

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.

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 within 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.

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.



2018 PREFERRED DENTIST ORGANIZATION DENTAL QUALITY MANAGEMENT PROGRAM

The Cigna Companies (Cigna¹) strive to improve the quality of care and services provided by their dental networks. This is consistent with Cigna's commitment to excellence and continuous quality improvement in all phases of our business. This objective can be achieved by adhering to the principles regarding delivery of superior services to our employer customers, plan customers, and participating Dentists in addition to providing our employees with an environment that supports high standards of performance. This Quality Management Program (QMP) establishes standards for quality management with respect to Cigna's PPO business activities.

I. PURPOSE, GOALS AND OBJECTIVES

- A. Promote and build quality into Cigna's organizational structures and processes.
 - 1. Facilitate collaboration between network dentists, plan customers and organization managers to promote the continuous improvement in the quality of dental care and services provided to PPO customers.
 - 2. Continue to improve communication and education to support these efforts.

- B. Provide effective monitoring and evaluation of patient care and services through access to a quality network of dentists who meet the requirements of professional dental practice. Provide service that is positively perceived by Cigna customers and health care professionals.
 - 1. Develop, implement and evaluate guidelines for the PPO Dental Office Reference Guide.
 - 2. Develop dental care administrative guidelines related to quality management activities (i.e., access/availability, credentialing/recredentialing, peer review, problem resolution, confidentiality etc.).
 - 3. Survey statistically relevant portions of Cigna PPO customers to assess satisfaction with the services provided.
 - 4. Develop, define and maintain data systems to support quality management activities.

- C. Ensure prompt identification and analysis of opportunities for improvement with implementation of actions and follow-up.
 - 1. Identify, assess, and resolve important issues related to dental care services provided to Cigna PPO Customers.

¹ Cigna Companies refers to the following: Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company which underwrite or administer dental preferred Dentist (PPO) plans, with Professional Relations by affiliate Cigna Dental Health, Inc.



2. Continually improve the Cigna PPO Quality Management Program. Additionally, as accreditation and regulatory bodies establish performance levels, strive to achieve those levels of performance.
 3. Provide periodic feedback and/or education to network dentists, customers and customers regarding measurement and outcome of quality management activities.
- D. Coordinate quality management activities.
1. Provide a regular means by which input from various Cigna departments may be included in the development of quality management initiatives, consistent with applicable state law requirements regarding such processes.
 2. Share action plans to ensure coordination and consistency and to avoid duplication of effort.
- E. Maintain compliance with local, state, and federal regulatory requirements and standards.
1. Monitor regulatory requirements for quality management and implement compliance programs.
 2. Ensure that reporting systems provide adequate information for meeting external review requirements of regulatory entities.

II. SCOPE OF THE QUALITY PROGRAM

To fulfill the purpose, goals and objectives of this program and to efficiently utilize resources, the Quality Management Program functions as an integrated activity within Cigna providing a mechanism for the coordination of both quality improvement and quality management activities. This includes, but is not limited to, interactions with Professional Relations, Customer Service, Sales and Marketing, Employer Services, Regulatory Affairs, and Information Technology. Special attention is given to high volume areas of care and service for our customer populations. Health promotion and health management activities are an integral part of the Quality Management Program.

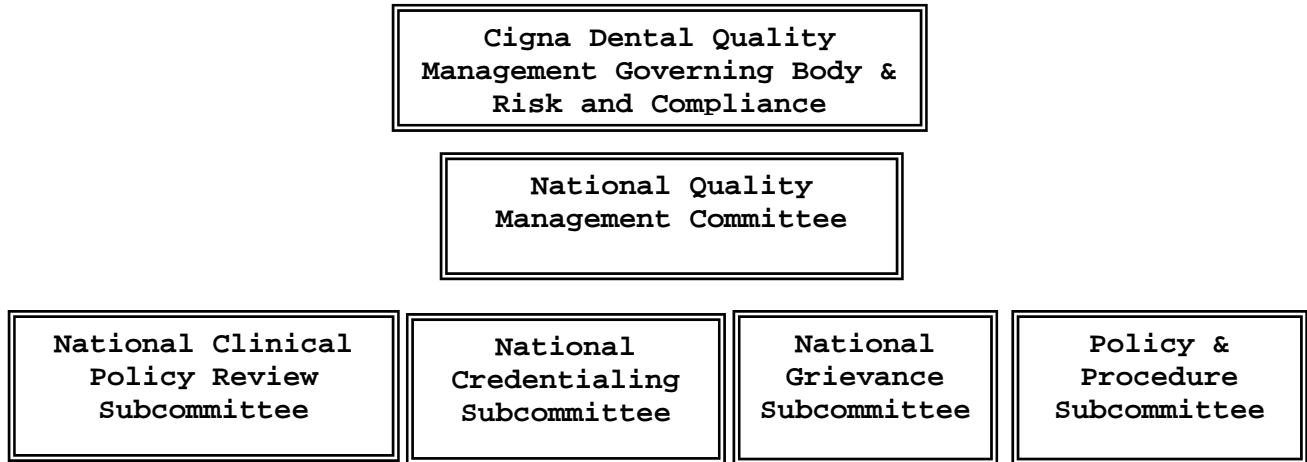
Review activities encompass the following:

