

CIGNA COLLABORATIVE COMMUNITY ATTENDANT ALTERNATIVE PAYMENT MODEL

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Unlimited

Offered by Cigna Health and Life Insurance Company or its affiliates

Together, all the way.®



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



Alternative Payment Model Terminology

- Value Based Contracting
- Value Based Purchasing

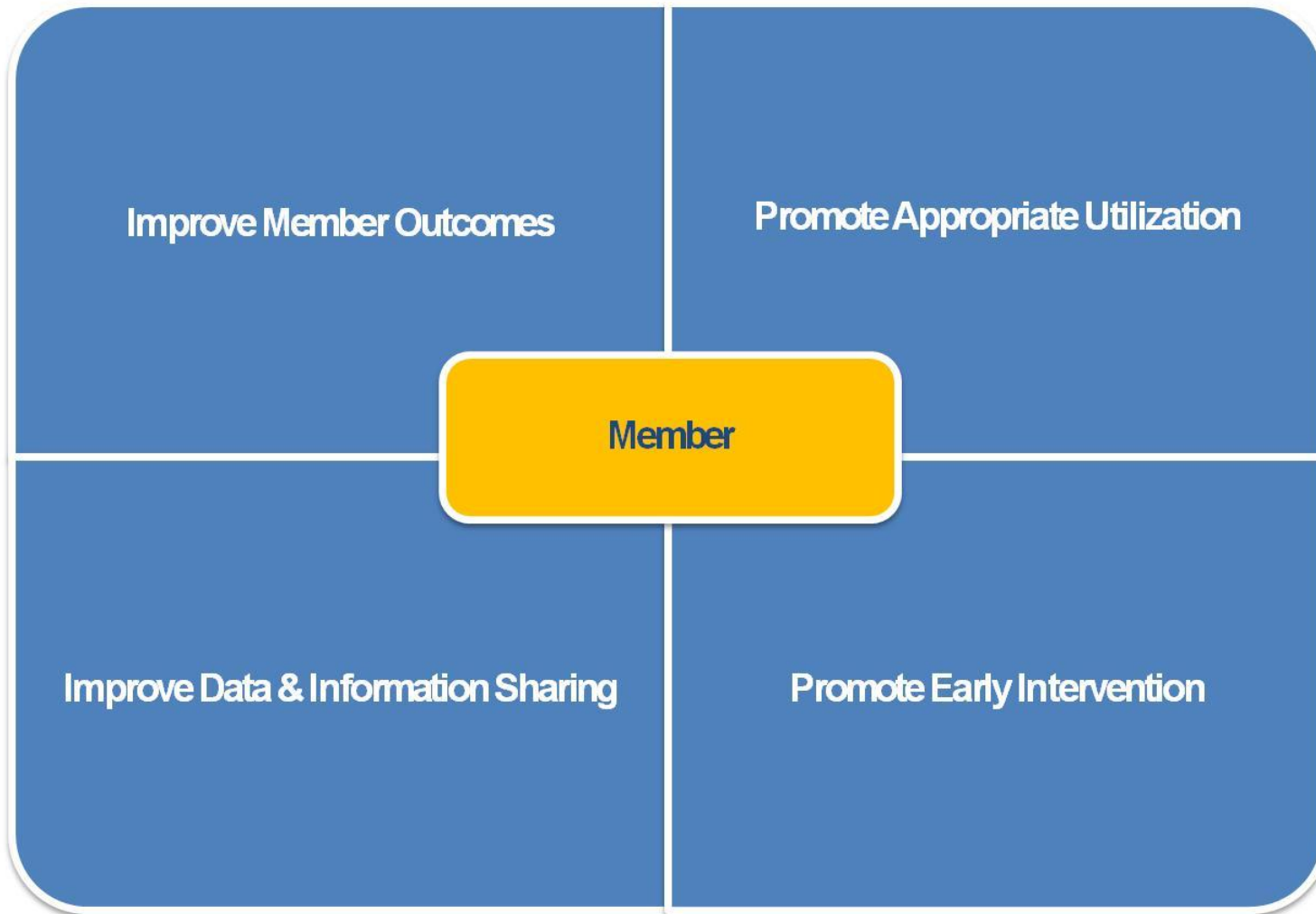
- Quality Based Payments
- Alternative Payment Models

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 result.



