Getting the Benefit from OOPA’s HB3530

DEMANDS Your Personal Attention

Now that Oregon Governor Kate Brown signed OOPA’s Prohibiting Vision Plan Abuses bill on August 18, 2015, the hard work begins!

Let’s be clear. This is groundbreaking legislation and we expect resistance from the insurance companies. We have already been informed that national insurers and their national lobbyists will be back in Salem in February to try to repeal HB3530.

It will remain a legislative advocacy priority for OOPA to ensure that we keep an eye on every effort of the insurance companies and their lobbyists to procedurally take advantage of the short legislative session in February to gut the impact of this hard fought legislative third party victory on behalf of Oregon patients and doctors.

In the meantime, expect to see insurers delay making changes for as long as possible and to propose “creative” contract terms that may or may not comply with the new law, but still support their current business model. Here are actions you need to take to ensure you area only contracting with insurers who comply with the law in Oregon:

1. **KNOW YOUR RIGHTS. Read the bill – it’s short.** Many insurers only contract with doctors individually; that means YOU will need to know whether or not the insurer is abiding by the letter and spirit of the law. [Click here to read the bill on the OOPA website. Vision Care Abuse Act effective January 1, 2016.](#)

2. **AOA and OOPA urge you to review all contracts personally.** Don’t wait. Start now with the insurance contracts with the biggest impact on your practice and work your way down. Contract discussions often take several months, so it’s not too early to begin the review process now. If you can’t find your contract, request a copy from the insurer. They are required to provide a copy upon request, including the actual fee schedule they apply to pay you (not just a “sample” fee schedule). If you meet resistance, contact the company’s legal department and ask for their help in obtaining your documentation.

3. **Politely, persistently negotiate your contracts.** Do not accept unreasonable delays, no response, or amendments that violate the law. Negotiating with insurance companies is stressful. After all, they write the contracts, have teams of attorneys and extensive resources to manage them and are profit-driven as opposed to patient eye health driven like you are.

Even more reason to scrupulously examine what you are committing to on behalf of your patients and your business. If you are familiar with the law and take the initiative to review each contract
you sign, you are more likely to obtain better outcomes than those who wait to see when and how insurers will respond.

Don’t wait for the insurer to contact you. It’s your contract – stay in the driver’s seat.

4. **Keep a log of insurance violations or problems and report any violations to the Insurance Division and copy OOPA and AOA.** Specifically, if an insurer is NOT complying with the law, contact the Consumer Advocacy Department of the Dept. of Insurance, at **888.877.4894** where you complete a form and the Dept. will respond. Copy OOPA and AOA on your complaint. Not only is this important for your own practice, but the only way OOPA and AOA’s advocacy leadership will know if there is a pattern of abuse is if our doctors keep us informed.

**OREGON OPTOMETRIC PHYSICIANS ASSOCIATION**

**What does the law say and why should I care?**

Implementation for new vision contracts begins on January 1, 2016, and upon renewal dates after that for existing contracts. The new law applies both to “vision only” plans, as well as “full insurers”.

*It is absolutely critical that you as optometric physicians fully understand how important to your own practice it is to get and remain personally involved in the negotiation and monitoring of all managed care contracts.*

The new law has four key aspects:

1. Insurers cannot force doctors to accept fixed rates or discounts for vision services and materials that are not paid wholly or in part by insurance (i.e., discounted second pairs, sunglasses, etc.).

2. Insurers cannot force doctors to accept one vision plan in order to participate in another plan (i.e., medical panels).

3. Insurers cannot force doctors either “directly or indirectly” to use only certain suppliers for insured vision materials (i.e., insurer owned or contracted labs).

4. Insurers cannot change the terms, contractual discount or reimbursement rates without a signed acknowledgment that the vision care provider agrees to the changes.

According to Janet Baker, OOPA Executive Director, “Working as Strategic Planning Director for Blue Cross and Blue Shield of Kansas City in the mid-eighties when primary health managed care initially hit the market, I can see such parallels with what is happening in optometry today. The game has changed – and the genie is not going back into the bottle. In fact, I predict that as for-profit vertically and horizontally integrated corporations see revenue opportunities in network management and benefit restrictions for specialties like vision and eye health, this is only

**OOPA is fighting for YOU - fight with us!**

No advocacy article is complete without reminding you how critical it is to have resources to educate legislators and their staffs on the importance to their constituents of pending legislation - Oregon patients, small optical businesses and Oregon’s optometric physicians.

Please go to www.oregonoptometry.org/support-optometry now and make a small monthly commitment to guard the practice against threats and outside interests. OOPAC needs to be able to budget for upcoming legislative cycles - and recurring monthly commitments give us a
The best and most important thing optometrists can do is get proficient at reading each and every insurance contract affecting their practices and remain keenly and personally aware of the third party payer impact on their practices. This work can no longer be delegated to office staff without third party knowledge. It’s the same sea change that took place in primary care in the eighties.”

Thank you to OOPA member and NVA Administrator Linda Ficere for partnering with OOPA on this article and in analyzing the many implementation details of HB3530 to benefit Oregon Optometry.

What’s the bottom line impact on your practice of passage of HB3530? What is the revenue impact of one happy patient who gets their lenses in days rather than weeks thanks to being able to use local Oregon labs?

Is $50 a month too much to ask? $100? Please consider a commitment today. Visit www.oregonoptometry.org/support-optometry now.