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see life

How Will Health Care Reform Affect Managed Vision?

Many eye care providers are wondering how the new health care reform legislation will affect the ways they do business with patients and managed vision care companies. Since passage of the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA), Davis Vision has begun a full assessment of how managed vision care may be impacted.

While most provisions of the bill go into effect Jan. 1, 2014, some reforms take effect sooner. Following are some key points of the legislation as it now stands, along with questions and answers.

Adult children up to the age of 26 will be allowed to stay on their parents' group health plan, beginning in plan years on or after Sept. 23, 2010.

How will these changes pertain to stand-alone vision benefits?

The new rules apply uniformly to group health plans and health

insurance issuers regulated by the Employee Retirement Income Security Act and the Public Health Service Act. Like many limited-scope benefit plans, stand-alone vision plans do not fall within the meaning of such regulated entities and thus are not subject to this requirement. In general, stand-alone vision plans will remain the same, although they may become affected as various agencies begin to implement the reforms under new regulatory frameworks.

Fully insured vision plans governed under state insurance laws must continue to follow state regulations where dependent coverage for ancillary, non-medical services is mandated.

The PPACA requires all plans that are subject to the provision of essential health benefits to offer pediatric vision care.

What are considered essential health benefits?

All qualifying health plans under the PPACA must arrange for the provision of essential health benefits. A list of essential health benefits will be defined by the Secretary of the Department of Health & Human Services (HHS) in forthcoming regulations.

Although pediatric vision care services are currently within the scope of such essential health benefits, the HHS has not yet

Benefit Alert!

Davis Vision is excited to announce our new online feature:

Benefit Alert!

With Benefit Alert, providers have easy access to:

- Group changes or additions. No more individual mailings to your office. All new alerts are posted

for one month, then archived.

- Service Record Forms.
- Provider Payment Reimbursement. Detailed payment information, including the patient's out-of-pocket expense, is displayed on the summary screen after each order/claim is placed online.

We are sure you will find these new features a valuable time saver. If you have not yet created your log-in password and customized your provider home page, it is important to contact our **Internet Team** at **1-800-773-2847** (select option 3 from the main menu) so that you may access this information.



Credentialing Corner

Davis Vision Re-certifies with NCQA



Davis Vision successfully completed its 2010 National Committee for Quality Assurance (NCQA) certification in provider credentialing, receiving an overall score of 100 out of 100 points. The NCQA, a private, non-profit organization, is regarded

as the premier source of information regarding health care quality, enabling consumers and employers to make more informed decisions.

NCQA requires recertification every two years, and conducts a

thorough review process (including a site visit and an audit) to assess a company's continued adherence to quality standards. We first achieved certification in 2004 and have diligently maintained it ever since.

Are You Current with CAQH?

Many providers enjoy the convenience of using the Council for Affordable Quality Healthcare (CAQH) online service to complete their credentialing and re-credentialing applications. Did you know that you are required to update your information regularly?

Every four months, you will receive a request from the CAQH to re-attest that all information in your application is current. Spending approximately five minutes every 120 days reviewing your application will save you hours in the long run on unnecessary phone calls and

faxes! Avoid delays in processing your application by filling out forms and submitting licenses correctly:

Work History: You are required to document five years of work history, including beginning and ending month/year for each position, including your current position. Any work history gaps of 30 days or more must be documented.

Professional Liability Insurance: The form must clearly state "professional liability" and include your name, policy number, effective/expiration dates and minimum limits of \$1

million per occurrence and \$3 million aggregate.

Licenses: You are required to submit all current licenses, including State Licenses, DEA Certificates and Controlled Substance Registrations (if applicable)

At re-attestation, you should also review all previously submitted documentation such as CV, licenses, malpractice insurance and Board Certificate to ensure all documents have not expired. To learn more about CAQH, visit <http://www.caqh.org/ucd.php>.

Boston Area Optometrist Named Davis Vision's Provider of the Year

Dr. Irwin Nathanson, a general and pediatric optometrist practicing in Danvers, Mass., was named Davis Vision's 2010 Provider of the Year. Dr. Nathanson accepted the award from Dr. Daniel Levy, Davis Vision's Assistant Vice President of Professional Affairs, who drove to Danvers to personally deliver the prize in early April.