APM Guiding Principles



APM Categories

			
<p>CATEGORY 1 FEE FOR SERVICE - NO LINK TO QUALITY & VALUE</p>	<p>CATEGORY 2 FEE FOR SERVICE - LINK TO QUALITY & VALUE</p> <p>A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)</p> <p>B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</p> <p>C Pay-for-Performance (e.g., bonuses for quality performance)</p>	<p>CATEGORY 3 APMS BUILT ON FEE -FOR-SERVICE ARCHITECTURE</p> <p>A APMs with Shared Savings (e.g., shared savings with upside risk only)</p> <p>B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p>CATEGORY 4 POPULATION - BASED PAYMENT</p> <p>A Condition-Specific Population-Based Payment (e.g., per member per month payments payments for specialty services, such as oncology or mental health)</p> <p>B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</p> <p>C Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p>3N Risk Based Payments NOT Linked to Quality</p>	<p>4N Capitated Payments NOT Linked to Quality</p>

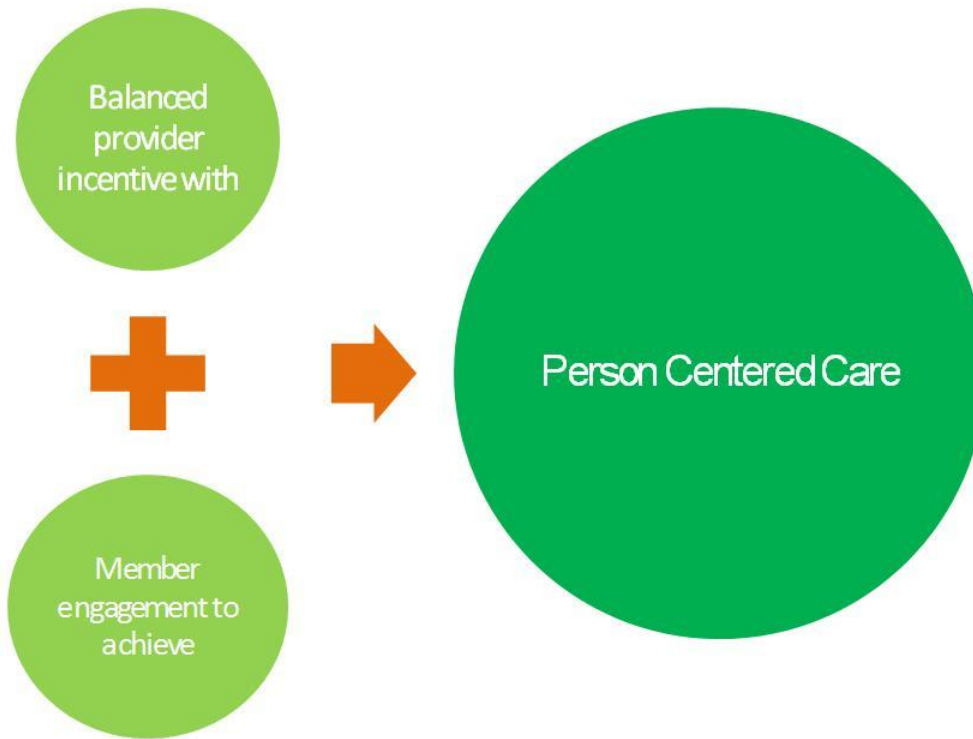
The Cigna Approach to LTSS APM

- *Motivating the change in provider behavior through a bonus*
- *Defining 'quality'*



