

Public Policy Position: Network Adequacy

The National Association of Vision Care Plans (NAVCP) is the unified voice for the managed vision care industry. The association provides a forum for cooperative industry collaboration on initiatives that work to preserve and strengthen consumer access to affordable vision insurance and benefits. NAVCP member companies cover approximately 170 Million (53 percent) Americans by partnering with eye care professionals in all 50 states and Puerto Rico.

Key Takeaways

- Network Adequacy requirements help ensure that health plans offer a sufficient number of in-network primary care and specialty physicians, and all health care services included in the policies they sell in a specific geography
- Vision care plans differ from comprehensive health benefit plans and other narrow-scope offerings, such as dental coverage, because care is almost exclusively delivered by optometrists and opticians, and vision benefit coverage is almost always limited to eye examinations and prescription eyewear.
- Unlike dental plans, stand-alone vision care plans and carrier-affiliated vision care plans cannot participate in Affordable Care Act (ACA) health benefit exchanges as stand-alone products

Background

Network adequacy refers to a health plan's ability to deliver the benefits promised by providing reasonable access to a sufficient number of in-network primary care and specialty physicians, as well as all health care services included under the terms of the contract.

The federal Affordable Care Act (ACA) included many reforms intended to make quality health care more affordable and accessible. In addition, the ACA requires that health plans participating as qualified health plans (QHPs) in the Marketplaces (also known as "Exchanges") meet network adequacy standards. These includes ensuring consumers have access to needed care without unreasonable delay.¹

NAVCP Position: Vision care plans should be exempt from ACA network adequacy requirements

NAVCP believes that vision care plans deserve exemption from network adequacy requirements for the following reasons:

- ***Vision care plans differ from comprehensive health benefit plans and also from***

¹ National Association of Insurance Commissioners:

http://www.naic.org/cipr_topics/topic_network_adequacy.htm

other narrow scope offerings, such as dental plans, in a number of ways including:

- Types of benefits provided
 - How benefits are accessed
 - How in and out of network providers are reimbursed
 - How they are addressed by the Affordable Care Act
- NAVCP member vision care plans operate as:
 - A stand-alone option for employers or consumers seeking coverage for routine eye examinations and corrective lenses and/or
 - Part of integrated vision benefits within a comprehensive health plan

In those states that require it, only vision care plans that offer stand-alone vision coverage directly to employers or consumers file access plans because only they are offering access to their specific network.

- **Whether integrating providers from an affiliated or stand-alone vision care plan network, the health carrier integrating routine vision benefits determines how to address network adequacy and files the network access reports.**
- **Vision care plans provide routine and preventative care, almost exclusively through a few types of providers, such as optometrists and opticians**
 - In the vast number of cases the benefit is for an annual or more frequent eye examination and corrective lens fitting
 - Acute conditions caused by vision-related illnesses and injuries are covered under the medical benefit of a health plan, not a vision care plan
 - As a result of the limited scope of a vision care plan, **there is no incentive for the plan or advantage to the consumer to create a narrow network of providers as the few types of “primary” providers assure even access**
 - There are no facilities, specialists, essential community providers or other factors to consider outside the set of providers that typically deliver these services
 - Because care is routine and not time sensitive, time and distance requirements applicable to medical benefits may not be appropriate for vision care plans
 - **Unlike dental plans, stand-alone vision care plans and carrier-affiliated vision care plans cannot participate in ACA health benefit exchanges as stand-alone products.** Vision care plans may only participate in an exchange as part of integrated benefits in conjunction with a Qualified Health Plan (QHP).
 - While the ACA established pediatric vision care as an essential health care benefit, QHPs have incorporated vision benefits for children as part of their coverage either by utilizing providers in their own network, integrating providers from an affiliated vision care plan network, or by integrating providers from a stand-alone vision care plan acting as an intermediary. **Thus, network adequacy requirements for QHPs are addressed by the integrating carrier.**