelines. To access the DMAS Provider Manuals Library, go to [vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library](http://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library).

## Helpful Tips

- Always confirm member’s enrollment at the beginning of each month.
- You must use the modifier HD with every claim line.
- Use only appropriate location codes where service was provided. Place of service code sets are generally available on the CMS website.
- If a patient has another insurance in addition to Medicaid, then an EOB will be required with claim submission.
- If you are not participating with the other insurance carrier, an attestation stating nonparticipation will be required and be included with to each claim submitted for that member.
- Email [AetnaBetterHealth-VAProviderRelations@aetna.com](mailto:AetnaBetterHealth-VAProviderRelations@aetna.com) for claims questions and concerns.

## Paper Remittances

At first glance, a paper remittance can look confusing. Below, we’ve outlined some of the main components of a paper remittance.

### Section A

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

The screenshot shows a remittance statement from Aetna. At the top left is the Aetna logo and a disclaimer: "Federal regulation prohibits billing Medicaid members, unless noted as member responsibility on this remittance advice." The page number "Page 3 of 11" is in the top right. The main header includes "Section A" and "WHITE STOCK". Below this, there are three lines of provider information: "Billing Provider Name: AIT LABORATORIES", "TIN: 621433252", "NPI: 1689639544", and "Line of Business: Aetna Better Health - FloridaHealthy Kids". To the right is a table of financial details. Callouts A1 through A6 point to specific elements: A1 points to the page number, A2 to the Billing Provider Name, A3 to the TIN and NPI, A4 to the Line of Business, A5 to the Discount and Interest rows in the table, and A6 to the Payment # row in the table.

Remit Date:	02/21/2022
Beginning Balance:	0.00
Discount:	0.00
Interest:	6.54
Refund Amount:	0.00
Amount Recouped:	0.00
Amount Paid:	66.86
Ending Balance:	0.00
Payment #:	1006975

**A1:** Page number

**A2:** Billing Provider Name

**A3:** TIN & NPI

**A4:** Line of Business

**A5:** Discount & Interest

**A6:** Payment #

### Section B

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

Member Name: [B3]		Member #: [B1]		Date Received: 20211013		Claim #: [B2]		Claim Status: REVERSED	
Acct #: [B3]		NPI #: [Section B]		Billed DRG: [B5]		Auth#: [B2]		Place of Service: 81	
Claim Provider: AIT LABORATORIES		Adjustment of Claim #: 21286E0100447		[B4]		DRG: [B5]			

  

Line #	Service From - To	Serv Code	Modifier	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount
											Ded PR1	Coins PR2	Copay PR3	Other	
1	10/07/21	U0003			-1	FFS	-125.00	-100.00	-25.00	CO45	0.00	0.00	0.00	0.00	-100.00
2	10/07/21	U0005			-1	FFS	-31.25	-6.25	-25.00	CO45	0.00	0.00	0.00	0.00	-6.25
Payment #							1006975	Claim Totals	-156.25	-106.25	-50.00	0.00	0.00	0.00	-106.25

  

Member Name: [B1]		Member #: [B1]		Date Received: 20211013		Claim #: [B2]		Claim Status: PAID	
Acct #: T4245380		NPI #: [Section B]		Billed DRG: [B5]		Auth#: [B2]		Place of Service: 81	
Claim Provider: AIT LABORATORIES		Adjustment of Claim #: [B4]		Interest Amount: 0.65		DRG: [B5]			

  

Line #	Service From - To	Serv Code	Modifier	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount
											Ded PR1	Coins PR2	Copay PR3	Other	
1	10/07/21	U0003			1	FFS	125.00	67.50	57.50	CO45	0.00	0.00	0.00	0.00	67.50
2	10/07/21	U0005			1	FFS	31.25	24.12	7.13	CO45	0.00	0.00	0.00	0.00	24.77
Payment #							1006975	Claim Totals	156.25	91.62	64.63	0.00	0.00	0.00	92.27

- B1:** Member Name & Member #
- B2:** Claim # & Claim Status
- B3:** Acct #
- B4:** Claim Provider/Adjustment of Claim
- B5:** Billed DRG & DRG
- B6:** Line#: Service From-To
- B7:** Serv Code, Rev Code, Units FFS/CAP
- B8:** Billed & Allowed Amount
- B9:** Member Responsibility

### Section C

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

Member Name: [B1]		Member #: [B1]		Date Received: 20211015		Claim #: [B2]		Claim Status: DENIED	
Acct #: [B3]		NPI #: [Section C]		Billed DRG: [B5]		Auth#: [B2]		Place of Service: 12	
Claim Provider: AIRLIFE MEDICAL LLC		Adjustment of Claim #: 21291E0051728		[B4]		DRG: [B5]			

  

