



## Survey Confirms Insurance Discrimination Remains Widespread

According to an American Optometric Association (AOA) Health Policy Institute (HPI) survey, 60% of doctors of optometry report having been denied participation in a health plan's network. Doctors whose primary practice is located in a metropolitan statistical area (MSA) were significantly more likely to report having been denied participation in a health plan's network (84%) than doctors whose primary practice was not located in an MSA (48%). The most commonly reported reasons health plans denied participation to doctors were that the network was full and/or doctors of optometry must credential with a vision plan to participate. Most doctors of optometry (64%) report that health plans require them to credential with a vision plan to be included in the health plan's network, a discriminatory policy that is not required of ophthalmologists. One out of three doctors of optometry indicate they are paid differently than ophthalmologists by a health plan and only 7% of these doctors report the pay difference is based on quality or performance measures.

### Highlights:

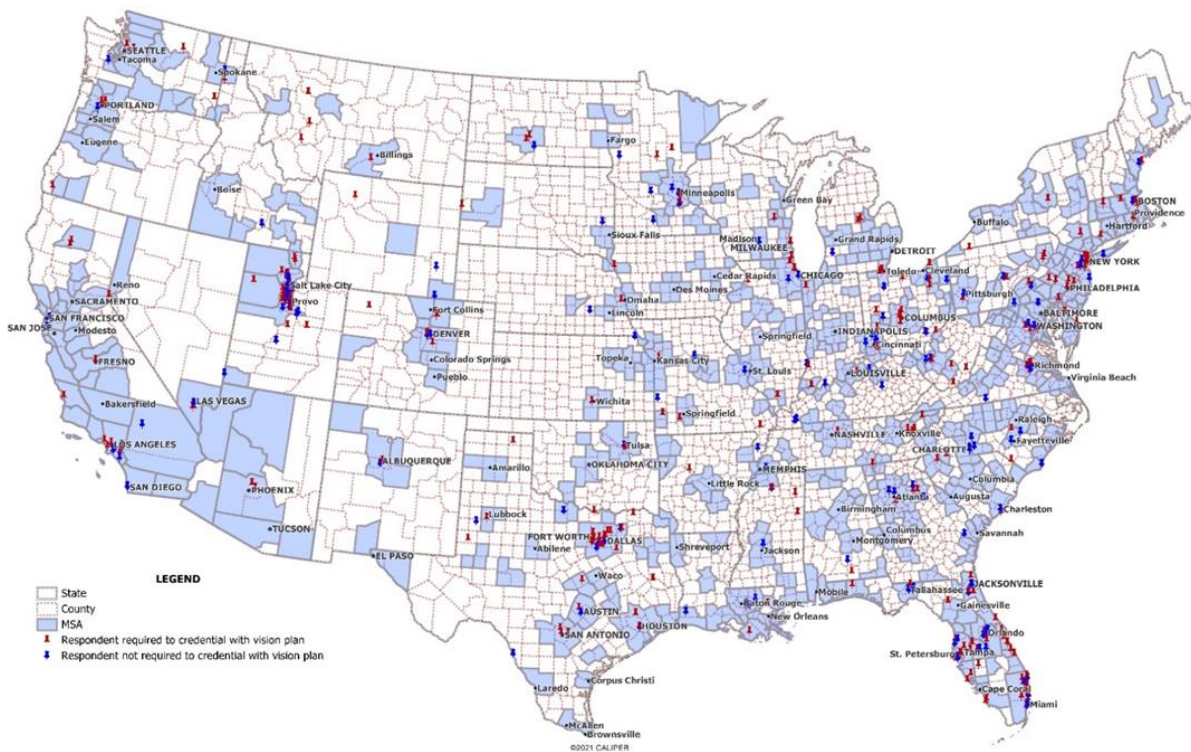
- 84% of doctors of optometry who practice in MSAs report being denied participation in a health plan network.
- 48% of doctors of optometry who practice in rural areas report being denied participation in a health plan network.
- One third of doctors of optometry reported denial by a health plan network because the health plan network did not contract with doctors of optometry.
- 64% of doctors of optometry reported that health plans required them to credential with a vision plan to be included in the health plan's network; a requirement usually not made of ophthalmologists.
- One-third of doctors of optometry reported being paid differently than ophthalmologists for the same procedure by the health plan, a differential accounted for by quality or performance measures only 7% of the time.

In April 2022, the AOA HPI developed a survey seeking real-world data relative to doctors' experiences with vision plans and health plans. A modified version of the study was sent to AOA affiliate executive directors. The survey received 485 qualified responses from doctors of optometry from 47 states and the District of Columbia as well as 42 state affiliate executive directors. A statistical margin of error rate of 4.79 was determined for the results.