The Cigna Approach to LTSS APM

- LTSS APM modeled after Primary Care APM

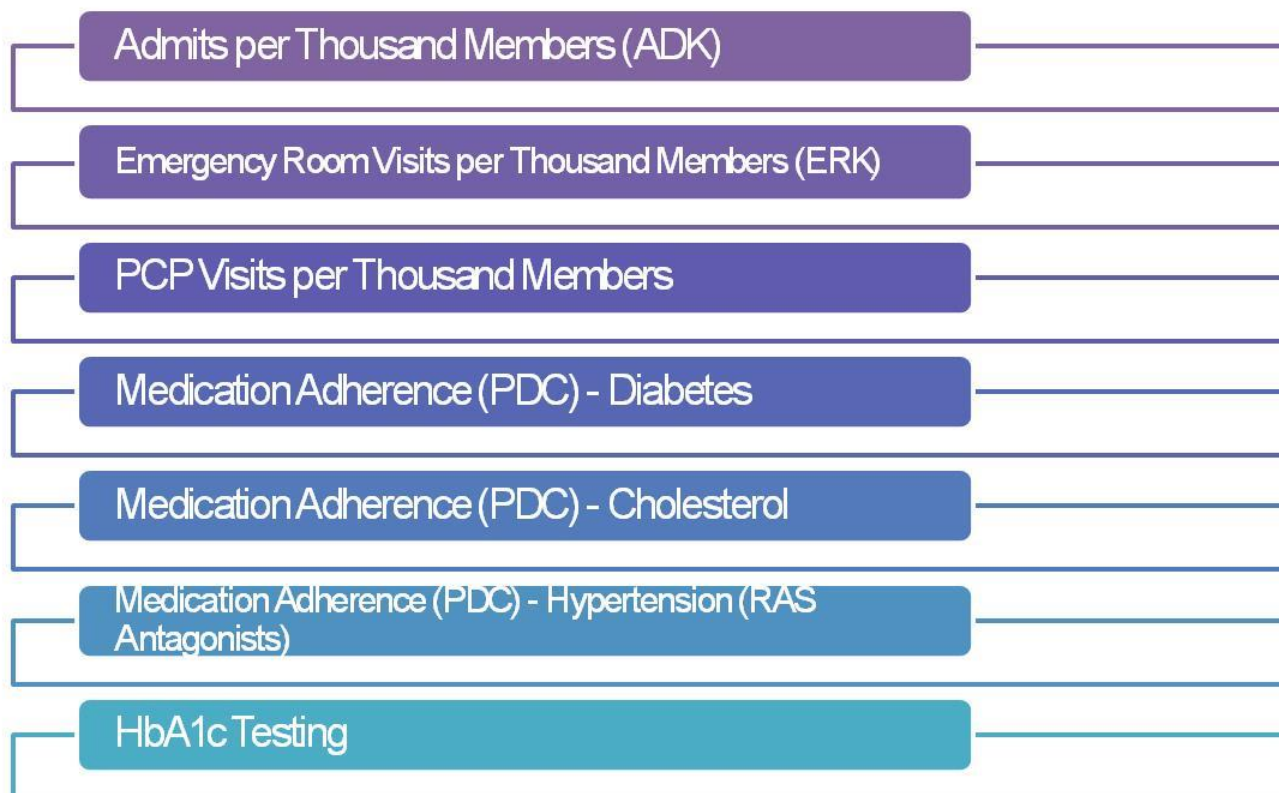


The Cigna Approach: Defining Quality

- 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



Clinical Performance Measures

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

Clinical Performance Measures (CPMs)	Clinical Performance Measure Thresholds
Admissions per thousand (ADK)	Less than or equal to 1
ER visits per thousand (ERK)	Less than or equal to 1
PCP visits per thousand (PCPK)	Greater than or equal to 1
Diabetes Medication Adherence	≥ 60%
Cholesterol Medication Adherence	≥ 60%
Hypertension medication Adherence	≥ 60%
HbA1c Testing	>87.99%



Core Components

Provider Agency > 100 Members

Establish performance targets

Data Collection Full Year w/Qtrly
Data Pull

Minimum Threshold to Achieve
Bonus

Attendants trained & tested
(80% passing score)



