



NATIONAL ASSOCIATION OF VISION CARE PLANS

October 28, 2011

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-9989-P, P.O. Box 8010,
Baltimore, MD 21244-8010.

Re: Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans

Dear Secretary Sebelius:

As the implementation of the Affordable Care Act (ACA) continues and the Administration works to define the health benefits package and promulgate regulations establishing the health insurance Exchanges, the Department of Health and Human Services (HHS) should ensure the availability of benefits proven to deliver effective intervention for all forms of visual impairment, particularly for one of our most vulnerable populations - children. The National Association of Vision Care Plans (NAVCP) is the trade association for the managed vision care industry serving as the voice for the vision benefits industry. The mission of NAVCP is efficient consumer access to quality vision care through promotion and advancement of the vision benefits industry. NAVCP strives to improve quality and efficiency in the delivery of vision care and promotes the value and importance of vision care and vision benefits to both consumers and employers. The 18 primary member companies manage extensive networks of vision care providers and include vision benefit coverage for **over 150 million Americans**.

NAVCP urges HHS to take the following steps:

- Extend the current exception for stand-alone dental plans as it relates to the definition of a qualified health plan to stand-alone vision plans.
- Deem stand-alone vision plans operating outside the Exchanges to fulfill the essential health benefits requirement when purchased with a separate qualified health plan covering all other benefits.
- Ensure price transparency in the Exchange.

Extension of the Exception for Stand-Alone Vision Plans in the Definition of a Qualified Health Plan.

In an effort to ensure that individuals in the Exchanges are not lacking access to the benefits of managed vision care, HHS should extend the current exception for stand-alone dental plans, as they relate to the definition of a qualified health plan, to stand-alone vision plans. Without the extension of the current exception, individuals in the Exchange may go without needed vision care. The valuable specialized care provided by stand-alone vision plans is key to the prevention of chronic conditions and reduces downstream tertiary care costs. More than 90 percent of dental and vision benefits in America today are provided through stand-alone plans.¹ At the core of the ACA are the goals of providing Americans with improved access to cost-effective care, more competitive, transparent choices, and better outcomes. Stand-alone vision plans provide all of the above. We urge HHS to allow for seamless transition of vision care for children and all Americans who currently have vision coverage by including stand-alone vision plans in the Exchanges, which would keep in line with the President's promise that no one be asked to give up their current coverage.

¹ NADP/DDPA 2009 Enrollment Report. National Association of Dental Plans. Press Release Dated September 4, 2009.

Vision problems affect more than 12.1 million children.² Many states promote vision screening for children, and while this is a viable initial first measure, the nearly 40 percent of children failing an initial vision screening do not receive any follow-up care.^{3,4} A comprehensive eye exam and corrective materials are a necessary component of a reformed health care system.

A recent NAVCP study, conducted by an independent research firm, found consumers who participate in full service, stand-alone vision insurance plans are twice as likely to receive an annual comprehensive eye examination than those whose vision care coverage is “bundled” with their health insurance plan. Consumers in the private market currently prefer stand-alone coverage by a margin of nine to one.⁵ Consumers looking for health insurance options in the proposed Exchanges should continue to have access to information regarding these products, in addition to the qualified health plans offered in the Exchanges. Vision impairment ranks as the fourth most common class of disability in the United States.

Deem Vision Plans Outside the Exchanges to Fulfill the Essential Health Benefits Requirement.

Stand-alone vision plans operating outside of the Exchanges should be deemed to fulfill the essential health benefits requirement when purchased with a separate qualified health plan covering all benefits other than pediatric vision health services. Without this provision, children will be removed from their parents’ existing vision coverage and required to obtain their vision benefits coverage separately. Any adult who currently has employer-provided stand-alone vision coverage would be unable to maintain their existing coverage if their employer chooses to move their employees into the Exchange. Avoiding this disruption in coverage will ensure that no one be forced to give up their coverage.

Ensure Price Transparency in the Exchange.

Finally, the success of the Exchanges will depend on consumers’ ability to choose from an adequate range of affordable vision and medical policies as well as compare their options on the basis of price, benefits, access, services, and quality. NAVCP encourages HHS to ensure price and benefit transparency in the Exchanges. Since the Exchanges will rely on web-based applications to help consumers make these decisions, it is critical to provide an adequate number of vision and medical policies offered and priced separately. This level of transparency is needed for consumers to make adequate comparisons. HHS has the authority to issue regulations with respect to transparency and fair price competition among all medical and vision plans for pediatric vision benefits in the Exchange.

In conclusion, we appreciate the breadth of concerns that HHS has when directing states and plans in the implementation of the Affordable care act. We appreciate your consideration of our comments and reiterate the importance of assuring the availability of vision care services through stand-alone vision plans both in and out of the state health benefit exchanges. Access and price transparency will allow consumers to get the affordable vision care they need.

Sincerely,



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² Quick Facts: Children’s Eye Problems. Prevent Blindness America.

³ Donohue SP, Johnson TM, Leonard-Martin TC. Screening for amblyogenic factors using a volunteer to lay network and the MIT photoscreener, *Ophthalmology* September 2000, Volume107, Issue 9, Pages 1637-44.

⁴ Preslan MW and Novak A. Baltimore vision screen project: Phase 2. *Ophthalmology* 1998; Volume 105(1): 151-153.

⁵ Ingenix Consulting. National Association of Vision Plans Vision Exam Utilization Study (Study period: 2008-2009)