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COMPANION LIFE INSURANCE COMPANY  
1301 GERVAIS STREET, SUITE 900, COLUMBIA SC 29201  
P.O. Box 100102, Columbia, South Carolina 29202-3102  
(803) 735-1251

## **Companion Life Insurance Company Network Access Plan Zelis Network**

Companion Life Insurance Company (Companion Life) uses a leased managed dental provider network arrangement with Zelis Network Solutions, LLC (Zelis). Providers in the Companion Life Insurance Company network contract through Zelis. Providers participating in the Zelis Network agree to provide dental services and materials according to Zelis, state and federal requirements. The West Virginia Offices of the Insurance Commissioner requires us to provide you a Network Access Plan. This Companion Life Zelis Network Access Plan describes your dental plan's provider network and related topics.

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## **NETWORK COMPOSITION, IDENTIFICATION OF PROVIDER CRITERIA**

1  
2 Companion Life's Zelis dental network is a national network of general and specialty dentists who have  
3 agreed to accept a discount from their usual fees in return for the potential of attracting and maintaining  
4 patients. All dentists in the network have their credentials verified on a regular basis. Zelis providers include  
5 solo, small group and large group practices.  
6

### **Provider Participation Criteria**

7  
8 The Zelis Credentialing Committee does not discriminate against any provider seeking qualification as a  
9 participating provider.  
10

11 To be approved for participation, a practitioner must demonstrate the following qualifications:

- 12 • A current, valid state professional license
- 13 • A current, valid Drug Enforcement Agency (DEA) certificate and/or Controlled Dangerous  
14 Substance (CDS) certificate, if applicable in the practicing state
- 15 • Completion of the appropriate credentialing application for the applicant's state, as required, or the  
16 Zelis application and release form if no state specific applications are required
- 17 • Completion of the appropriate education and training for applied specialty
- 18 • Acceptable professional liability claims history
- 19 • Professional liability insurance
- 20 • Confirmation of eligibility to participate in all federal, state, and local health care programs,  
21 including the Medicare and Medicaid Programs
- 22 • Current clinical privileges in good standing at a participating facility, if applicable to specialty
- 23 • Appropriate history of employment and clinical practice
- 24 • Lack of physical or mental impairment, including impairments due to chemical dependency that  
25 may impair the practitioner's ability to practice or may pose a risk of harm to patients
- 26 • Documentation of satisfaction of any consent orders from the Board of Medicine  
27

28 The factors considered by the Credentialing Committee are available to the provider in writing upon  
29 request. All required information necessary to be submitted with the provider application, as well as the  
30 provider application, are made available to providers in writing upon request to join the network.

## **NETWORK STANDARDS AND ADEQUACY**

31  
32 Companion Life's Zelis network maintains open networks and will accept and credential all providers who  
33 meet the required criteria and pass the credentialing process. Zelis works with Companion Life to evaluate  
34 and/or recruit providers based on state requirements, our additional network arrangements, membership  
35 and other factors specific to our business.  
36

37 The Companion Life Zelis dental network participating dentists are contractually obligated to treat  
38 Companion Life members in the same professional manner when scheduling as they would any other  
39 insured or uninsured patient. Network members seeking routine or specialist services should be offered the  
40 first available appointment time within six to eight weeks, on the same basis that routine appointments are  
41 available to all other commercial or private pay patients.  
42

43 Average waiting time for urgent, routine, and specialist appointments must be within the accepted standard  
44 for dental care in the appropriate geographic area and/or other state established guidelines as applicable.

## NETWORK MONITORING AND CORRECTIVE ACTION PROCESSES

Companion Life's Zelis network maintains a Credentialing Continuous Quality Improvement Program for the purposes of:

1. Maintaining and providing the most accurate credentialing and re-credentialing activities
2. Re-credentialing providers in a timely manner
3. Assuring providers in the Zelis network are monitored for contract compliance and network management.