- Performance against key metrics for quality improvement as identified in the quality program and activities as identified in the quality action plan;
- Quality and utilization of clinical care and services;
- Evaluation of continuity and coordination of care. Under-utilization and over-utilization are identified and acted upon;
- Monitoring and evaluating customer and Dentist satisfaction with respect to network and administrative services, and the perception of dental care. Access to routine care is evaluated against established Cigna standards;



- Reporting results of program activities to the Governing Body & Risk and Compliance Steering Committee for development of action plans to address improvement opportunities.

III. ORGANIZATIONAL STRUCTURE



A. QUALITY MANAGEMENT GOVERNING BODY & RISK AND COMPLIANCE STEERING COMMITTEE

1. MEMBERSHIP

The Senior Management Team of Cigna constitutes the QMP Governing Body & Risk and Compliance Steering Committee. The Governing Body & Risk and Compliance Steering Committee includes the following individuals:

- Cigna Dental President/CEO (Chair)
- National Dental Director
- Vice President of Dental Network Management & Operations
- Vice President of Information Technology
- Director of Human Resources
- Vice President of Marketing
- Vice President of Sales
- Vice President of Underwriting
- Chief Financial Officer
- Legal Counsel

2. AUTHORITY AND ACCOUNTABILITY

The Governing Body & Risk and Compliance Steering Committee has the responsibility for the direction and oversight of the Quality Management Program of Cigna, the National Quality Management Committee and the state specific Quality Management Committees.



3. FUNCTIONS

The Governing Body & Risk and Compliance Steering Committee is responsible for establishing and promoting the purposes, goals and objectives of the Quality Management Program by:

- Demonstrating a senior level commitment to quality and to the Organization's programs for quality management;
- Establishing the objective measures to be used to gauge the quality of care and services being provided;
- Ensuring that quality management programs are in place and working effectively to monitor and improve quality.
- Overseeing the QMP. Authority and responsibility for the daily operational activities are delegated to the QMC.
 1. Reviewing and approving annually Cigna Dental's written QMP description, evaluation, and action plan.
 2. Evaluating written reports of the Quality Management Committee quality management activities. Written reports are submitted quarterly.
 3. Monitoring the continuous improvement of the delivery of quality dental health care
 4. Evaluating risk from a business and regulatory aspect.
 5. Providing feedback to the Quality Management Committee regarding the reviewed quality measurement activities, including recommendations for improvement.

4. FREQUENCY

The Governing Body & Risk and Compliance Steering Committee shall meet at least quarterly. A quorum composed of the majority of the members of *the Governing Body & Risk and Compliance Steering Committee (or their respective designees)* is necessary to conduct a meeting. Minutes are taken at each meeting.

B. NATIONAL QUALITY MANAGEMENT COMMITTEE (QMC)

1. MEMBERSHIP

The membership of the Quality Management Committee includes the following:

- a. National Dental Director (Chair)
- b. Dental Directors
- c. Regional Vice President, National Accounts
- d. Professional Relations Manager



- e. Director, Dental Claim
- f. Director, Dental Call
- g. National Appeal & Complaint Lead
- h. Quality Compliance Manager
- i. Compliance Representative
- j. Director of Dentist Contracting
- k. Marketing Representative
- l. Dental Health Data Specialist
- m. Credentialing Representative

2. AUTHORITY AND ACCOUNTABILITY

The Governing Body & Risk and Compliance Steering Committee has delegated the authority and responsibility of the daily operational activities of the QMP to the QMC.

