

CIGNA DENTAL WRITTEN ACCESS PLAN

I. Introduction

Cigna Health and Life Insurance Company, on behalf of itself and its affiliates, Connecticut General Life Insurance Company and Cigna Dental Health, Inc. and its operating subsidiaries (“Cigna Dental”), hereby establishes a written Access Plan for its preferred provider network servicing its customers (in Texas its Cigna Choice customers) (“Network”). The Access Plan contains information regarding the accessibility and availability of the Cigna Dental network of participating Health Care Professional, as well as information on the quality of type of services available to Cigna Dental plan customers. Except for any information specified as confidential, information contained in this Access Plan shall be available for inspection at Cigna Dental’s administrative offices located in Sunrise, Florida, and shall be made available to any interested party upon request. This Access Plan is also available online at <https://www.cigna.com/individuals-families/plans-services/state-policy-disclosures> Health Plan Exclusions and Limitations & State Specific Information and Access Plan. For more information, please contact the Cigna Dental Quality Compliance Manager, George Mendonca, at 559-738-2130 or write to: 5300 W. Tulare Ave. Visalia CA 93277 c/o George Mendonca.

II. Standards for network composition:

A. Primary Care Providers

Through its Network Management Department and Quality Management programs, Cigna Dental maintains and monitors its provider networks to ensure that customers have access to a sufficient number of independent licensed Network General Dentists in their area. Cigna Dental's national standard with respect to customer accessibility to Network General Dentists is 2 participating dentists within 10 miles of each zip code. This standard may be modified based on state or local geographic conditions, such as dentist and consumer population in the area. The target of general dentists within the MSA may be geographically distributed differently depending upon the density of population. As a standard, we would target offices within 5 miles in urban areas, 15 miles in suburban areas, and 25 miles in rural areas.

The network is monitored on a regular basis to determine if additional dental offices are needed. Cigna Dental also monitors the network through customer satisfaction surveys, evaluation of complaint and grievance data, and through the company’s Quality Management Program activities.

In addition, Cigna Dental's national standard with respect to appointment wait time for initial and routine dental care services is four (4) weeks (with certain state exceptions). Network General Dentists are contractually required to provide dental services to Cigna Dental customers on the same basis as they do their other patients, regardless of customers' dental health. Cigna Dental surveys each dental office on an annual basis (with certain state exceptions) to assess average appointment wait times for both initial and hygiene appointments.

An emergency is a dental condition of recent onset and severity that would lead a customer to believe that his or her condition requires immediate dental treatment necessary to control excessive bleeding, severe pain or eliminate acute infection. Participating dentists are contractually obligated to schedule emergency appointments within 24 hours and are required to provide after-hours emergency access.

Teledentistry

Benefits for covered dental services provided via teledentistry will be determined in similar fashion to benefits for covered services delivered in a traditional office setting. Cigna requires use of appropriate teledentistry procedure codes (D9995 or D9996) by the dentist who oversees the encounter, in accordance with any applicable state laws, regulations, and / or licensure requirements, including direct and / or indirect supervision requirements.

Corrective Actions:

- Network Management shall establish network expansion targets to ensure adequate appointment availability.
- Cigna Dental shall exercise contract termination provisions in extreme situations such as appointment discrimination or prolonged failure to comply with corrective action efforts.

B. Specialty Care Providers

Cigna Dental contracts with independent dental specialists to ensure that customers have adequate access to specialty care. Contracted specialists include oral surgeons, orthodontists, periodontists, pediatric dentists, and endodontists.

Customers are not required to obtain a referral in order to receive specialty care however customers are free to discuss treatment options with their Network General Dentist.

The specialist network is monitored on a regular basis to determine if additional specialist offices are needed. In addition, Cigna Dental monitors the network through customer satisfaction surveys, evaluation of complaint and grievance data and through the company's Quality Management Program.

C. Network Adequacy Issue

If a network adequacy issue exists, Cigna Dental will provide benefits for the customer to receive covered services at the office of a non-network general or specialist dentist at no additional charge to the customer.

