

Humana Insurance Company
2023 VISION ACCESS PLAN
With
RESULTS AND ANALYSIS

CTHJVBXEN

INTRODUCTION:

Vision provider access plans are an integral part of Humana Insurance Company's (HIC) vision care service system, as well as a regulatory and accreditation requirement. Implementation of an access plan facilitates member access to vision care through an adequate network of vision providers. Expanding sales and RFP requests also require an overall knowledge of provider access standards and current status. This Access Plan provides a format and content for meeting legislative and regulatory needs, as well as the service expectations of our membership.

I. PURPOSE

The purpose of HIC's Access Plan is to facilitate member access to vision providers and vision services. The Access Plan activities are designed to:

- Facilitate a sufficient number of vision providers in the delivery system and align geographic distribution with the member population
- Facilitate timeliness of appointments and vision care during office hours
- Measure performance against HIC's standards for provider access and availability
- Identify opportunities for improvement

II. SCOPE

HIC has established standards for the number and geographic distribution of vision providers as well as standards for appointment access. Performance against these standards is measured at least annually.

Compliance with provider access is measured by:

- The ratio of vision providers to members
- The geographic distribution of vision providers

Compliance with appointment access standards are measured by:

- The rate of member complaints regarding lack of providers

III. DEFINITIONS:

- **Vision Providers** are defined as an optometrist or ophthalmologist
- **Emergent** is defined as a sudden, unexpected situation which could become a threat to life or limb if not diagnosed and treated immediately (not applicable to routine vision services)
- **Urgent** is defined as an unexpected illness/injury requiring treatment to prevent serious decline in health, but not life threatening (not applicable to routine vision services)
- **Routine** is defined as non-urgent vision care for symptomatic issues, (myopia, hyperopia, etc.)

IV. SPECIFIC ACCESS and AVAILABILITY MEASUREMENTS

A. Network Adequacy

Purpose:

To facilitate an adequate number and geographic distribution of vision providers in the HIC network to meet member needs.

Provider Availability

Standard: Annually, the ratio of vision providers to members is calculated and compared to goals. Targets are to have 90% of our members within these standards.

Measurements/Results:**Table 1: Target Provider-to-Member Ratios**

Geographic Area	All Vision Providers
Large Metro	.24:1,000
Metro	.24:1,000
Micro	.24:1,000
Rural	.24:1,000
CEAC	.24:1,000

* Benefits are limited to routine vision care. Targets are considered to be met when there are an adequate number of Optometrists and/or Ophthalmologists available to provide covered services.

Table 2: Actual Performance 2023

Geographic Area	All Vision Providers
Large Metro	1:10
Metro	1:15
Micro	N/A
Rural	N/A
CEAC	N/A

Total Membership: 3,769

Provider Accessibility

Standard: Geographic access studies are done on an annual basis. The software produces maps and analytical summaries of members with desired access and members without desired access. The access standard targets are listed in the tables below.

Service Area:**Vision PPO****Statewide/All Counties****Measurements/Results:****Table 3: 2023 Vision PPO Targets**

Geographic Area	All Vision Providers
Large Metro	90% 1 in 20 miles/10 minutes
Metro	90% 1 in 30 miles/20 minutes
Micro	N/A
Rural	N/A
CEAC	N/A

Table 4: 2023 Vision PPO Results

Geographic Area	All Vision Providers
Large Metro	100% 1 in 20 miles/10 minutes
Metro	100% 1 in 30 miles/20 minutes
Micro	N/A
Rural	N/A
CEAC	N/A

Total Membership: 3,769

Findings/Recommendations:

We are meeting or exceeding all access targets. Please note that there was no membership located in Micro, Rural or CEAC areas.

Actions:

Continue to monitor on an annual basis.

B. Accessibility of Services

Purpose: To facilitate timely access to appointments.

Policy: When an in-network provider is not available or the member is outside the service area, HIC will ensure that the covered person obtains the covered benefit at no greater cost to the covered person than if the benefit were obtained from participating providers, or shall make other arrangements acceptable to the state insurance commissioner. In the event an in-network provider is not available within our access standards, members are advised to contact Humana customer service to make arrangements to see another provider.

- Humana Vision Care members are not required to select a primary care provider and may self-refer to any vision provider in the network to receive the in-network level of benefits.
- Members are informed of the plans grievance and appeals policies in the member certificate of coverage. Most complaints can be resolved informally over the phone by Humana's Customer Care Representatives. In the event the Customer Care Representative cannot resolve the complaint to the member's satisfaction, the Customer Care Representative advises the member of Humana's Grievance and Appeals Policy and explains the process of submitting the complaint.

Table 5: Access Complaints

Time Period	# of Complaints	Complaints/ 1000 members
1 st QTR 2022	0	0
2 nd QTR 2022	0	0
3 rd QTR 2022	0	0
4 th QTR 2022	0	0

Source: Grievance and Appeals Reports and complaints received

V. REPORTING

The Specialty Quality Improvement Committee (SQIC) monitors the Access and Availability activities as described. Opportunities for improvement, development of action plans, follow up and documentation of improvement is overseen by the SQIC. Analysis of the Access and Availability Plan is performed annually.