3. FUNCTIONS

The QMC is responsible for promoting the goals and objectives of Cigna's Quality Management Program by:

- Reviewing and approving guidelines, policies and general standards of care.
- Analyzing and evaluating summary data from the following quality management activities and initiating actions for improvement:
 - Customer and Dentist satisfaction surveys
 - Complaint & Appeal system review
 - Credentialing and recredentialing process
 - Dental care management review
 - Administrative services
 - Utilization Management Review
 - Dentist accessibility and availability
- Reviewing and approving the annual Quality Management Program Evaluation, Action Plan, and updates to the Quality Management Program Description.
- Preparing written reports of quality management activities. The QMC submits written reports to the Governing Body & Risk and Compliance Steering Committee at least quarterly.
- Monitoring the continuous improvement of the delivery of quality dental care, access, availability and continuity of care.
- Providing feedback to appropriate Cigna staff regarding the reviewed quality measurement activities, including recommendations for improvement.

4. FREQUENCY

The Quality Management Committee shall meet at least quarterly. A quorum composed



of a majority of the membership is necessary to conduct a meeting. Minutes are taken at each meeting.

C. SUBCOMMITTEES

1. MEMBERSHIP

The membership of the Subcommittees includes the following:

Credentialing Subcommittee:

- a. Dental Director(s)
- b. Dental Consultants
- c. Professional Relations Representative
- d. Two external licensed dentists
- e. Credentialing Senior Associate (non-voting member)

Grievance Subcommittee:

- a. Dental Director(s) (Chair)
- b. National Appeal & Complaint Lead
- c. Quality Compliance Manager
- d. Professional Relations Representative
- e. Compliance Representative
- f. Customer Service Representative

Clinical Policy Review Subcommittee

- a. National Dental Director (Chair)
- b. Dental Directors
- c. Dental Consultants
- d. Claims Manager
- e. Quality Compliance Manager
- f. Specialty Referral Claims Representatives
- g. Professional Relations Representative
- h. Other members as determined by the Committee (Dentist Specialists as needed)

Policy & Procedure Subcommittee

- a. U.S. Business Compliance Officer
- b. Dental Director
- c. Quality Compliance Manager
- d. Professional Relations Representative
- e. Claims Representative
- f. Recruitment Representative
- g. Compliance Representative



- h. Underwriting Representative
- i. Provider Data Management Representative
- j. IFP Representative
- k. Vision Representative
- l. Product Representative
- m. Representation from other areas as needed

2. AUTHORITY AND ACCOUNTABILITY

The Subcommittees include the, Credentialing Subcommittee, Grievance Subcommittee, Clinical Policy Review Subcommittee, and the Policy and Procedure Subcommittee. The Subcommittees are accountable to the Quality Management Committee. It is the responsibility of the Quality Management Committee to convene the various Subcommittees as required below. It is the responsibility of the Subcommittees to assist the Quality Management Committee to perform its duties.

3. FUNCTIONS

Functions of the Subcommittees shall include the following:

Credentialing Subcommittee

- a. Implement credentialing standards and criteria (see Exhibit A).
- b. Review credentials of dentists seeking admission to the dental network and make decisions as to acceptance or denial of such dentists' applications as per the standards and criteria.
- c. Perform recredentialing of participating dentists as per the standards and criteria and make decisions as to the continued participation or termination of such dentists.
- d. Review and evaluate the credentialing/recredentialing process and make recommendations regarding opportunities for improvement.
- e. Assure credentialing processes are within all regulatory requirements.

Grievance Subcommittee

- a. Develop quarterly reports to monitor, evaluate, and track and trend complaints
- b. Identify Dentists/dental offices with a disproportionate number of complaints
- c. Develop action plans for identified outliers.
- d. Report to the National Quality Management Committee quarterly.

Clinical Policy Review Subcommittee

- a. 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
 - Review recommendations regarding recognized Preventive and Clinical Care



Guidelines

- Quality/Clinical initiatives, including Dentist profiling activities
- b. Evaluate effectiveness of current policies and program

Policy and Procedure Subcommittee

- a. Track and review all Cigna Dental & Vision Policies and Procedures on a yearly basis
- b. Track and review all newly created Policies and Procedures as needed.
- c. Ensure that all Policies and Procedures are vetted by each business area prior to implementation
- d. Review and evaluate business processes and make recommendations regarding opportunities for improvement and documentation.
- e. The Subcommittees provide regular reports to the QMC.

