

INNOVATION CARE PARTNERS



CIGNA COLLABORATIVE CARE

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

GET BETTER: CARE. OUTCOMES. SAVINGS.

Innovation Care Partners Strategic Framework

Mission: Innovation Care Partners provides coordinated, high-value, evidence-based care to improve the health and well-being of the patients and families we serve.

Vision: Innovation Care Partners will be the leader in innovative healthcare delivery with exceptionally high quality, balanced against cost, and will be the preeminent partner of choice for aligned physicians and payers.

Physician
Engagement

Care
Coordination

Information
Technology

Collaboration

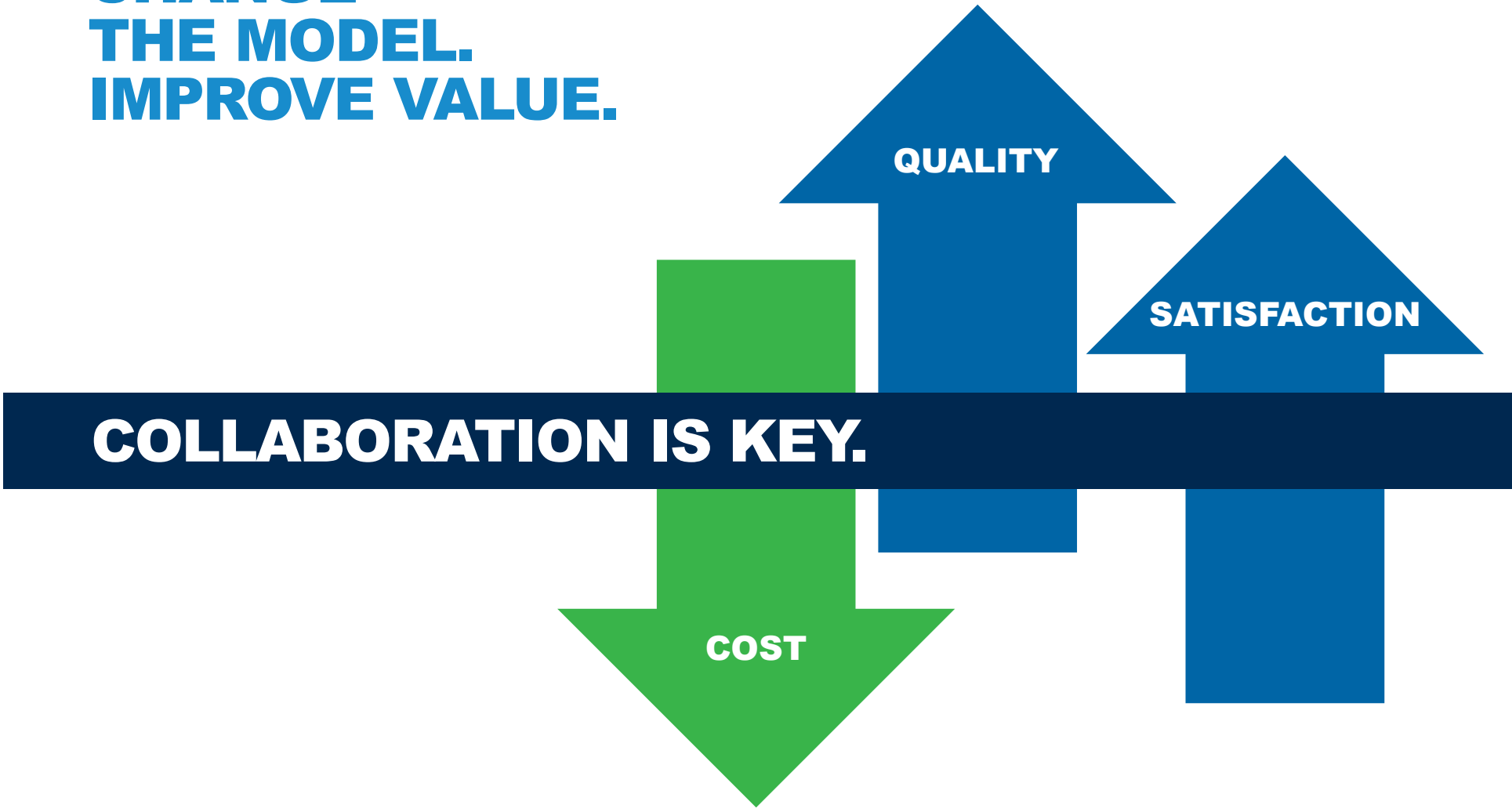
Clinical & Risk
Analytics

ICP Pillars for Success

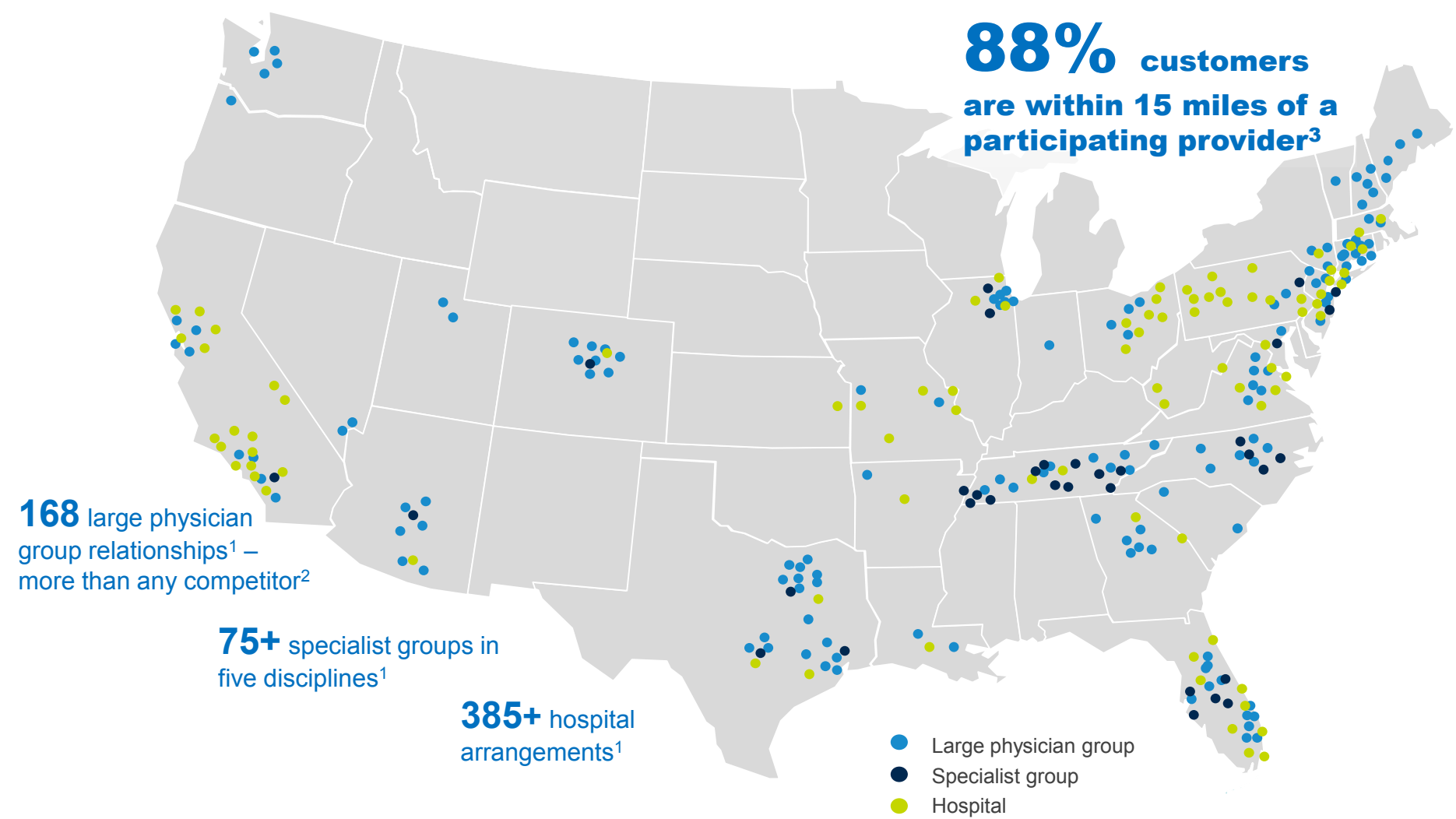
Values:

- Patient-centered
- Physician driven
- Transparent and Fair
- Pluralistic
- Continuously Improving

**CHANGE
THE MODEL.
IMPROVE VALUE.**



ACTIVE ARRANGEMENTS



Map is illustrative.