Doctors were asked to include the zip code of their primary practice location to allow analysis of the results by location. Most (84%) of the respondents practice in one of 129 MSAs. Forty-one percent of respondents practice in urban communities, 50% were in mixed rural and urban areas, and 9% practice in rural communities. In addition, 38% of responding doctors practice in medically underserved areas or populations (MUA/P). Seventy-two percent of respondents classified their primary practice type as “private practice.”

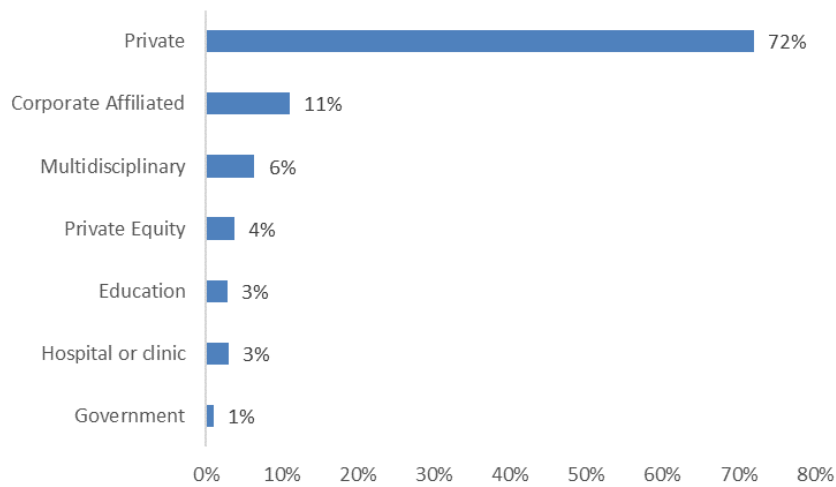
Figure 1 below illustrates MSAs in blue shading. The location of responding doctors is plotted on the map using red pins for doctors who indicated they were required to credential with a vision plan to be included in a health plan’s network while blue pins identify locations of doctors who reported they were not required to credential with a vision plan to participate in a health plan’s network. Of the responding doctors, 198 (41%) practice in urban communities, 242 (50%) are practicing in mixed (urban/rural communities) and the remaining 44 (9%) are practicing in rural areas. In addition, 86 (38%) responding doctors are practicing in MUA/P.

**Figure 1: Primary Practice Location of Responding Doctors of Optometry**



Nearly three-fourths (72%) of responding doctors of optometry classified their primary practice type as a “private practice.”

**Figure 2: Distribution of Responding Doctors of Optometry by Primary Practice Type**



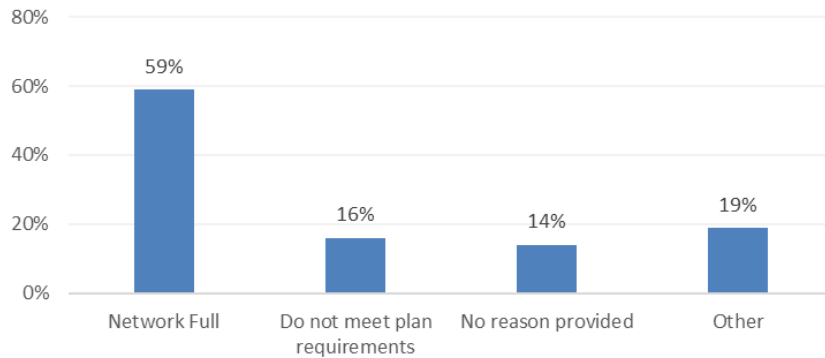
### Findings

Data analysis was conducted for all respondents, by MSA versus non-MSA practice location, by urban, mixed, and rural locations, and respondents practicing in MUA/P versus those whose practice was not located in a MUA/P. Results below present overall responses from doctors of optometry and include results by location type only when statistical testing show significant differences in the responses between the practice location groups.

Thirty percent of respondents reported being denied participation in a vision plan network, while twice as many respondents reported being denied participation in a medical or health plan.

With vision plans, the primary reason for denial to participation (55%) was that the plan's provider network was full; that is, the plan had all the providers needed and the network was essentially closed. Other barriers to vision plan networks were also reported: 25% reported that the vision plan did not contract with private practice doctors, 18% reported that denial was based upon proximity to other plan providers and 18% were denied because the plan required an in-house optical.

