



West Virginia Network Access Plan

Humana Vision (Insight Network)

HIOS Issuer ID:

73288

INTRODUCTION

A. PURPOSE

The purpose of this Network Access Plan is to describe to Humana Vision (Insight Network) members of the West Virginia specific policies and procedures for maintaining and ensuring that the Humana Vision (Insight Network) is sufficient and consistent with state and federal requirements. The West Virginia Network Access Plan is designed to demonstrate Humana Vision (Insight Network) is

- An adequate network that is actively maintaining, as well as describe/explain network adequacy results and corrective action processes;
- Assurance that no referrals are needed.
- The required documentation, disclosures and notices to inform consumers of the plan's services and features.

B. SCOPE

The information contained in this West Virginia Network Access Plan is specific to the following:

CARRIER	Humana Insurance Company
NETWORK	Humana Vision (Insight Network)
NETWORK ID	227
NETWORK TYPE/ GENERAL DESCRIPTION	Employer Group and Individual PPO Routine Vision Network Plan
GEOGRAPHIC AREA COVERED BY THE NETWORK	Humana Vision (Insight Network) is available in the entire state of West Virginia
WEBSITE	https://eyedoclocator.humanavis.com/humanavis/en
CONTACT INFORMATION	Customer Service: 1-866-537-0229
FUNCTIONS DELEGATED TO EYEMED	Customer Care, Claims, Provider Maintenance, Credentialing, ID Cards, Eligibility

c. NETWORK ACCESS PLAN REQUIREMENTS:

(1) The health carrier's network, including how the use of telemedicine or telehealth or other technology may be used to meet network access standards, if applicable;

At this time, Telehealth is not used to meet network access standards. Humana Vision (Insight Network) will contract with telemedicine providers only when specific requirements are met.

(2) The health carrier's procedures for making and authorizing referrals within and outside its network, if applicable;

Not applicable

(3) The health carrier's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of populations that enroll in network plans;

We monitor our networks, at least annually, to ensure that they have enough providers for you to schedule an appointment within the Humana Vision (Insight Network) requirement of 14 days.

When you live or work in an area where there are no network providers within a reasonable travel time and distance, you are eligible to receive services from an out-of-network provider at your in-network level of benefit. The exception to this right is if you choose to use an out-of-network provider based on your choice or convenience. When logged in to Member Portal, our Enhanced Provider Search will display an informational message when you enter a zip code in your network that does not have enough providers. You must submit a network access exceptions form for reimbursement.

(4) The factors used by the health carrier to build its provider network, including a description of the network and the criteria used to select providers;

How we build our vision networks

Our network of eye doctors includes thousands of independent providers, popular retailers and online options so you can see who you want to see, where and when you want to see them. We build our networks based on how many providers there are in a specific area and the provider's ability to meet network participation standards. We reimburse providers a contractual fee for each service they provide. This way we can ensure that we have enough providers available to meet your routine vision care needs.

How we choose providers

We created the vision network based on numerous market variables. We chose providers for this network based on the following criteria:

- Access and availability
- Meets our credentialing standards
- Provider ability to meet network participation criteria
- Cost efficiency

Provider Availability by County

County	Optometrist	Ophthalmologist	Other
	Count of Providers	Count of Providers	Count of Providers
Barbour	0	0	0
Berkeley	35	2	1
Boone	2	0	0
Braxton	0	0	0
Brooke	3	0	0
Cabell	20	3	2
Calhoun	0	0	0
Clay	0	0	0
Doddridge	0	0	0
Fayette	4	1	0
Gilmer	1	0	0
Grant	4	0	0
Greenbrier	4	0	0
Hampshire	0	0	0
Hancock	8	0	0
Hardy	0	0	0
Harrison	24	0	1
Jackson	0	0	0
Jefferson	19	0	0
Kanawha	0	0	0
Lewis	35	0	0
Lincoln	1	0	0
Logan	1	0	0
Marion	10	0	0
Marshall	0	1	0
Mason	2	0	0
McDowell	0	0	0
Mercer	16	1	1
Mineral	7	0	0
Mingo	1	0	0
Monongalia	20	0	2
Monroe	0	0	0
Morgan	0	0	0
Nicholas	0	0	0
Ohio	2	0	0
Pendleton	0	0	0
Pleasants	0	0	0
Pocahontas	0	0	0
Preston	2	0	0
Putnam	2	0	1
Raleigh	4	1	1

