



Lactation Support Services Coverage Under the Affordable Care Act

(or, Why Is Everything So Complicated Now?)

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Today's Agenda

Understanding the Implications of the ACA

- The Law
- (Commercial) Insurers Perspective
- Credentialing & Contracting/ Licensure
- Opportunities

Does the ACA Apply to all 'Payers'?

The Affordable Care Act primarily covers commercial insurance contracts.

- Does it apply to Medicaid?
 - **It is NOT mandatory.** States have to decide to cover USPSTF preventive services. There is incentive to do so, but few states have taken advantage of it. **Medi-Cal DOES cover breastfeeding services.**
 - Section 4106 provides that states who elect to cover all of the USPSTF grade A and B recommended preventive services with no cost-sharing shall receive an increased federal match for such services.
- Does it apply to the Military?
 - **NO.** It has its own rules and regulations with regard to services.

Aetna: The Groundbreaker (IBCLC)

- Opened its network to IBCLCs
- Identified specific billing codes to use
- Covers pump purchase cost when obtained through DME
- Hospital grade rental covered for medical necessity

Policies

- Pump policy on Provider site, service coverage not publicly defined
- Educated members about coverage

Aetna: PUMP Policy (Member site)

Pump coverage marketed to members.

If you decide to breast feed your new baby, and want to buy a breast pump and supplies, you can purchase directly from the Aetna participating breast pump suppliers below.

If your plan covers in network women's preventive services at no cost share, you can get a breast pump from the suppliers below at no out-of-pocket cost. You will not pay any co-pay, coinsurance or deductible.

Even if your plan does not cover women's preventive services with no cost share, you can still get a breast pump from the suppliers listed below at an Aetna discounted rate.

The Women's Preventive Health Breast Feeding Benefit includes:

- a standard electric pump (non-hospital-grade) within 60 days of birth, once every three years, or
- a manual breast pump within 12 months of birth, if you have not received an electric or a manual breast pump in the last three years, and
- another set of breast pump supplies if you get pregnant again before you are eligible for a new pump.

What about services?

Aetna: Services Policy (Member site)

Service coverage promoting Pediatricians and OB/GYNs first, then in-network Lactation Consultants:

Plans with the women's preventive services benefit also cover up to six visits with a lactation consultant if you need support with breast feeding. Your in-network ob/gyn or pediatrician may offer these services through their office. You may also check our online provider directory on Aetna Navigator®. Or call the Member Services number on your Aetna ID card to find a lactation consultant in our network.

The UGLY Model: Minimum Coverage

- Payers complying with the bare minimum in their interpretation of the law
- Covering hand pumps only
- Little promotion of the coverage to members
- No guidance on coding
- Bundled payment for in-network providers

Policies

- Undefined and usually unpublished

Why Can't ALL LCs Get Paid by Insurers?

- Commercial Insurers have 'networks' of providers
- These providers have to be credentialed and contracted per certain rules and regulations
- Most providers admitted to Payer networks are **licensed** professionals

What is 'Credentialing'?

- The credentialing process is an industry-standard systematic approach to the collection and verification of a practitioner applicant's professional qualifications.
- The National Committee on Quality Assurance (NCQA) sets many of these requirements.
- Payers **MUST** adhere to these standards

Why is 'Credentialing' Important?

- Evaluates the qualifications of practitioners
- Verification of these qualifications confirms that the practitioner meets certain criteria relating to professional competence and conduct
- It also includes review of relevant training, licensure, certification, and/or registration to practice in a health care field, and academic background.

Why Do Insurers Have to 'Credential'?

- Insurers are responsible for credentialing all independent practitioners with whom they contract, or employ, including physicians, dentists, chiropractors, podiatrists and others.

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Why Do Insurers Have to 'Credential'?

- ◆ Non-physician practitioners undergo a credentialing process much like that of physicians. The differences lies in the requirements and therefore in the verification of select data.
 - For the specific differences among the professional groups and the requirements of each, the NCQA Surveyor Guidelines is often used, which outlines what is required for each type of practitioner and where to access such information.
 - Lactation consultants are not covered in these guidelines, which means new territory altogether for Payers . . .

