

Monumental Life Insurance Company

Quality Improvement Program

This document is available to all members and Covered Members participating in a Monumental Life Insurance Company insurance plan.

¹ The Managed Care Unit consists of individuals who represent the company's business management, law, and compliance departments and also includes representatives from the business and claims departments of the company's third party administrator, Bollinger, Inc.

² In turn, the Managed Care Unit shall report annually to the President of the company who will inform and advise other members of the management team and Board of Directors as she deems appropriate network capacity including hospital and outpatient service capacity, and the distribution of provider types by particular specialty.

The Monumental Life Insurance Company Quality Improvement Program (“QI Program”) is designed to provide specifics on the role of the company in providing and managing the company’s managed care health programs. Oversight and management of the QI Program is the responsibility of the Quality Improvement Committee (“Committee”). The Committee itself shall make policy decisions, review and analyze information gathered for the purpose of measuring the performance of the quality improvement activities, and instituting corrective measures as needed.

Monumental devote significant human and financial resources to its QI Program. The Committee shall include representative members from Monumental and, as Monumental determines necessary, any entity to which Monumental has delegated any quality improvement or quality management functions. The company’s Medical Director shall be a member of the Committee, who will review all QI Program procedures and documents and make recommendations as needed.

The Committee will report to the company’s Managed Care Unit annually about the current status of the QI Program at the Managed Care Unit’s annual January meeting.¹ The Committee shall also, if necessary, make recommendations for QI Program improvements to the Managed Care Unit.²

STANDARDS The QI Program is designed to monitor overall plan quality, provider and network quality, provider and network adequacy including accessibility of primary, urgent care, and Behavioral Health services, availability of services, and privacy. The Committee shall set specific standards for the availability of practitioners including primary care providers, specialists and behavioral health providers and the accessibility of services for program members or Covered Members. Monumental’ current QI plan standards for 2007 are stated in this QI Program and the document entitled “Provider & Practitioner Oversight for the CCN Network”. All standards shall be reviewed by and acceptable to the Medical Director. It is the Committee’s responsibility to ensure that all stated standards are met (on an ongoing basis) for the benefit of the Covered Members.

One of the most important quality issues centers around the program Covered Member’s ability to conveniently access and utilize the network providers in a timely manner. The Committee shall establish itself or delegate to an outside third party provider network mechanisms to ensure the accessibility of primary care services, urgent care services, and member services. Any provider network the company utilizes to provide services to Covered Members shall have network access standards for access to preventive care appointments, routine primary care appointments, urgent care appointments, emergency care, and after-hours care. These access standards shall be based on the type of market being served, travel distances, and travel time. In addition, any network the company utilizes must also have availability

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standards that address

Monumental, or any entity to which Monumental delegates accessibility related quality improvement functions must provide Covered Members with a toll free customer service telephone number, an online provider locator, and access to an up to date provider directory. The provider directory shall contemplate and provide for the special cultural needs and preferences of Covered Members.

Monumental will send each Covered Member who files a claim a follow-up survey asking for information related to the availability and accessibility of network providers, and overall satisfaction, to help the Committee ensure that the program standards are being met. (See attached survey.) In addition, Monumental or any entity to which Monumental delegate accessibility related quality improvement functions must provide information on the number of complaints received related to availability or accessibility so that Monumental may fully assess whether the applicable standards are being met.

Any network that the company utilizes must contract with each individual and institutional provider, and do so through a written agreement which guarantees patient privacy and the providers' right to communicate freely with patients about treatment needs and recommendations regardless of the plan benefits.

Another important component of Monumental QI Program is ensuring that the services provided by the network and its providers are quality services which focus on patient safety. Any network that Monumental utilizes must monitor on an ongoing basis the clinical and administrative indicators that can demonstrate the possibility of quality of care deficiencies with a provider. A list of indicators must be reviewed and approved by the Committee. Monumental will evaluate these and all other QI factors so that any trends or patterns are noticed and opportunities to improve patient safety do not go unrecognized. The Committee will recommend, adopt, and implement all needed measures that it feels are necessary to improve patient safety. Monumental' program does not require any gatekeeper or designation of a primary care provider, so notification of provider terminations is met.

Monumental current plan standards are stated in the document entitled "Provider & Practitioner Oversight for the CCN Network". This describes the quality improvement program that the CCN/HCVN/First Health/Coventry ("CCN") has agreed to provide Monumental with per the delegation of this function from Monumental. A copy of this document has been attached and is hereby incorporated by reference.

DELEGATION The Committee may elect to delegate the responsibility for provision of a provider network to an independent, third party provider network. The delegation of duties by Monumental to an outside entity must be done through execution of a written agreement which describes: 1) the responsibilities of the Monumental and the entity to which responsibility is

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being delegated; 2) the delegated activities; 3) the frequency of reporting by the delegated entity to Monumental; 4) the process by which Monumental evaluates the delegated entity's performance; and 5) the remedies, including revocation of the delegation, available to Monumental if the delegated entity does not fulfill its obligations.

Monumental current QI plan standards for 2005 are stated in this QI Program and the document entitled "Provider & Practitioner Oversight for the CCN Network". This describes the quality improvement program that the CCN has agreed to provide Monumental with per a delegation from Monumental. Monumental have agreed to delegate functions related to the following to CCN: 1) network design and development; 2) network management, 3) network quality control; and 4) and provider contracting and credentialing. This delegation has been memorialized in a Delegation Agreement between Monumental and CCN.

BEHAVIORAL HEALTH The Committee is responsible for ensuring that Monumental programs provide for the provision of behavioral health services as required by certain policies. The Committee shall establish itself or delegate to an outside third party behavioral health care availability and access standards. These standards shall require reasonable hours of operations and service availability for Covered Members.

These accessibility and availability standards will be measured by surveying behavioral health providers and the individual Covered Members, asking them about their experiences. The survey results will be will be reviewed and analyzed by the Committee on a semi-annual basis.

However, because Monumental does not have a disease management program and all claim reviews are done retrospectively, claims presented which are based solely on behavioral health care services provided are always paid up to the appropriate plan coverage and benefit limits. Therefore, it is not really necessary for Monumental to have a behavioral health care component to its quality improvement program past ensuring the availability and accessibility of care.

OVERSIGHT Monumental oversight will consist of collecting, reviewing, and analyzing plan and network data/information obtained from both internal and external sources. If Monumental delegates any Quality Improvement function to an outside organization that organization shall provide Monumental with quarterly reports on a twice yearly basis or as otherwise more frequently as requested by Monumental.

CCN has agreed to provide Monumental with quarterly reports on the number and distribution of providers broken down by type of provider, medical specialty including behavioral health, and market type. This information will include the number of providers and locations within the provider network and GeoAccess maps showing the geographical distribution of the network. A report of how those numbers compare to the stated QI standards will also be provided. CCN shall also provide to Monumental on a quarterly basis notice of the

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number of disciplinary actions against network providers. This information will be analyzed by the Committee, including Dr. Paul Connors, and determination as to whether changes to the program or additional resources are necessary will be made. The Committee will issue the appropriate recommendations and institute changes as necessary.

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