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## **Companion Life Insurance Company Network Access Plan Vision Service Plan (VSP) Network**

Companion Life Insurance Company (Companion Life) uses a leased managed vision provider network arrangement with Vision Service Plan (VSP). Providers in the Companion Life Insurance Company network contract through VSP. Providers participating in the VSP Network agree to provide eye care services and materials according to VSP, state and federal requirements. The Colorado Division of Insurance requires us to provide you with this Network Access Plan. The Network Access Plan describes your vision plan's provider network and related topics.

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## IN-NETWORK & OUT-OF-NETWORK REFERRALS

Companion Life's VSP network of vision providers is committed to bringing together the best people, products, and services to deliver greater access to high-quality, affordable eye care, and eyewear. With thousands of in-network optometrists and ophthalmologists located all over the United States, you enjoy easy access to quality vision care. Our eye doctors offer a suite of services, including:

- Comprehensive eye exams
- Vision screenings
- Glasses prescriptions
- Contact lens prescriptions

Additionally, with the VSP Global Premier Program, available to all members, our network includes thousands of highly knowledgeable private practice doctors and many Visionworks locations nationwide, making finding a doctor for your annual eye exam more convenient than ever.

VSP uses the following factors to build its provider network:

The following access and appointment availability standards are required for participation in the VSP Doctor Network unless state or program-specific guidelines are in place:

- 24-hr access to provide instruction on how and where to obtain services, including instructions for an after-hour emergency
- 30 seconds to answer office phone or ability to leave a message within 45 seconds
- 30 minute (maximum) wait time from scheduled appointment time
- 30 calendar days (maximum) for scheduling or rescheduling routine, preventative eye exams
- Medical exam should be made, or rescheduled based on patient health care needs, within 7 days
- Urgent care during office hours should be seen within 24 hours based on patient condition
- Emergent care should be directed to the appropriate emergency facility

State	Exceptions to General Appointment Availability Compliance Standards
CO	<ul style="list-style-type: none"> <li>• <b>Specialty Referral:</b> Schedule within 60 calendar days from the time the primary care provider requests the referral (for VSP, this is the routine well vision exam appointment).</li> </ul>

Doctors must complete the Council for Affordable Quality Health Care application that includes a current and signed attestation of the following:

- Physical and mental status
- Lack of impairment due to chemical dependency/substance abuse
- History of loss of license and/or felony convictions
- History of loss or limitation of privileges or disciplinary activity
- Current malpractice insurance coverage
- The correctness and completeness of the application

Doctors must meet the standards of the National Committee for Quality Assurance (NCQA):

- All active state licenses
- Education and training

All doctors requesting participation in the VSP doctor network must complete the initial credentialing process.

The doctor network consists of Optometrists, Ophthalmologists and Doctors of Osteopathy and each is required to be an active participant in the Medicare program.

Companion Life's VSP providers are listed online at <https://www.vsp.com/eye-doctor>. The electronic directory is updated at least monthly. You can obtain vision services from any preferred or non-preferred provider without informing us. You do not need a referral to select or change your vision providers. If you need specialty care beyond the scope of a provider's practice, the provider will refer you to primary care provider (PCP), appropriate doctor, or hospital emergency room.

## **NETWORK ADEQUACY & NETWORK MONITORING**

### **Network Adequacy**

VSP provides its clients with a benefit summary for the client to provide to their eligible employees. VSP continually assesses the doctor network to ensure adequate access for members. VSP's access standard is one doctor in a 10 mile radius urban/suburban and one doctor in a 25 mile radius for rural. Members can find a provider in their county by accessing the provider listing online at <https://www.vsp.com/eye-doctor>. VSP utilizes reports to analyze and determine the percentage of members that will have access to a doctor within a specified distance. VSP runs specific reports to determine if standards are being met and whether or not to apply appropriate interventions when gaps are identified. If interventions are required, VSP will screen potential doctors for network participation via applications and the initial credentialing process. All doctors requesting participation in the VSP doctor network must complete the initial credentialing process. Timely verification of information is completed to ensure the doctor has the legal authority, relevant training and experience to provide quality care and services to VSP members.

If the network is found to be inadequate in accordance with Colorado's requirements, we will work with VSP and file a corrective action plan explaining what steps will be taken to correct the network deficiency. Corrective actions may include the following: Credentialing Committee review of all doctors with issues such as quality assurance study results, compliance with VSP network participation criteria, patient satisfaction surveys, or termination of network participation. The VSP Quality Management Department may monitor monthly patient complaints and grievance reports, monitor appeals, conduct patient satisfaction surveys to ensure compliance with access and availability standards and conduct doctor satisfaction surveys. VSP will maintain local and/or state doctor and member feedback through State Professional Representatives. Members impacted by an access issue should contact VSP to obtain authorization to see an out-of-network provider at the same in-network benefit level.

### **Network Monitoring**

VSP utilizes reports to continuously analyze and determine the percentage of members that have access to a doctor within a specified distance. Through this process VSP can determine if access standards are being met and whether appropriate interventions need to be implemented when a gap is identified. VSP does not use telehealth in the delivery of routine vision care services. Providers must follow general office standards.