Based on specific measures of excellence, Dr. Nathanson's dedication to high standards and exceptional quality of care earned him the top honor among providers in Davis Vision's national network. Ranking criteria included both patient satisfaction surveys and site visits conducted by Davis Vision's Quality Assurance Program.

“Dr. Nathanson has demonstrated an exceptionally high level of care for all of his patients”

- Dr. Joseph Wende, Senior Vice President
Professional Affairs | Quality Management

“It is quite an honor to receive this award from Davis Vision,” said

Dr. Nathanson. “All patients in my office are treated equally, and I believe it is a privilege to be able to help all patients achieve the best vision they can have.”

Dr. Levy presented Dr. Nathanson with an award plaque; a Volk Super Field lens; a Reichert IOPac® handheld pachymeter; and a trip for two to Vision Expo West in Las Vegas this October. Dr. Nathanson also received a commendation by the House of Representatives of the State of Massachusetts and congratulations from the Mayor of Peabody for his outstanding service to the community.

A Davis Vision provider since the early 1980s, Dr. Nathanson has been practicing for over 35 years and is a member of the New York Children's Vision Coalition. He served as Associate Professor of Optometry at the New England College of Optometry, his alma mater, for 21 years. Dr. Nathanson has written extensively about vision therapy and vision development for professional journals. In addition to his professional accomplishments, Dr. Nathanson is heavily involved with the community.

“Dr. Nathanson has demonstrated an exceptionally high level of care for all of his patients, with the philosophy that each patient deserves the best and should be treated equally,” said Davis

Vision's Dr. Joseph Wende. “We are pleased to honor him as Davis Vision's Provider of the Year.”

In addition to Dr. Nathanson, 24 other vision care providers across the nation were recognized for outstanding performance in Davis Vision's second annual provider recognition program.



Dr. Daniel Levy, Davis Vision's Assistant Vice President of Professional Affairs (left), presents Dr. Irwin Nathanson with a plaque in honor of his 2010 Provider of the Year Award.



Community Outreach

Frame Donation Benefits New Mexico Opticianry School

The Southwestern Indian Polytechnic Institute (SIPI) of Albuquerque, NM, has the area's only dedicated Opticianry program that not only trains students to enter the field of Opticianry, but also provides affordable eye care to the Albuquerque community. In an effort to help SIPI further its mission, Davis Vision donated 4,000 eyeglass frames earlier this year.

"This is the largest donation the vision program has ever received, and we anticipate that this donation is going to help us for the next five years," said Samuel Henderson, Coordinator Instructor for Vision Care Technology at SIPI. "We're going to work with the Lions Club and different tribes in New Mexico and the Southwest area to help them provide affordable eye care."

Davis Vision's donated frames will be used for laboratory and dispensing classes in SIPI's Opticianry program and for children and the elderly with limited resources. Frames will be provided for free and lenses for a minimal cost.



Students and teachers from the Southwestern Indian Polytechnic Institute's Vision Care Technology program welcome Tom Davis, Davis Vision's Executive Vice President/Chief Marketing Officer (second from right) to their school.

HITECH Act of 2009

New Legislation Adds Patient Privacy Regulations

One of the most important changes in health care regulatory requirements is the Health Information Technology for Economic and Clinical Health (HITECH) Act, which was signed into law as part of the American Recovery and Reinvestment Act of 2009 (ARRA). Enforcement began in February 2010.

The purpose of the HITECH Act is to increase the use of electronic health records by physicians and hospitals. This act requires the government to develop standards that allow for the nationwide electronic exchange and use of health information.

The government will invest \$20 billion in health information technology infrastructure. At the same time, privacy and security laws will be strengthened to protect identifiable health information from misuse.

Health care providers face some difficult challenges when it comes to information security due to the increased number of federal regulations under HITECH. The Act adds security breach notification requirements, implements new data security standards for electronic health records and expands security and privacy provisions previously addressed in the Health Insurance Portability and Accountability Act (HIPAA).

A significant change is an increase in the monetary, civil and criminal liability penalties for noncompliance for both individuals and corporations. The HITECH Act extends security and privacy rules to business associates, holding them to the same standards as HIPAA-covered entities.