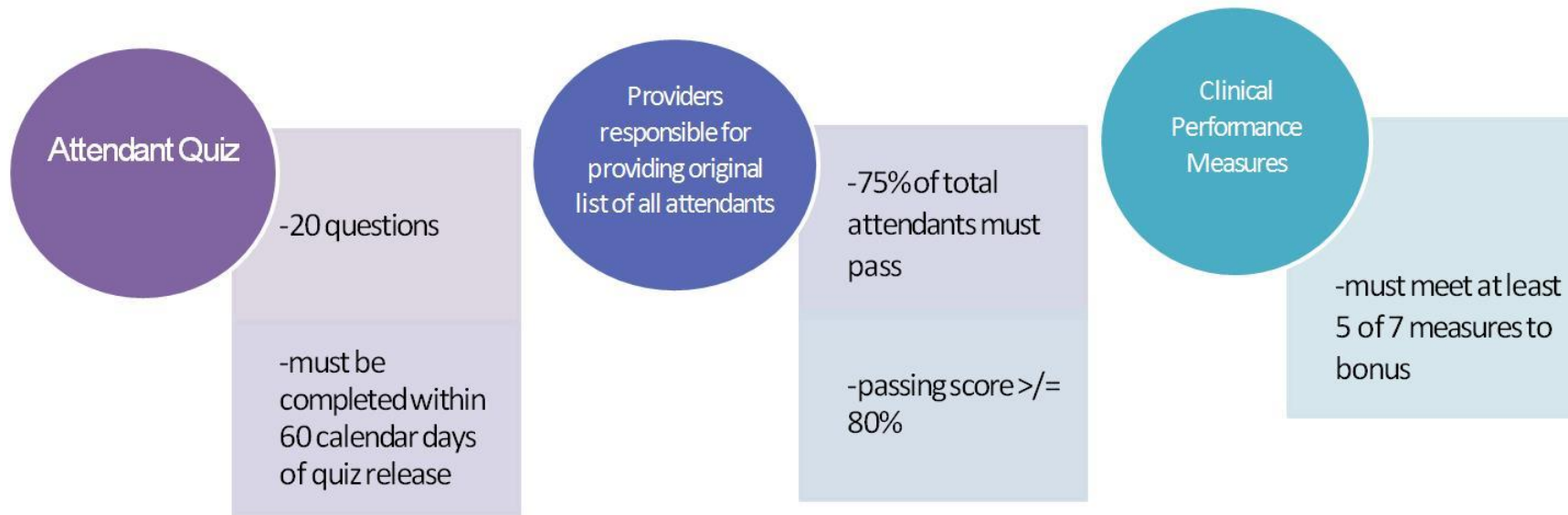
Eligibility Requirements

- *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:*

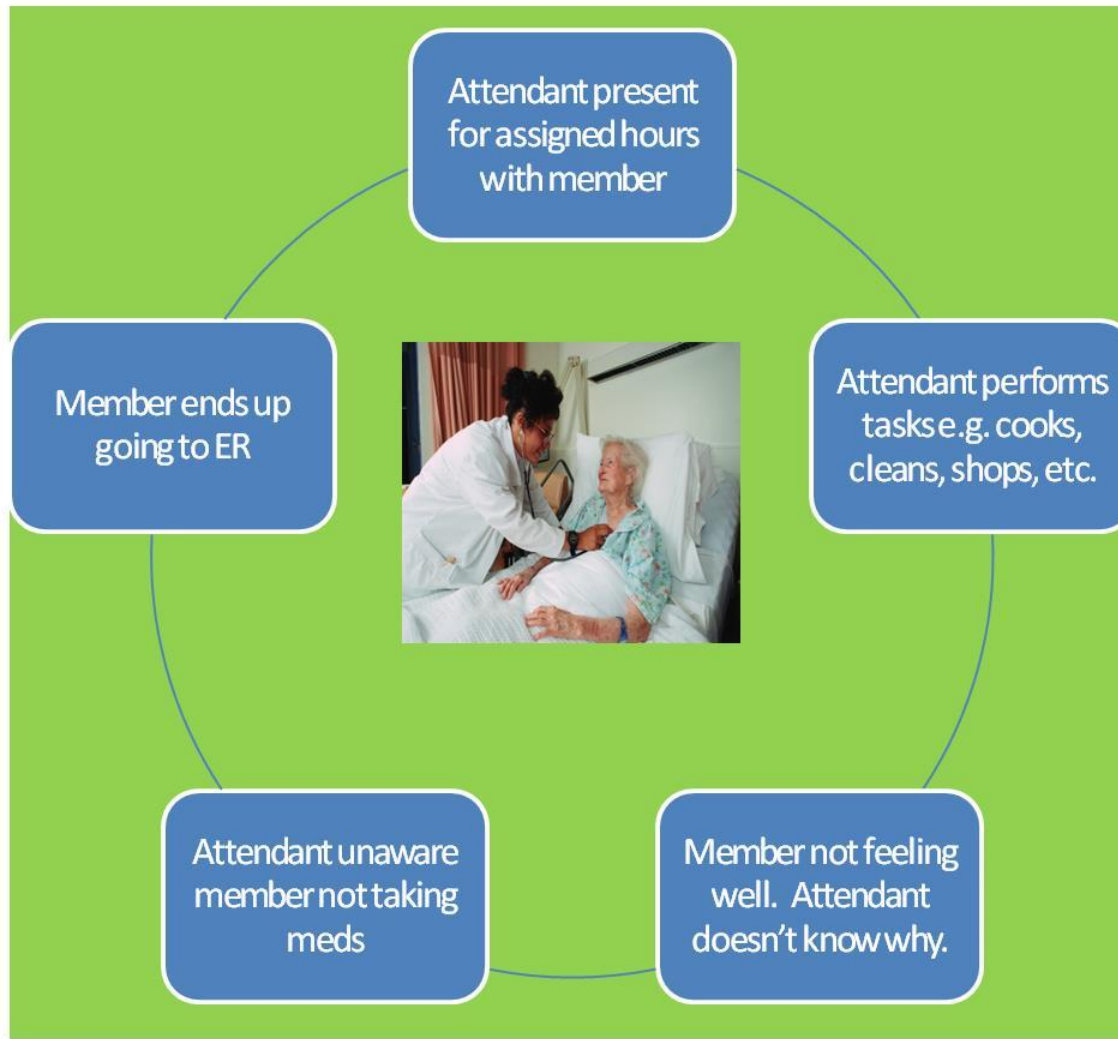
CPMs meeting or exceeding thresholds	Percent of Maximum Quality Incentive
0 to 4 Clinical Performance Measures Thresholds met	Not eligible
5 Clinical Performance Measures Thresholds met	60%
6 Clinical Performance Measures Thresholds met	80%
7 Clinical Performance Measures Thresholds met	100%



