

## The Lincoln National Life Insurance Company Utilization Review Program

The Lincoln National Life Insurance Company contracts with P & R Dental Strategies, Inc. to provide services in conducting utilization review. The policies, processes, and procedures governing the Utilization Review Program ensure decisions are made on a timely basis, review criteria are appropriate and consistent, and other affected management activities are coordinated in conjunction with the Utilization Review Program.

### Utilization Review Activities

Under The Lincoln National Life Insurance Company's dental policy, a covered member does not need a referral, prospective review, or concurrent authorization to receive dental treatment. There are no restrictions to the patient's choice of provider. A covered member may visit any dentist for dental services at any time. The use of a participating dentist is voluntary.

The Lincoln National Life Insurance Company recommends a Predetermination of Benefits for non-emergency dental treatments costing \$300 or more, in which the member or his or her dentist may submit the suggested treatment plan to obtain an advance estimate of benefits payable; however, this is not required. There is no penalty to the covered member if a Predetermination of Benefits is not obtained.

The Utilization Review Program includes only Retrospective (Post-Payment) Review. A Utilization Review decision is based on benefit limitations/exclusions, dental necessity and the appropriateness of the dental treatment and service.

The Lincoln National Life Insurance Company's dental plans do not include case management.

### Retrospective Review Criteria

Claims for dental services are reviewed for dental necessity, which includes the review of appropriate treatment and professional adequacy and alternative procedures.

#### Dental Necessity

- required by, adequate and appropriate for the diagnosis or treatment of a dental disease, condition, or injury
- appropriate and consistent with the symptoms and findings, or with the diagnosis and treatment of the covered member's dental disease, condition or injury
- provided in accord with generally accepted professional standards for dental practice, consistent with current scientific evidence and clinical knowledge
- procedure covered by member's dental plan
- most appropriate and professionally adequate level of service or supply which can be provided on a cost effective basis without adversely affecting the covered member's dental condition
- least costly professionally accepted type of service that will adequately treat the condition
- not primarily for aesthetic purposes.

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Appropriate Treatment

- services or supplies provided for the dental treatment are within the accepted standards of dentistry

Professionally Adequate

- least expensive form of treatment within the range of appropriate treatments for a given dental condition that conforms to the accepted standards of dentistry

Alternative Procedures (two or more methods of treating a dental condition)

- least costly procedure or treatment which the dental profession recognizes to be professionally adequate with widely accepted standards of dental practice
- adequate and appropriate given the covered member's total current oral condition
- supported by study models, treatment records or charts, copies of any x-rays or other diagnostic materials

P & R Dental Strategies, Inc. provides the referral guidelines for professional review and the professional recommendations by licensed dentists or specialists in the states where treatment is given, as required, regarding the necessity of treatment, appropriateness of care, and contractual liability.

In addition, P & R Dental Strategies, Inc. provides the clinical review guidelines, standards, and dental protocols. The Lincoln National Life Insurance Company does not establish these. P & R Dental Strategies, Inc. uses the following standards and criteria when conducting reviews:

- American Dental Association Practice Parameters for oral health conditions;
- American Academy of Periodontology Parameters of Care;
- Accepted standards of care taught in dental schools and accepted by the dental community of providers; and
- Industry standards of benefit determination

P & R Dental Strategies, Inc. also considers the dental plan language, which is based upon accepted standards of care, and the above criteria. Updates to the claim review standards and criteria are made on an as-needed basis based on current therapies, new products and therapies, and evidenced based concepts, where applicable. P & R Dental Strategies, Inc. staff dentists and specialist dentists review and provide input in updating the standards and criteria.

Providers have daily access to P&R Dental Strategies, Inc. reviewers by telephone and fax. Providers requesting information and criteria used may contact P&R Dental Strategies, Inc.

The ADA website and ADA Current Dental Terminology, updated annually, are utilized as reference guides.

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Retrospective Review Process

Written notice of claim for actual services rendered must be submitted within 30 days (NJ, 20 days by claimant; 60 or 180 days by provider-see below for applicability) after a dental claim is incurred, or as soon as reasonably possible. The Lincoln National Life Insurance Company will send written acknowledgement within:

- (1) two working days after receiving the first proof of claim by electronic means; or
- (2) 15 days after receiving the first proof of claim by other means.

The claim is reviewed and a decision is rendered within 30 days of receiving the first proof of claim. Written notice of the claim decision is provided to the covered employee and provider. If any part of the claim is denied, the written notice will explain:

- (1) reason for the denial, under the terms of the dental policy and any internal guidelines;
- (2) procedure for obtaining a clinical explanation (including any change in coding by carrier) when benefits are denied because the service is not considered a Dental Necessity.
- (3) how claimant may request a review of the decision (including a toll-free phone number); and
- (4) whether more information is needed to support the claim.

The following applies to group policies situated in Missouri:

Informal Reconsideration of Adverse Claim Decision: On behalf of a covered member, the provider rendering the service to the covered member may request the adverse decision to be reconsidered. If such request is made, the adverse decision will be reviewed within one working day of receipt by the same person that made the adverse decision or by a designated peer if the original reviewer is not available within one working day. If there is no reversal or change in the decision, the covered member or provider may request an appeal to the adverse decision by filing a grievance.

The following applies to service rendered in Texas:

The Texas Department of Insurance requires that prior to making an adverse determination, The Lincoln National Life Insurance Company shall notify the provider and give the provider a reasonable opportunity to discuss the pending adverse determination. For a retrospective utilization review, The Lincoln National Life Insurance Company shall allow the provider five (5) working days to respond orally or in writing to the adverse determination.

