

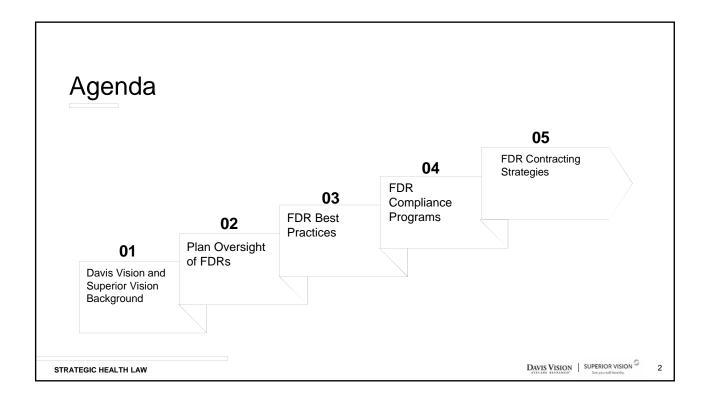
From the First Tier or Downstream Entity's Perspective

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Davis Vision and Superior Vision

Background

On December 1, 2017, Davis Vision and Superior Vision merged organizations, combining strength and strategy to provide opportunities in all aspects of both businesses by leveraging the expertise and services of each company in their respective market segments.

Real Choice for Customers

Combined, Superior Vision and Davis Vision can offer a larger suite of outstanding vision benefit services that best meet members' needs. Broadest Access in the Industry to Quality Vision Care Both Superior Vision and Davis Vision offer extensive provider networks with strengths in complementary areas. The new entity will enable/sustain multiple networks, ensuring there is a provider network that meets each customer's requirements.

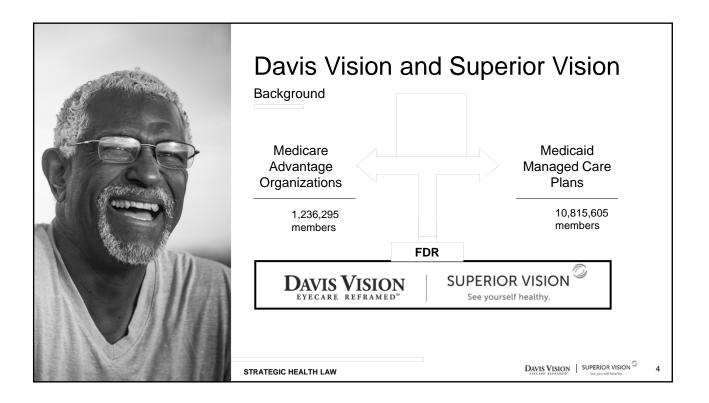
Driving Valu

Together, the two companies manage more than 33 million members. Superior Vision and Davis Vision can leverage their position in the industry to develop new services, expand existing services and to establish provider relationships that maximize the value we deliver to our customers and their members.

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Plan Oversight of First Tier, Downstream, and Related Entities (FDRs)

CMS Requires Plan Oversight

"The sponsor maintains the ultimate responsibility for fulfilling the terms and conditions of its contract with CMS, and for meeting the Medicare program requirements. *Therefore, CMS may hold the sponsor accountable for the failure of its FDRs to comply with Medicare program requirements.*" CMS Managed Care Manual, Chapters 21, Sec. 40 (emphasis added)

How do Plans provide oversight?

- Desk and in-person audits
- Required reporting
- Data review
- Application of Corrective Action Plans (CAPs)

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Plan Oversight of FDRs

FDR Best Practices

- · Audit Preparation is Critical
 - Internal/mock audits to reduce surprises and correct findings proactively
 - Clear processes for ODAG tables and delivery of audit materials to increase accuracy and timeliness
- Focus on Audit Presentation
 - Knowledgeable and credible subject matter experts
 - Strong presentation skills
- Transparency is Necessary
 - Health plans should not be surprised by any findings

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Plan Oversight of FDRs

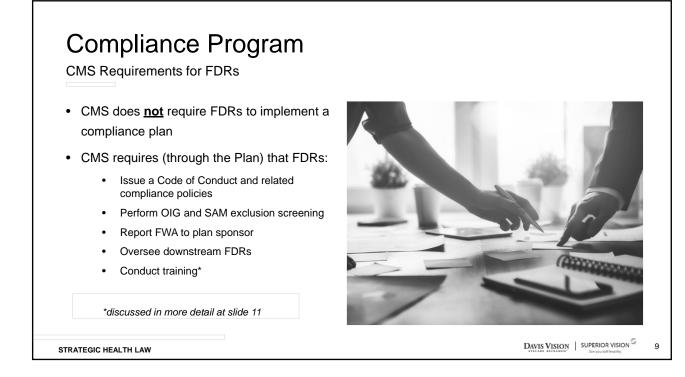
FDR Best Practices

- CAP issuance should be addressed in the contract between the health plan and the FDR. Items to address in the contract include:
 - When a CAP may be issued (e.g., violation of law/regulation; noncompliance with business SLAs, etc.)
 - Requirements for removal of CAP (e.g., compliant performance for 3 consecutive months)
 - Health plan review and approval of remediation plan
 - Response times for both parties