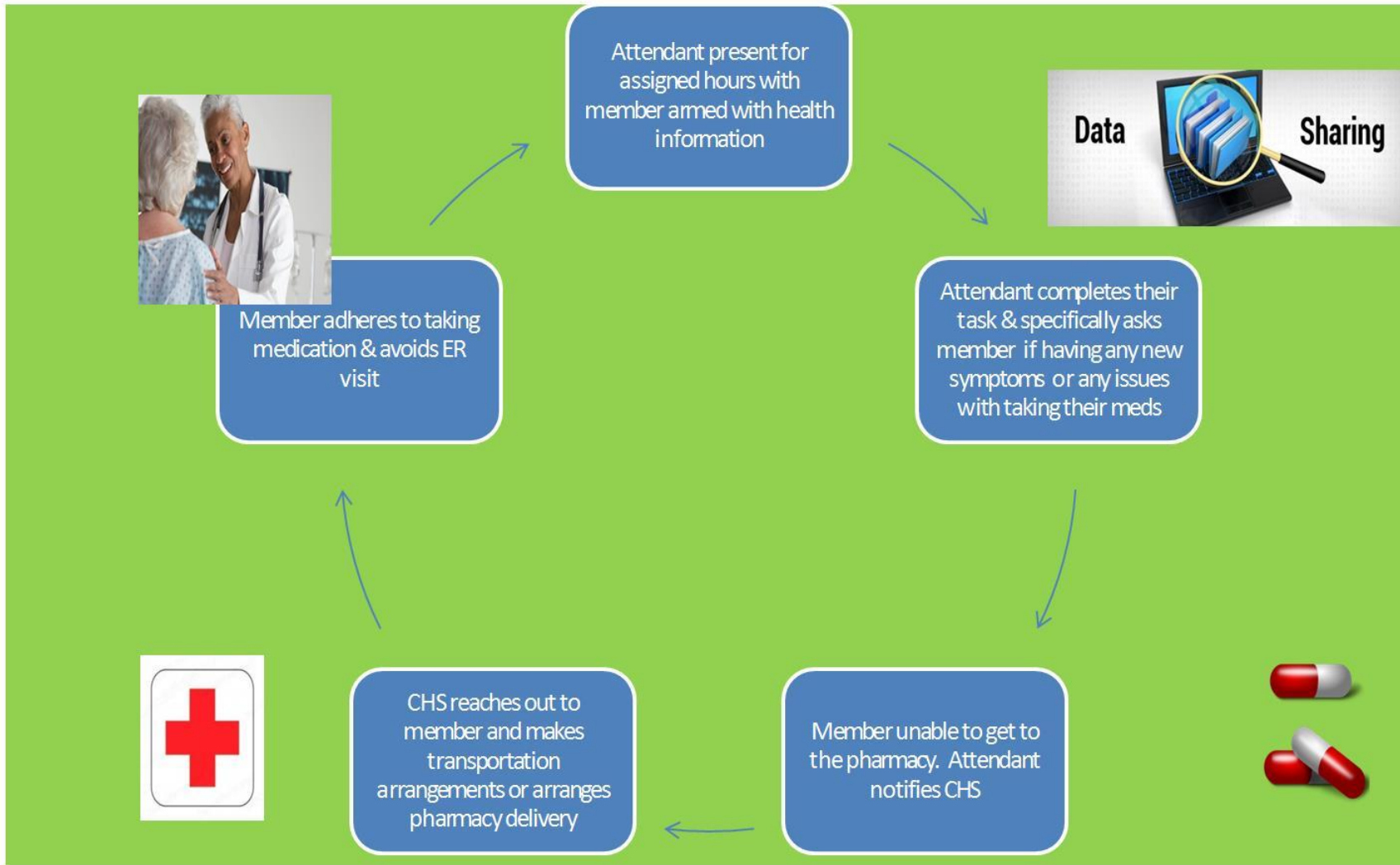
Eligibility Requirements



Non-APM Model Attendant Scenario



Attendant APM Model Scenario



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*

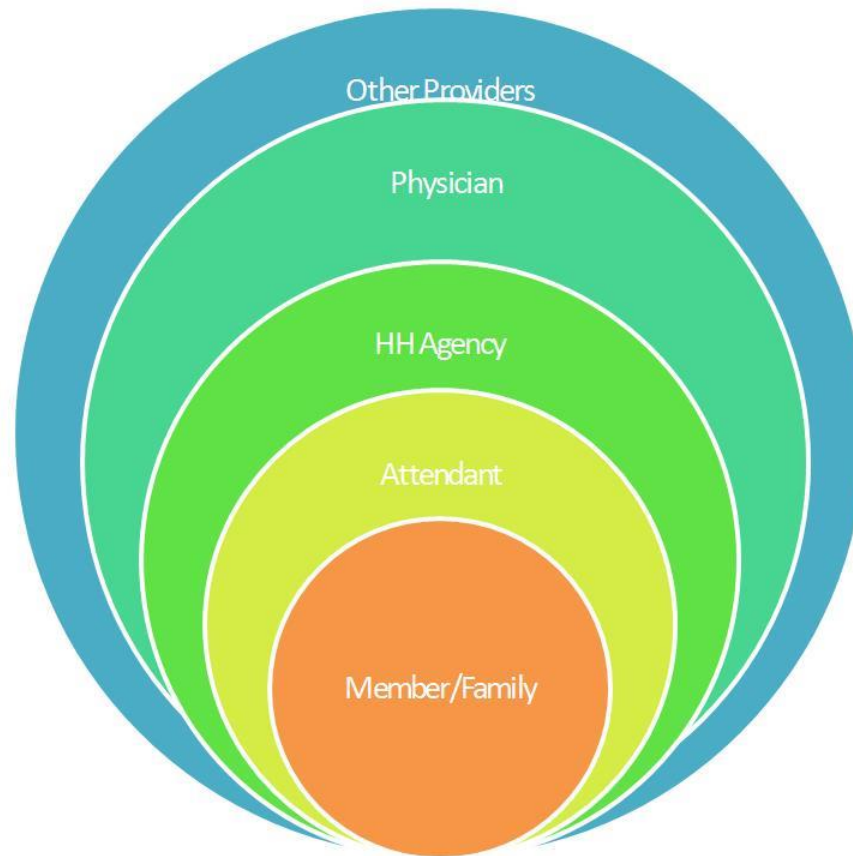
Quarterly Dashboard

- *Custom Provider metrics*
- *Periodic review to gauge YE performance*
- *Identify risk & opportunity*