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Why Do Insurers Have to 'Credential'?

To review, Payers are required to

- Evaluate the qualifications of providers with whom they credential
- Ensure that each practitioner meets certain criteria relating to professional competence and conduct
- Are responsible for credentialing all independent practitioners with whom they contract
- Confirm that the provider is in good standing with state and federal regulatory bodies
- And ensure each provider has been reviewed and approved by an accrediting body

This explains why some insurers have chosen to credential IBCLCs but not other types of LCs; and why many have decided not to recognize non-licensed providers of lactation services at all . . .

International Board Certified Lactation Consultants are allied healthcare providers specializing in breastfeeding and human lactation.

USLCA believes lack of licensure and third party reimbursement for the IBCLC is the most significant barrier to access to lactation care for women.

Licensure is the *acceptable guarantee* for the public, and insurers, of a professional with a minimum standard of competency to practice in the prevailing healthcare system.

Licensure...

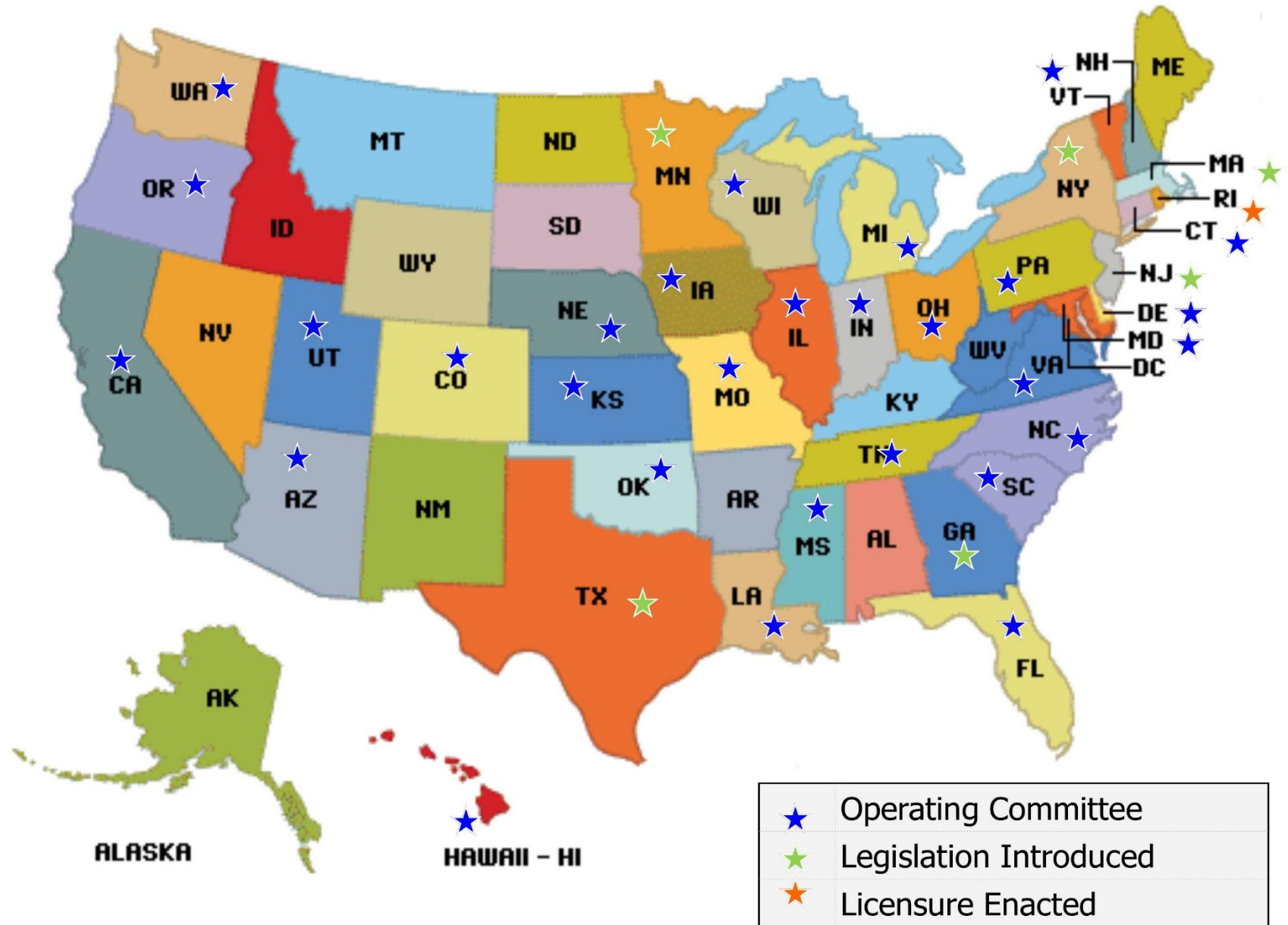
Licensure is the manner in which third-party payers verify, recognize and reimburse for healthcare services.

