



COMPANION LIFE INSURANCE COMPANY  
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## **Companion Life Insurance Company Network Access Plan EyeMed Network**

Companion Life Insurance Company uses a leased managed vision provider network arrangement with EyeMed Vision Care, LLC (EyeMed). Providers in the Companion Life Insurance Company network contract through EyeMed. Providers participating in the EyeMed Network agree to provide eye care services and materials according to EyeMed, state and federal requirements. The Massachusetts 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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## **NETWORK COMPOSITION, IDENTIFICATION OF PROVIDER CRITERIA**

Companion Life's EyeMed network of vision providers helps to ensure quality health care, value and convenience. Members enjoy easy access to thousands of conveniently located vision care providers including optometrists, ophthalmologists, opticians.

Companion Life's EyeMed network of eye doctors includes independent providers, popular retailers and online options so you can determine who you want to see and where.

EyeMed created its vision network based on numerous market variables. EyeMed chooses providers for this network based on the following criteria:

- Access and availability
- EyeMed's credentialing standards
- Provider ability to meet network participation criteria
- Cost efficiency

## **NETWORK STANDARDS AND ADEQUACY**

All providers must complete credentialing before joining Companion Life's EyeMed network. EyeMed requires re-credentialing every three years. Between credentialing cycles, EyeMed monitors the following as part of ongoing quality review:

- State board sanctions
- Loss of license
- Office of personnel management/office of inspector general reports
- State and federal program exclusion lists
- Medicare opt out

Network adequacy oversight is performed by EyeMed's Provider Relations' Network Management team in conjunction with the Finance and Compliance Committee. The Provider Relations Network Management team utilizes geographic network analysis, network data gap analysis, active membership information, and current active provider information.

Network Management evaluates network needs and the probable provider response to recruitment resourcing. Network Management initiates the network statement of work (SOW) that includes the plan to recruit providers and correct adequacy gaps. If there are no providers in the area to recruit, Network Management may provide a list of providers available outside of the service area, when available, to the EyeMed Call Center and Quality Assurance Department to share with Companion Life's members, upon complaint or request.

## **NETWORK MONITORING AND CORRECTIVE ACTION PROCESSES**

EyeMed's quality program monitors network provider quality using metrics to promote your satisfaction including the following:

- Network sufficiency
- Member complaints and telephone satisfaction surveys
- Provider satisfaction surveys and provider disputes
- Prompt payment of claims and claim error rates

- Call center call abandonment rates, average speed of answer and other factors
- Provider billing patterns for potential fraud, waste or abuse
- Screenings to identify providers who are sanctioned or excluded from accepting federal funding
- Credentialing at application and rechecks every 3-years to make sure providers are qualified
- Annual compliance education and collection of compliance attestations
- Provider contracts and provider manual that clearly state requirements and expectations.

**Accessibility**

EyeMed manages its networks to enable Companion Life’s members to obtain covered vision care services from participating providers without unreasonable travel time and distance. Unless applicable state or federal laws establish requirements other than as set forth herein, the EyeMed national accessibility guidelines are:

PROVIDER TYPE	URBAN AREA	SUBURBAN AREA	RURAL AREA	COUNTY
OPTOMETRISTS	2 IN 10 MILES	2 IN 10 MILES	1 IN 20 MILES	2 PER COUNTY
OPHTHALMOLOGISTS	2 IN 10 MILES	2 IN 10 MILES	1 IN 20 MILES	2 PER COUNTY
OPTICAL DISPENSARY	2 IN 10 MILES	2 IN 10 MILES	1 IN 20 MILES	2 PER COUNTY

**Availability**

EyeMed manages its networks to enable Companion Life’s members to obtain appointment for routine vision services within 2 weeks of the request. To ensure network capacity to meet this guideline, EyeMed uses a ratio of 1 provider for every 3,500 members (1:3500). Optical Dispensaries typically do not require appointments.

PROVIDER TYPE	ACCESS TYPE	GUIDLINE
OPTOMETRISTS	ROUTINE	WITHIN 2 WEEKS
OPHTHALMOLOGISTS	ROUTINE	WITHIN 2 WEEKS

**Non-availability**

For reimbursement of an out-of-network claim using in-network benefits, one of the following exceptions must apply:

Based on a Companion Life’s member’s home or work address the member was unable to:

- Locate a participating provider within a 10-mile radius in an urban-suburban area;
- Locate a participating provider within a 20-mile radius in a rural area; or
- Schedule a visit within two-weeks.