Minutes are taken at each meeting, are privileged and confidential quality management documents and are maintained in a secure location, accessible only to authorized Quality Management representatives. Quality Management subcommittees provide regular reports to the Quality Management Committee.

The Subcommittees provide regular reports to the QMC.

4. FREQUENCY

The Credentialing Subcommittee and Policy and Procedure Subcommittee shall meet at least quarterly. The Clinical Policy Review Subcommittee meets at least biannually. A quorum composed of the majority of the voting membership is necessary to conduct a meeting. Minutes are taken at each meeting.

D. CIGNA PERSONNEL RESPONSIBLE FOR IMPLEMENTATION AND INTEGRATION OF THE QUALITY MANAGEMENT PROGRAM

1. NATIONAL DENTAL DIRECTOR

The National Dental Director has overall responsibility for both the clinical and administrative components of the PPO Quality Management Program. The National Dental Director is responsible for ensuring that adequate resources are available to ensure the successful implementation of the program. The National Dental Director is also responsible for assuring that the Governing Body & Risk and Compliance Steering Committee receives regular reports.

2. DENTAL DIRECTORS

The Dental Directors are responsible for providing clinical direction for the implementation of the Quality Management Program within the regions. The Dental Directors serve as chairmen for the Credentialing Subcommittee, which is responsible for



decisions relating to termination of Network Dentists and approving credentialing standards.

3. REGIONAL VICE PRESIDENT, NATIONAL ACCOUNTS

The Regional Vice President, National Accounts acts like the Sales liaison and advises the National Quality Management Committee of any relative Sales initiatives.

4. DIRECTOR, DENTAL CLAIMS

The Director, Dental Claims oversees the daily metrics of the claims department. Metrics include, but not limited to claim payment accuracy and turnaround metrics.

5. DIRECTOR, DENTAL CALL

The Director, Dental Call oversees the daily metrics of the call center department. Metrics include, but not limited to, customer and Dentist phone metrics.

6. QUALITY COMPLIANCE MANAGER

The Quality Compliance Manager is responsible for implementing and monitoring provisions of Cigna Dental's QMP, for establishing state level variations of the national QMP, coordinating the QMC meetings, creation of the annual QMP action plan and annual evaluation and quarterly reporting to the Governing Body & Risk and Compliance Steering Committee. The Quality Compliance Manger is also responsible for coordinating the Credentialing Committee and other provisions of the Cigna Dental QMP.

7. NATIONAL APPEAL & COMPLAINT

The National Appeal & Complaint has direct responsibility for the processing of complaints and appeals. This includes responsibility for compliance with specific state regulations, turnaround times and documentation.

8. PROFESSIONAL RELATIONS MANAGER

The Professional Relations Manager is responsible for reporting all Professional Relations activities to the Quality Management Committee. The Director, Professional Relations has direct responsibility for maintenance of network dentists through field-based staff who have direct contact with existing and prospective Dentists. Directly and through staff and counterparts, the Professional Relations Manager evaluates and acts upon network dental office compensation and Customer access to dental service issues. The Professional Relations staff also evaluates and acts upon quality of care concerns and specific Dentist corrective action plans under the direction of the Dental Directors.

9. COMPLIANCE REPRESENTATIVE



The Compliance Representative is responsible for reviewing new or changes in state laws that directly impact the QMP. It is the responsibility of the Compliance Representative to ensure those regulatory requirements are communicated and implemented timely. The Compliance Representative is also responsible for reviewing new or changes in Cigna Dental Standard Operating Policies and Procedures (SOP).

10. MARKETING REPRESENTATIVE

The Marketing Representative is responsible for input in the Health Promotion and Preventive Care section of the Quality Management Program. The Marketing Representative will also act as the Marketing liaison and advise the National Quality Management Committee on relevant marketing initiatives.

11. DENTAL HEALTH DATA SPECIALIST

The Dental Health Specialist is responsible for input in the Customer survey section of the Quality Management Program. The Dental Health Specialists will also act as the liaison between the National Quality Management Committee and Convergys.

12. CREDENTIALING REPRESENTATIVE

The Credentialing Specialist is responsible for input in the Credentialing and Recredentialing section of the Quality Management Program.

IV. QUALITY MANAGEMENT PROGRAM ACTIVITIES AND STANDARDS

Quality Management activities utilize a variety of mechanisms to measure and evaluate the total scope of services provided to Cigna customers. The following activities are used to conduct reviews that reflect the important aspects of care:

A. CREDENTIALING/REREDENTIALING

All dentists participating in a Cigna network undergo a review of their qualifications including; education and training, licensure status, current professional liability insurance and state board action, in accordance with Cigna credentialing requirements (see Exhibit A). The process for credentialing and recredentialing is reviewed and approved by the Credentialing Subcommittee.

