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.

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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.

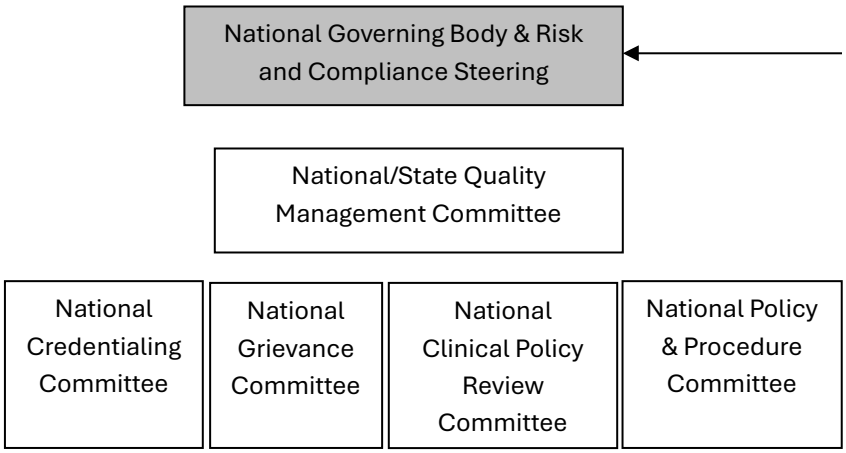
All Cigna Dental network dentists are required to adhere to our Quality Management Program. This helps to ensure that our customers benefit by receiving quality dental care, improved oral health and ultimate satisfaction from their dental plan.

Program Objectives

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

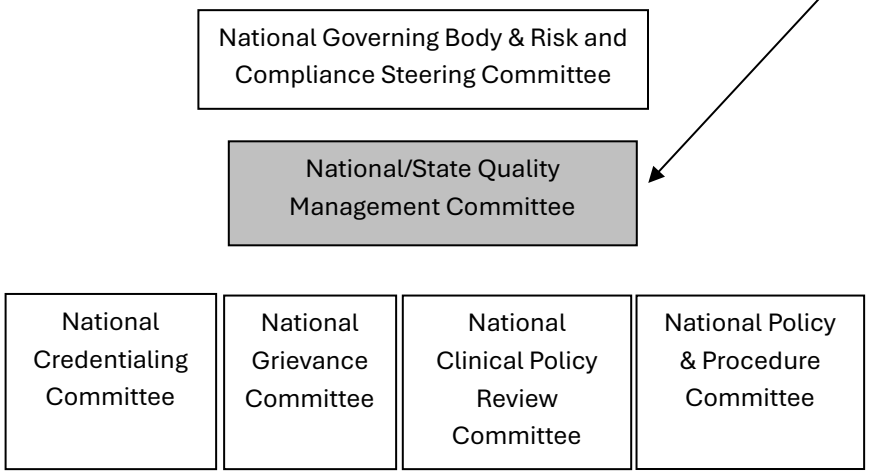
Objectives	How we get there
Promote and maintain quality networks.	Facilitate the delivery of quality care and service through our credentialing, recredentialing, onsite office assessments and patient records review, performance monitoring and other quality management activities. Educate our dentists and customers to support these efforts.
Provide effective guidance, monitoring and evaluation of patient care to cost-effectively improve customers' oral health.	Distribute the *Cigna Dental DHMO Dental Office Reference Guide* and *Cigna Dental PPO Dental Office Reference Guide* 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. Monitor key indicators of quality: -network accessibility and availability -customer call activity and content -customer satisfaction and grievances -utilization of procedures -onsite office assessment (DHMO General Dentist Offices only as needed) - 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 Director Network & Clinical Operations (Chair), as well as representatives from all business areas including Director of Strategic Planning, Director of Provider Contracting, Director of Application Development, Director of Risk & Underwriting, Director of Actuarial, and Senior Counsel.



