

DENTAL QUALITY MANAGEMENT PROGRAM

Scope and Purpose

The purpose of The Lincoln National Life Insurance Company's (LFG) Dental Quality Management Program is to establish standards, assess results, and improve the quality of its dental PPO program in servicing its covered members.

Goals & Objectives

- To improve the quality of service provided to covered members
- Develop improvement plans through a collaborative effort
- Maintain continuous, appropriate, and effective quality improvement programs
- Document and report results of monitoring activities, recommendations for improvement activities, and other program activities to the Quality Assurance Program Advisory Committee
- Ensure the appropriate resources are available to support the Quality Assurance Program Advisory Committee
- Maintain and document compliance with state and federal laws and regulations governing the Quality Management Program.
- Communicate goals
- Maintain written descriptions of the operational units and committees' responsibilities in the planning, developing, implementing, and evaluating the Quality Management Program.
- Provide written reports annually to executive management and the Quality Assurance Program Advisory Committee

Quality Assurance

The Quality Assurance Program involves establishing standards (measures) and policies, maintenance of quality improvement programs, and oversight of the program activities. It includes the appeals/complaint process and the use of dental consultants for complex dental claim situations. Since LFG utilizes leased networks, the leased networks maintain the credentialing and recredentialing processes to ensure those providers in the networks meet the requirements, obligations, and responsibilities of participating in their networks. The leased networks monitor complaints regarding participating providers who engage in behavior or are practicing in a manner not consistent with generally accepted quality standards and practices in the dental community.

Quality Assurance Program Activities

- Evaluate results relative to established goals and benchmarks
- Oversee services provided by vendors to which LFG has delegated certain services.
- Oversee activities and regular performance assessment of claims processing and member services.
- Assure recommendations made are implemented effectively
- Monitor service through customer inquiries, complaints, and appeals.
- Monitor turnaround time for handling claim inquiries to look for ways to reduce it.

Quality Improvement

The Quality Improvement Program is designed to monitor, evaluate, and continually improve the services delivered to covered members. The program measures effectiveness, identifies deficiencies, and recommends changes.

Quality Improvement Program Activities

- Survey customers on the service they receive from LFG.
- Develop and implement enhancements to employee customer service training programs to ensure employees remain current on dental plan and benefit changes, as needed.
- Recommend improvements to processes and technology for tracking and reporting.
- Report results, identifying strengths and weaknesses and recommend reasonable solutions to address weaknesses.

Data sources and Monitoring Methods

- Telephone monitoring
- Claims auditing
- Claims reporting
- Member complaints
- Provider complaints
- Customer satisfaction surveys

Confidentiality

LFG's Privacy Practices Notice is included as part of every certificate of coverage. LFG's PPO dental plans obtain only that information needed to accurately process a claim. That information is stored in a secure environment and is not released without a signed authorization from the covered member. Exceptions to this are limited to:

- QA by the network(s) and UR activities by the UR vendor. In those situations, if member-identifying data is released, a signed authorization will be obtained, in accordance with federal and state regulations.
- Internal or external record audits.
- Those situations required by regulatory authorities.

Quality Assurance Program Advisory Committee

The Quality Assurance Program Advisory Committee is a cross-functional group with members representing the following areas of the company:

- Quality Assurance
- Claims
- Customer Service
- Risk Services
- Compliance
- Product Development (includes network operations)

Covered persons are also represented on the committee.

The committee performs the following functions:

- Review QA goals and standards.
- Monitor areas' performance against standards.
- Determine what changes, if any, are required to QA goals and measurements.
- Implement needed changes.

The committee meets semiannually. Minutes of committee meetings are recorded and archived electronically.

Quality Assurance Plans

A Quality Assurance plan details the quality goals for the area and the criteria for measuring performance. The committee reviews these plans on a semiannual basis to ensure that the standards and measurements continue to be appropriate.

The following criteria are used in determining the success or failure of the quality assurance program:

- QA goals and standards were specific, measurable, action-oriented/clear, realistic/relevant, and timely/trackable.
- Performance was monitored against standards.
- Changes proposed were in relation to QA goals and measurements.
- Changes implemented.

Claim Audits

Claims audits are conducted monthly by the Continuous Quality Improvement team, measuring quality and claim time service. Examples of audit standards include 99% financial accuracy and 98% procedural accuracy. Focused audits are conducted as needed based on the results of the monthly audits. 98% of clean claims are resolved within 7 days or less, clean claims are reviewed and a decision made within 30 days of receipt. A member receives a claim acknowledgement if the claim is not processed within 15 days of receipt. Pended claims are resolved by day 45. Time service and claim inventory is reported on a weekly and monthly basis.