B. DENTIST ACCESSIBILITY/AVAILABILITY MONITORING

Dentist Accessibility/Availability monitoring is conducted on an ongoing basis as specified in the QMC to ensure that established standards for reasonable access and availability are met. Monitoring activities may include Dentist surveys, on-site visits, evaluation of PPO customers satisfaction surveys, evaluation of concern, complaint, and grievance reports, geo-access surveys, and evaluation of Dentist to customers ratios. Specific deficiencies are



addressed with a corrective action plan, and a follow up activity is conducted to reassess compliance. Data are presented to the QMC and Governing Body & Risk and Compliance Steering Committee

C. HEALTH PROMOTION AND PREVENTIVE CARE

Cigna stresses the importance of prevention as a means to reach optimum dental health and to reduce the cost of dental care for both the patient and the dentist. In an ongoing effort to promote preventive oral health care, Cigna Dental provides clients and enrollees information regarding preventive oral health care through both written literature and employer health fairs. Participation in employer health fairs is ongoing as requested by employer groups.

D. COMPLAINTS AND GRIEVANCE REVIEW

Complaints and grievance review objectives are to monitor, evaluate, and timely and effectively resolve customers concerns, and to identify opportunities for improvement in the quality of services rendered to Cigna PPO customers.

Quality of care concerns are primarily identified by the Customer Service Department and referred to Professional Relations, the Dental Director and Quality Management as needed. Cigna staff follows the approved national concern policy and national appeal policy in terms of responding to the customers. Quality of care concerns, complaints and grievances are investigated.

Data related to administrative, quality of service and quality of care issues are collected, reviewed and analyzed in aggregate for trends and opportunities for improvement. This data is presented to the Quality Management Committee for review and recommendations. The Governing Body & Risk and Compliance Steering Committee also reviews the aggregate data for trends and actions for improvement.

E. CUSTOMERS SATISFACTION

PPO customer satisfaction is assessed through evaluation of customer surveys and customers concern and appeal information. PPO customer satisfaction surveys and routine monitoring indicators are designed to measure Cigna's performance and to assess PPO customers satisfaction with the services offered. PPO customers survey data are used for continuous quality improvement in several key areas: 1) to establish benchmarks and monitor organization performance, 2) assess overall levels of satisfaction as an indication of whether Cigna is meeting customer expectations.

PPO customer concern and appeal information is trended to identify potential opportunities for improvement. The results of this trending and analysis may be correlated with PPO customer survey data or other indicators in assessment and development of action plans. The results are summarized and reviewed by Cigna to identify areas of improvement. Action plans to address opportunities for improvement is developed as necessary.



F. DENTIST SATISFACTION

Cigna 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 to identify areas for improvement and subsequent action plans.

G. ADMINISTRATIVE SERVICES

Review of internal administrative services is performed to better meet dental care and customer service needs of the customer. Focus is placed on enrollment, telephone response times, specialty referral and claims service, periodic assessment of processes and strategic Cigna initiatives, including new products.

Opportunities for improvement are identified within Cigna and its internal/external partners.

H. PARTICIPATING DENTIST PERFORMANCE MONITORING AND UTILIZATION MANAGEMENT REVIEW

Cigna has specific guidelines and procedures to process, authorize and reimburse payment for claims. Cigna policies, procedures and guidelines are developed nationally and communicated to participating dentists through the PPO Dental Office Reference Guide.

Cigna uses a statistically based program designed to monitor and evaluate the number and type of services rendered as compared to the norms of the network. Specific service categories include diagnostic, restorative, crown & bridge, endodontics, periodontics, prosthodontics, oral surgery and miscellaneous.

PPO Network Dentist Process

- a. Claim data is submitted and stored in the Cigna information system.
- b. General dentist and specialist statistical profiles are periodically generated and scored.
- c. Treatment profiles include the following:
 - Fees per patient;
 - Total procedures per patient;
 - Incidence of targeted procedures as a percentage of the total procedures.

The Dental Directors review the results of these processes. Clinical issues that are relevant to the population are assessed and evaluated.

I. CORRECTIVE ACTION TRACKING

Cigna maintains a system to track all Dentist performance based corrective action. This system is utilized and maintained by the Dental Director or designee, Professional Relations, Customer Service, and the Quality Management.