Randolph	2	0	0
Ritchie	3	0	0
Roane	9	0	1
Summers	1	0	0
Taylor	2	0	0
Tucker	0	0	0
Tyler	1	0	0
Upshur	12	0	0
Wayne	4	0	0
Webster	0	0	0
Wetzel	1	0	0
Wirt	0	0	0
Wood	24	0	0
Wyoming	2	0	0

(5) The health carrier's efforts to address the needs of covered persons, including, but not limited to, children and adults, including those with limited English proficiency or illiteracy, diverse cultural or ethnic backgrounds, physical or mental disabilities, and serious, chronic, or complex medical conditions. This includes the carrier's efforts, when appropriate, to include various types of ECPs in its network;

Humana Vision (Insight Network) informs you of your rights and responsibilities in the Member Bill of Rights available on www.eyemed.com at the bottom of every page.

Humana Vision (Insight Network), its health plans and network providers do not consider an individual's race, disability, religion, sex, sexual orientation, health, ethnicity, creed, age or national origin when providing access to care.

Each of us complies with DOI and federal laws to prevent discrimination.

- Title VI of the Civil Rights Act of 1964
- Age Discrimination Act of 1975
- Americans with Disabilities Act
- Laws that apply to those who receive federal funds
- All other laws that protect your rights to receive health care

Network Providers are required to provide services in a culturally competent manner to all members, including those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds, physical and mental disabilities and health conditions. For people with disabilities, we offer free aids and services, such as sign language interpreters, large print, audio, and accessible electronic formats. For people whose primary language is not English, we offer language assistance services through interpreters and other written language. Annual cultural competency training is required to help providers and staff members understand how to deliver care across cultures and patients with disabilities.

(6) The health carrier's methods for assessing the health care needs of covered persons and their satisfaction with services;

EyeMed assesses satisfaction with the vision care services provided via member satisfaction surveys conducted across Humana Vision (Insight Network)'s membership. We contract with an independent, external market research firm to understand the extent to which vision care plans, eye doctors, eye care office staff, and eye care products meet our members' needs.

Survey is conducted daily via phone. EyeMed reviews results quarterly with the Provider Quality Improvement and the EyeMed Compliance Oversight Committees and initiates corrective actions as necessary.

How we monitor and set standards for network quality

Our quality program watches network provider quality through safeguards to prevent your dissatisfaction.

- 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
- Publication of provider choices to not honor discounts on non-covered services or use lower cost network optical labs
- Screenings to identify providers who are sanctioned or excluded from accepting federal funding
- Credentialing at application and rechecks every 3-years to make sure they are qualified
- Annual compliance education and collection of compliance attestations
- Provider contracts and provider manual that clearly state requirements and expectations.

Quality assurance procedures

All providers must complete credentialing before joining our network. We require re-credentialing every three years. Between credentialing cycles, we monitor the following as part of the 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

(7) The health carrier's method of informing covered persons of the plan's covered services and features, including, but not limited to:

A. The plan's grievance and appeals procedures;

Written request for a review of a claim denial (grievance) or any decision that does not cover expenses you believe should have been covered) must be sent to:

Grievance Department
PO Box 14729
Lexington, KY 40512-4729

Expedited Phone Number (800) 233-4015
Hearing Impaired (800) 325-2025
Customer Service (800) 448-6262

We will provide a full and fair review of your claim. You may provide us with additional information that relates to your claim and you may request copies of information that we have that pertains to your claim. We will notify you of our decision in writing within 30 days of receiving your request.

Humana Vision (Insight Network) provides this appeal information in the Explanation of Benefits at claim processing, complaint and appeal instructions are posted on the member website (www.humana.com), and the information is available upon request to the Call Center (1-866-537-0229) which is open Monday-Saturday 7:30 a.m. -11 p.m. and Sunday 11 a.m. – 8 p.m. Online resources are available 24/7 at humana.com.

B. Its process for choosing and changing providers;

You do not need an authorization or referral to seek eye care services or materials. When you choose to use a Humana provider, the best place to find an eye doctor is on www.humana.com or your vision plan website.

