Executing a Thorough Pediatric Eye Exam as an Essential Health Benefit of the ACA.

Kathleen Foster Elliott, O.D., Dipl. ABO
9306 S. Toledo Ct., Suite 200
Tulsa, OK 74137
918-388-3949
drelliott1111@yahoo.com

Outline:

Essential Health Benefit (EHB)

I. Definition: As defined by HHS (US Dept. of Health and Human Services): under section 1302 of the Affordable Care Act, the health care law put certain requirements on 10 benefits known as EHB.

A. They include: ambulatory patient services, emergency care, hospitalization, maternity & newborn care, mental health and substance abuse, prescription drugs, rehab services, lab services, preventive and wellness and chronic disease, and number ten: Pediatrics including oral and vision care.

1. HHS found that pediatric oral, vision, and rehab services are not included in many health insurance plans
2. The HHS, therefore, may apply special rules to ensure meaningful benefits in those categories. One special rule, for instance, is that HHS may require states to supplement the ACA plan with benefits from FEDVIP (Federal Employees Dental and Vision Insurance Program), or CHIP (Children’s Health Insurance Program).
3. By 2014, when ACA requirements are fully enacted, Optometrists will need to be prepared for a greater influx of pediatric patients.

II. Components of a Comprehensive Pediatric Eye Examination

A. Definition of Comprehensive Examination (92004, 92014) from CMS website, CPT definition: a general evaluation of complete visual system includes history, general medical observation, external and ophthalmoscopic exams, gross visual field and basic sensorimotor exam. It often includes, as indicated: biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

1. Applications of the comprehensive exam will be applied to the pediatric population from birth to 18 years old with different techniques and clinical pearls explained.

B. Infant Patient
1. Infant See Public Health Initiative Resources
2. Visual Acuity, Cycloplegic agents, Retinoscopy, BIO and lid speculum
3. Clinical pearls demonstrated: slides, pictures, and video clips.
4. Prescribing guidelines for Infants

C. Toddler Patient
   1. Tips on Visual Acuity and retinoscopy
   2. Prescribing guidelines

D. Elementary Age Patient
   1. Higher incidence of Binocular Vision abnormalities
   2. CIXT, CITT: Convergence Insufficiency Treatment Trial (12 week joint study by Optometrists, Ophthalmologist, NIH, and NEI)
   3. Prescribing Guidelines

E. Junior High Patient
   1. Same Guidelines as elementary age, but pt. is more fashion conscious, interested in CL, and Colored Contacts
   2. Because of endocrine development, more susceptible to adult ocular diseases, i.e.: Pseudotumor Cerebri

F. High School Patient
   1. Can be medically managed as adult patient in most cases.
   2. Incorporate Goldmann Tonometry more easily than in younger population

III. Case Reports:
A. Infantile Esotropia: Pictures and explanation of refractive, neurological, or surgical intervention for treatment
B. ROP: Explanation of Laser therapy for retina and induced high myopia
C. CIXT: over-minus therapy, pencil push-ups, vergence training
D. Amblyopia: refractive and patching guidelines
E. Retinoblastoma: Leukocoria, Surgical and Oncology guidelines
F. Refractive Case Reports: High refractive error and prescribing guidelines

IV. Pediatric Eye Care as an EHB of the ACA

A. Key Points in the inclusion of Vision into the ACA
   1. AOA Website reports: Millions of children will gain health insurance coverage through age 18 that includes direct access to their local optometrist for a comprehensive eye exam and treatment, including medical eye care.
   2. Pediatric eye health care is confirmed as an "Essential Health Benefit," and must be offered by all new health plans as a distinct benefit from well child care.

B. Pediatric eye health care is defined as an annual comprehensive eye exam and treatment, including medical eye care.
   1. All new health plans - both inside and outside of state exchanges - are required to provide fully integrated coverage for pediatric eye health care and must recognize optometrists as providers of medical eye care.
   2. Vision plans, including VSP, are permitted to partner with health plans in the offering of fully integrated eye health care coverage inside and outside of state exchanges.
B. Optometry’s legislative effort reviewed
   1. AOA and affiliate advocacy efforts designed to make healthy vision a top national health care priority and to expand inclusion of optometrists on medical panels, have resulted in the Federal Government including O.D.s in the new health care law’s pediatric essential eye health benefit.

C. State Exchanges and inclusion of Patient Protection and Affordable Care Act guidelines
   1. Look for the “lay of the land” in different states and some terms and trends to watch for such as Block Grants and State Co-Ops. For example, states that opted out of health care exchange might get a “Block Grant” for Medicaid from the Federal Government. Then, all the providers lobby for a % of the funds.
   2. EHBs are under different regulations determined by which entity they fall into: Small Group Insurance, Private Insurance, Self-Insurance plans, State Employee Insurance, and Medicaid.

D. Key elements for Optometrists to be aware of by 2014
   1. Patients will be able to buy Gold, Silver, or Bronze plans under the ACA. . it is undetermined whether EHBs are in every plan. ODs need to be watching on a National, State, and Local level for comprehensive eye care benefits to appear in each level of the plan.

V. Conclusion/Questions/Discussion
   A. Navigating through unfamiliar areas can be both challenging and rewarding as knowledge is gained. The intent of this course is to receive instruction and information on navigating through a pediatric comprehensive eye examination and receive knowledge on the latest guidelines put out by the ACA on essential health benefits. Clinical tools, expertise, and case reports were included in arming you with information and clinical pearls on examination of children. Another goal is to come away with a familiarity of terms and guidelines of the ACA in the area of pediatric comprehensive exams, and to be ready for the increase in children’s exams mandated by the ACA in 2014.