1. Cigna internal analysis of existing arrangements as of January 2017. Subject to change.

2. Becker's Hospital Review, "A year of mixed results, continued growth for ACOs," November 2014.

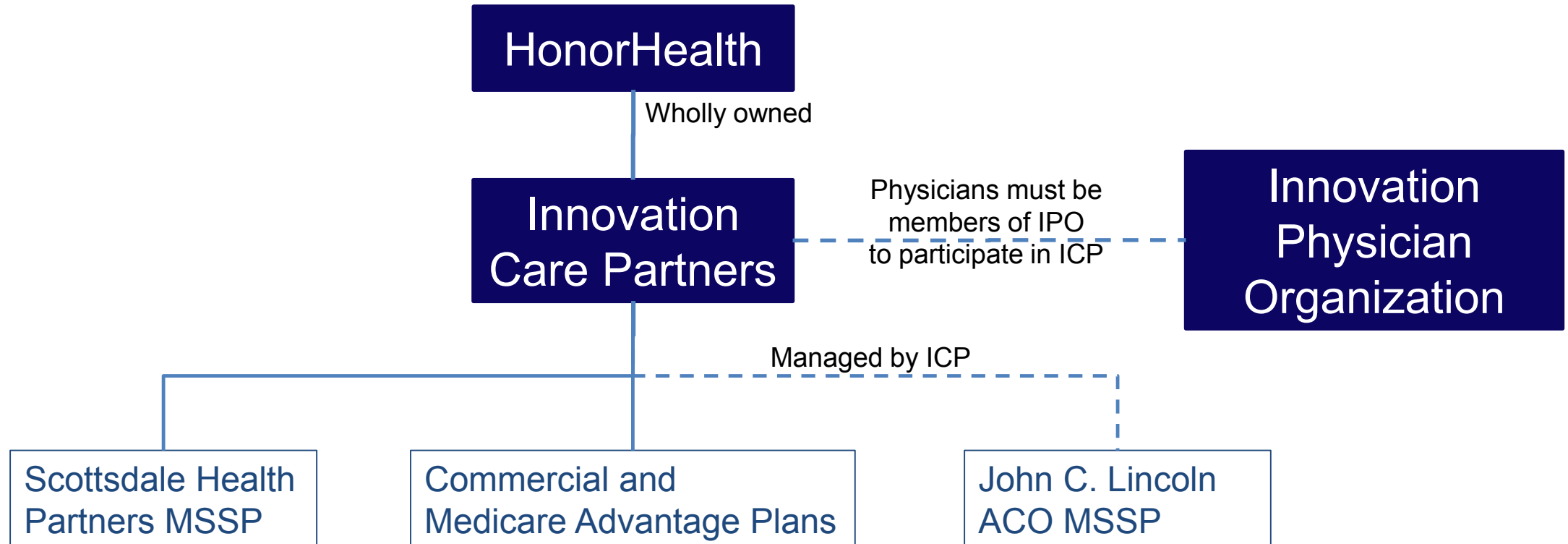
3. Cigna 10/1/16 analysis of medical BOB customers in top 40 US markets, defined by market size, within 15-mile Zip code radius (Zip code to Zip code distance) of large physician group primary care physicians. Subject to change.



What is Innovation Care Partners?

Clinical Integration and Accountable Care Organizations

- CI - Legal mechanism that allows practices to remain independent but work together to provide coordinated quality care
- MSSP – Participant in CMS Medicare Shared Savings Program