The customer may call customer service for prior approval for in-network benefits at a non-contracted dentist. If a network adequacy issue is confirmed, the approval will be documented in the call tracking system and the claim will be adjusted to reflect in-network benefits post payment. Cigna Dental standard utilization review will apply in making coverage determinations.

Network adequacy issues for DPPO customers can also be resolved after the out of network claim has been processed. The adjustment will be made once the customer has notified Cigna Dental of the network adequacy issue and it has been confirmed.

The claim will be adjusted to ensure that the customer's in-network benefit level is applied to all covered services. The customer's portion of the coinsurance will be based off of the Maximum Reimbursable Charge (MRC) for the area to ensure that their out of pocket will be no more than if they had been treated by an in-network dentist. Cigna Dental will then pay the difference between the dentist's submitted charges and the customer's calculated coinsurance for all covered services. Cigna Dental standard utilization review will apply in making coverage determinations.

III. Specialty Referral policy:

Cigna Dental contracts with Network General Dentists who are licensed in the state to provide a comprehensive range of dental services. Network Specialists are indicated when the procedures necessary for treatment are beyond the range of clinical skills of the network general dentist and require the skills of a network specialist. We have contracted with endodontists, periodontists, oral surgeons, pediatric dentists and orthodontists to provide necessary specialty services to customers at negotiated fees.

For this Cigna Dental Network, no referral is necessary to see a Network Specialist

A. Comprehensive Listing of Participating Providers

Cigna Dental ensures that plan customers have instant access to an updated list of participating Network General Dentists and Network Specialists in a variety of ways.

1. List of Participating Providers

Every Cigna Dental customer has access to a Cigna Dental Network Directory ("Dental Directory") through Cigna Dental's website, www.cigna.com or www.mycigna.com. The online Dental Directory is updated weekly. Customers may search by location, dentist name and/or language(s) spoken. In addition, the customer can receive a Cigna Dental Network Directory ("Dental Directory") upon request.

2. Dental Office Locator Service

Cigna Dental provides 24 hour, toll-free access to its Dental Office Locator Service. This telephone service allows customers to identify participating dentists in their area simply by entering a zip code. Customers then have the option of listening to the list of participating dentists in their area or requesting a printed list via facsimile.

3. Customer Services

Customers may contact Cigna Dental Customer Services at 1-800-Cigna24 to request an updated Dental Directory or to obtain further information on their Cigna Dental benefits.

B. Restricted Referral Options

No referral is required to see a Network Specialist.

C. Timely Referrals for Access to Specialty Care

No referral is required to see a Network Specialist.

D. Expedited Referrals Process

No referral is required to see a Network Specialist.

E. Retrospective Denial of Specialty Referrals

No referral is required to see a Network Specialist

IV. Ongoing monitoring:

Cigna Dental has established an extensive Quality Management Program to help ensure that the dental care needs of Cigna Dental customers are consistently and sufficiently met. One of the primary focuses of the Quality Management Program is to monitor the accessibility and availability of the provider network on a regular basis. Specific activities and monitoring tools are outlined in the Cigna Dental Quality Management Program.

V. Needs of special populations:

Cigna Dental has developed various communications and services that are designed to address the special needs of covered persons with limited English proficiency or literacy, diverse cultural and ethnic backgrounds, and with physical or mental disabilities. The following describes Cigna Dental's efforts:

A. Telephone Calls

Cigna Dental's Customer Services and Claims Departments staff includes bilingual representatives that are fluent in various languages. In addition, Cigna Dental has access to the AT&T language line, which provides third party interpreters who speak additional languages.

B. Marketing and Advertising Materials

The Cigna Dental Marketing Department provides enrollment forms, provider directories, benefit summaries, customer handbooks, customer newsletters, and various other marketing and advertising materials. Some of these materials are available in Spanish and other languages as appropriate or required. Customers have the ability to view the myCigna.com website in Spanish.

