

**CIGNA DENTAL HEALTH OF COLORADO, INC.
WRITTEN ACCESS PLAN**

I. Introduction

In compliance with the Colorado Consumer Protection Standards Act for the Operation of Managed Care Plans, §10-16-704 C.R.S., the following information constitutes the Cigna Dental Health of Colorado, Inc. ("Cigna Dental") Written Access Plan. The Written Access Plan contains information regarding the accessibility and availability of the Cigna Dental network of participating providers, as well as information on the quality and type of services available to Cigna Dental plan customers. Other than information specified as confidential pursuant to §24-72-204(3), C.R.S., information contained in this Written Access Plan shall be available for inspection at Cigna Dental's administrative offices 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/product-disclosures/> under State-Specific Notices and Disclosures and Colorado. 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. 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 dental offices 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. In addition, Cigna Dental has an established emergency benefit provision. Cigna Dental will reimburse the difference between the fee for emergency palliative covered services including diagnosis, relief of pain, and/or to eliminate acute infection and the applicable patient charge, up to a total of \$50.00 per incident. Our Standard Operating Procedure for emergency benefits outlines the requirements and the procedures to ensure customers receive emergency care when the general dentist office is not available.

In the event a customer does not have access to a Network General Dentist, or if the customer is unable to obtain an initial or routine appointment within a reasonable period of time, Cigna Dental will authorize fee-for-service benefits from a non-participating dentist. This allows a customer to receive covered benefits from an out-of-network dentist at no additional charge to the customer.

Corrective Actions:

- Cigna Dental shall reserve the right to close a dental practice (in non-market related situations) to new enrollment when appointment availability for all three types of appointments (new patient, hygiene, and restorative) is beyond Cigna Dental's standards and/or when there is no remedy to established action plans to bring the dental office into compliance.
- 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.

III. 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. In addition, the state of Colorado allows contractual agreements with alternative providers including denturists and hygienists. The

Network General Dentist, in accordance with Cigna Dental policies and procedures, may refer a customer directly to a Network Specialist for necessary specialty care. Cigna Dental customers can access a Network Pediatric Dentist or Orthodontist directly. In the event there is no Network Specialist within 25 miles of a customer's home or work, Cigna Dental will authorize payment for treatment by a non-participating specialist, at no additional cost to the customer.

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 activities.

IV. Specialty Referral Process

Cigna Dental contracts with Network General Dentists who are licensed in the state of Colorado to provide a comprehensive range of dental services. Network General Dentists are expected to render the range of services that are required for graduation from dental school. Referrals to 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. Cigna Dental provides Network General Dentists with updated Network Specialist listing on a regular basis. All guidelines are subject to state-specific and federal guidelines.

If the customer's Network General Dentist determines that the customer is in need of complex procedures that require the skills of a dental specialist, the Network General Dentist initiates the referral process. Network General Dentists are responsible for referring customers to an appropriate Network Specialist, in accordance with Cigna Dental's Specialty Referral Guidelines.

In the event a customer does not have access to a Network Specialist Dentist, or if the customer is unable to obtain an initial or routine appointment within a reasonable period of time, Cigna Dental will authorize fee-for-service benefits from a non-participating specialist dentist. This allows a customer to receive covered benefits from an out-of-network specialist dentist at no additional charge to the customer.

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 Care Network Directory ("Dental Directory") through Cigna Dental's website, www.cigna.com or www.mycigna.com, and Cigna Dental's mobile app. The online Dental Directory is updated weekly. Customers may search by location, dentist/office name and/or specialty. Customers can also apply additional criteria to filter search results by any or of a combination of language(s) spoken, distance, specialty, accepting new patients and years in practice. In addition, the customer can receive a Cigna Dental Care Network Directory ("Dental Directory") upon request. A sample copy of the Cigna Dental Care Network Directory is attached as Exhibit A.

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 Network General 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

As outlined in Cigna Dental's Network General Dentist Agreement and Cigna Dental's Specialty Referral Guidelines, Cigna Dental customers requiring specialty care may be referred to a participating Network Specialist. Cigna Dental in no way restricts referral options to less than all contracted Network Specialists.

C. Timely Referrals for Access to Specialty Care

The Network General Dentist may directly refer a customer to a participating endodontist, oral surgeon, periodontist, Pediatric Dentist, or orthodontist for evaluation. Referrals must comply with the customer's dental benefit plan and with

Cigna Dental's Specialty Referral Guidelines.

Specialty care procedures do not require prior authorization from Cigna Dental. Prior determination of benefits for specialty referrals is available upon request and shall be handled in a consistent and timely manner. Note: Pediatric treatment (for customers up to the age of seven) and orthodontic treatment do not require any written or verbal approval. The patient can access a network pediatric dentist or orthodontist directly.

D. Expedited Referrals Process

The Network General Dentist is responsible for an initial evaluation of the customer's condition, including an examination and proper radiographs. If the Network General Dentist determines that an expedited referral for specialist evaluation is appropriate, the Network General Dentist may contact Cigna Dental by telephone for expedited payment authorization. The Network Specialist is expected to schedule an expedited appointment for consultation within 48 hours of payment authorization.

E. Retrospective Denial of Specialty Referrals

For eligible customers, once a specialty referral has been authorized for payment, Cigna Dental will not retrospectively deny the referral, except in cases of fraud or abuse. This provision is communicated to customers in the Plan Booklet, attached as Exhibit B.

V. Process for Monitoring Network Sufficiency

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.

VI. 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.

VII. Efforts to Address Customers With Special Needs

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 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.

C. Customers with Physical Disabilities

For the hearing impaired, the Cigna Dental Plan Booklet 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.

