Network Access Plan for West Virginia

Spectera Inc.

Overview: This access plan is for Spectera Inc.'s West Virginia Vision network. We offer routine vision plans statewide in West Virginia. Per West Virginia Code: §33-55-3, we are required as an issuer to create an access plan for our networks. This access plan describes our strategy, policies, and procedures to create, maintain and administer an adequate network.

2024 WEST VIRGINIA CODE: §33-55-3: (f) The access plan shall describe or contain at least the following:	Carrier Responses:
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; tele-med policy	A provider must be approved in advance in order to submit claims for telemedicine exams by contacting a Provider Relations Advocate for instructions. Additional credentialing may be required. Once approved to submit claims, you may use Place of Service Code 02 with exam codes 92002, 92004, 92012, or 92014 on your electronic (EDI) or paper claim or via the portal. Claims for materials must be filed separately with the appropriate Place of Service Code. Members must be informed in advance when exams are performed via telemedicine technology.

(2) The health carrier's procedures for making and authorizing referrals within and outside its network, if applicable;	Spectera Inc. vision network providers offer routine vision care services. Communicating relevant information about the member helps to integrate eye care into the member's overall health and wellness. Therefore, Spectera Inc. encourages our providers to use the referral forms provided on the provider portal to document relevant information that the member can give to their primary care physician.

(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	To ensure all members have access to providers who meet their needs, we look at the number and distribution of network access points in specific areas. Spectera Inc. makes outreach to providers as needed in order to recruit them to our network. Spectera Inc. also accept requests from employers, members, and providers to accommodate needs and preferences.
	Providers are identified as recruitment targets in order to limit member travel to accessible locations as much as possible. Sources of provider targets may include the NetMinder database, salesforce.com, termed providers, and online searches.
	Of available providers Spectera Inc. will ensure that the network will not be created in a manner designed to discriminate or that results in discrimination, including but not limited to age, gender, gender identity, sexual orientation, disability, national origin, family structure, ethnicity, race, color, ancestry, religion, utilization of mental health services, health insurance coverage, or disability.
	A choice of specialties and services will be included as targets as much as possible in order to meet member needs. Essential Community Providers will be included as targets with equal opportunity to participate with appropriate rates of payment to assure adequacy in underserved communities and populations.
	Optometrist and Ophthalmologists will be included as targets as much as possible in order to meet member needs.
	Network providers may be found throughout the state of West Virginia. A list of vision network providers within your Service Area can be obtained by visiting the MyUHCvision main page for provider lookup website at **www.myuhcvision.com**. If you would like a printed copy of providers, we will send it free of charge upon request.

(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 network** Our vision network consists of a variety of provider types across the country: from large, national brands to small, independent practitioners. To ensure all members have access to providers who meet their needs, we look at the number and distribution of network access points in specific areas. We make outreach to providers as needed in order to recruit them to our network. We also accept requests from employers, members, and providers to accommodate needs and preferences. Members can suggest out-of-network providers through a form on our directory and we will do our best to contract with new providers. **Credentialing/Recredentialing** Participating practitioners and providers require credentialing and recredentialing according to accrediting entities and state and federal authorities. Practitioner verification and review includes, but is not limited to, education and training, board certification status, license status, hospital privileges, and malpractice and sanction history including primary source verification where required by accreditation or regulatory requirements. All practitioners undergoing initial credentialing and triennial recredentialing are reviewed and approved by the National Credentialing Committee • Spectera Vision, Inc. arranges vision services for children and adults through its contracted network of licensed and credentialed providers. Spectera Inc. has established quantifiable and measurable standards as outlined in our **Availability of Practitioners and Providers Policy**. Our plans ensure that services are geographically accessible and are distributed so that no member residing in the service area must travel an unreasonable distance to obtain covered services.

| (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; | As a company that serves more than 75 million people across our lines of business, UnitedHealth Group has a distinct incentive to ensure that our products and services are accessible to everyone. We believe that health disparities exist in large part because individuals are seen merely as part of a population and not people with unique needs. We have adopted a philosophy that **better information** leads to **better results** and, ultimately, **better health.** That value also extends to our multicultural initiatives. We address health disparities on several fronts: education, accessibility, usability, data collection and health or wellness programming. We also participate in the health care disparities discussion/agenda at both the national and community levels.

Evaluation of members' cultural, ethnic, racial and linguistic needs may be measured using the following data sources:
Member satisfaction survey data**
U.S. Census Data
Network Database (NDB)
Enrollment data
Focus groups
Other sources as required or needed
We use this data in our annual Practitioner Availability report to determine if we have sufficient practitioners in our network to meet the cultural and linguistic needs of our members. Based on the outcome of this assessment, adjustments may be made to the health plan networks to improve cultural availability.

To address the needs of members with literacy issues, Customer Care can provide assistance in how to access care by providing benefit information and information on in network providers. To further aid members with special needs, our provider directories (available online or via phone) provide information on providers including gender and language capabilities.