Line #	Service From - To	Serv Code	Modifier	Rev Code	Units	FFS/CAP	Billed Amt.	Allowed Amt.	Not Payable	Remark	Member Responsibility				Paid Amount	
											Ded PR1	Coins PR2	Copay PR3	Other		
1	10/02/21	E0305	RR KI KX		1	FFS	16.56	0.00	-8.36	CO26 OA23 N52 N650	0.00	0.00	16.56	16.56	0.00	
Payment #							1006975	Claim Totals	16.56	0.00	0.00	0.00	0.00	16.56	16.56	0.00

  

Provider Summary:		Discount/Penalty: 0.00		Provider Claims Total:		Billed Amt. 16.56		Allowed Amt. 0.00		Not Payable 0.00		Ded 0.00		Coins 0.00		Copay 16.56		Other 16.56		Paid Amount 0.00	
Check Date: [C3]		Check Number:		Check Amount:																	

  

Code/Description	
CO - Contractual Obligations. Use this code when a joint payer/payee contractual agreement or a regulatory requirement resulted in an adjustment.	
OA - Other adjustments.	
PI - Payer Initiated Reductions. Use this code when, in the opinion of the payer, the adjustment is not the responsibility of the patient, but there is no supporting contract betw	
PR - Patient Responsibility.	
CO26 EXPENSES INCURRED PRIOR TO COVERAGE	[C4]
MA67 ALERT: CORRECTION TO A PRIOR CLAIM	
N52 PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.	
N650 THIS POLICY WAS NOT IN EFFECT FOR THIS DATE OF LOSS. NO COVERAGE IS AVAILABLE.	
OA23 THE IMPACT	
PR3 CO-PAYMENT	

  

Claim Level Messages: M467

Not Payable Remark:  
CO26  
OA23  
N52  
N650

Member Responsibility Remark:  
PR3

If you have any questions please contact the Claims Department at 1-844-645-7371 visit our website at www.aetnabetterhealth.com/Florida

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- C1:** Claim Level Messages
- C2:** Remark for each service line
- C3:** Code/Descriptions
- C4:** Code reference

## Resubmitting a Claim

You can resubmit a claim through ConnectCenter or by mail.

If you resubmit through the ConnectCenter portal, you'll need to mark your resubmission with a number for the frequency code:

- "7" for replacement or adjustment claims
- "8" for voided claims

If you resubmit by mail, you'll need to include these documents:

- A completed *Claim Resubmission/Reconsideration Form*
  - Available on our website at:  
**[AetnaBetterHealth.com/Virginia/providers/file-submit-claims.html](https://www.aetnabetterhealth.com/Virginia/providers/file-submit-claims.html)**
- 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 where we denied or incorrectly paid the claim
- A brief note describing the requested correction
- Any other required documents

## 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 you send a reconsideration, be sure to include:

- A claim form for each reconsideration
  - Available on our website at:  
**[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 you're resubmitting
- Any information that the health plan previously requested

You can file a claim reconsideration by mail. Mail your 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:

- 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**.
- 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.

## 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:

- Digital thermometer
- Lanolin cream
- Hair and body baby wash
- Baby wipes hands and face
- Baby lotion
- Ear syringe and nasal aspirator
- Diaper cream with aloe
- Oral syringe
- Affirmation cards
- Education about infant care, safety, and postpartum depression
- Magnet with immunization schedule



#### **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](https://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 can be found at **[AetnaBetterHealth.com/Virginia/period-pack.html](https://AetnaBetterHealth.com/Virginia/period-pack.html)**. You 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](https://Pacify.com/aetna-better-health-virginia)**.



### Pyx Health

Pyx Health is a non-clinical, holistic solution that identifies vulnerable people to engage them in the platform to reduce loneliness and social isolation. It includes a mobile app with a chatbox feature, plus their Compassionate Call Center.

Download the Pyx Health app on your phone or tablet to get started. Use this QR code to download the app. No smartphone? No problem! You can also sign up by phone or web. Call **1-855-499-4777 (select option 1)** or go to **[PyxHealth.com/store-download](https://PyxHealth.com/store-download)**.



### 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 NationsBenefits® to see if they are eligible at **1-877-216-4108**. Scan this QR code to learn more about the Healthy Food Card:





**Even more great benefits:**

- 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 (30 round trips or 60 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 Android™ smartphone with free data, texts, and minutes, plus 10 GB monthly hotspot data
- 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

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### 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](https://www.aetna.com/betterhealth/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

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### 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](https://dmas.virginia.gov/for-providers)
- State-specific doula information: [dmas.virginia.gov/for-providers/maternal-and-child-health/community-doula-program](https://dmas.virginia.gov/for-providers/maternal-and-child-health/community-doula-program)

#### **Aetna Better Health Resources**

- Claims support: [AetnaBetterHealth-VAProviderRelations@Aetna.com](mailto:AetnaBetterHealth-VAProviderRelations@Aetna.com)
- Care Managers for member care coordination: [AetnaBetterHealthVA-CaseManagement@Aetna.com](mailto: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](https://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!

**Aetna Better Health® of Virginia**

**[AetnaBetterHealth.com/Virginia](https://AetnaBetterHealth.com/Virginia)**