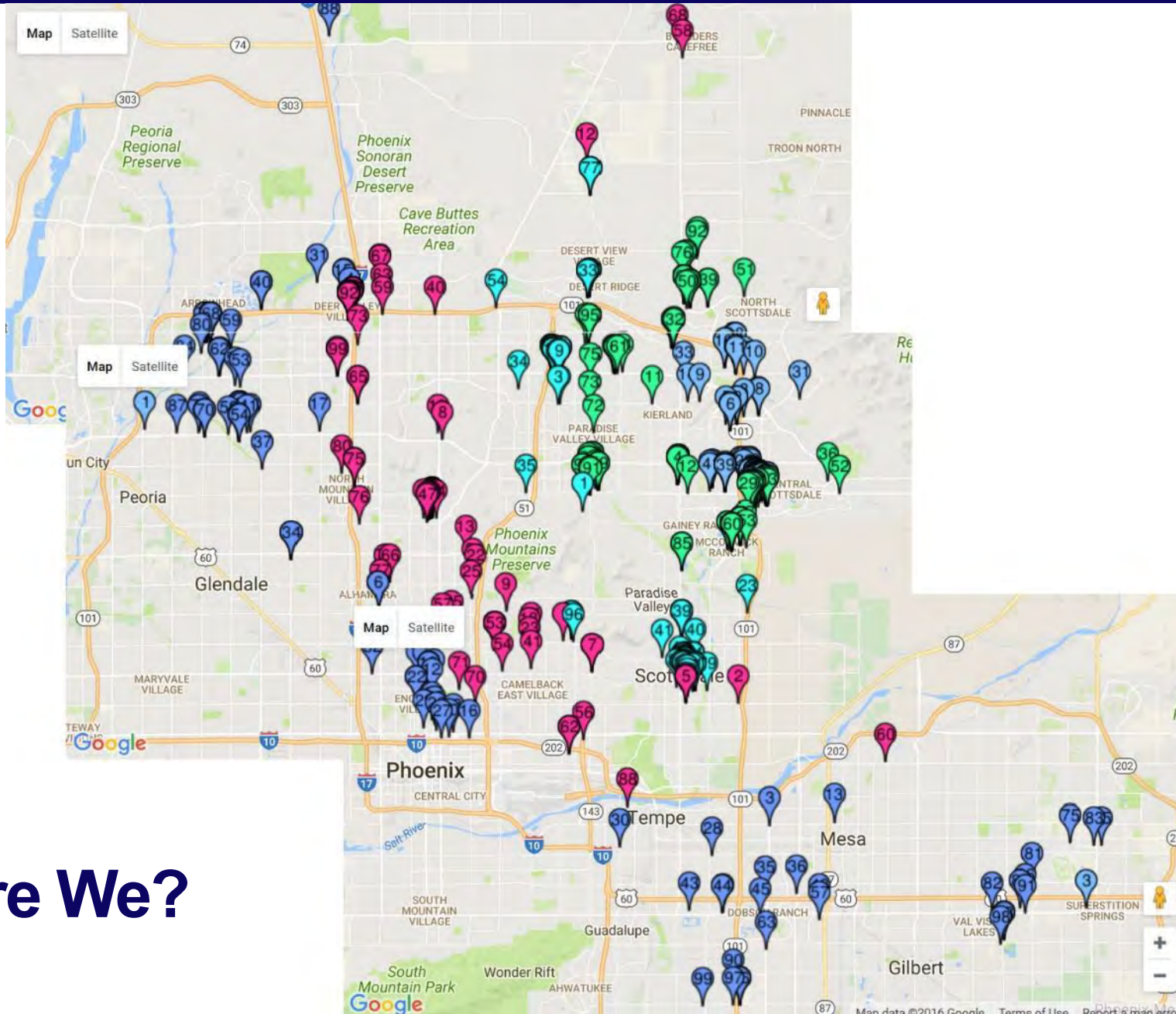


ICP Physician Membership

Family Medicine	223	Hospitalists	63
Internal Medicine	43	Intensivists	5
Pediatricians	15	Nephrology	44
PCP Total	281	Neurology	10
Allergy	7	OB/GYN	28
Anesthesiology	152	OB/GYN-Perinatal	2
Bariatrics	3	Ophthalmology	51
Breast Surgery	5	Orthopedic Surgeon	51
Cardiac Electrophysiology	6	Pain Management	55
Cardiology	60	Pathology	8
Cardiovascular Surgery	5	Plastic Surgery	11
Colon and Rectal Surgery	3	Pulmonary-Critical Care	12
Dermatology	23	Pulmonology	16
Ear, Nose & Throat	16	Radiation-Oncology	22
Emergency Medicine	34	Radiology	70
Endocrinology	9	Urogynecology	11
Fertility	4	Urology	56
Gastroenterology	39	Vascular Surgery	7
General Surgery	31	Other	80
Hand Surgery	3	Specialist Total	1046
Hematology-Oncology	44	Pending Total	228
		Grand Total	1555

- Pending = In-Process:

- Medical Staff credentialing
- BCBS contracting
- Missing important contract documents