C. Customers with Physical Disabilities

For the hearing impaired, the Cigna Dental Certificate of Coverage contains information regarding the availability of local TTY relay service for assistance in contacting Cigna Dental Customer Services. Additionally, Network General Dentists are contractually obligated to observe, protect and promote the rights of plan customers as patients. Network General Dentist offices are required to be handicap accessible. Discrimination in the treatment of any plan customer because of disability, race, color, national origin, sexual orientation, etc. is contractually prohibited.

VI. Health needs assessment:

Resources from professional organizations, dental professionals both inside and outside the company, and clinical researchers, including educators and practicing dentists, are continuously consulted in developing and updating Cigna Dental policies and procedures.

Professional organizations commonly used by Cigna Dental include:

- American Dental Association
- American Academy of Periodontology
- American Association of Oral and Maxillofacial Surgeons
- American Association of Endodontists
- American Association of Orthodontists
- American Academy of Pediatric Dentistry
- Academy of Osseointegration
- Academy of General Dentistry

Our continuous research relies on individual involvement with specific professionals in each field of dentistry, as well as reading and utilizing published position papers and long-term, scientifically based clinical research reports.

Cigna Dental meets regularly with the leadership of organized dentistry and is a visible presence at the annual meetings of numerous dental specialty groups. We have an established working relationship with each of these specialty organizations and are continuously improving our abilities to achieve a complete understanding of all new treatment protocols. These same organizations also have access to Cigna Dental staff to arbitrate areas of misunderstanding within the claim benefit process.

Claim data is used in the evaluation of utilization trends and patterns. Under the direction of the Dental Director, this data is routinely analyzed and presented to the Quality Management Committee. The committee considers this data, along with other relative information, in creating appropriate action plans to improve the clinical needs of plan customers. The Quality Management Committee meets at least quarterly.

VII. Communication with customers:

A. Grievance Procedures

Cigna Dental's grievance and appeals process is compliant with State and Federal law and is outlined in the customer Certificate of Coverage.

B. Extent to which Specialty Services are Available

Cigna Dental offers a variety of dental benefit plans from which clients may choose. The extent to which specialty services are covered depends upon the type of dental benefit plan chosen. Specialty care is outlined in full detail in the customer Certificate of Coverage.

C. Process for Choosing and Changing Providers

Dentists are not assigned and customers are able to visit any Dentist in the Dental Network without the need for a referral.

D. Process for Providing and Approving Emergency Care

Cigna Dental's process for providing and approving emergency care is outlined in the customer's Certificate of Coverage. Members may seek care from any dentist and no prior authorization is required for obtaining emergency services.

All Dentists' contracts require 24 hour telephone access and the scheduling of emergency appointments within 24 hours. Callers who contact Cigna Dental are instructed to seek assistance from any licensed dentist.

VIII. Coordination activities:

The Cigna Dental Standard Extension of Benefits Provision provides benefits for multiple appointment procedures when a patient's coverage terminates. Specific services that fall under the Extension of Benefits Provision are: inlays, onlays, crown and bridgework, full and partial dentures, and root canal therapy. These services are rendered in two stages. If the services were started prior to termination and rendered with the 90 days the service would be paid

IX. Continuity of care:

A. Provider Contract Termination

Cigna Dental Network General Dentists and Network Specialists are contractually obligated to complete procedures in progress in the event of contract termination, for a period not to exceed 90 days. These provisions are outlined in both the Network General Dentist and Network Specialist Agreements.

Cigna Dental will make a good faith effort to provide written notice of termination of a

discontinued provider within fifteen (15) working days, or otherwise as soon as practicable, of receipt or issuance of such termination to all enrollees that are seen on a regular basis (within the past 12 months) by the provider or that receive primary care from the provider whose contract is being discontinued.

As Dentists are not assigned, customers are encouraged to check the status of a Dentist before receiving care.

