

Affordable Care Act (ACA) Coverage of Breastfeeding Help and Breast Pumps

Prepared by MilkWorks, a non-profit breastfeeding center.

Please note this information is subject to change. Last update: December 10, 2014.

As of August 1, 2012, the **Affordable Care Act (ACA)** has mandated that private insurance plans cover Women's Preventive Services. Breastfeeding assistance and breast pumps are included in these services.

Even though ACA coverage should be 100% without a co-pay or a deductible, some insurance plans are exempt from the requirement, or are offering a modified version. Some are covering services only from specified providers, or have varying limitations. Plans that have been "grandfathered" and government Medicaid plans are not required to provide the coverage at this time. Other plans are requiring a co-insurance (percentage of fee), providing limited consultations, or restricting the type of pump they will provide. Please visit www.healthcare.gov for additional information on the ACA.

In order for us to file with your insurance plan, MilkWorks must be "in-network," or have a contract with your insurance plan. A few plans are providing such poor reimbursement (payment for fees) that we are not able to contract with them.

While we are not able to guarantee coverage of our services by your insurance plan, we will do our best to provide you with the breastfeeding help that you need.

Where to start?

We recommend that you contact your insurance plan while you are pregnant to obtain detailed information on your coverage and determine if they are covering Women's Preventive Services under the ACA (Affordable Care Act). If they say "yes" ask them what type of breastfeeding services they are providing (see below for the three categories). You may get different answers from different customer service reps because this is still a new benefit, so do not be discouraged. We have prepared a list of **Questions To Ask Your Private Insurance Company** (available at MilkWorks or at www.milkworks.org). If you call our billing department (402 423-6402 ext. 103), we will share what we know about your plan and their coverage.

In order for us to file for services, we need you to complete our **MilkWorks Insurance Information Form** and our **Private Insurance Personal Use Pump Agreement** (if you are obtaining a breast pump). You may access these forms on line (www.milkworks.org) or at MilkWorks. If possible, please download, complete in full and bring them to MilkWorks with you.

If you find you do not have insurance coverage for breastfeeding services, another option for covering services is to use your Health Savings or Flex plan, if you have one.

There are three services that mothers have been obtaining coverage for under the ACA:

- Breastfeeding classes,
- Consultation services with an IBCLC, and,
- Breast pumps, either a personal use pump or a hospital grade rental pump, and limited pump replacement parts.

Regarding breastfeeding classes:

- Most insurance companies are requiring that this service be provided by a board certified lactation consultant (IBCLC). If we are able to file with your plan, we ask that you pay a deposit when you register to reserve your place in class and bring our completed **Insurance Information Form** to class with you. We will reimburse your deposit and file with your insurance plan.

Regarding consultation services:

- Most insurance companies are requiring that this service be provided by a board certified lactation consultant (IBCLC). If the IBCLC you see is also a nurse practitioner, or a physician, they may not bill/code the visit as preventive health services. As a result, you may have to pay a co-pay or deductible when receiving this service from an NP or an MD. **At MilkWorks, all of our LCs (except for Dr. Leeper) file as a preventive health service.** If your insurance plan is not complying with the ACA, you may have some out of pocket costs for breastfeeding help.
- There may be a limit to the number of visits that your insurance plan will cover.
- If your plan does not cover services, or we are not an in network provider (meaning we do not have a contract with your insurance plan), we offer a discounted Lactation Care Package. This allows you to obtain care until your baby is feeding well. We cap the fee for our Lactation Care Package at \$250, which is less than the cost of two appointments. We do not file for insurance under this payment option and payments are made at the time of your first two appointments.

Regarding breast pumps:

- Each insurance plan that we contract with has decided whether they will provide a Personal Use Pump and/or a Hospital Grade Rental Pump.
- We only provide quality Personal Use Pumps that mothers find dependable and effective; we do not have contracts with insurance plans that will not reimburse adequately for a quality pump.
- Insurers have placed restrictions on how frequently they will provide a pump (i.e. one per pregnancy or one every three years). Some plans allow a personal use pump to be obtained during pregnancy. Most plans will only provide a Hospital Grade Rental Pump for an approved medical reason and may not cover a rental pump IF a mother has already obtained a Personal Use Pump. In our experience, Personal Use Pumps are best suited for minor breastfeeding problems (e.g. mild engorgement) or when a mother is back at work or school and supply is well established. A Hospital Grade Rental Pump is a more expensive pump that is designed to be effective at establishing and maintaining a milk supply when a baby cannot latch or remove milk well.
- If your insurance plan is not covering Women's Preventive Services under the ACA, you may ask if they will provide a breast pump under the Durable Medical Equipment (DME) coverage of your plan.

Please call our billing department (402) 423-6402 (extension 103) for additional information.

