We Promise

Together, all the way.

Cigna is a global health service company dedicated to improving the health, well-being, and peace of mind of those we serve.

Every day

We work to make experiences easy and reliable—in ways that you find proactive, personal and empathetic.
Who We Are – Cigna Corporate

Cigna is a global health services company dedicated to helping people improve their health, well-being and sense of security. With over 40,000 employees worldwide, we have over 95 million global customer relationships and work every day to help our customers lead a healthy, secure life. Our strategic focus is centered on delivering high quality, affordable, and personalized products and solutions to our customers and clients by leveraging our differentiated strengths as well as our talent and localized approach.

- **Cigna collaborative care**
  - 224 arrangements with large physician groups that span 32 states, reaching more than 2.5 million commercial customers

- **Global presence**
  - Sales capability in approximately 30 countries and jurisdictions, with more than one million partnerships with health care professionals, clinics and facilities

- **17 U.S. customer service centers**
  - Open 24/7/365 for medical and dental plan customers

- **Community giving**
  - $21.1 million in combined Cigna Giving through our Foundation, Civic Affairs and employee volunteering
  - 57,751 hours of Cigna employee volunteer service
  - Provided Cigna Foundation grants totaling more than $5 million

- **Cigna's commitment to veterans**
  - 24/7/365 Support for Veterans: Free national Veteran Support Line available to veterans, caregivers and families
  - Mindfulness programs for vets and families
  - $300,000 Cigna Foundation grant to the Iraq and Afghanistan Veterans of America
  - 2014-2016 Military Times Best for Vets Employer

- **Awards**
  - One of Corporate Responsibility Magazine’s 100 Best Corporate Citizens for 2017
  - One of three recipients of the National Business Group on Health’s Innovation in Advancing Health Equity Award
Who We Are – Cigna Medicaid

We serve Texas Medicaid STAR+PLUS Adults

- Serving Texas Medicaid since 2011
- People who have disabilities or are age 65 or older
- We cover ~51,000 STAR+PLUS Medicaid only and dual eligible members as well as operate a Medicare and Medicaid (MMP) plan
- We operate in three Medicaid Service Areas (Northeast, Hidalgo and Tarrant) spanning 50 counties ranging from major metropolitan areas to rural areas of Texas
Background: CMS

Advance alignment of payment approaches

Reward providers w/meaningful financial incentives

Deliver higher-quality & more affordable care
Alternative Payment Model Terminology

- Value Based Contracting
- Value Based Purchasing
- Quality Based Payments
- Alternative Payment Models

Payment Reform

All essentially mean the same thing. Moving away from volume-based or fee for service payment with no link to quality or value towards payment models that link metrics and quality results.
APM Guiding Principles

- Improve Member Outcomes
- Promote Appropriate Utilization
- Improve Data & Information Sharing
- Promote Early Intervention
### APM Categories

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee for Service - No Link to Quality &amp; Value</td>
<td>Fee for Service - Link to Quality &amp; Value</td>
<td>APMs Built on Fee-for-Service Architecture</td>
<td>Population - Based Payment</td>
</tr>
<tr>
<td>A</td>
<td>A</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Foundational Payments for Infrastructure &amp; Operations (e.g., care coordination fees and payments for HIT investments)</td>
<td>APMs with Shared Savings (e.g., shared savings with upside risk only)</td>
<td>Condition-Specific Population-Based Payment (e.g., per member per month payments payments for specialty services, such as oncology or mental health)</td>
<td>B</td>
</tr>
<tr>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</td>
<td>APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</td>
<td>Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</td>
<td>C</td>
</tr>
<tr>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Pay-for-Performance (e.g., bonuses for quality performance)</td>
<td></td>
<td>Integrated Finance &amp; Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)</td>
<td>3N Risk Based Payments NOT Linked to Quality</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4N Capitated Payments NOT Linked to Quality</td>
</tr>
</tbody>
</table>
The Cigna Approach to LTSS APM

