vsp vision care

IMPORTANT NOTICE

To All California-Based Subscribers and Enrollees

Members of vision service plans are entitled to receive annual notification of their vision service plans' complaint process and timely access to care. As a result, the enclosed notice contains information regarding VSP's complaint system, access to care and the methods by which VSP members can communicate their comments to VSP.

At VSP, we're dedicated to continually providing exceptional service to our members. By listening to the needs of our customers—whether they have complaints or compliments—VSP can deliver the kind of personalized care and service we'd expect for ourselves.

VSP does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

You may file a discrimination complaint with the United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex.

Mail to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Email to: OCRComplaint@hhs.gov

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Grievance Process

If a VSP member has a complaint/grievance regarding VSP and/or a VSP network provider, you may immediately call VSP Member Services at **800.877.7195,** Monday through Saturday, 6:00 a.m. to 5:00 p.m. (Pacific Time). If a complaint is called in and not satisfactorily resolved within five (5) calendar days, you will receive a written acknowledgment letter and a written resolution letter within thirty (30) calendar days after receipt.

For written complaints, you may log on to **vsp.com** and complete the Member Grievance/Complaint Form and send it to: VSP Complaints and Grievances, P.O. Box 2350, Sacramento, CA 95741. VSP will respond by mail to acknowledge receipt and/or provide the status of the complaint within five (5) business days. VSP will resolve your complaint within thirty (30) calendar days from the date of receipt and keep a copy of your complaint and the response on file for seven (7) years.

If the thirty (30) calendar day standard appeal process seriously threatens a covered person's health or ability to function, the covered person can request an expedited, 24-hour, review of the complaint.

In accordance with State and Federal regulations, VSP will not discriminate against a member on the basis of filing a complaint or grievance.

Language assistance services are available. Call **800.877.7195** if you need assistance reading this letter, would like this letter written in your language, or need your cultural and/or linguistic needs met.

Auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, are available free of charge when those aids and services are necessary to ensure equal opportunity to participate for individuals with disabilities. Call **800.877.7195 (TTY: 800.428.4833).**

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Timely Access to Care

As a VSP member, you have the right to receive care and services in a timely manner.

Appointment Type	Timeframe
Routine Eye Exam	Within 15 business days
Non-Urgent Medical	Within 10 business days
Urgent Care	If call is received during office hours, and the doctor determines the need of the member to be urgent, member should be seen within 48 hours

Telephone Wait Times

- If you call your plan's customer service phone number, someone should answer the phone within 25 seconds during normal business hours.

Exceptions

- The purpose of the timely access law is to make sure you get the care you need. Sometimes you need appointment even sooner than the law requires. In this case, your doctor can request that the appointment be sooner.
- Sometimes waiting longer for care is not a problem. Your provider may give you a longer wait time if it would not be harmful to your health. It must be noted in your records that a longer wait time will not be harmful to your health.
- If you cannot get a timely appointment in your area because there are not enough providers, your health plan must help you get an appointment with an appropriate provider.

Language Interpreter Services

Covered Persons have the right to receive language interpreter services. When scheduling an appointment, they can tell the provider's office that they need an interpreter at the time of their visit.

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Notice from the Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan toll-free at **800.877.7195** and use your health plan's grievance process before contacting the department.

Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan or a grievance that has remained unresolved for more than thirty (30) days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired.

The department's Internet Web site, dmhc.ca.gov, has complaint forms, IMR application forms and instructions online.