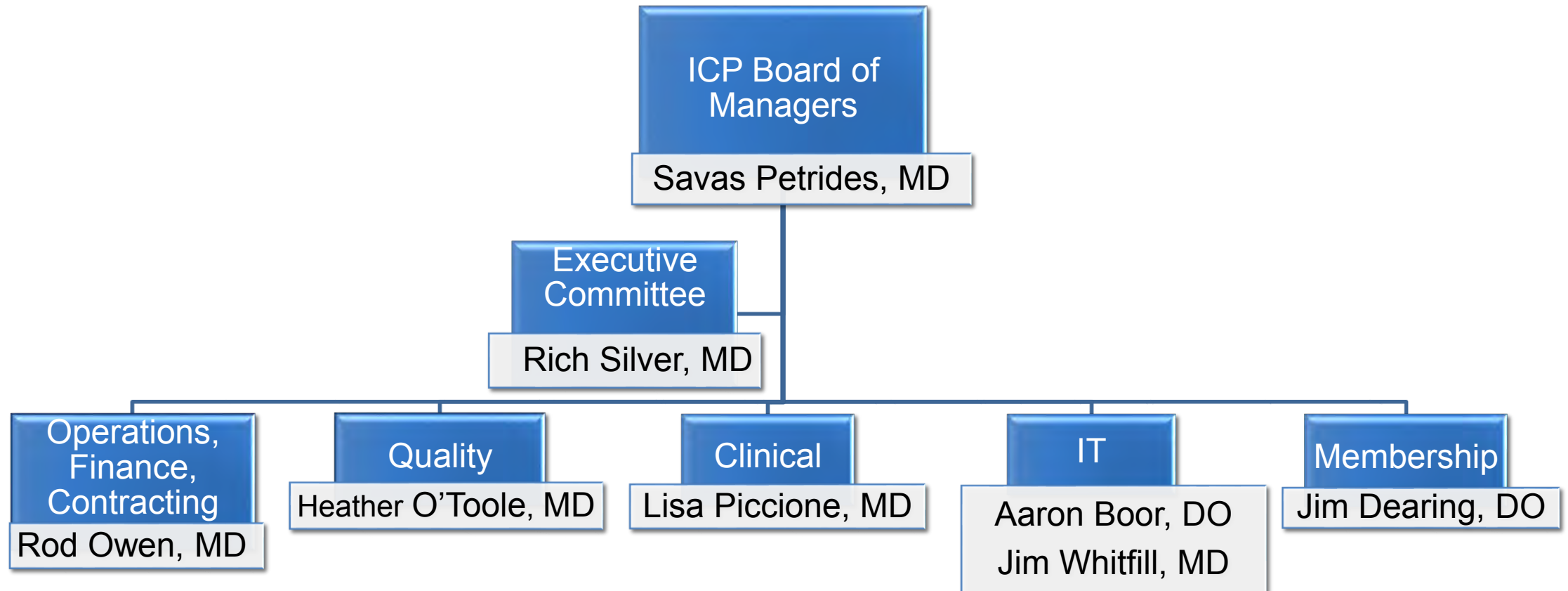


Where are We?

ICP-Member Routine Engagement

- **ICP believes in transparent communications with physician members through multiple methods**
- **In-Person Meetings with ICP Physician Executives**
 - All Member Meetings (3 times per year)
 - PCP Meetings (3 times per year)
 - PCP Practice meetings (Quarterly)
 - CMO or CSO meet with physicians and practice to discuss results and initiatives
 - Data packets/education/information
 - Care management payment checks
 - Specialist-Focused meetings (ad-hoc)
 - ie. Process improvement, data/quality gap, etc.

Innovation Care Partners Committees



Committee meetings are open to all interested physician members

- ICP Collaboration with Cigna
 - Quarterly JOC
 - Weekly care coordination
 - Annual quality collaborations
 - Virtual rounds
 - Data and analytics

OUR HANDS-ON APPROACH



INSIGHTS. MADE ACTIONABLE.

Translate data into action to resolve health and cost risks sooner.



HOLISTIC CARE. SIMPLIFIED.

Enable whole health end-to-end treatment to optimize patient engagement.

BETTER COLLABORATION

DRIVES MORE SUSTAINABLE RESULTS



SUPPORT. HUMANIZED.

Personalized guidance and outreach to collaborate for better care.