B. Plan Insolvency or Other Inability to Continue Operations

Cigna Dental is a well-established, national provider of life and health insurance products. In the unlikely event that Cigna Dental should ever become insolvent or otherwise be unable to continue operations, it would ensure, through its affiliates, that policy holders and customers received uninterrupted dental benefit coverage through the end of the policy holder's contract period, until such time as Cigna Dental could restore its financial condition. Cigna Dental would ensure that groups and customers received advanced written notice of any anticipated change to Cigna Dental's business operations.

The provider contracts include limitations on billing participants. As required by Colorado law, every contract between Cigna and a participating provider sets forth that the 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.

X. Quality Assurance Standards

As outlined above, Cigna Dental has established an extensive Quality Management Program to allow Cigna Dental to identify, evaluate and remedy potential problems relating to access, continuity and quality of care.

XI. Methods for Tracking and Assessing Clinical Outcomes from Network Services

Cigna Dental utilizes a variety of methods to track and assess clinical outcomes from network services. Cigna Dental's Quality Management Program contains additional information on the methods used to track and assess the clinical outcomes of network services.

XII. Methods for Evaluating Consumer Satisfaction with Services Provided

Customer satisfaction is assessed through evaluation of customer surveys, and customer complaint and grievance information. Customer satisfaction surveys are regularly

conducted in order to measure Cigna Dental's performance and to assess customer satisfaction with plan services. Customer complaint and grievance information is trended to identify potential opportunities for improvement. The results are assessed, and action plans are developed for those areas where opportunities for improvement have been identified.

The Cigna Dental Quality Management Program

Dental Quality Management

The Quality Commitment

The Quality Management Program was developed to reinforce our commitment to excellence and our continuous drive to improve all phases of our business. The Quality Management Program is a set of principles and actions that facilitate the delivery of superior dental care to our clients and customers, while also providing an environment that supports high standards of performance for Cigna Dental employees.

The quality of care and services is a key component in the satisfaction of our customers. Through our Quality Management Program, we select dentists who not only meet our credentialing criteria, but also agree to comply with the program’s guidelines which outline activities designed to improve the quality of care and services provided by our dental networks. They understand our compensation schedules and treat our customers with the same care as their fee for service patients. The Quality Management Program includes standards that encompass all quality management activities to ensure that our customers are in good hands.

The following pages detail our Quality Management Program:

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Quality Management Program Activities

Critical elements of the Quality Management Program include:

- initial credentialing
- recredentialing
- dentist accessibility monitoring
- health promotion and preventive care
- network dentist performance monitoring
- quality measurement focus studies
- grievance review
- customer and dentist satisfaction surveys
- administrative standards for accuracy and response
- reporting results and implementing corrective actions
- onsite assessments of dental facilities as needed
- review of patient records for appropriateness as needed
- educational feedback to offices by Professional Relations staff and Dental Directors

The standards and processes described in the following pages represent Cigna Dental's National Quality Management Program; there are some states that require state-specific variations.

All Cigna Dental network dentists are required to adhere to our Quality Management Program. This helps to ensure that our customers benefit by receiving quality dental care, improved oral health and ultimate satisfaction from their dental plan.

Program Objectives

The objectives and supporting actions of the Quality Management Program are:

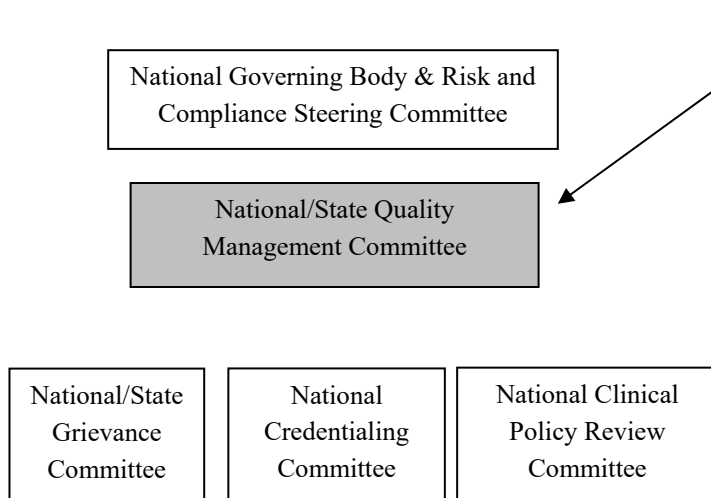
Objectives	How we get there
Promote and maintain quality networks.	<p>Facilitate the delivery of quality care and service through our credentialing, recredentialing, onsite office assessments and patient records review, performance monitoring and other quality management activities.</p> <p>Educate our dentists and customers to support these efforts.</p>
Provide effective guidance, monitoring and evaluation of patient care to cost-effectively improve customers' oral health.	<p>Distribute the <i>Cigna Dental DHMO Dental Office Reference Guide</i> and <i>Cigna Dental PPO Dental Office Reference Guide</i> to network dentists, and update these Reference Guides on a regular basis. Maintain on-going communications with network dental offices via Cigna Dental's locally deployed professional relations staff.</p> <p>Monitor key indicators of quality:</p> <ul style="list-style-type: none"> -network accessibility and availability -customer call activity and content -customer satisfaction and grievances -utilization of procedures -onsite office assessment (DHMO General Dentist Offices only) - appropriate patient records and care (DHMO General Dentist Offices only)
Identify opportunities for improvement, and take appropriate steps to implement actions.	Perform annual assessment of Quality Management Program activities, as well as the associated results and trends. Identify barriers to achieving our goals, and develop actions to improve results.
Maintain compliance with local, state and federal regulatory requirements and standards.	Successful implementation of our Quality Management Program.

Organizational Structure



The National Governing Body & Risk and Compliance Steering Committee is responsible for overall direction and management of the Quality Management Program. It establishes the standards by which the quality of care and services are measured, and appoints national quality management committees to implement the program on a national level. These committees are responsible for daily operation and report directly to the Governing Body & Risk and Compliance Steering Committee.

The Governing Body & Risk and Compliance Steering Committee meets at least quarterly. Members include the Cigna Dental President & CEO (Chair) and National Dental Director, as well as representatives from all business areas: Sales and Marketing, Operations and Technology, Human Resources, Professional Relations, Finance and Legal.



National/State Quality Management Committees are responsible for:

- Developing annual evaluations/work plans
- Preparing quarterly reports of national/state activities
- Monitoring the delivery of quality dental care, access, availability and continuity of care
- Providing feedback to the National Governing Body & Risk and Compliance Steering Committee regarding the Quality Management Program activities, and making recommendations for improvement through the development of appropriate action plans and follow through.

The national/state quality management committees meet at least quarterly. Members include the National Dental Director (Chair), Dental Directors, Call and Claim Operation leads, Grievance and Appeals Lead, Quality Compliance Manager, Professional Relations Representative, Compliance Representative, Sales, Credentialing



The National/State Quality management committees utilize subcommittees to assist in grievance resolution, credentialing, and clinical policy decisions. They provide regular reports to the National/State Quality Management Committee. Their functions are outlined below:

National/State Grievance Subcommittees	National Credentialing Subcommittees	National Clinical Policy Review Subcommittee
<ol style="list-style-type: none"> 1) Oversee appeals process. 2) Develop quarterly evaluations and submit to the National/State Quality Management Committee. 3) Facilitate the review of activities such as: <ol style="list-style-type: none"> a) The investigation and evaluation of quality care, professional conduct and improper billing practices of network dentists b) The review of quality and service issues that may affect the network, and recommendations for improvement. 	<ol style="list-style-type: none"> 1) Implement credentialing standards and criteria. 2) Review credentials for acceptance into the network. 3) Review credentials of network dentists for continued participation. 4) Evaluate the credentialing/recredentialing process and makes recommendations for improvement. 5) Ensure that credentialing processes comply with regulatory requirements. 	<ol style="list-style-type: none"> 1) Analyze, monitor and evaluate utilization management metrics, clinical policies and payment criteria and make recommendations for improvement such as changes to clinical policies and payment criteria. 2) Review recommendations regarding recognized Preventive and Clinical Care Guidelines 3) Quality/Clinical initiatives, including focus studies, scorecard studies and other dentist profiling activities 4) Evaluate effectiveness of current policies and programs
<p>The National/State Grievance Subcommittees meet quarterly. Members include: Dental Directors (Chair) Quality Compliance Manager Grievance & Appeal Representative Professional Relations Representative Compliance Representative</p>	<p>The National Credentialing Subcommittees meet at least on a quarterly basis. Members include: Dental Directors (Chair) Dental Consultant Two External Licensed Dentists Professional Relations Representative</p>	<p>The National Clinical Policy Review Subcommittees meet at least on a quarterly basis. Members include: Dental Directors Dental Consultants Quality Compliance Manager Claim Operations Representative Professional Relations Representative</p>

Program Description

The following activities are integral parts of the Quality Management Program:

Initial Credentialing

Credentialing for prospective dentists is performed according to the highest national standards. The following credentials and qualifications are required for participation in our networks.

Credentialing requirements	Primary and/or secondary source verified through:
State license	State Board of Examiners
Graduation from accredited dental school	State Board of Examiners or primary source
Specialty training verification (if applicable)	State Board of Examiners, Verification of education from institution, or applicable specialty certifying Board
Professional liability insurance	Attestation and policy details obtained
Application and Contract	Both must be signed by the dentist
Malpractice and sanction history	National Practitioner Data Bank and dentist narratives

In addition to the above requirements, Cigna Dental has the following expectations. Exceptions require written authorization from the Dental Director.

Requirements	Checked
At least one dentist, with one auxiliary staff member.	✓
A recall system for ongoing appointments.	✓
An emergency system including 24-hour telephone service.	✓
Emergency treatment within 24 hours.	✓
Available appointment times (initial exam within four weeks).	✓
Performance of the following procedures:	✓
Restorative: amalgam and/or composite restorations	
Endodontics: anterior, bicuspid and molar root canal	
Periodontics: scaling and root planing	
Oral surgery: surgical removal of erupted tooth	
Pediatric dentistry: routine care for children	
All preventive procedures	
Convenient office hours (at least 24 hours a week).	✓
Current CPR certification.	✓
Satisfactory compliance with Cigna Dental patient record keeping guidelines.	✓
Handicap accessibility.	✓
Submission of complete encounter data (DHMO) and acceptance of assignment (PPO).	✓
Ability to accept and treat patients in accordance with the Americans with Disabilities	✓

A dentist who does not meet Quality Management Program standards will not be activated.

Recredentialing

We recredential our dentists at least every three years. Recredentialing includes verification of the credentials described above, as well as review of grievance tracking and facility and patient records assessments. If all of the credentials are current, and there are no unfavorable findings, the recredentialing process is complete.

If there are unfavorable responses, the Dental Directors review the information and make recommendations to the credentialing committee for approval or disapproval of continued participation in our network. If we terminate participation based primarily upon quality of care issues, the findings are reviewed for appropriate regulatory agency reporting as required by state and federal law. Failure of the network dentist to follow all Quality Management Program procedures, including the submission of requested credentials, may be grounds for termination from the network.

Dentist Accessibility Monitoring

We conduct ongoing dentist accessibility monitoring, through periodic dental office phone calls, wait time monitoring, customer satisfaction surveys, review of grievance data, and geographic access analyses.

Health Promotion and Preventive Care

In keeping with our philosophy that preventive care is the key to good dental health, most of our plans provide preventive services with no patient charge, eliminating the barrier to good oral hygiene.