J. PATIENT SAFETY

To encourage patient safety Cigna utilizes several Dentist monitoring programs including the following:

- Initial credentialing
- Recredentialing
- Dentist accessibility monitoring
- Health promotion and preventive care
- Complaint and grievance review
- Customer and Dentist satisfaction surveys
- Administrative standards for accuracy and response
- Reporting results and implementing corrective actions

V. DELEGATION OF ACTIVITIES

When Quality Management, Utilization Management, Customer Rights and Responsibilities activities are delegate to another organization or Dentist group, Cigna will evaluate the entity's capacity to perform the proposed delegated activities prior to the delegation by reviewing the following relevant documents:

- The pre-delegation report
- The formal, written contract or description of delegated activities
- The delegated agency's Program Description and Action Plan
- The delegated agency's Annual Evaluation
- The delegated agency's pertinent Policies and Procedures
- Appropriate activity reports, files, or committee minutes of the delegated entity for the past 12-24 months

If the assessment results in a mutually agreed upon delegation agreement, Cigna will receive specified periodic reports of the delegate's program activities. At least annually, Cigna will approve the delegated group's program description, action plan, or appropriate policy, and conduct a review of the delegated group or entity's delegated functions to provide validation of data collection, analysis, and corrective action plans to ensure compliance to Cigna's expectations.

VI. ANNUAL EVALUATION

The QMC assesses the overall effectiveness of the Cigna quality improvement processes and conducts an annual evaluation of the Quality Management Program. The evaluation reviews all aspects of the Program with emphasis on determining whether the Program has demonstrated improvements in the quality of care and services that are provided by network dentists. The annual evaluation includes:



- An assessment of how the year's goals and objectives were met;
- A review of human and technological resources;
- A summary of quality improvement activities;
- The impact the quality improvement process had on improving customer access to quality dental services;
- Potential and actual barriers to achieving goals;
- Recommendations for quality improvement program revisions and modifications resulting from the evaluation.

The annual evaluation is reviewed and approved by the QMC and the Governing Body & Risk and Compliance Steering Committee. The results of the annual quality program evaluation are used to develop and prioritize the annual quality action plan for the upcoming year.

VII. ANNUAL ACTION PLAN

The purpose of the Annual Action Plan is to focus on Quality Management Program goals and objectives and planned projects/activities for the forthcoming year. The Annual Action Plan includes anticipated time frames and is utilized as an action plan to document the status and changes in activities throughout the year. The Annual Action Plan is reviewed and approved by the Quality Management Committee and the Governing Body & Risk and Compliance Steering Committee. Updates to the plan are reviewed and approved by the QMC.

VIII. ETHICS

The Quality Program functions as a key component in the promotion of integrity and value found in the care and services provided to customers. Cigna is committed to maintaining the highest legal and ethical standards in the conduct of its business. In maintaining these standards, Cigna places heavy reliance on individual good judgment, honesty, and character. This commitment applies without exception to all activities.

IX. CONFIDENTIALITY

Cigna maintains QMP information as confidential. Cigna does not disclose to any third party QMP information or data identifying individual patients or participating dentists or dental offices, except in accordance with confidentiality agreements and policies approved by the Cigna Corporation Legal and Public Affairs Division or as may be required by law. Participant information is strictly confidential and utilized only on a need to know basis to meet the administrative and legal obligations of Cigna.

The data utilized by the QMC are maintained in a confidential manner. Committee records are available only to authorized personnel in accordance with local, state, federal, and other regulatory agencies. Each committee participant must understand and agree to comply with the confidentiality policies.

Additionally, the QMC serves as an internal review board to evaluate confidentiality policies



annually and confidentiality issues on an as needed basis.

Committee records are available only to authorized personnel in accordance with local, state, federal, and other regulatory agencies. Each committee participant must understand and agree to comply with the confidentiality policy(ies) and sign a Committee Member Confidentiality Statement. Mechanisms are in place to ensure Cigna Dental staff and network practitioners are aware of Cigna Dental’s confidentiality policies.

APPROVED BY:

*CEO,
Governing Body & Risk and Compliance Steering Committee*

*Chairman,
Quality Management
Committee*

Date

Date

Cigna reserves the right to amend this policy from time to time. Cigna reserves the right to delegate responsibilities to designees under appropriate contractual arrangements

QMC Approval -
QMGB Approval -

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