DEEP EXPERTISE.

Nearly a decade of experience, learning and growth.*

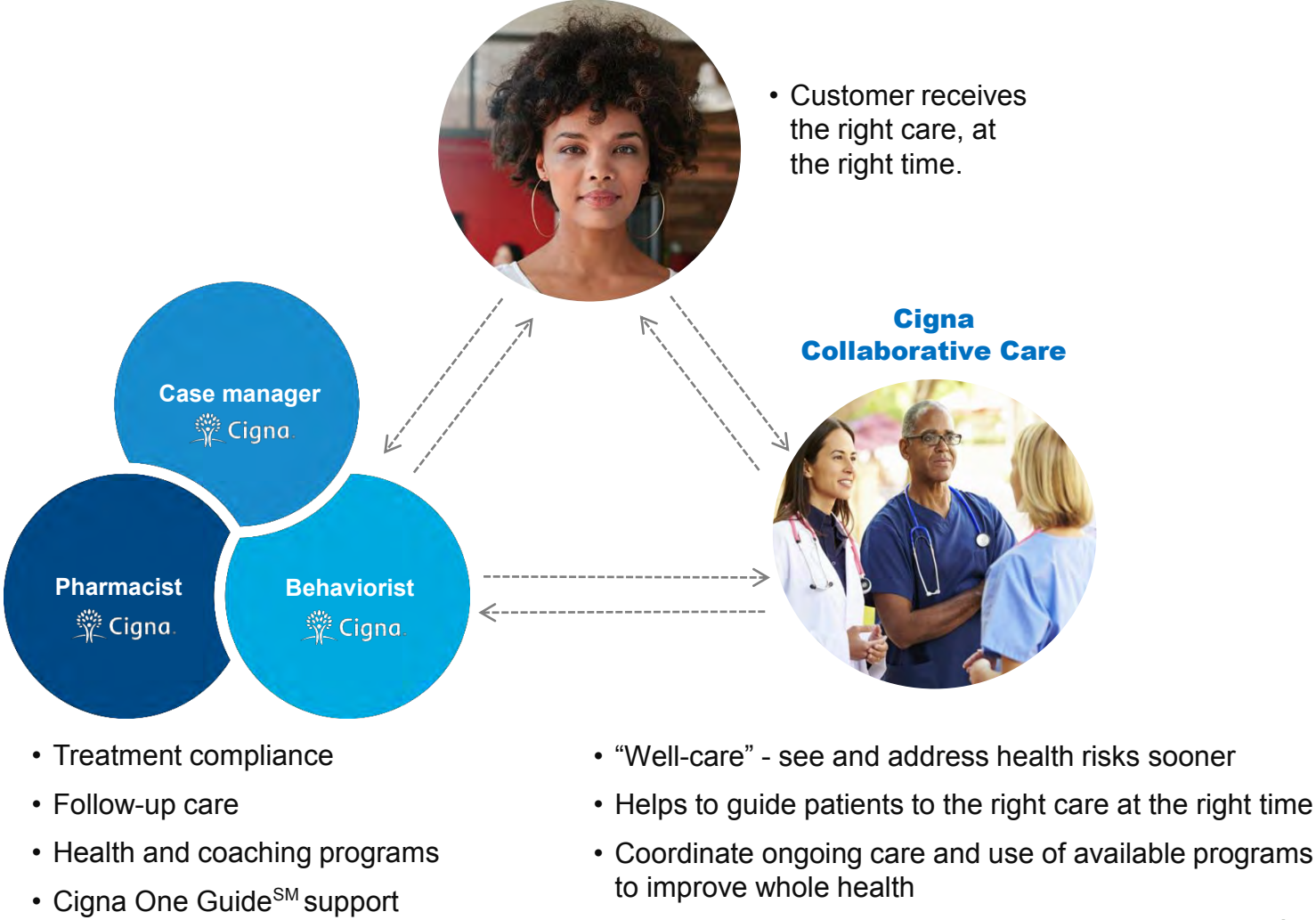
* 2016 Proprietary Cigna Accountable Care Organization Experience Survey. Conducted July - September 2016.



*2016 Proprietary Cigna Accountable Care Organization Experience Survey. The survey was conducted among large physician groups participating in the Cigna Collaborative Care program from July - September 2016. We received 200 completed surveys, a 22% response rate. Input was received from provider organization leadership participating in Cigna's Collaborative Care program, including provider staff in administrative, contracting, medical, informatics and care coordination roles. Respondents rated guidance and insights as "excellent/very good/good." Among large physician groups with access to the tool.