It is increasingly important for health care providers to keep abreast of state and federal legislation that protects patient information.

For more information about the HITECH Act of 2009, log on to <http://waysandmeans.house.gov>.

Davis Vision Sends Hope to Poorest Areas

Davis Vision's Sight from AmericaSM program is helping to improve the lives of thousands around the world by restoring their eyesight. This program provides frames to developing countries for use in eye care clinics, schools, orphanages

and refugee camps. All donated Davis Vision frames are fitted with prescription lenses for each patient.

Davis Vision's community outreach programs have provided \$17.7 million in free eye care over an 18-month period.



Jeffrey Marshall, O.D. (right), President of VOSH-Indiana, accepts a frame donation from Tom Davis, Executive Vice President and Chief Marketing Officer of Davis Vision.

Davis Vision Eyewear Donations

| As of... | Total Pairs of Eyewear | Total Retail Value |
|------------|------------------------|---------------------|
| June 2010 | 220,996 | 220,000 \$17.7 mil. |
| May 2010 | 215,996 | 210,000 \$17.3 mil. |
| March 2010 | 208,416 | 200,000 \$16.7 mil. |
| | | 190,000 |
| | | 180,000 |
| Feb. 2010 | 176,947 | 170,000 \$14.2 mil. |
| Jan. 2010 | 170,414 | 170,000 \$13.7 mil. |
| 2009 | 162,000 | 160,000 \$13 mil. |



Lab Spotlight

New Scratch Protection Plan

For the first time in many years, Davis Vision has updated our materials repair and replacement policies. Our new Scratch Protection Plan (SPP) was introduced in January 2010.

Previously, the copay for the scratch-coating option available to most patients covered both the coating and the associated warranty. It was applicable only to plastic single-vision and non-progressive lenses, as polycarbonate, high-index and most progressive lenses already

came scratch-coated from the manufacturer. However, lens replacements were provided on all scratch-coated product, regardless of whether a copay had been paid or not. As a result, there was a significant, unwarranted cost to Davis Vision and our providers.

In January, Davis Vision began to automatically provide scratch-coated lenses on all orders at no charge to the member. This change provided immediate access to better materials for all members and had a small but positive effect on

return and internal spoilage rates.

The SPP copay (typically \$20 for single-vision, \$40 for multi-focal) now covers only the scratch warranty and can be applied to all lenses, providing your office with an additional revenue opportunity. This copay more appropriately covers the warranty costs incurred when replacement becomes necessary. It applies to all new groups and existing groups upon renewal. Check Service Record Forms for details.

New Castle, PA, Provider Orders Online and Wins Trip to “Big Game” in Miami!



Dr. Candice Macri (left), a New Castle, PA, native, and her cousin, Lynn Pitzer, take in the electrifying pre-game atmosphere on February 7, 2010, in Sun Life Stadium at “The Big Game” in Miami. Dr. Macri received two round-trip flights, game tickets and hotel accommodations as the winner of Davis Vision’s “Order Online to Win” promotion, launched as an incentive for network providers to place eyewear orders online.

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issued a final regulation defining “pediatric vision care.” We are unaware of the extent to which vision care services must be offered to pediatric patients.

In the bill, what age range is defined under pediatric vision care?

The PPACA does not define the age range for a child to be considered a pediatric patient. A child is presumed to be a pediatric patient if he or she is under age 21, though the final rules may alter such interpretation. Existing interpretation for such age is merely speculative based on several

federal legislations pertaining to varying pediatric services.

The new bill includes a provision for “preventive and wellness services and chronic disease management.”

What types of services will this cover for adults?

For adults, essential benefits include preventive and wellness services and chronic disease management programs that are rated A or B by the U.S. Preventive Services Task Force. Examples include cancer, heart disease, diabetes, hypertension

and abnormal cholesterol levels. While no specific eye disease has been rated A or B, the definition of “preventive and wellness services and chronic disease management” in forthcoming regulations may or may not include routine vision care.

Because the contribution of regular eye exams to a patient’s overall health is well documented, Davis Vision has been a vocal advocate in the health care debate for insuring the inclusion of routine vision care services across all populations as an integral component of preventive care and wellness services.

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