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The following applies to dental services rendered in New Jersey:

Providers who file a claim on behalf of the insured without an assignment of benefits must submit the written notice of claim for actual services rendered within 60 days of the last date of service of that course of treatment.

Providers who file a claim on behalf of the insured with an assignment of benefits must submit written notice of the claim for actual services rendered within 180 days of the last date of service of that course of treatment. If the provider does not file the claim within this timeframe, then The Lincoln National Life Insurance Company reserves the right to deny or dispute the claim and the provider shall be prohibited from seeking payment in whole or in part from the claimant. In the event The Lincoln National Life Insurance Company exercises this right, notification will be given to the provider of its decision based upon the following factors that shall be addressed by the provider:

- (1) The good faith use of information provided by the claimant to the provider with respect to the identity of the claimant's health benefits payer;
- (2) Delays encountered in filing a claim related to the coordination of benefits among third party payers;
- (3) Whether the provider has previously filed untimely claims or has an established pattern of untimely claim practices;
- (4) Any prejudice to the rights of the claimant and/or the provider in determination of the dental necessity of the services and care being billed for; and
- (5) Potential adverse impact to the public

Grievance Procedures/Appeals Process

In the event a covered member or provider, on behalf of a covered member, wishes to appeal an adverse decision, an appeal may be submitted as outlined in the attached procedures for the applicable State.

Utilization Review Procedures

Within the Retrospective Review Process and Appeals Process, the following utilization review procedures apply. Upon receipt of a claim that is subject to utilization review, the claim is forwarded to P & R Dental Strategies, Inc. along with supporting documentation. A P & R Dental Strategies, Inc. licensed dentist\* or specialist dentist\* (in required area of specialty) reviews the claim and supporting documentation using the criteria and standards as previously described. The dentist (or specialist) will make an initial recommendation to either partially or fully deny services within five (5) working days of receipt of the information needed to make the recommendation. Within one (1) working day of the date the decision is rendered, P & R Dental Strategies, Inc. or Cotiviti, Inc. will notify The Lincoln National Life Insurance Company of the recommendation in writing.

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In the event information is needed to make a recommendation, P & R Dental Strategies, Inc. will advise The Lincoln National Life Insurance Company and the provider of the additional information required.

Compliance calls and letters as required by State law are completed by P & R Dental Strategies, Inc.

[\*Where required by state law, the dentist or specialist must be licensed within the scope of his or her practice in the state where the treatment takes place.]

Under-Utilization and Over-Utilization

The Lincoln National Life Insurance Company's dental claims administration system processes dental claims using the ADA procedure codes. The system has built-in checks to identify a dentist's status as a participating provider, any duplication of procedures, procedures not covered, benefits to be coordinated when other coverage may apply, and inconsistencies or discrepancies in billing. Reports can be generated from The Lincoln National Life Insurance Company's systems to monitor the use of in-network versus out-of-network providers for the PPO plans to determine if a particular geographical area is under-utilized with regard to network penetration to work with the network(s) to increase participation in those areas. Reporting also monitors the under and over-utilization of services to study trends or patterns in the market to identify questionable patterns of concern or fraud of a provider that must be escalated to Risk Management and the network(s) for proper handling. In addition, P & R Dental Strategies, Inc. provides professional recommendations regarding the possibility of fraud and the network(s) may monitor providers in response to such recommendations or in response to complaints the network receives directly.

Credentialing and Recredentialing

The dental network(s) leased by The Lincoln National Life Insurance Company perform the credentialing and recredentialing of the providers to participate in their network(s). These network(s) maintain their accreditation and monitor all state and federal laws and regulations as they relate to their network(s) to ensure compliance.

Confidentiality and Security

The dental claims administration system is maintained on its own server application and is backed up daily to support disaster recovery.

The Lincoln National Life Insurance Company collects only the information necessary to perform utilization review. Information is not released to any person or entity, other than for retrospective review, unless the covered member provides specific written authorization.

Coordination

The Utilization Review program is coordinated with other activities, which include dental quality management, reporting, grievance procedures, risk, and customer satisfaction.

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Description of organizational responsibilities for utilization review

The Lincoln National Life Insurance Company is responsible for providing dental plan information and contracts to P & R Dental Strategies, Inc., and any updates to these, for ensuring the referral criteria recommended by P & R Dental Strategies, Inc. is adhered to by claims personnel, and in upholding the terms of its agreement with P & R Dental Strategies, Inc. Each reviewer of P & R Strategies, Inc. is provided with a copy of the guidelines and review criteria.

Within The Lincoln National Life Insurance Company, the affected internal departments must follow their processes and procedures for claims reviews and grievances. The internal Quality Control area must monitor for accuracy and consistency.

Qualifications of utilization review personnel

Internal personnel that review dental claims or appeals have an average of three years of dental claims experience. Claims or appeals regarding dental necessity are referred to P & R Dental Strategies, Inc., which utilize licensed dentists and specialist dentists in providing professional recommendations.

Mechanisms to evaluate uniform application of guidelines

The Lincoln National Life Insurance Company's technical services business area audits dental claims for procedural, financial, and vendor quality and measures the results against the expected outcomes and goals.

P & R Dental Strategies, Inc. maintains its own measures for evaluating the uniform application of their guidelines in conducting utilization reviews.