The Cigna Approach

Considers Personal Attendants' influence with Members

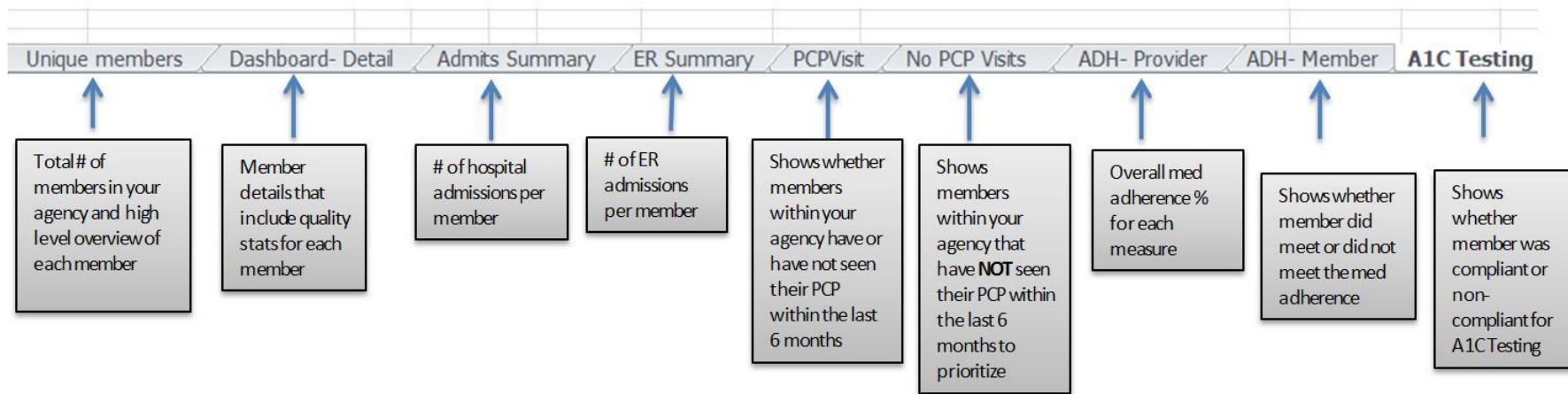


Attendants: Champions for Member Success

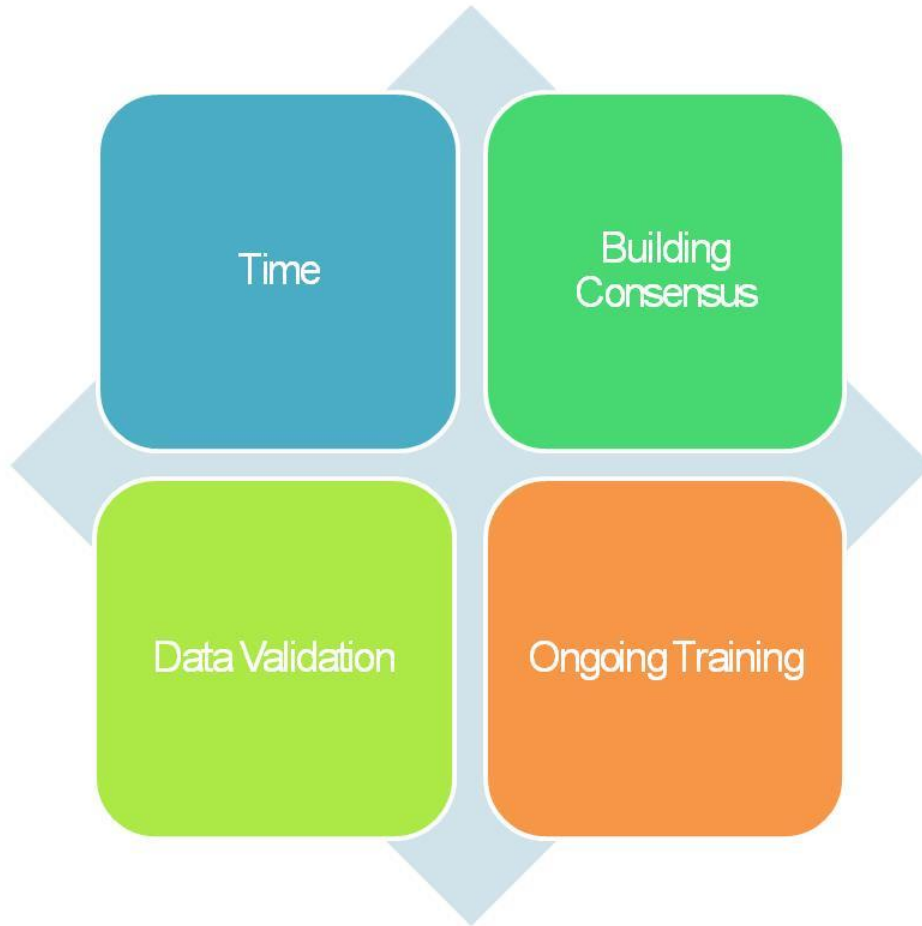
- Bonding with Members means they become a **trusted voice**.
 - Time w/Member per year
 - Attendant = 1,000-2,000 hours
 - Primary care provider – 1 hour
- Only **regular contact** for some Members
- **Crucial lifeline** for Members and have the potential to become our best ally in the home



Measuring Effectiveness: Provider Dashboard



Barriers



Improve Attendants' Performance

- Comprehensive, evidence-based PCA training leads to higher satisfaction and better health outcomes
- Improve EVW 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



Outcomes



Admits per Thousand Members



Emergency Room Visits per Thousand



PCP Visits per Thousand



Medication Adherence (PDC) - Diabetes



Medication Adherence (PDC) - Cholesterol



Medication Adherence (PDC) - Hypertension (RAS Antagonists)



HbA1c Testing



Outcome: Performance Measure Not Met

	Provider Metrics	Metric Goals
	Unique Mbrs	31
	MM	334
	Admit	11
	ADKScore	1.22
	ERvist	39
	ERKScore	1.30
	PCPVisit	211
	PCPScore	1.29
	Statin	69.23%
	OralDiabetes	0.00%
	AceArb	71.43%
	A1C Testing	90.00%
	ADK	395
	ERK	1,401
	PCPK	7,581
	Metrics Met:	4.00