Medicaid regulations prohibit reimbursement of unlicensed providers without an approved State Plan Amendment qualifying them as a provider type.

Private insurers offering self-funded, employer funded or Medicaid managed care rarely credential or contract with IBCLCs, even though they have the option to do so.

UNITED STATES LACTATION CONSULTANT ASSOCIATION

Licensure Activities



What is 'Contracting'?

- ◆ Once credentialed successfully, the lactation professional is eligible to become a 'network' (or 'in-network') provider
- ◆ To be considered 'in-network' or a 'participating provider' the lactation professional must sign a contract

What is 'Contracting'?

Payment Rules:

- ◆ The contract stipulates that the lactation professional **MUST** accept the insurance company's payment as payment in full.
- ◆ This means that the lactation professional **CANNOT** bill the patient for the difference between the typical rate and the 'contracted rate' (the rate the insurer pays)
- ◆ Rates are different in different regions of the country

Can You Join Any Network?

- Very few insurers will credential and contract with non-licensed providers (or providers that have licenses that are not MD, DO, DDS, APRN, etc.)
- Aetna is one of the few insurers credentialing and contracting lactation consultants, but will only do so for those with the IBCLC designation

The Payer Perspective

Everything is based on economics

- ◆ Consumers and employers pay insurers to provide 'benefits'
- ◆ Benefits are regulated by a number of factors – government (such as mandatory coverage of certain care under the Accountable Care Act), medical efficacy and demand
- ◆ Most insurer are 'for-profit' and have shareholders to satisfy
- ◆ In order to maximize profit, they have to keep costs as low as possible (yes, you are a 'cost') by paying as little as possible for as few things as possible

Help: How to Submit A Claim!

- ◆ Some patients assume that because the ACA regulation has gone into effect, that it means that they are covered for your services
 - Wrong! Every patient's benefits package is different.
- ◆ The Lactation professional should only submit to plans in which they participate. For all other coverage, the patients pays upfront and is provided with a superbill or completed HCFA to submit
- ◆ But in some cases, a Payer may not allow a patient to submit directly. Submit on the patient's behalf, but collect payment in full at time of service.

Opportunities

Payers need education and assistance

- Clarification on what is needed, supported by evidence
- Presentation of a comprehensive policy detailing how, when and why
- Guidance on coverage criteria, provider types, coding and equipment
- Presented as a comprehensive policy for wholesale adoption

Model Policy

<http://www.usbreastfeeding.org/LegislationPolicy/ExistingLegislation/ModelPolicyPayerCoverage/tabid/344/Default.aspx>

Payer Score Card: <http://www.nbfcenter.com/payer-scorecard.html>

Use Every Resource You Can

Working with Insurance Companies is complicated

- Utilize your associations to find valuable information
- Utilize Payers websites and Google to find policies
- Enlist the help of your patients
 - Encourage them to determine what their benefits are, and how to go about submitting charges
- Network!

CONTACT INFORMATION

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