THE PERSONAL TOUCH CUSTOMERS WANT



ICP CARE MANAGEMENT PROGRAM

**Innovation Care Partners
Care Management Model**

**Payor
Services &
Programs**

Central Care Management Department

Honor Health Hospitals:

- Shea
- Osborn
- Thompson Peak,
- North Mountain
- Deer Valley

**Transitional
Care Manager**

Post Acute Care Services

**Post- Acute
Transitional
Care Manager**

MD

**Care
Coordinator**

MD

**Care
Coordinator**

MD

**Care
Coordinator**

MD

MD



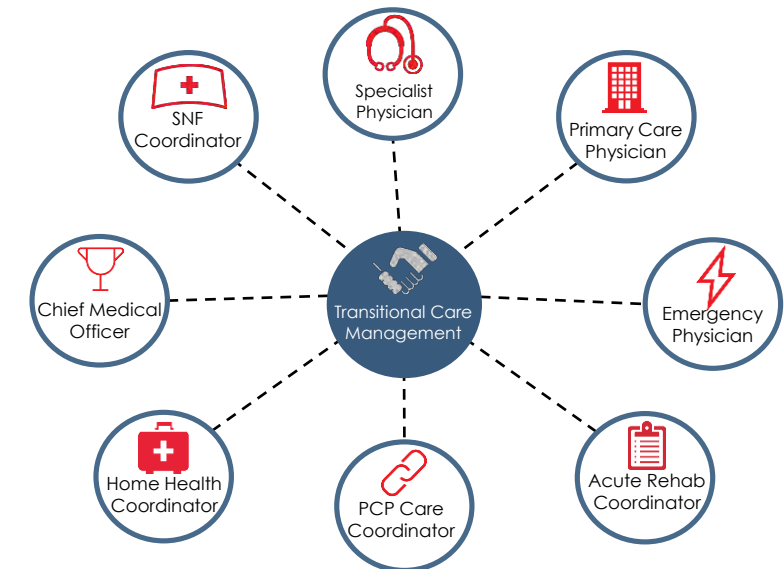
TRANSITIONAL CARE MANAGEMENT: COLLABORATION



Transitions of Care

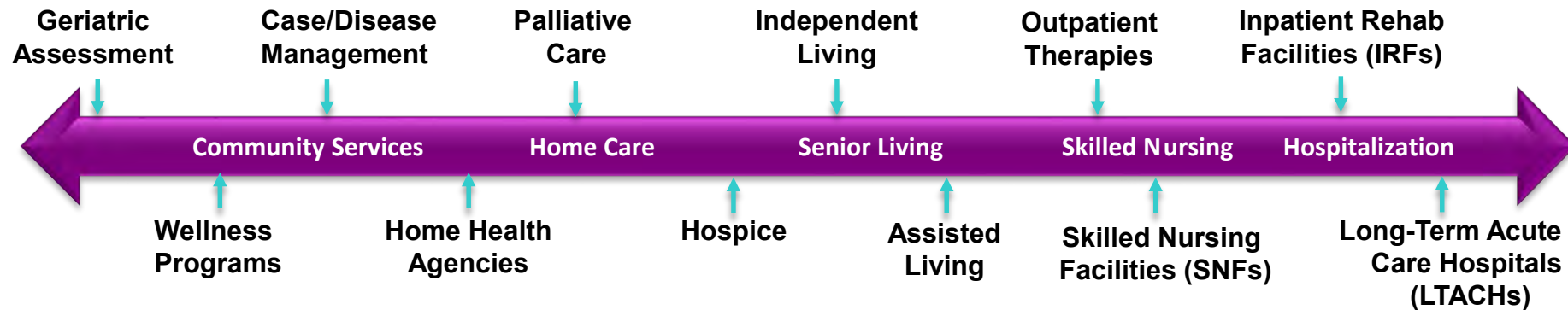
Definition

- **Transitions of Care** refer to the movement of patients between health care locations, providers, or different levels of care within the same location as their conditions and care needs change. Specifically, they can occur:
 - **Within Settings**
 - **Between Settings**
 - **Across Health States**
 - **Between Providers**
 - *Source: American Geriatric Society Health Care Systems Committee. Improving the Quality of Transitional Care for Persons with Complex Care Needs. Journal of the American Geriatrics Society. 2003;(51):556-557*