If one of the three exceptions above applies to a Companion Life member, they may complete the “CLAIM FORM 2: EXCEPTION REQUEST, NO OUT-OF-NETWORK BENEFIT” form on-line. For directions on how to access this form, see the “COMMUNICATIONS” section below. By mail, members can print, complete and sign this claim form.

**Telemedicine**

Telemedicine providers will be held to the same standards of appropriate care as providers offering in-person service. The level of care will also be equal to in-person service.

Before performing any telemedicine service, the provider performing the service must establish a doctor-patient relationship via one of the following means:

- A prior in-person examination;
- An examination using synchronous telemedicine incorporating both audio and visual connections between the provider and member;
- Consultation with or referral from another EyeMed participating provider who has established or will establish a doctor-patient relationship with the patient, and who intends to manage the patient's care. If the provider is rarely or never personally at or near the Originating Site, he or she may establish a relationship with 1 or more participating providers near the Originating Site who are willing to manage the patient's in-person care needs. The selection of such a provider will remain the choice of the member.

## REFERRAL PROCESS

Companion Life members can obtain vision services from any preferred or non-preferred provider without informing us. They do not need a referral to select or change their vision providers.

Companion Life's EyeMed providers are listed online at <https://eyedoclocator.eyemedvisioncare.com/member/en>. The electronic directory is updated at least monthly.

## COMMUNICATIONS

Member Web (<https://eyemed.com/en-us/member>) is the place to see benefit details, keep tabs on claims and get special offers for vision care. Members can also view benefit breakdowns, savings snapshots, cost estimators, and detailed eye doctor searches. For the "CLAIM FORM 1: REIMBURSEMENT FOR OUT-OF-NETWORK BENEFIT" and "CLAIM FORM 2: EXCEPTION REQUEST, NO OUT-OF-NETWORK BENEFIT" or to check the status of a claim, members can log in to their member account and navigate to the Claims tab.

To view network providers, members can log in to Member Web. EyeMed sends directory validation audits to all providers quarterly with instructions on how to update their directory information online through "inFocus". EyeMed will increase the directory validation audit frequency pursuant to state law and retains documentation of these audits. If members are having issues accessing Member Web, they may contact EyeMed at 1-866-939-3633. Members can manage their communication preferences from Member Web on the My Account tab.

If a member loses their card or needs extra cards for their covered family member, they can print a replacement on [Member Web](#). Members can view a digital version anytime, anywhere, by downloading the EyeMed Members App through the [App Store](#) or [Google Play](#).

## PATIENTS WITH SPECIAL NEEDS

### 1. Translation Services

For people whose primary language is not English, we offer language assistance services through interpreters and other written languages. For free translation services, please call 888-249-5194. Access TTY services by dialing 711.

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

Your plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Your plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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

For people with disabilities, we offer free aids and services, such as sign language interpreters, Braille, large print, audio, and accessible electronic formats. If you request information in an accessible format, you won't be disadvantaged by any additional time necessary to provide it. This means you will get extra time to take any action if there's a delay in fulfilling your request.

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 GRIEVANCE**

You have the right to appeal a denied claim. You can ask for a review if we deny a claim and you do not agree. This is called an appeal. Appeals may be submitted via mail, email, or fax.

Refer to your Explanation of Benefits (EOB) or contact the Customer Care Center number found on your ID card for instructions.

A complaint/grievance is defined as a verbal or written expression of dissatisfaction by a member, member authorized representative, or a provider. You can submit a complaint for any reason.

You may also contact us to obtain information regarding your appeal rights.

## **COORDINATION AND CONTINUITY OF CARE**

This section describes your rights and Companion Life's responsibilities in the event of contract termination between a vision provider and EyeMed.

### **Claims payment:**

EyeMed will process all claims submitted before the termination date and within claim-filing limits per the plan design.

### **Notification:**

Providers will provide you with 30 days' prior written notice to notify you that they are leaving the network. Providers are required to inform you that they are no longer participating provider before seeing you.

In the event of a provider's insolvency, loss or suspension of license, fraud, or failure to meet EyeMed's contracting requirements, you will be notified of termination immediately with written notice.

**Removal from locator:**

Once a provider is no longer participating on the network, its location(s) will be removed from EyeMed's automated locator services effective the day of termination.

**Referrals and follow-up care:**

Terminated providers will provide referral instructions for follow-up care or clinical record requests when necessary.