Additionally, an online directory of network providers will be made available to you and accessible via the internet on our website at Humana.com at the time of your enrollment. This directory is subject to change. Due to the possibility of preferred providers changing status, please check the online directory of preferred providers prior to obtaining services. If you do not have access to the online directory, you may telephone our customer service center prior to service being rendered or to request a directory.

c. Its process for updating its provider directories for each of its network plans;

Our network providers are the source of the provider information in this directory and responsible for information accuracy. Updates received from our network providers are added to the Humana Provider Locator once per day, including weekends and holidays. Exclusions include interruptions due to system maintenance, upgrades or unplanned outages. This information is subject to change at any time.

Should you elect to use a printed subset of the directory, keep in mind that the printed directory is only accurate as of the date printed and limited by the search filters. The website provider locator is the most current and complete provider directory. Network administration services are provided through EyeMed Vision Care, LLC 4000 Luxottica Place Cincinnati, OH 45040.

Providers are contractually required to provide EyeMed with information change notices related to their credentialing information as soon as they occur and validate their directory information quarterly. EyeMed conducts quarterly validation audits against all providers. EyeMed follows State and Federal requirements for audit documentation retention.

Report directory inaccuracies in the provider locator by emailing directorydata@eyemedonline.com or calling 1-877-398-2980. If you believe that you relied upon materially inaccurate, incomplete or misleading directory information please submit your complaint by calling 1-877-398-2980.

D. A statement of health care services offered, including those services offered through the preventive care benefit, if applicable;

Humana Vision (Insight Network) offers routine exams and materials and provides all members with vision benefit summaries that describe the plan's covered benefits. Humana loads member benefit summaries in the online system for members at humanavisioncare.com. Provider accesses eyemedinfocus.com to confirm benefits and eligibility prior to service rendered. These summaries are also available to members and providers through the Call Center (1-866-537-0229) which is available Monday-Saturday 7:30 a.m. -11 p.m. and Sunday 11 a.m. – 8 p.m. Online resources are available 24/7 at humana.com.

(8) The health carrier's system for ensuring the coordination and continuity of care:

You can obtain a quality eye exam from any available network provider. Routine vision does not need continuity of care provisions to finish a course of treatment like you might need from your medical primary care or specialty provider. All Humana Vision (Insight Network) providers are required to refer you to seek medical eye care for injuries or illness to a medical provider in your medical plan network. The Member Bill of Rights reminds you of your responsibility to know where to seek medical eye care. Broken glasses or lost contacts are not eye care emergencies.

A. For covered persons referred to specialty physicians;

This is a routine vision plan which does not include emergency, urgent, and/or specialty care.

(9) The health carrier's process for enabling covered persons to change primary care professionals, if applicable;

This is a routine vision plan which does not require members to choose a primary care professional. Members can choose any contracted provider for services.

“You do not need an authorization or referral to seek eye care services or materials. When you choose to use a Humana Vision (Insight Network) provider, the best place to find an eye doctor is on www.humana.com.”

(10) The health carrier’s proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers, or in the event of the health carrier’s insolvency or other inability to continue operations. The description shall explain how covered persons will be notified of the contract termination, or the health carrier’s insolvency or other cessation of operations, and transitioned to other providers in a timely manner.

In the event of insolvency or other cessation of operations, Humana members are instructed via mailed communication to go online to the provider directory to locate an in-network provider. Members may also contact the Call Center (1-866-537-0229) to receive the directory in another format. Online resources are available 24/7 at humana.com.

In the event of plan insolvency, Humana Vision (Insight Network) would notify all clients and providers 90-days in advance. Humana Vision (Insight Network) would relay any necessary member & provider notification instructions.

In the event of provider insolvency, providers are contractually obligated to inform Humana Vision (Insight Network) and their patient/members. Members would receive the member notification of provider termination from Humana Vision (Insight Network). Members could also contact the Call Center (1-866-537-0229) Monday-Saturday 7:30 a.m. -11 p.m. and Sunday 11 a.m. – 8 p.m. Online resources are available 24/7 at humana.com.

In the event of client/health plan insolvency, they are obligated to inform EyeMed and their members. EyeMed / FAA will terminate the members on the effective date of the insolvency termination of their relationship with EyeMed.