VIII. Methods for Determining the Health Care Needs of Covered Persons

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.

Encounter 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.

IX. 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. Please refer to Cigna Dental's Periodic Quality Assessment Process, attached as Exhibit C. Cigna Dental's Quality Management Program contains additional information on the methods used to track and assess the clinical outcomes of network services.

X. Methods for Evaluating Consumer Satisfaction with Services Provided

Customer satisfaction is assessed through evaluation of customer surveys, transfer patterns and customer complaint and grievance information. Customer satisfaction surveys are conducted no less than annually in order to measure Cigna Dental's performance and to assess customer satisfaction with plan services. A sample Patient Satisfaction Survey is attached as Exhibit D. Customer transfer patterns and 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.

XI. Method for Informing Covered Persons of Plan's Services and Features

A. Grievance Procedures

Cigna Dental's grievance and appeals process is outlined in the Member Plan Booklet (attached as Exhibit B), which every customer receives upon enrolling in the plan.

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 Plan Booklet (attached as Exhibit B) and in the customer's particular Patient Charge Schedule.

C. Process for Choosing and Changing Providers

Plan customers select a Network General Dentist within Cigna Dental's approved service area upon enrolling in the plan. Cigna Dental offers Members' Choice, which permits each enrolled family member to select his/or her own Network General Dentist. Customers may transfer dental offices at any time by contacting Cigna Dental Customer Services. The process for choosing and changing dental offices is described in the Plan Booklet, attached as Exhibit B.

D. Process for Providing and Approving Emergency Care

Cigna Dental's process for providing and approving emergency care is outlined in the Plan Booklet, attached as Exhibit B.

XII. System for Ensuring Coordination and Continuity of Specialty Care

Coverage for a dental procedure (other than orthodontics) which was started before customer disenrollment from the plan will be extended for 90 days after disenrollment, unless disenrollment was due to non-payment of premiums.

Coverage for orthodontic treatment which was started before customer disenrollment from the plan will be extended to the end of the quarter or for 60 days after disenrollment, whichever is later, unless disenrollment was due to non-payment of premiums.

This is outlined in the Plan Booklet, attached as Exhibit B.

XIII. Process for Enabling Covered Persons to Change Primary Care Professionals

Customers may transfer primary dental offices at any time by contacting Cigna Dental Customer Services, by telephone or in writing. Customers may also use Cigna Dental's automated telephone system to change providers. A Customer Services Representative will then enter the new dental office information into Cigna Dental's customer database and will document the reason for the transfer.

Transfers are effective on the first day of the month following the date of the request. Customers are asked to complete any dental procedures in progress and to pay any outstanding Patient

Charges to the previous dental office before initiating a transfer.

Written confirmation of the transfer is sent to the customer's new dental office, once the transfer has been processed. Customers will receive written confirmation of the transfer upon request.

XIV. Continuity of Care in the Event of Provider Contract Termination, Plan Insolvency, or Other Inability to Continue Operations

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.

In the event a Network General Dentist is terminated from the plan, Cigna Dental will notify each affected customer, in writing, that the dentist will no longer be participating in the Cigna Dental network. Customers are automatically enrolled in an alternative dental facility however, they may contact Cigna Dental to select another dental facility.

If there are no available participating providers in the customer's immediate area, Cigna Dental will temporarily authorize fee-for-service benefits from a non-participating provider at in-network benefit levels.

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.

B. Plan Insolvency or Other Inability to Continue Operations

In the unlikely event that Cigna Dental should ever become insolvent or otherwise be unable to continue operations, its parent company, Cigna Dental Health, Inc., would provide financial backing to ensure uninterrupted dental benefit coverage for plan customers and policy holders through the end of the policy holder's contract period, until such time as Cigna Dental could restore its financial condition. If necessary, customers could be transferred, at the end of their contract period, to dental indemnity or dental PPO coverage through Cigna Dental's affiliates Cigna Health and

Life Insurance Company ("CHLIC") or Connecticut General Life Insurance Company ("CGLIC"). Both are national providers of life and health insurance products. Cigna Dental would ensure that groups and customers received advanced written notice of any anticipated change to Cigna Dental's business operations.

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:

- The Quality Commitment2
- Quality Management Program Activities3
- Program Objectives4
- Organizational Structure.....5
- Program Description.....7
- Measuring Results15

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
- periodic onsite assessments of dental facilities
- periodic review of patient records for appropriateness
- 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, Credentiaing



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/State Credentialing Subcommittees	National/State 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/State 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/State 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, on-site visits, 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.

CIGNA DENTAL PROVIDER SCORECARD

D #: D214416

MONARCH DENTAL

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

Usage Score: The Usage Score represents the percentage of members assigned to an office that are using dental benefits, relative to network norms.

Diag-Prev Score: The Diagnostic-Preventive Score represents the office's mix of diagnostic and preventive services, based on the percentage of total chair hours spent on these procedures, relative to network norms.

Rapport Score: The Rapport Score represents a mix of patient perceptions of how they are being treated by the dentist and/or by the office staff, relative to network norms. Note that a high score represents a low rate of member dissatisfaction.

Complaint Activity Score: The Complaint Activity Score represents the office's complaint rate, relative to network norms. Note that a high score represents a low rate of member dissatisfaction.

Access Score: The Access Score represents the office's initial appointment wait time, relative to network norms. Note that a higher score represents a shorter wait time.

Audit Score: The Audit Score represents the office's Dental Facility and Patient Record Review result, relative to network norms.

Aggregate Score: The Aggregate Score represents the average of the six measures above.

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.

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 on-site office audits and results, with action plans to follow-up on deficiencies identified.
- 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.