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Compliance Program

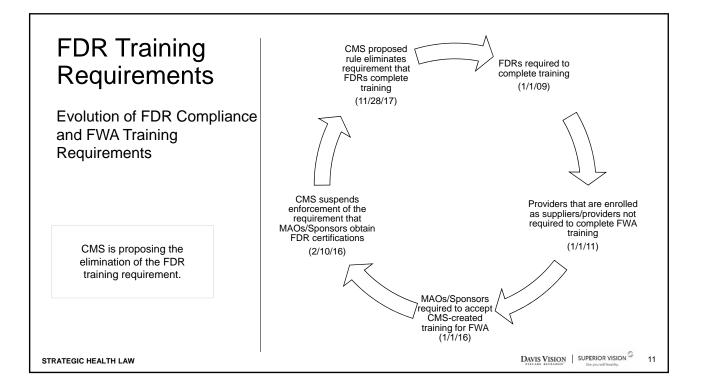
Plan Expectations of FDR Compliance Program

Plan often require that FDRs adopt and implement a compliance plan that meets the following 7 elements:

- 1.Written Policies, Procedures, and Standards of Conduct;
- 2. Compliance Officer, Compliance Committee, and High Level Oversight;
- 3. Effective Training and Education;
- 4. Effective Lines of Communication;
- 5. Well Publicized Disciplinary Standards;
- 6. Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks; and
- 7. Procedures and System for Prompt Response to Compliance Issues.

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Compliance Program FDR Compliance Plan Best Practices Consider FDR subject to same requirements as plans ٠ Adopt and implement a compliance plan that meets the 7 elements ٠ Regularly evaluate the compliance plan against the CMS Medicare Advantage and Prescription Drug • Compliance Program Effectiveness Self-Assessment Questionnaire (available at https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ProgramAudits.html) Conduct an annual compliance program effectiveness audit ٠ Focus on training – continue FWA and General Compliance training ٠ DAVIS VISION SUPERIOR VISION STRATEGIC HEALTH LAW 12

Compliance and Business-Friendly FDR Contracting Strategies

Taking the Lead as the FDR

- Communicate to senior leadership the value of consistency across customer contracts
 - · More efficient to negotiate and administer
 - · Less likely to breach or fail to meet customer expectations
- Develop standard contract template, Service Level Agreements (SLAs), and Reporting Schedule
 - Could offer preferred pricing for use of FDR template, allowing for some modifications
 - Adjust price for custom SLAs, Reporting, or non-standard processes
- Appropriate role of lawyers = reviewing and drafting legal terms
 - Business leads should design processes, SLAs, and Reporting Schedules with legal input

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Incorporate Compliance and Contracting Strategy into Sales and Marketing

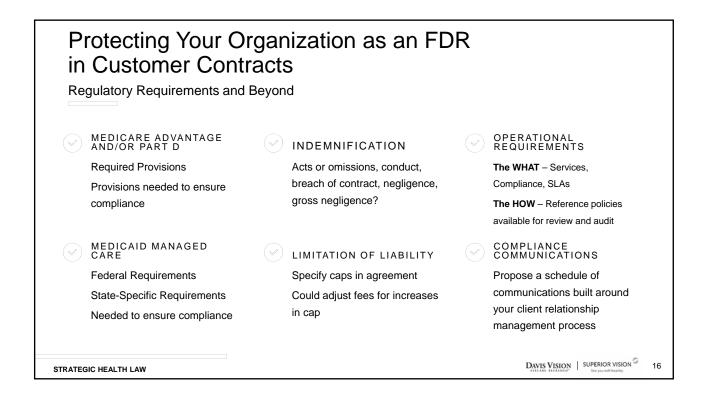
Tout Your Organization's Efficient and Compliance-Focused Approach

- Custom contract negotiations are expensive for customers and FDRs
- Showcase your Compliance Program and aligned Template Contract in sales process
 - Market your SLAs and Reporting Schedule
 - Provide overview of Compliance Program, including how you keep up with regulatory and guidance changes
 - · Describe audit support and knowledge of CMS protocols
 - Describe strategy of preparing a balanced and thorough contract template
 - Create a schedule for contracting and lead the process
- Develop pre-approved fallback language for efficient contract negotiations

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Contract Template Strategy Reasonable and Balanced Be clear on the WHAT; push back on the HOW The more balanced and Comprehensive definition of Applicable Law customer-friendly an FDR's SLAs reflecting critical compliance metrics template agreement is, the Detailed reporting schedule more often it will be used. Monitoring and Audit • Make it easy for them to do their job Using what a customer's Insert detail on reporting, communications, lawyer prepares will be worse and process for customer audits for FDR, on many levels. DAVIS VISION SUPERIOR VISION 15 STRATEGIC HEALTH LAW