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 Clinical Program Director (Chair), Dental Directors, Call and Claim Operation leads, Grievance and Appeals Lead, Quality Manager, Professional Relations Representative, Compliance Representative, Sales, Credentialing, and Marketing



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

National Grievance Subcommittees	**National Credentialing Subcommittees**	**National Clinical Policy Review Subcommittee**	**National Policy & Procedure Subcommittee**
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: 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.	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.	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	1) Track and review all Cigna Dental & Vision Policies and Procedures on a yearly basis 2) Track and review all newly created Policies and Procedures as needed. 3) Ensure that all Policies and Procedures are vetted by each business area prior to implementation 4) Review and evaluate business processes and make recommendations regarding opportunities for improvement and documentation.
The National/State Grievance Subcommittees meet quarterly. Members include: Dental Clinical Program Director (Chair) Dental Directors Quality Clinical Management Advisor Appeals Processing Senior Supervisor Provider Contracting Senior Manager, Manager & Senior Supervisor	The National Credentialing Subcommittees meet at least on a quarterly basis. Members include: Dental Directors (Chair) Dental Consultant Two External Licensed Dentists Provider Contracting Representative	The National Clinical Policy Review Subcommittees meet at least on a quarterly basis. Members include: Director Network & Clinical Operations (Chair) Dental Clinical Program Director Dental Directors Medical Claims Review Senior Managers Quality Clinical Management Advisor Provider Contracting Representative	The National Policy & Procedure Review Subcommittees meet at least on a quarterly basis. Members include: Dental Clinical Program Director Quality Clinical Management Advisor Provider Contracting Representative Program Management Senior Advisor Compliance Representative Provider Data Management Representative IFP Representative

			Vision Representative Business Projects Representative

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 Act and professionally recognized standards of dental practice.	✓

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

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

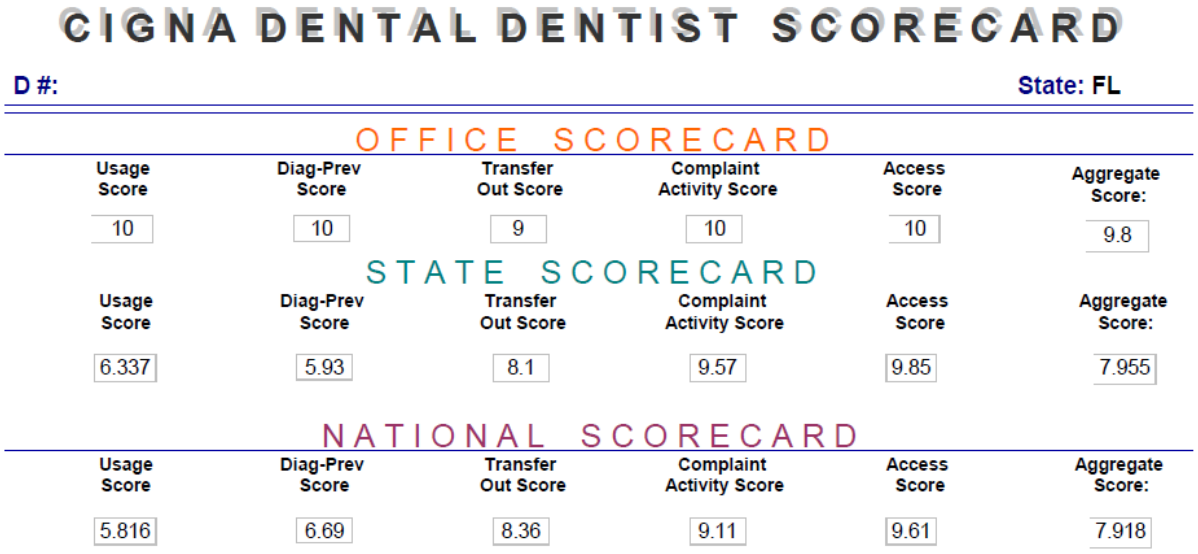
diagnostic, restorative, crown and bridge, endodontics, periodontics, prosthodontics, and oral surgery.

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, Complaint Activity Score, Access Score, and Member Transfer Out 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 DENTIST SCORECARD

D #: State: FL

OFFICE SCORECARD

Usage Score	Diag-Prev Score	Transfer Out Score	Complaint Activity Score	Access Score	Aggregate Score:
10	10	9	10	10	9.8

STATE SCORECARD

Usage Score	Diag-Prev Score	Transfer Out Score	Complaint Activity Score	Access Score	Aggregate Score:
6.337	5.93	8.1	9.57	9.85	7.955

NATIONAL SCORECARD

Usage Score	Diag-Prev Score	Transfer Out Score	Complaint Activity Score	Access Score	Aggregate Score:
5.816	6.69	8.36	9.11	9.61	7.918

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.

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.*

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 and 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.