- Motivating the change in provider behavior through a bonus

- Defining ‘quality’
The Cigna Approach to LTSS APM

- LTSS APM modeled after Primary Care APM

Balanced provider incentive with

Member engagement to achieve

Person Centered Care
The Cigna Approach: Defining Quality

- Cigna determined that we needed partners who like us valued:
  - Keeping Members out of the hospital/ER
  - Regular checkups with a Member’s PCP
  - Strong adherence to taking medications
- Higher than average incidence of diabetes in selected service area
  - Increased emphasis on HbA1c testing
The Cigna Approach: Defining Quality

- Admits per Thousand Members (ADK)
- Emergency Room Visits per Thousand Members (ERK)
- PCP Visits per Thousand Members
- Medication Adherence (PDC) - Diabetes
- Medication Adherence (PDC) - Cholesterol
- Medication Adherence (PDC) - Hypertension (RAS Antagonists)
- HbA1c Testing
Clinical Performance Measures

- Cigna defined specific measures that when met, directly improve Member health outcomes:

<table>
<thead>
<tr>
<th>Clinical Performance Measures (CPMs)</th>
<th>Clinical Performance Measure Thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions per thousand (ADK)</td>
<td>Less than or equal to 1</td>
</tr>
<tr>
<td>ER visits per thousand (ERK)</td>
<td>Less than or equal to 1</td>
</tr>
<tr>
<td>PCP visits per thousand (PCPK)</td>
<td>Greater than or equal to 1</td>
</tr>
<tr>
<td>Diabetes Medication Adherence</td>
<td>≥ 60%</td>
</tr>
<tr>
<td>Cholesterol Medication Adherence</td>
<td>≥ 60%</td>
</tr>
<tr>
<td>Hypertension medication Adherence</td>
<td>≥ 60%</td>
</tr>
<tr>
<td>HbA1c Testing</td>
<td>&gt;87.99%</td>
</tr>
</tbody>
</table>
Core Components

- Provider Agency > 100 Members
- Establish performance targets
- Data Collection Full Year w/ Quarterly Data Pull
- Minimum Threshold to Achieve Bonus
- Attendants trained & tested (80% passing score)
Eligibility Requirements

- Data collection-Jan 1 through Dec 31 of calendar year
- *Agency must have 100+ members
- No partial payments - must participate for entire data collection period
- Must meet clinical performance threshold as per below:

<table>
<thead>
<tr>
<th>CPVs meeting or exceeding thresholds</th>
<th>Percent of Maximum Quality Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4 Clinical Performance Measures Thresholds met</td>
<td>Not eligible</td>
</tr>
<tr>
<td>5 Clinical Performance Measures Thresholds met</td>
<td>60%</td>
</tr>
<tr>
<td>6 Clinical Performance Measures Thresholds met</td>
<td>80%</td>
</tr>
<tr>
<td>7 Clinical Performance Measures Thresholds met</td>
<td>100%</td>
</tr>
</tbody>
</table>

Cigna HealthSpring
Eligibility Requirements

Attendant Quiz
- 20 questions
- Must be completed within 60 calendar days of quiz release

Providers responsible for providing original list of all attendants
- 75% of total attendants must pass
- Passing score ≥ 80%

Clinical Performance Measures
- Must meet at least 5 of 7 measures to bonus
Non-APM Model Attendant Scenario

- Attendant present for assigned hours with member
- Member ends up going to ER
- Attendant unaware member not taking meds
- Attendant performs tasks e.g. cooks, cleans, shops, etc.
- Member not feeling well. Attendant doesn’t know why.
Attendant APM Model Scenario

Member adheres to taking medication & avoids ER visit

Attendant present for assigned hours with member armed with health information

Data Sharing

Attendant completes their task & specifically asks member if having any new symptoms or any issues with taking their meds

CHS reaches out to member and makes transportation arrangements or arranges pharmacy delivery

Member unable to get to the pharmacy. Attendant notifies CHS
Implementation

Impact Analysis
- Analytics-driven decision making
- Provider data

Collaborative Provider Partnerships
- First-hand knowledge
- Strong influence
- Frequent access to Member

Focus on Preventable Events
- Reduce ADK
- Reduce ERK
- PCP Visit
- Medication Adherence
- HgA1c Testing

Quarterly Dashboard
- Custom Provider metrics
- Periodic review to gauge YE performance
- Identify risk & opportunity
The Cigna Approach