Defining the "What" - Applicable Law

To the Extent Applicable to FDR Services

Statutes

- Medicare Advantage
- Part D
- Medicaid
- Anti-Kickback
- False Claims Act
- HIPAA

Regulations

- Medicare Advantage
- Part D
- Medicare Secondary Payer
- Medicaid MCO
- State-specific Medicaid
- HIPAA

Guidance

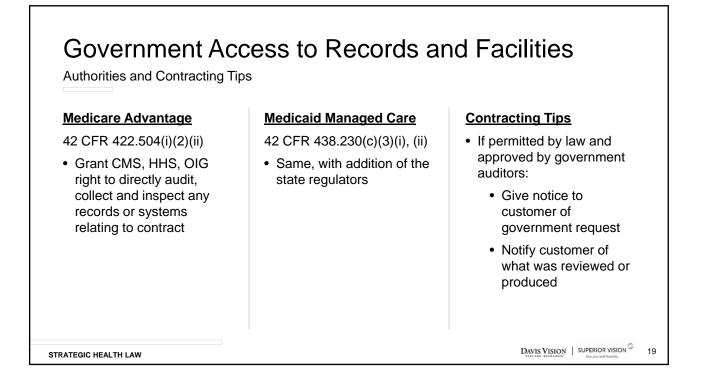
- Medicare Managed Care Manual
- Medicare
 Prescription Drug
 Benefit Manual
- MCO Manual
- HPMS memos
- State Medicaid Guidance

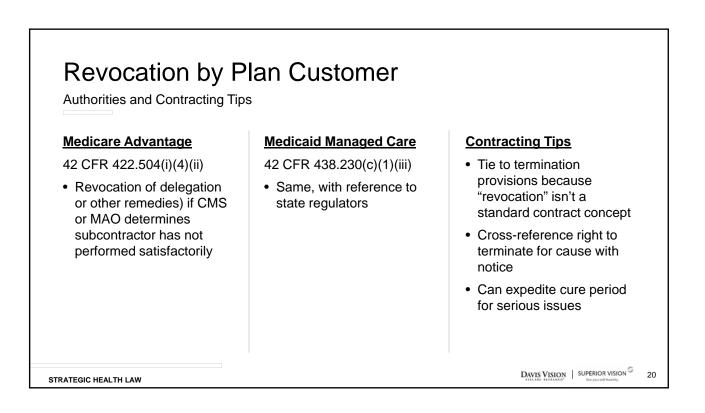
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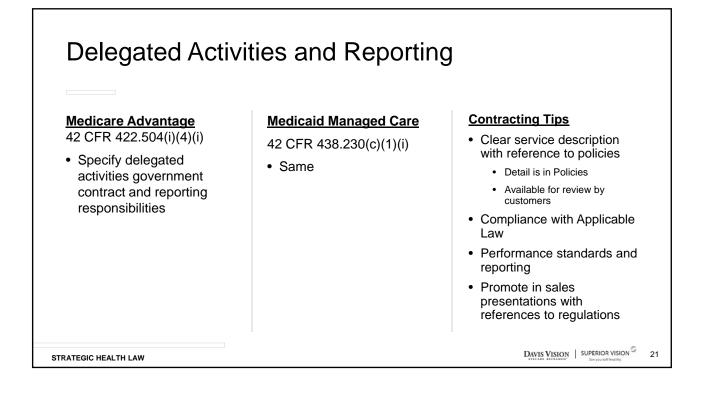
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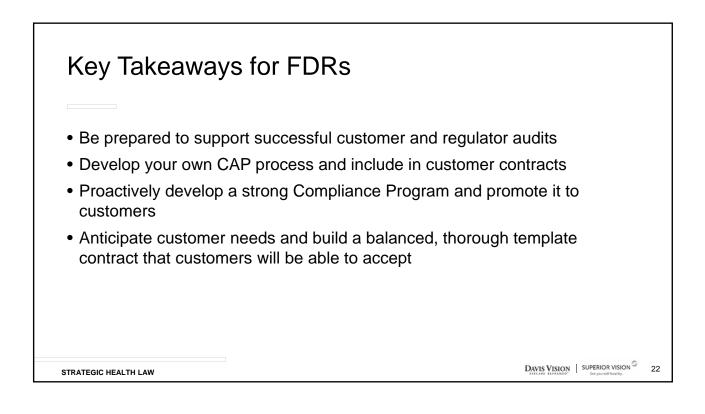
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Key Contract Flow-Down Conversations 1. Government access to records and facilities 2. Revocation by plan customer 3. Delegated activities and reporting











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