**Figure 3: Reasons Provided When Doctor of Optometry Denied Participation in Vision Plan's**



*Respondents were able to select multiple reasons, therefore totals may not add to 100%*

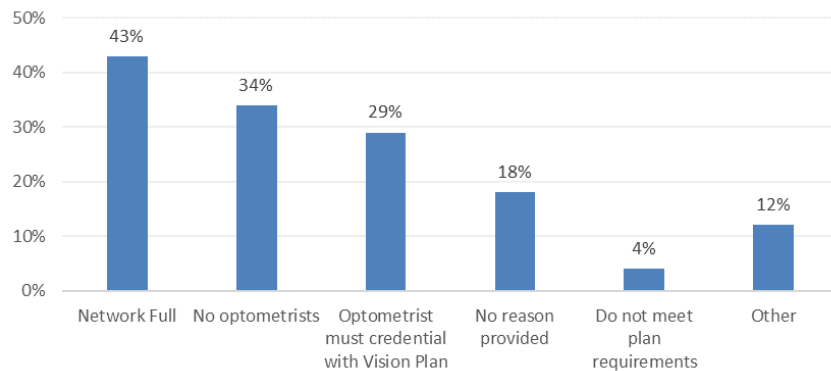
Relative to health plan participation denials, 84% of doctors practicing in an MSA reported denial to a medical plan's panel while only 48% of doctors not practicing in an MSA reported a denial to a medical plan panel. In contrast to their experience with vision plan denials, doctors of optometry found that only 40% of denials to medical plans was based upon the network of providers being full. Alarming, one-third reported that the denial was based upon the health plan's policy not to incorporate doctors of optometry into the medical provider panel.

Nearly a third of respondents reported that the health plan required doctors of optometry to participate in a vision plan (sometimes a vision plan owned by the health plan) to participate in the medical panel. This requirement was usually not made of ophthalmology providers providing essentially the same care to patients. Additionally, 14% of respondents reported that only doctors of optometry working for ophthalmologists were accepted to the panel and 8% reported that hospital privileges were required for participation.

Twice as many doctors (60%) report having been denied participation in a health plan's network than having been denied participation by a vision plan. Doctors practicing in an MSA were significantly more likely to report being denied participation in a health plan's network than doctors whose primary practice was not located in an MSA (240 of 286 doctors in an MSA, or 84%, compared to 36 of 75 doctors not in an MSA,  $p < 0.0001$ ). Additionally, 29 responding affiliates were aware of doctors in their state being denied participation in a health plan network.

Forty percent of doctors were denied participation because the network was full, a third were denied participation in the health plan's network because the plan does not allow doctors of optometry and 29% reported doctors of optometry must credential with a vision plan to participate in the network (See Figure 4). Twenty-eight percent of doctors who reported other reasons for being denied participation in a health plan's network were informed the plan only contracts with ophthalmologists, 19% were told the plan was not credentialing providers at this time, 13% were informed the plan only contracts with a closed network of providers and 13% indicated they received various reasons over the years.

**Figure 4: Reason Provided When Doctor of Optometry Denied Participation in Health Plan’s Network.**

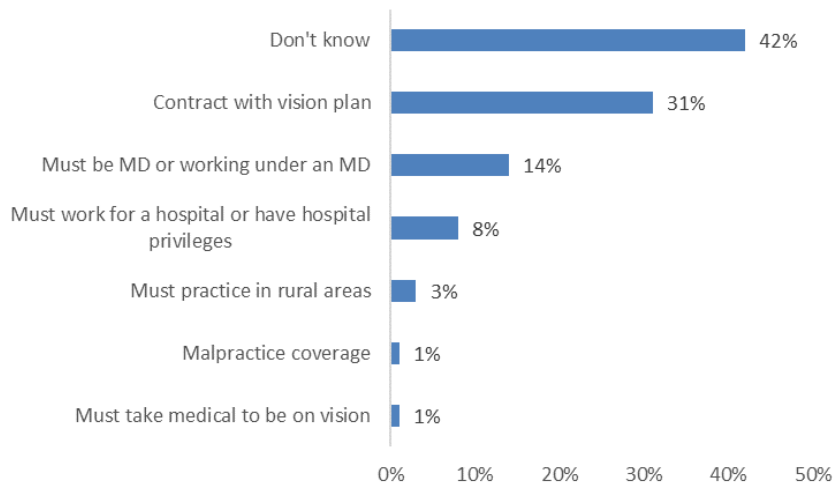


*Respondents were able to select multiple reasons, therefore totals may not add to 100%*

It is important to differentiate the general structure, function and coverage between vision plans and health plans. Vision plans tend to be pre-paid benefits (not risk-sharing insurance) for the consumer whereby professional services provided are generally limited to well-vision exams. Material benefits are normally included to offset costs of frames, lenses and contact lenses. Medical care is limited if covered at all. Health plans are what consumers and physicians typically think of when describing health insurance. While health plans rarely pay for ophthalmic materials or well visits, they do cover the large range of systemic and specific medical eye health and vision issues patients require. Of specific interest to doctors of optometry and their patients would be myriad conditions such as but not limited to ophthalmic infections and inflammations, glaucoma, cataracts, and retinal issues. It is common for patients to seek care from doctors of optometry to update an ophthalmic prescription and many present at the doctor’s office with a medical condition, requiring the doctor of optometry to fully understand and participate in both the patient’s vision plan as well as the patient’s health plan.

