

Vision Plan Questionnaire

Expertise and Background

- 1) Why should Covered California choose your vision company? What key attributes distinguish your vision company in the marketplace?
- 2) Does your vision company have experience administering vision plans for other entities similar to Covered California. If yes, please describe your experience.
- 3) How many covered members do you have in California (exclude discount only plans)?
- 4) What is your vision company's legal name, year of incorporation, and corporate and local addresses?
- 5) Describe the ownership of your vision company including any parent company and its location.
- 6) What is your vision company's A.M. Best rating? If not rated, please explain.
- 7) How long have you provided vision plans in California?
- 8) Are you currently licensed and in good standing with your Regulator? Are you regulated by the California Department of Insurance or the Department of Managed Health Care?

Provider Information

- 1) How many Optometrist (O.D.)/Ophthalmologist (M.D.) office locations do you have in California (count each office only once, no matter how many O.D.s/M.D.s are in that office)? Exclude optician locations. Please provide the number of locations by county.
- 2) How many O.D.s do you have in California (count each only once) and how many M.D.s (counting each only once)? Please provide the number of O.D.s and M.D.s by county.
- 3) Do all of your provider locations offer both eye exams and dispense eyewear at the same location? If not, how many of your locations offer only exams OR dispensing (not both at the same location)? Please provide number by county.
- 4) Is your doctor credentialing program certified by NCQA? If so, please provide a copy of the credentialing certificate. If not, are you using another credentialing program? If so, please provide information on this credentialing program.

5) What was the doctor retention rate for your entire network for 2015 and 2016?

Benefit Plan Design

- 1) Please provide Benefit Plan Designs for the plan(s) that you would like to offer through this program. Please note any differences from “non-Exchange” plans which you are currently offering, if applicable.
- 2) Please check the boxes below to indicate which of these components are included at no additional charge in the standard comprehensive eye exam given by your network doctors:
 - Case history
 - External exam using a biomicroscope
 - Internal exam including direct/or indirect ophthalmoscopy
 - Neurological integrity assessment
 - Refraction
 - Binocular function assessment
 - Tonometry (glaucoma test)
 - Dilation (if appropriate)
 - Diagnosis and treatment plan
- 3) Describe specific disease management or wellness programs offered by your vision company, beyond simply noting the value of annual eye exams. Include in your description how long you have been administering these programs and the impact they have had for your covered members.
- 4) For what percent of your covered members who receive services do you collect client-specific medical condition data?
- 5) If applicable, how has your sharing of medical condition data contributed to positive outcomes or cost savings?
- 6) What types of services are available for diabetic members as part of your proposed plan(s)?

Customer Service

- 1) Do you use any third party organizations to objectively measure the quality of your call center? If yes, what was the latest result? If no, how do you measure quality and what was the latest result?

2) How many customer service employees do you have? How do you handle unexpected call volumes?

3) How many of your customer service representatives have been certified by an independent third party organization? Explain the criteria used for certification.

4) Describe the training provided to your customer service representatives.

5) Please check the boxes below to indicate which of these services are provided by your vision company:

- Toll-free telephone number
- E-mail
- Live customer service representatives who are employees of your vision company available from 8am – 6pm (or longer) Monday through Friday
- Live customer service reps who are employees of your vision company available on Saturdays
- Automated Interactive Voice Response (IVR) system available 24/7
- Assistance for hearing-impaired
- Translation services for non-English languages
- Live chat

6) Please check the boxes below to indicate the services provided by your automated IVR system:

- Provider locations
- Check eligibility
- Plan coverage
- How to use the plan
- Past service claim history

7) Please check the boxes below to indicate which capabilities are available on your web site:

- Provider locator with maps (please include screen shot with providers in our area)
- Provider information (languages spoken, special services, etc.)
- Link to provider's web site (if applicable)
- Access to past service claim history
- In-network savings information
- Wellness and educational information
- Link to contact customer service
- Other language versions of the Web site
- Live chat

8) Provide your company performance standards and the most recent results for the customer service areas noted below:

- Call abandonment rate (%)
- Call average speed of answer (in seconds)
- Call resolution (same day response %)
- Complaint acknowledgement within 5 days (%)
- Complaint resolution within 30 days (%)
- Average response to email inquiries (in days)

9) Does your vision company conduct member satisfaction surveys? If so, describe your measurement scale and latest results. Please also include a sample survey.

Account Service

1) Provide the names, locations, and years of experience with your company for each of the team members that will work with Covered California.

2) Please check the boxes below to indicate which of these member communication materials you will provide at no additional cost:

- Plan benefit summaries
- Instructions for how to use the plan
- Customized web site to support enrollment
- Wellness information or newsletters
- Information we can incorporate into our employee communications
- Information about laser vision correction
- Identification cards
- Other _____

3) Please check the boxes below to indicate the capabilities available on your web site for covered members:

- View and print doctor directory information
- Plan benefit/coverage information
- Tools to manage eligibility
- Access to reports
- Wellness and educational information
- Link to contact account team members

Claims

- 1) How many claims has your vision company processed in the last calendar year?
- 2) What percentage of your claims were automatically adjudicated in the last calendar year?
- 3) Describe your claim audit process and frequency of audits.
- 4) Provide your company performance standards and most the recent results for the following claim processing areas:
 - Financial Accuracy (%)
 - Processing Accuracy (%)
 - In-network claims processed within 5 business days (%)
 - Out-of-network claims processed within 5 business days (%)
 - Out-of-network claims processed within 15 business days (%)

Security

- 1) Provide a brief overview of your disaster recovery plan, including how often the plan is tested offsite.
- 2) Describe the security measures in place to protect sensitive data, systems, and equipment.
- 3) Do you require system access passwords to be "strong passwords" (contain a minimum of 8 characters and 3 out of the 4 following elements: uppercase letters, lowercase letters, numbers and special characters)?
- 4) Do you have regular SAS 70 audits conducted? If yes, please describe the latest results. If no, explain why not.