

Network Access Plan
Vision Service Plan Insurance Company:
VSP and Choice Networks

Requirement	VSP Plan
Company Information	
Full name of the carrier:	Vision Service Plan Insurance Company
Carrier's Network ID Number:	NAIC # 39616
Website Identification:	vsp.com
Contact Information:	john.humphreys@VSP.com
1. Network Identification, Composition and Adequacy	
a) Description of the network(s), including name, coverage area, and the composition (types of providers and facilities) of the network(s)	Network Names: VSP, Choice Coverage Area: State Wide Composition: Optometrists and Ophthalmologists
b) A statement of the adequacy of the network(s).	VSP networks meet or exceed applicable network adequacy requirements
2. Identification of Provider Acceptance Criteria, and Network Standards	
a) The factors a carrier uses to build its provider network;	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. Pursuant to CO Ins Reg 4-2-60 VSP will maintain access standards to meet one Large Metro – 10 miles; Metro – 20 miles; Micro – 35 miles; Rural 60 miles; CEAC – 85 miles.
b) The carrier's criteria and process for assessing network adequacy:	
(1) Quality assurance standards used to measure network adequacy, which must be adequate to identify, evaluate, and remedy problems relating to access, continuity, and quality of care criteria used to select and/or tier providers;	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.
(2) Documented quantifiable and measurable process for monitoring and assuring the sufficiency of the network to meet the managed care needs of populations enrolled in plans on an ongoing basis;	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.
c) The carrier's description of how telehealth is used (or not used) to meet dental, vision, pharmacy, or other health coverage plan needs and network adequacy standards; and	VSP does not use telehealth in the delivery of routine vision care services.

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d) The carrier's description of specific actions to be taken, including remedies, timeframes, schedule for implementation, and proposed notification and communications with the Division, providers, policyholders, and enrollees, if a network is found to be inadequate.	Network Development handles access issues following established procedures to identify potential doctors in the area. If the network is found to be inadequate in accordance with Colorado's requirements, VSP shall file a corrective action plan explaining what steps will be taken to corrective the network deficiency.
3. Policyholder Network Communications and Corrective Action Processes	
The carrier must inform policyholders and/or enrollees of the plan's network services and features through this Network Access Plan and other documents, disclosures and notices provided to policyholders and/or enrollees. This section will explain the following items and identify/reference where these items are explained in other documents.	
a) An explanation of Provider Directories, including availability, accessibility, and updating process;	VSP's Members may access an online doctor directory or request a print directory by calling VSP Customer Service toll-free. All Doctor Directory updates are systematically refreshed as follows: a) Daily – Telephone, address and specialty changes and b) Weekly – all other updates on the following Sunday evening and implemented change will appear on Provider Directory Monday morning. VSP's directory is available in other languages upon request.
b) The carrier's process for policyholders to access and use the network, including	
(1) How to use network providers and facilities, and selection and changing primary providers, if applicable;	Not applicable to routine vision care.
(2) Availability and access to appropriate specialists, including an explanation of the referral process, if used;	Not applicable to routine vision care.
(3) The carrier's process, including contact information, to assure that a covered person is able to obtain a covered benefit at the in-network level of benefit from a non-participating provider should the carrier's network prove to not be sufficient;	VSP is in compliance with state regulations and in support of Members First, if a member states they are having trouble locating a VSP provider nearby or have been unable to schedule an appointment within a reasonable timeframe. If no exclusions apply, VSP will reimburse member comparable to VSP In-Network benefits (INN) In the event of a secondary coordination of benefits (COB), INN COB Allowances will be used). For Necessary Contact Lenses, member will be reimbursed up to INN cap amount.
(4) The carrier's process to address the needs, including access and accessibility of services, of policyholders and/or enrollees with limited English proficiency and illiteracy, with diverse cultural and ethnic backgrounds, and with physical and/or mental disabilities;	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-007Cultural Competency & Language Assistance Program and Accessibility Statement found at https://www.vsp.com/legal/Accessibility-Statement
(5) The carrier must briefly describe its grievance and appeal procedures, contact information, and where these procedures are fully described.	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.
4. Coordination and Continuity of Care Provisions	

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a) The carrier must make a good faith effort to provide notice of a provider's removal, leaving, or non-renewal from the network, within fifteen (15) working days of receipt or issuance of a notice provided in accordance with this regulation. This notice must be provided to all covered persons who are identified as patients by the provider, are on a carrier's patient list for that provider, or who have been seen by the provider being removed or leaving the network within the previous six (6) months.	If a participating VSP provider leaves the network, for any reason, VSP will make a good faith effort to provide written notice of a provider's departure within fifteen (15) working days to the impacted members who have seen the terminating doctor within the previous six (6) months.
b) A carrier must make available to the covered person a list of available participating providers who are accepting new patients in the same geographic area and specialty provider type, or a referral to a provider if there is no participating provider available, who is of the same provider or specialty type. The carrier must provide information about how the covered person may request continuity of care as required by this regulation.	VSP requires, where not prohibited, all network doctors accept new covered members. VSP's Members may access an online doctor directory or request a print directory by calling VSP Customer Service toll-free. VSP will coordinate with the member to find a replacement provider upon request.
c) If a covered person has been undergoing treatment, at least once in the previous twelve (12) months, by the provider being removed or leaving the network, that covered person is considered to be in an active course of treatment.	If a participating VSP provider leaves the network, for any reason, VSP will make a good faith effort to provide written notice of a provider's departure within fifteen (15) working days to the impacted members who have seen the terminating doctor within the previous six (6) months. VSP will coordinate with the member to find a replacement provider.
d) A carrier shall establish reasonable procedures, including time frame, to transition the covered person who is in an active course of treatment to a participating provider in a manner that provides for continuity of care when a covered person's provider leaves or is removed from the network.	If a participating VSP provider leaves the network, for any reason, VSP will make a good faith effort to provide written notice of a provider's departure within fifteen (15) working days to the impacted members who have seen the terminating doctor within the previous six (6) months. VSP will coordinate with the member to find a replacement provider.
e) The carrier shall print in the Network Access Plan its obligation to hold the patient harmless for services rendered in the provider's capacity as a participating provider survives the termination of the provider contract. The hold harmless obligation does not apply to services rendered after the termination of the provider contract, except to the extent that the in-network relationship is extended to provide continuity of care.	VSP Network Provider Agreement (NDA) includes a "Hold Harmless provision, where the 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 this Agreement."