Quality Management and Improvement is detailed in the Quality Management and Improvement Work Plan and updated quarterly. The Quality Management department evaluates the overall program for effectiveness annually. The effectiveness of the program is based on various quality measurements such as member complaints, appeals, trending and member satisfaction. Quality Management and Improvement activities may include the following:

### Potential Quality of Care Complaints and Grievances

- Doctor Trends
- Complaint type trends
- Credentialing/Recredentialing and Professional Review
- Doctor Improvement Action Plan

### Member, Client and VSP Doctor Satisfaction

- QA Report/Evaluations
- Company Satisfaction Survey Results

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### Quality and Safety of Clinical Care

- Clinical Practice Guidelines and Algorithms
- QA Doctor Reviews
- QA Doctor Review Interrater

### Risk Management

- Assessment of New Technology

### Benefit Utilization

- Identification of outlier practice patterns that may identify under or over utilization

### Patient Safety

- Potential Quality of Care Complaints/Grievances
- Credentialing/Recredentialing
- QA Doctor Reviews
- Clinical Practice Guidelines / algorithms
- Member Surveys

### **Availability**

If you are having trouble locating a provider nearby or have been unable to schedule an appointment within a reasonable timeframe, if no exclusions apply, we will reimburse you comparable to our In-Network benefits (INN). In the event of a secondary coordination of benefits (COB), INN COB Allowances will be used. For Necessary Contact Lenses, you will be reimbursed up to INN cap amount.

An online doctor directory or a print directory may be obtained by calling VSP Customer Service toll free at 1-800-877-7195. All Doctor Directory updates are systematically refreshed the following Sunday evening and implemented change will appear on Provider Directory Monday morning.

## **NOTICE OF NON-DISCRIMINATION AND ACCESSIBILITY REQUIREMENTS:**

### **1. Translation Services**

You have the right to receive language interpreter services. When scheduling your appointment, tell the provider's office that you need an interpreter at the time of your visit.

VSP's directory is available in other languages upon request. Language assistance may be obtained by calling VSP Customer Service toll free at 1-800-877-7195.

### **2. Members with Diverse Cultural and Ethnic Backgrounds**

Companion Life and VSP comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, or health status

VSP promotes cultural competency among its employees and VSP network doctors to ensure interactions with members are made with an awareness of and sensitivity to differences in culture, ethnicity, gender, age, disability, religion, social class and/or sexual orientation, especially as they relate to vision health care as described in policy C-007 Cultural Competency & Language Assistance Program.

### **3. Members with Physical and Mental Disabilities**

If you or someone you are assisting is disabled and needs interpretation assistance, help is available at the contact number posted on Companion Life's website or listed in the materials included in the Non-Discrimination Statement and Foreign Language Access notice. (TDD: 711).

If you believe that your plan has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance, by emailing [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

## **APPEALS AND GRIEVANCES:**

If you're a member and have a question or concern, please contact VSP Member Services at 1-800-877-7195. Member Services will make every effort to answer your question and/or help resolve the matter. If a matter is not initially resolved to your satisfaction, you may submit a complaint or grievance to VSP verbally or in writing. You have many ways of filing a grievance. You can:

- Request a grievance form from Member Services and mail your grievance to: VSP Vision Care, Attn: Complaint & Grievance Unit, PO Box 997100, Sacramento, CA 95899-7100
- File a grievance at your doctor's office
- Fill out a grievance online by completing the form at <https://www.vsp.com/contact-us/grievance>

Grievances and complaints include dissatisfaction regarding access to care, or the quality of care, treatment, or service. Members also have the right to submit written comments or supporting documentation concerning a complaint or grievance to assist in a review by VSP. VSP will confirm receipt

of your grievance within five (5) calendar days and will resolve the complaint or grievance within thirty (30) calendar days after receipt. You must file your grievance within one year.

Member submitted claims must be received within 365 days from the date of service; however there are some client, state and federal exceptions that may allow more or less days.

VSP is responsible for resolving complaints/grievances within 30 calendar days of receipt unless State or Federal regulations or client requirements specify differently. In the event that VSP receives a request to resolve a complaint/grievance in less than 30 calendar days, every effort is made to accommodate the request. All complaints/grievances are processed according to State regulations regarding patient confidentiality. Doctors, members and/or their authorized representative may appeal in writing, verbally, electronically or by contacting VSP's Customer Care Department. Instructions for requesting an appeal are included in the Explanation of Coverage (EOC), denial notification letter and/or Explanation of Payment. VSP staff will conduct internal appeal reviews. Different staff, other than those responsible for the day to day payment of claims and of the initial denial, will handle the appeal.

### **INSOLVENCY AND HOLD HARMLESS**

VSP's Network Doctor Agreement (NDA) includes a "Hold Harmless" provision, where the Network Doctor (ND) agrees that neither ND, nor any permitted agent, trustee and/or assignee of ND may initiate or maintain any action at law against a VSP patient for sums owed to ND by VSP. In the event ND submits a claim late and/or VSP, due to insolvency or otherwise, is financially unable to pay all or any part of ND's fee for covered services, he/she will not look to the VSP patient for such payment. This hold harmless provision shall survive the expiration or termination of the agreement.

### **COORDINATION AND CONTINUITY OF CARE**

If a participating VSP provider is terminated from the network, VSP will make a good faith effort to provide written notice of a provider's termination within fifteen (15) working days to the impacted members who have seen the terminating doctor within the previous six (6) months.

### **CONTINUITY OF CARE IN THE EVENT OF TERMINATION**

If a participating provider is terminated from the network, we will make a good faith effort to provide you with a written notice of a provider's termination within fifteen (15) working days if you have seen the terminating doctor within the previous six (6) months.

VSP runs a daily check for provider terminations. If a termination is present, Sales Support and Member Communications are notified via email to initiate appropriate member notifications.