Considers Personal Attendants’ influence with Members
Attendants: Champions for Member Success

- Bonding with Members means they become a trusted voice.
  - Time w/Member per year
    - Attendant = 1,000-2,000 hours
    - Primary care provider – 1 hour

- Only regular contact for some Members

- Crucial lifeline for Members and have the potential to become our best ally in the home
Measuring Effectiveness: Provider Dashboard

<table>
<thead>
<tr>
<th>Unique members</th>
<th>Dashboard Detail</th>
<th>Admits Summary</th>
<th>ER Summary</th>
<th>PCP Visit</th>
<th>No PCP Visits</th>
<th>ADH- Provider</th>
<th>ADH- Member</th>
<th>A1C Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of members in your agency, high level overview of each member</td>
<td>Member details that include quality stats per member</td>
<td># of hospital admissions per member</td>
<td># of ER admissions per member</td>
<td>Shows whether members within your agency have or have not seen their PCP within the last 6 months</td>
<td>Shows members within your agency that have NOT seen their PCP within the last 6 months to prioritize</td>
<td>Overall adherence % for each measure</td>
<td>Shows whether member did meet or did not meet the med adherence</td>
<td>Shows whether member was compliant or non-compliant for A1C testing</td>
</tr>
</tbody>
</table>

Cigna HealthSpring

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Barriers

- Time
- Building Consensus
- Data Validation
- Ongoing Training
Improve Attendants’ Performance

- Comprehensive, evidence-based PCA training leads to higher satisfaction and better health outcomes
- Improve EVV performance
- Current minimum training requirements do not serve members effectively
- On-going training for all attendants
- Active Fraud, Waste & Abuse (FWA) education and response
- Ratings system for attendants
Outcome: Performance Measure Not Met

<table>
<thead>
<tr>
<th>Provider Metrics</th>
<th>Metric Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Mbrs</td>
<td>31</td>
</tr>
<tr>
<td>MM</td>
<td>334</td>
</tr>
<tr>
<td>Admit</td>
<td>11</td>
</tr>
<tr>
<td>ADKScore</td>
<td>19</td>
</tr>
<tr>
<td>ERVisit</td>
<td>39</td>
</tr>
<tr>
<td>ERKScore</td>
<td>1.51</td>
</tr>
<tr>
<td>PCPVisit</td>
<td>211</td>
</tr>
<tr>
<td>PCPScore</td>
<td>1.29</td>
</tr>
<tr>
<td>Statin</td>
<td>69.23%</td>
</tr>
<tr>
<td>OralDiabetes</td>
<td>64.00%</td>
</tr>
<tr>
<td>AceArb</td>
<td>74.43%</td>
</tr>
<tr>
<td>A1C Testing</td>
<td>90.00%</td>
</tr>
<tr>
<td>ADK</td>
<td>395</td>
</tr>
<tr>
<td>ERK</td>
<td>1,401</td>
</tr>
<tr>
<td>PCPK</td>
<td>7,581</td>
</tr>
</tbody>
</table>

To Meet Metric Threshold:
- Provider ADK Score Less Than or Equal to Metric Goals
- Provider ERK Score Less Than or Equal to Metric Goals
- Provider PCP Score Greater Than or Equal to Metric Goals
- Medication Adherence Greater than or Equal to Metric Goals

<table>
<thead>
<tr>
<th>Determination of the Total Quality Incentive Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna-HealthSpring will collect data on Provider's performance on the Clinical Performance Measures through the Audit Period to assess Provider's overall performance during the Data Collection Period. The maximum Quality Incentive Provider is eligible to receive under this LTSS Program is $ and the Quality Incentive shall be calculated based on the following table:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ClpM meeting or exceeding threshold</th>
<th>Percent Maximum Quality Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threshold not</td>
<td>Quality Incentive Earned</td>
</tr>
<tr>
<td>5 to 6 ClpM Measures</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Clinical Performance Measures</td>
<td>60%</td>
</tr>
<tr>
<td>Clinical Performance Measures</td>
<td>80%</td>
</tr>
<tr>
<td>Clinical Performance Measures</td>
<td>100%</td>
</tr>
<tr>
<td>Clinical Performance Measures</td>
<td>$</td>
</tr>
<tr>
<td>Clinical Performance Measures</td>
<td>$</td>
</tr>
</tbody>
</table>
# Outcome: Performance Measure Met