To ensure practitioners' continuous compliance with criteria and quality standards between credentialing cycles, the Zelis network credentialing department queries the following agencies on a monthly basis, or within 30 days of release of a report applicable to the following:

- Medicare and Medicaid sanctions
- State licensing board for state disciplinary actions
- Medicare opt out listing
- SAM (System Award Management) for other federal sanctions

In the instance where a practitioner ceases to comply with established Zelis network credentialing criteria, or in instances of confirmed quality concerns, appropriate interventions will be implemented, up to and including termination.

Once credentialed, practitioners will be recertified at least every 36 months.

Documented procedures ensure that a member obtains a covered benefit at in-network benefit levels, including in-network cost sharing, from a non-participating provider or other acceptable arrangements are made when the member has a condition that requires treatment from a specialist that is not available within a reasonable time/travel distance.

### **Telehealth**

Companion Life's Zelis network does not offer telehealth for dental services at this time.

## REFERRAL PROCESS

Companion Life's members may select any provider or specialist in the Zelis network for services and are not required to notify either Companion Life or the Zelis network if they change their primary or specialty provider.

Companion Life's Zelis network dentists are listed online at <https://www.zelis.com/provider-lookup/>. The directory is updated every week on Sunday evening. Zelis audits this directory pursuant to state law and retains documentation of these audits.

## COMMUNICATIONS

Dental claim forms can be accessed through Companion Life's website: <https://www.companionlife.com> under the Insureds tab.

If you need help with a dental claim or wish to check on a dental claim status, please call Companion Life's claims department at 877-676-5789.

1 In addition, members may contact Companion Life using the contact information below for help answering  
2 questions, clarifying coverage and processing claims. The status of a dental claim is available for extended  
3 hours each day, seven days a week through our voice response unit. Customer service representatives are  
4 available during Companion Life’s normal business hours of Monday through Friday, 8:30 a.m. to 5 p.m.  
5 EST.

6  
7 Companion Life may be contacted by mail, fax or online through the “Contact Us” page.

8  
9 Mailing Address: Companion Life Insurance Company  
10 P.O. Box 100102  
11 Columbia, SC 29202-3102

12  
13 Fax: 1-803-735-0736

14  
15 Telephone: 800-753-0404

16  
17 Dental Claims: 877-676-5789  
18

### **PATIENTS WITH SPECIAL NEEDS & NOTICE OF NON-DISCRIMINATION**

19  
20 We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, or  
21 sexual orientation or health status in our health plans, when we enroll or provide benefits.

22  
23 If you or someone you’re assisting is disabled and needs interpretation assistance, help is available at the  
24 contact number posted on our website or listed in the materials included with this notice (TDD:711).

25  
26 Free language interpretation support is available for those who cannot read or speak English by calling one  
27 of the appropriate numbers listed in the Non-Discrimination Statement and Foreign Language Access  
28 notice. The Non-Discrimination Statement and Foreign Language Access notice can be accessed through  
29 Companion Life’s website: <https://www.companionlife.com> under the Insureds tab in the Networks section.

30  
31 If you think we have not provided these services or have discriminated in any way, you can file a grievance  
32 by emailing [contact@hrcompliance.com](mailto:contact@hrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S.  
33 Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697  
34 (TDD).  
35

### **APPEALS AND GRIEVANCE**

#### **Internal Appeals Process for Adverse Benefit Determination**

36  
37  
38 1. The member or the member’s authorized representative has 180 days from receipt of an adverse  
39 benefit determination to file an appeal. An appeal must meet the following requirements:

40 (a) An appeal must be in writing; and,

41 (b) An appeal must be sent (via U.S. mail) to Companion Life Insurance Company at P.O. Box  
42 100102, Columbia, South Carolina 29202-3102. Please call 1-800-753-0404 with any  
43 questions on filing an appeal.

