

WHAT IS A VISION CARE PLAN (VCP)?



MISSISSIPPI OPTOMETRIC ASSOC.

VISION CARE PLANS:

Reduce Patient Choice
Decrease Market Competition
Increase Cost of Care

Many Mississippians believe that Vision Care Plans cover all costs for comprehensive exams, frames, lenses, medical care, medical eye conditions, medical follow up, and more - when they do not. Vision Care Plans are not insurance. Vision Care Plans are discount plans that provide discounts for basic eye exams, glasses, and contacts.

WHAT IS THE SOLUTION?

Maintain competitive markets. Protect against unfair, “evergreen” contracts. Create an enforcement and safeguard mechanism. MOA plans to introduce legislation that will ensure that patients receive the best routine AND medical eye care; that eye care practices are treated fairly; and Vision Care Plan profits are not placed above patient safety and choice. These changes are needed to protect patients and to insure these Main Street small businesses can remain in our communities.

WHAT IS THE PROBLEM?

1 Unregulated and unaccountable

Currently, two major Vision Care Plans cover 85% of Mississippians with their plans and use this as a tool to steer patients to self-owned products and services within their conglomerates. These VCPs also own frame companies, lens manufacturing labs, electronic health records systems, claim filing clearinghouses, and retail optical outlets. This vertical integration has restricted care for patients, reduced patient transparency, driven up patient costs, and increased VCP profits.

Vision Care Plans are not regulated by any Mississippi state body or regulatory board. Vision Care Plans are unregulated vertically-integrated monopolies, some foreign owned. Doctors and patients currently have no avenue for civil action against unfair trade practices.

2 Contracts

Many Vision Care Plans contract with doctors, giving themselves the ability to change the terms of the contract - without providing notice of the changes or allowing for acceptance by the doctor. This is called an “evergreen” contract.

3 Non-Covered Services

Vision Care Plans attempt to fix prices for services they refuse to cover - through “coupons” and other mechanisms. This causes prices to rise for all patients and does not allow for consistent pricing from patient to patient. In states where Vision Care Plans have been regulated, studies show that eye care costs are reduced. In those states, vision care plan premiums have not increased.

4 Reimbursements

Most large Vision Care Plans have not increased reimbursements in over 15 years. However, costs to both doctors and patients have increased dramatically over the same period of time.

MOA BILL PRIORITIES



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Oversight and Regulation
Reimbursement Reform
Contract Fairness

PROPOSED MOA LEGISLATION

- Insurance Commissioner Oversight and Regulation
 - Reimbursement Reform - tied to Medicaid fee schedule and inflationary index
 - Contract Fairness
 - Lab Choice
 - Non-covered Services and Materials provisions
 - Any Willing Provider can join a Vision Care Plan panel
 - Provide pay parity for Optometrists and Ophthalmologists, and holding Optometrists and Ophthalmologists to the same credentialing standards.
 - Eliminate Improper Chargebacks
 - Health Plans cannot force Optometrists to credential through a Vision Care Plan
 - Prohibit Eye Care Providers from having to accept all plans and discount plans offered by a vision benefit manager in order to be on a panel
 - Remove tiering of Providers / Steering Patients to “preferred” Providers
 - Private Right of Action - individual OD negatively impacted by VCP due to violation of the legislation could take legal action against VCP
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