<table>
<thead>
<tr>
<th>Provider Metrics</th>
<th>Metric Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Mbrs 84</td>
<td>Hidalgo SDA 1,358</td>
</tr>
<tr>
<td>MM 897</td>
<td>14,417</td>
</tr>
<tr>
<td>Admit 23</td>
<td>391</td>
</tr>
<tr>
<td>ADK Score 0.38</td>
<td>1</td>
</tr>
<tr>
<td>ER visit 67</td>
<td>1,292</td>
</tr>
<tr>
<td>ERK Score 0.23</td>
<td>1</td>
</tr>
<tr>
<td>PCPVit 451</td>
<td>7,080</td>
</tr>
<tr>
<td>PCPScore 1.02</td>
<td>1</td>
</tr>
<tr>
<td>Statin 60.00%</td>
<td>60.00%</td>
</tr>
<tr>
<td>Oral Diabetes 80.00%</td>
<td>60.00%</td>
</tr>
<tr>
<td>AceARB 74.19%</td>
<td>87.99%</td>
</tr>
<tr>
<td>A1C Testing 96.67%</td>
<td>325</td>
</tr>
<tr>
<td>ADK 306</td>
<td>1,075</td>
</tr>
<tr>
<td>ERK 896</td>
<td>5,893</td>
</tr>
<tr>
<td>PCPK 6,033</td>
<td></td>
</tr>
<tr>
<td>Metrics Met: 7.37</td>
<td></td>
</tr>
</tbody>
</table>

To Meet Metrics Thresholds:
- Provider ADK Score Less Than or Equal to Metric Goals
- Provider ERK Score Less Than or Equal to Metric Goals
- Provider PCP Score Greater Than or Equal to Metric Goals
- Medication Adherence Greater than or Equal to Metric Goals

## Determination of the Total Quality Incentive Payment

Cigna HealthSpring shall collect data on Provider’s performance on the Clinical Performance Measures through the Audit Period to assess Provider’s overall performance during the Data Collection Period. The maximum Quality Incentive Provider is eligible to receive under this LTIS Program is $ and the Quality Incentive shall be calculated based on the following table:

<table>
<thead>
<tr>
<th>Thresholds met</th>
<th>Percent of Minimum Quality Incentive</th>
<th>Quality Incentive Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4 Clinical Performance Measures</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>1. Clinical Performance Measures</td>
<td>60%</td>
<td>$</td>
</tr>
<tr>
<td>Thresholds not met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Clinical Performance Measures</td>
<td>80%</td>
<td>$</td>
</tr>
<tr>
<td>Thresholds not met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Clinical Performance Measures</td>
<td>100%</td>
<td>$</td>
</tr>
<tr>
<td>Thresholds not met</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cigna HealthSpring’s LTIS Program includes the following components:

- **Plan Members**
- **Provider Community**
- **Quality Improvement**
- **Stakeholder Engagement**
- **Communication**
What We Got Right!

Choosing an existing collaborative as a provider partner

- Volume increased likelihood of meeting minimum threshold

Attendant training

- Importance of their observations
  What to watch & how to report it

Validated Pay-outs

- Keep reimbursement methodology simple
What Is Still A Work In Progress!

38 Agencies

- All Seven Metrics Met
  - Agencies: 1
  - 3%

- Six Metrics Met
  - Agencies: 7
  - 18%

- Five Metrics Met
  - Agencies: 10
  - 26%

- Four or Less Metrics Met
  - Agencies: 20
  - 53%
Provider Perspective: Case Studies

- Case #1  Intensive Care Program
- Case #2  Attendant Training & Testimonials
- Case #3  Continuous Improvement
Points to Consider

Keep the focus on the Member

Analytics are key

Start somewhere; don't try to measure the moon!

Know the influencers & how to incentivize them

Cigna HealthSpring

TEXAS STAR PLUS
TEXAS Medicare
Medicaid Plan
TEXAS Health and Human Services