Provider Metrics	Metric Goals
Hidalgo SDA	1,358
	14,417
	391
	1
	1,292
	1
	7,080
	1
	60.00%
	60.00%
	60.00%
	87.99%
	325
	1,075
	5,893

To Meet Metrics 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

3. 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 LTSS Program is _____ and the Quality Incentive shall be calculated based on the following table:

CPMs meeting or exceeding thresholds	Percent of Maximum Quality Incentive	Quality Incentive Earned
0 to 4 Clinical Performance Measures Thresholds met	Not eligible	Not eligible
5 Clinical Performance Measures Thresholds met	60%	\$
6 Clinical Performance Measures Thresholds met	80%	\$
7 Clinical Performance Measures Thresholds met	100%	\$



Outcome: Performance Measure Met

	Provider Metrics	Hidalgo SDA	Metric Goals
Unique Mbrs	84		1,358
MM	897		14,417
Admit	23		391
ADKScore	0.95		1
ERvist	67		1,292
ERKScore	0.83		1
PCPVisit	451		7,080
PCPScore	1.02		1
Statin	60.00%		60.00%
OralDiabetes	80.00%		60.00%
AceArb	74.19%		60.00%
A1C Testing	96.67%		87.99%
ADK	308		325
ERK	896		1,075
PCPK	6,033		5,893
Metrics Met:	7.00		

To Meet Metrics 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

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7 Clinical Performance Measures Thresholds met	100%	\$ _____



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

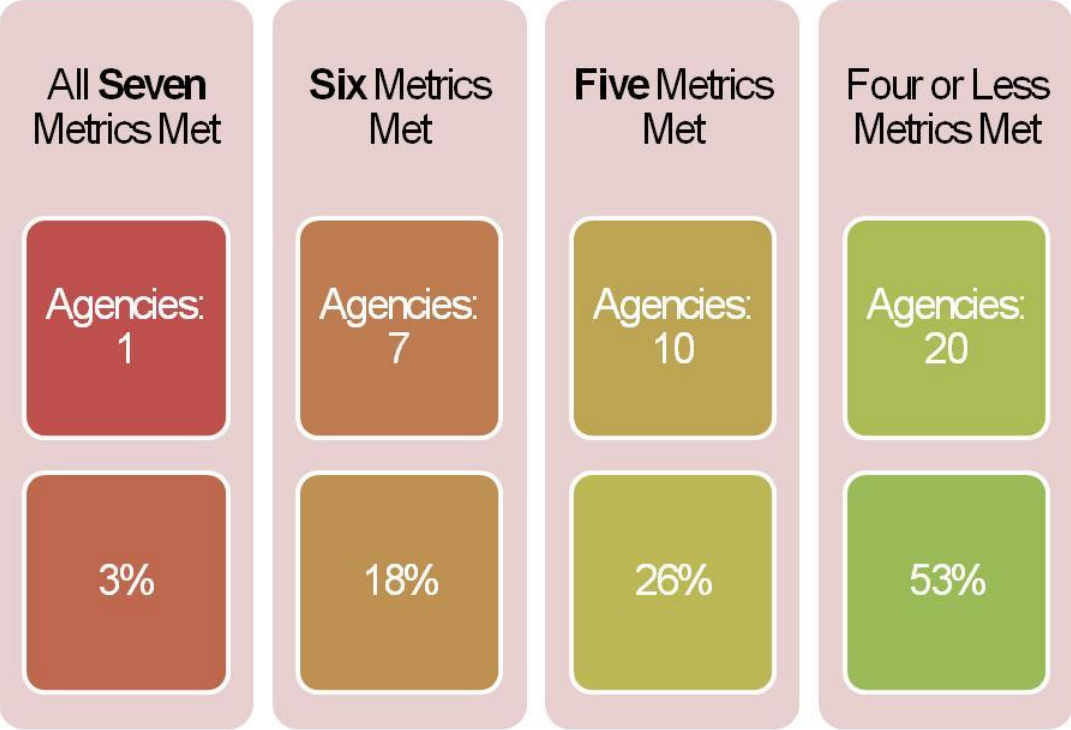
Validated Pay-outs

- Keep reimbursement methodology simple



What Is Still A Work In Progress!

38 Agencies



Provider Perspective: Case Studies

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



Points to Consider



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