In collaboration with our sister company Optum Health, each year we conduct a comprehensive assessment to evaluate the characteristics and needs of our member populations and subpopulations relevant to complex case management programs. The results of this assessment are utilized in developing or revising complex case |

	management programs and services, and in identifying and evaluating measures of effectiveness. The characteristics included in this assessment include:
	• Age • Gender • Clinical diagnosis (medical and/or behavioral • Special needs: hearing impaired and/or vision impaired • Translation services • Member satisfaction data Spectera Inc. contracts with Essential Community Providers (ECP) in an effort to have a network with adequate coverage for enrollees in the service area. We have several ECPs in our network throughout West Virginia. We will continue to monitor the adequacy and availability of current complement of network providers and will undertake any supplemental contracting with ECPs or other provider types that is necessary to ensure continued appropriate access. Spectera Inc. vision's Network Administration Manual is an extension of our provider contract and contains the following: In accordance with your contract, you must provide covered services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds. Spectera Inc. vision offers free services to help the member communicate with us. Such as letters in other languages or large print. Or you can ask for an interpreter. We have TTY/TDD (711) lines available.

(6) The health carrier's methods for assessing the health care needs of covered persons and their satisfaction with services;	Members are encouraged to access a thorough health risk assessment that is available either online, by mail, or completed over the phone with the assistance of our Customer Care team. Our predictive modeling software is applied to continually monitor customer needs by incorporating claim, pharmacy and utilization management data to identify customers who may benefit from care management services.
	Results from the health risk assessment and output of predictive modeling software are used to assess needs of members. Feedback from members is also solicited on an ongoing basis. At least annually, the overall assessment of members and their feedback is incorporated into an evaluation of program's effectiveness.
	Vision Member satisfaction surveys are conducted by a 3rd party vendor via telephonic interview twice a year. Those results are shared with appropriate department for review, follow-up and resolution, if necessary.
(7) The health carrier's method of informing covered persons of the plan's covered services and features, including, but not limited to:	It is the policy of Spectera Inc. to ensure that members have access to information regarding key topics about their benefits and plan design including but not limited to: • Member rights and responsibilities, • Accessing Customer Care, • Voicing complaints and grievances, • Choosing and changing primary care physicians, • Accessing routine, specialty and emergency care, and • Understanding benefit coverage exclusions, restrictions and notifications. Procedures for communicating with members are outlined in the policy titled "Member Communication". Methods of communication include, but are not limited to, distribution of the Certificate of Coverage, Welcome Guide and the annual Rights and Resource Disclosure Booklet. Members also have access to myuhc.com, a

| | website with resources for accessing personal health records, searching the provider directory, and encouraging healthy behaviors.

Procedures are in place to ensure that members are notified when any of their active providers terminate participation agreements and that when clinically appropriate, members are allowed continued access to terminated providers at an in-network benefit level. Member notifications include continuity of care information and we direct members to contact us or utilize the online directory for assistance in locating other in-network providers. Additionally, provider contracts include hold harmless provisions that prohibit balance billing in the event of insolvency or inability to continue operations.

All vision providers are required to accept new members. Covered persons can access all information on myuhcvision.com. This is also stated in the Member's Certificate of Coverage. The Quality Management program monitors trends in grievances and appeals related to materials and clinical service quality. The Quality Management Program committee meets on a quarterly basis. Provider directory searches through our website utilize real-time web service calls to our Vision Administration System database application, so each and every search is new, live and in real-time. We administer this vision care benefit, which generally includes a comprehensive eye exam including dilation and/or refraction as appropriate; eyeglasses including frame and lenses; or contact lenses in lieu of eyeglasses; as a part of the medical plan for pediatric members. Some members have access to multiple benefits, and some benefits include multiple exams. |
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(8) The health carrier's system for ensuring the coordination and continuity of care: A) For covered persons referred to specialty physicians; and B) For covered persons using ancillary services, including social services and other community resources, and for ensuring appropriate discharge planning;	A. Spectera Inc. vision's network providers offer routine vision care services. Communicating relevant information about the member helps to integrate eye care into the member's overall health and wellness. Therefore, Spectera Inc. vision's encourage our providers to use the referral forms provided on the provider portal to document relevant information that the member can give to their primary care physician. Discharge planning is N/A for routine vision.
(9) The health carrier's process for enabling covered persons to change primary care professionals, if applicable;	N/A for routine vision

(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	When an in network provider terminates, any member that received services from the terminated provider during the past year will be notified in writing from Spectera Inc. vision. The letter will provide information and options. In the provider's agreement, they must give a minimum of 90 days notice of intent to terminate and must complete any services in progress and allow member time to transfer their record to another network provider. Spectera Inc. vision's network providers offer routine vision care services. Communicating relevant information about the member helps to integrate eye care into the member's overall health and wellness. Therefore, Spectera Inc. vision's encourage our providers to use the referral forms provided on the provider portal to document relevant information that the member can give to their primary care physician.
(11) The health carrier's process for monitoring access to physician specialist services in emergency room care, anesthesiology, radiology, hospitalist care, and pathology/laboratory services at their participating hospitals; and	N/A for routine vision
(12) Any other information required by the commissioner to determine compliance with the provisions of this article.	N/A