The survey data reflects the reality that many doctors are not privy to the credentialing requirements of other physician types. Forty-five percent of doctors don’t know whether health plans require doctors of optometry to meet different credentialing requirements than ophthalmologists to be included in the network. Twenty-five state affiliates are not aware of health plans requiring doctors of optometry to meet different credentialing requirements. Eighteen percent of doctors said doctors of optometry are required to meet different credentialing requirements than ophthalmologists to be included in the network and eight affiliates confirmed this. When asked what the requirements are, 31% of doctors indicated they are required to contract with a vision plan, 14% reported that the applicant must be an ophthalmologist or working under an ophthalmologist to credential, 8% reported doctors of optometry must work for a hospital or have hospital privileges and 42% of doctors don’t know what the different requirements are. Figure 5 lists all the different credentialing requirements reported by responding doctors.

**Figure 5: Different Credentialing Requirements for Doctors of Optometry by Health Plans for Participation in Network**

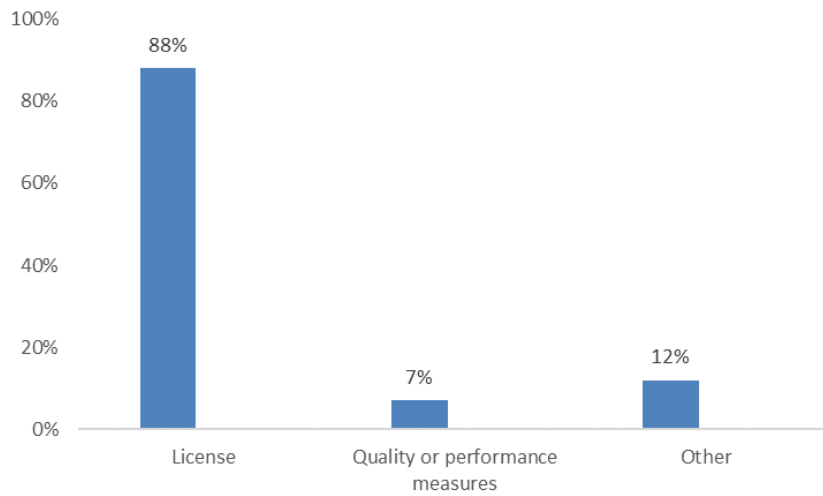


Additionally, when asked if they are paid differently than their ophthalmologic counterparts, 37% of respondents reported a known disparity in reimbursements. One third of responding affiliates also reported that doctors of optometry are paid differently (usually less, though that difference was not asked in the survey).

Finally, the survey indicated a disturbing lack of transparency on behalf of both vision plans and health plans regarding credentialing policies and reimbursement practices. Forty-two percent reported they usually didn't know what the plan's credentialing requirements were; 45% of respondents didn't know whether credentialing requirements were different for doctors of optometry and ophthalmologists, 25% of state affiliates didn't know whether there were different requirements, 47% of respondents didn't know whether there was a reimbursement differential between doctors of optometry and ophthalmologists; and 18% of respondents reported being denied access to a medical panel with no reason provided.

As seen in Figure 6, most doctors reported the difference in pay between a doctor of optometry and ophthalmologist by a health plan is based on the license while only 7% report quality or performance measures drive pay differences. Among doctors reporting other factors that determine pay difference, 55% said they are not sure what the pay difference is based on, and 25% said the difference is based on class of provider. Just over half of responding doctors (56%) and 63% of responding affiliates said that health plans reimburse doctors of optometry for all covered services allowed under their license.

**Figure 6: Basis for Pay Differences by Health Plans to Doctors of Optometry and Ophthalmologists**



Thus, the AOA HPI found discrimination by health and vision plans remains widespread across the nation for doctors of optometry. The HPI found significant concerns with both health plans and vision plans with respect to doctors of optometry in the credentialing process. Further, there continues to be a persistent general discrimination among health plans to recognize the importance of giving patients access to doctors of optometry for full-scope eye health and vision care. Too often, the scales are still being tipped toward ophthalmology for the medical care that could have been provided by the patient’s primary eye care provider, their doctor of optometry.