

Health Care Delivery Systems Committee Report

December 2012

Health Care Delivery Systems Committee Members

- Karin Meng, OD, MS, Chair
- Steven Chiana, OD
- Jan Cooper, OD
- Richard Hom, OD
- Aaron Lech, OD
- Thomas Lee, OD
- John McDonald, OD
- Jay Messinger, OD
- Dave Redman, OD
- William Rogoway, OD
- Cory Vu, OD
- Steve Minie, OD, Board of Trustees Liaison

Health Care Delivery Systems Committee Tasks

- 1) Identify what third-party issues are occurring in California now, how are they impacting ODs and patients, and find solutions.
- 2) Medical panel access: a. Develop materials to educate policymakers, carriers (including VSP), etc. about what ODs can do and why ODs should be on their panel. b. Research legal limitations in preparation for negotiations: Harkin and Coshatt Amendments, Anti-trust concerns etc. c. A negotiating team meets with carriers and other stakeholders to educate about optometry and discuss concerns.
 - a. The Committee has been very busy focusing on getting doctors of optometry to get reimbursed for more primary and medical eye care
- 3) Communicate with COA members regarding third-party issues via weekly COA email newsletter or e-blasts.
- 4) Coalition building to help further COA's goals.
- 5) The Affordable HealthCare Act set in motion the California Health Benefit Exchange Board. HCDS monitors the activities of the Board and provides written and oral testimony, when appropriate at the Board meetings. HCDS also monitors the Health Information Exchange, to educate ODs about what will be needed in their practices.

Committee Projects:

Medical Panel Access. The HCDS Committee will continue to educate health plans, medical groups, representatives from the Department of Managed Health Care (DMHC), and other stakeholders about ODs scope of practice, the expansion of that scope to treat glaucoma, and the increase in the number of insured due to the Affordable Care Act (ACA). In April of 2012, Committee members and COA staff met with Brent Barnhart, the director of the DMHC. Mr. Barnhart and his staff were very receptive to our

presentation, and understood the important services that optometrists can provide. In August of 2012, Dr. Meng and Jason Gabhart also met with Dr. Wells Shoemaker, the medical director for the California Association of Physician Groups (CAPG). CAPG is the association that represents the medical groups and IPAs in California. The HCDS Committee is hoping to capitalize on Dr. Shoemaker's suggestion that COA and CAPG collaborate on an article for CAPG's newsletter that touts the optometric profession and how ODs perform tasks that primary care physicians are not fully trained to perform.

HCDS has two members who have been regular participants on the Medicare (Palmetto) Carrier Access Committee (CAC) for the past 10 or more years. These meetings are 4 times a year.

HCDS also engages with Medi-Cal to help our members get answers to the benefits covered under Medi-Cal as well as to determine the state budget impacts that may affect the Medi-Cal program.

California Health Benefit Exchange. The HCDS Committee continues to actively monitor and participate in meetings of the California Health Benefit Exchange Board. The Board held their first meeting in April 2011, and continues to meet on a monthly basis. In August of 2012, the HCDS Committee submitted detailed written testimony regarding the selection criteria for qualified health plans that will participate in the Exchange. COA staff also provided oral testimony at the board meetings, advocating for doctors of optometry to have the ability to treat medical eye conditions, as well as the inclusion of stand-alone vision plans in the Exchange. The board listened to COA's arguments and approved a requirement that all qualified health plans (QHP) that want to participate in the Exchange must contract with a sufficient number of doctors of optometry in order to provide coverage for the pediatric vision essential benefit.

In addition, Bill Howe testified in support of the inclusion of stand-alone vision plans in the Exchange at the October 30th board meeting, as well as the importance of doctors of optometry being able to treat medical eye conditions when contracted with a health plan. The Exchange board voted to allow stand-alone vision plans in both the individual and small business Exchange as a supplement. The Exchange board also voted to allow stand-alone vision plans to offer the pediatric vision essential benefit in both Exchanges, pending federal approval and guidance.

Andrea Rosen, interim health plan management director for the Exchange, suggested that COA meet with the appropriate people in the DMHC and the California Department of Insurance (CDI) that will approve and monitor the QHP's network adequacy standards. At the meetings, COA presented data that will help determine the number of doctors of optometry each QHP must contract with in order to meet the Exchange requirements.

Coalition Building. The HCDS Committee is continuing to build relationships with identified organizations that share COA's vision and goals. To help meet this goal, the committee is asking our member doctors if they are involved with or have any existing relationships with other healthcare related organizations and groups.

We are reaching our members through the weekly GAED newsletter, and will be considering other strategies, such as presenting a coalition building plan at local society meetings.

The HCDS will also contact and establish relationships with other state optometric trade associations to exchange relevant information.

Dual Eligible Demonstration Project

Based on a budget bill that passed in 2010, people who have both Medi-Cal and Medicare coverage in Los Angeles, Orange, San Diego and San Mateo counties were scheduled to be automatically enrolled into an HMO beginning at the end of 2012. Before the state could move forward with this demonstration project, the Centers for Medicare & Medicaid Services (CMS) had to approve the project. HCDS submitted written comments to CMS highlighting the concerns that the automatic enrollment into an HMO is very detrimental to patient care. At the time of this writing, CMS has not made a final decision.

In the event that CMS approves the project, the Committee will begin to work with other stakeholders, such as podiatrists and ophthalmologists, to educate patients on the appropriate way to opt out of the automatic enrollment process.

VSP's Coverage of Low Vision Services

Through a series of communications and meetings, the Committee was able to work with VSP to correct VSP's manual to state that visual field defects are covered under low vision services and devices.

Electronic Health Record (EHR) / Practice Management Course. The HCDS Committee has recommended to the Education Committee that an EHR/Practice Management Course be offered through COA.

Health Information Technology / Health Information Exchange

The HCDS Committee continues to monitor the progress of the Health Information Exchange and update COA members on how best to implement EHR systems that are able to demonstrate the achievement of meaningful use. COA staff also attends Cal eConnect board meetings on a regular basis.