44 (c) The appeal request must state that a formal appeal is being requested and include all  
45 pertinent information regarding the claim in question; and,

- 1 (d) An appeal must include the member's name, address, social security number and any other  
2 information, documentation or materials that support the member's appeal.
- 3 2. The member or the member's authorized representative will have the opportunity to submit written  
4 comments, documents, or other information in support of the appeal, and will have access to all  
5 documents relevant to the claim. A person other than the person who made the initial decision will  
6 conduct the appeal. No deference will be afforded to the initial determination.
- 7 3. A dentist may evaluate the appeal, and the reviewing dentist will consult with an appropriate  
8 clinical peer or peers. The physician, dentist, or clinical peer(s) will not have been involved in the  
9 initial adverse determination.
- 10 4. Companion Life will make a final decision on the appeal within the time periods specified below:
- 11 (a) Pre-Service Claim: Companion Life will decide the appeal within a reasonable period of  
12 time, taking into account the medical circumstances, but no later than 30 calendar days  
13 after receipt of the appeal. If the member disagrees with Companion Life's decision, the  
14 member or the member's authorized representative can submit a second appeal within 60  
15 calendar days after receipt of the final decision of the first appeal. Companion Life will  
16 decide the second appeal within a reasonable period of time, taking into account the  
17 medical circumstances, but no later than 15 days after receipt of the second appeal.
- 18 (b) Urgent Care Claim: The member or the member's authorized representative may request  
19 an expedited appeal of an Urgent Care Claim. This expedited appeal request may be made  
20 orally, and Companion Life will communicate with the member or the member's  
21 authorized representative by telephone or facsimile. Please refer to the  
22 **COMMUNICATIONS** section for the telephone or facsimile numbers. Companion Life  
23 will decide the appeal within a reasonable period of time, taking into account the medical  
24 circumstances, but no later than 72 hours after receipt of the request for an expedited  
25 appeal.
- 26 (c) Post-Service Claim: Companion Life will decide the appeal within a reasonable period of  
27 time, but no later than 60 calendar days after receipt of the appeal. If the member disagrees  
28 with Companion Life's decision, the member or the member's authorized representative  
29 can submit a second appeal within 60 calendar days after receipt of the final decision of  
30 the first appeal. Companion Life will decide the second appeal within a reasonable period  
31 of time, but no later than 30 days after receipt of the second appeal.
- 32 5. Notice of Appeals Determination:
- 33 If a member's appeal is denied in whole or in part, the member or the member's authorized  
34 representative will receive notice of a final adverse benefit determination that will include:
- 35 i. The name, title and qualifying credentials of the persons participating in the appeal.
- 36 ii. A statement of the reviewers' understanding of the grievance.
- 37 iii. The decision stated in clear terms, and the contract basis or medical rationale supporting  
38 the decision, a reference to the evidence or documentation used as a basis for the decision
- 39 iv. A description of our appeal procedures, any time limits applicable to such procedures,  
40 and any appeals rights.

- 1 v. A description of any additional material or information necessary and an explanation of  
2 why such material or information is necessary for any further review;
- 3 vi. Disclose any internal rule, guideline, or protocol relied on in making the adverse benefit  
4 determination (or state that such information will be provided free of charge upon request);
- 5 vii. If the reason for an adverse benefit determination is based on a medical necessity, or  
6 experimental services or other limitation or exclusion, an explanation of the scientific or  
7 clinical judgment for the determination (or state that such information will be provided free  
8 of charge upon request); and
- 9 viii. For first level reviews, a description of the process to obtain a second level grievance  
10 review and the time frame for review.
- 11 ix. Following a second level review, a description of the process to request an independent  
12 external review
- 13 x. Notice of the member's right to contact the West Virginia Offices of the Insurance  
14 Commissioner.  
15

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

16  
17 This section describes your rights and Companion Life's responsibilities in the event of contract termination  
18 between a dental provider and Zelis.  
19

20 Zelis leases its PPO network to Companion Life. Companion Life's covered persons may select any  
21 provider or specialist in the network for services and are not required to notify either Companion Life or  
22 the network if they change their primary or specialty provider.

23 According to the Zelis dental provider agreement, if the Zelis dental provider agreement is terminated for  
24 any reason and if the dental provider is providing services to Companion Life members, then the dental  
25 provider shall continue to provide such dental services to Companion Life members as is required by  
26 applicable laws and at least until the completion of any episodes of care that may be underway on or as  
27 such date of termination and the dental provider shall accept the current fee(s) as payment in full for the  
28 dental services.