Prevention is a way to achieve optimum oral health, as well as reduce the cost of dental care for both the patient and the dentist. According to the Institute of Medicine, \$1 spent on prevention saves \$4 in the long run. We promote preventive services through employee communications and employer health fairs. The Cigna Dental Internet site offers customers a wealth of educational and preventive facts and tips, as well as other important information about Cigna Dental.

DHMO Network Dentist Performance Monitoring

Our performance monitoring program is an ongoing process of analysis and other focused activities to effect continuous quality improvement in the care and services rendered by our network dentists. The performance measurement tools used in this process include: dentist profile reports, specialty referral patterns, grievance activity and patterns, utilization patterns, customer satisfaction measures, and facility and patient record reviews.

Cigna Dental uses a database program to monitor and evaluate each dental office on the number and type of services rendered as compared to norms for the network. Specific service categories include diagnostic, restorative, crown and bridge, endodontics, periodontics, prosthodontics, and oral surgery.

DHMO General Dentist Process

1. Encounter data is submitted and stored in the Cigna Dental information system within 90 days of the date services are rendered.
2. A statistical report is generated on a monthly basis for each network dental office. The report contains the following data:
 - Overall plan utilization – the percentage of customers using the plan.
 - Chair hour analysis – includes the total chair hours used, the average per customer and percentage used by procedure.
 - Dental procedure analysis – includes number of procedures and specialty referrals per customer (endodontics, periodontics and oral surgery).
 - Average emergency referral expense.
 - Statistical outliers based on utilization rates for specialty services (endodontics, periodontics, oral surgery).
 - Number of grievances per customers.

The Dentist Scorecard includes the following metrics: Usage Score, Diagnostic-Preventive Score, Rapport Score, Complaint Activity Score, Access Score, and Audit Score. The objective of the Dentist Scorecard is to identify dentists in our network that have low quality scores in one or more of these measures and who were not identified through other components of Cigna Dental’s Quality Management Program. Once identified, the dentists are counseled by Professional Relations staff or Dental Directors with corrective action plans to improve scores.

CIGNA DENTAL PROVIDER SCORECARD						
D #:						State: TX
OFFICE SCORECARD						
Score	iv score	Rapport Score	Complaint Actvty Score	Access Score	Audit Score	Aggregate Score:
9	8	10	10	5	10	8.667
STATE SCORECARD						
Usage Score	Diag-Prev Score	Rapport Score	Complaint Actvty Score	Access Score	Audit Score	Aggregate Score:
5.957	7.65	9.67	9.70	9.37	9.138	8.582
NATIONAL SCORECARD						
Usage Score	Diag-Prev Score	Rapport Score	Complaint Actvty Score	Access Score	Audit Score	Aggregate Score:
6.455	7.57	9.77	9.59	9.67	9.202	8.711

PPO Network Dentist Process

1. Claim data is submitted and stored in the Cigna Dental information system.
2. General dentist and specialist treatment profiles are generated as needed.

DHMO Corrective action activities may include:

- Submission of a written corrective action plan with focused and measurable results.
- On-site education with feedback from the Dental Director or Network Management.
- Facility review and/or patient records review.
- Focused claim review.
- Referral to the national/state credentialing subcommittee for termination consideration.

Treatment profiles include fees per patient, total procedures per patient, and incidence of targeted procedures as a percentage of other procedures, e.g., the number of crown buildups as compared to the number of total crown procedures. Each dentist's profile is then compared to the MSA, state and national averages. Based on the Dental Director's evaluation of these results, counseling or corrective action may be initiated.

Quality Measurement Focus Studies

Quality measurement focus studies are designed to monitor and evaluate the quality and appropriateness of services.

The National Governing Body & Risk and Compliance Steering Committee approves the topics for these special studies, which are then conducted under the direction of the National/State Quality Management Committee.

Some of our quality studies to date have included:

- A study to ensure that our offices understand and adhere to our guidelines regarding patient charges.
- A study to address customer inquiries and grievances regarding the need for periodontal services compared to routine preventive dental prophylaxes.
- A survey of dental offices to assess the effectiveness of their recall systems, thus ensuring that every office has a process to assist in the maintenance of our customers' oral health.
- A study to periodically call every general dentist on the DHMO plan to track actual wait times, followed by educating the dental offices to ensure the wait times are within our standards.
- A study to improve the quality of X-rays performed by network dentists.
- A study to improve the accessibility of emergency services provided by our network offices.

- A study to ensure reasonable and appropriate customer access to care.

Complaint Review

The objective of the grievance review process is to identify and resolve customer concerns quickly and efficiently, and to identify corrective actions for improvement in the delivery of service.

Tracking Process

All grievances are tracked, trended and reviewed periodically. DHMO grievances related to quality of care are referred to the Dental Directors for review. The Professional Relations staff is contacted for follow-up as needed. All follow-up is documented in our systems.

Resolution Process

Depending on the issue, the Dental Directors may request additional information or other actions such as, an on-site office review or referral to the credentialing committee for consideration of termination of the network dentist agreement. Dentist counseling from the Professional Relations staff, and/or the Dental Directors takes place as necessary.

Customer Satisfaction

Customer satisfaction is assessed through evaluation of customer surveys and customer grievance information. Customer satisfaction surveys are conducted by Convergys and are designed to measure how our customers feel about the Cigna Dental plan. We measure:

- attitude of the office staff
- communication of charges to customers
- management of patient discomfort
- office environment
- perception of treatment outcome
- wait time

The customer satisfaction data is then analyzed and corrective action plans are developed to ensure that the quality of care and services is improved. Overall customer satisfaction results are also summarized and reviewed by the quality management committees and National Governing Body & Risk and Compliance Steering Committee each quarter to identify initiatives to address opportunities for improvement.

Dentist Satisfaction

Cigna Dental periodically assesses dentist satisfaction. This assessment may include dentist focus groups, dentist surveys or other dentist forums. Results of the satisfaction assessment are reviewed by Cigna Dental to identify areas for improvement and subsequent action plans.

Administrative Services

We provide consumers, employers and dentists with cost-effective, caring and responsive claim and inquiry services for all products through one consistent national service delivery model.

The service model includes consistent service standards and the use of several strategically placed claim and inquiry centers. Our focus is to recruit the best people for these centers, train and cross-train them comprehensively for both claim and inquiry activities, monitor their quality and motivate them to perform. Our claim transaction systems are designed with industry leading auto adjudication logic that is coupled with multi-level claim reviews to ensure fast and accurate processing while achieving savings through our utilization management programs. Our service model is further enhanced by investments in new technology such as state-of-the-art systems and integrated call tracking tools.

Reporting results and implementing corrective action

The National/State Quality Management Committees report the results of Quality Management Program activities biannually to the National Governing Body & Risk and Compliance Steering Committee:

- Status of Performance Monitoring activities including the Scorecard and yearly Focus Study.
- Status of credentialing and recredentialing efforts with associated action plans/status of follow-up to correct deficiencies identified.
- Network availability including percentage of open offices, percentage of customers with two general dentists within ten miles and network turnover rate. This helps us identify and target network growth opportunities.
- Administrative results such as telephone response and call abandonment rate. This helps us identify staffing needs in the Customer Service centers.
- Customer satisfaction survey results.

Measuring Results

To evaluate the effectiveness of the Quality Management Program, an annual evaluation is conducted. The evaluation includes all aspects of the program, with an emphasis on determining whether there have been demonstrated improvements in the quality of care and services provided to our customers. The annual evaluation includes:

- An assessment of whether the year's goals and objectives were met.
- A summary of the quality improvement activities, and the impact those activities had on improving the quality of care and services.
- Identification of barriers to achieving our goals.
- Recommendations for improvement as a result of the evaluation.

The results of the evaluation are reviewed by the National/State Quality Management Committees and National Governing Body & Risk and Compliance Steering Committee, and are used to develop the action plan for the following year. The action plan includes quality management activities to be completed during the respective year to continually improve the quality of care and services.