Post Acute Spectrum

A Variety of Services Form the Post-Acute Care Spectrum



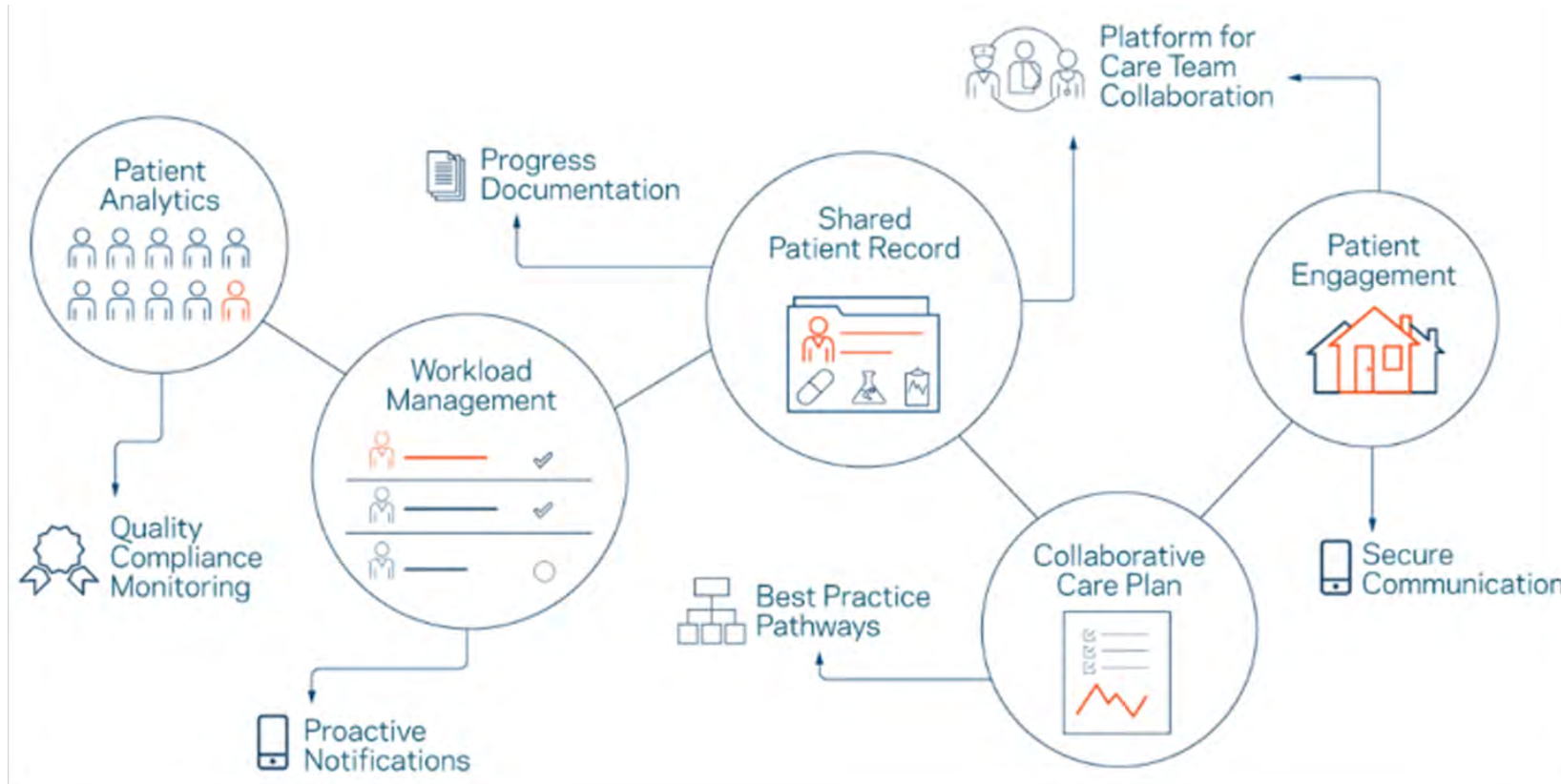
COMPREHENSIVE CARE COORDINATION (OUTPATIENT)



Comprehensive Care Coordination

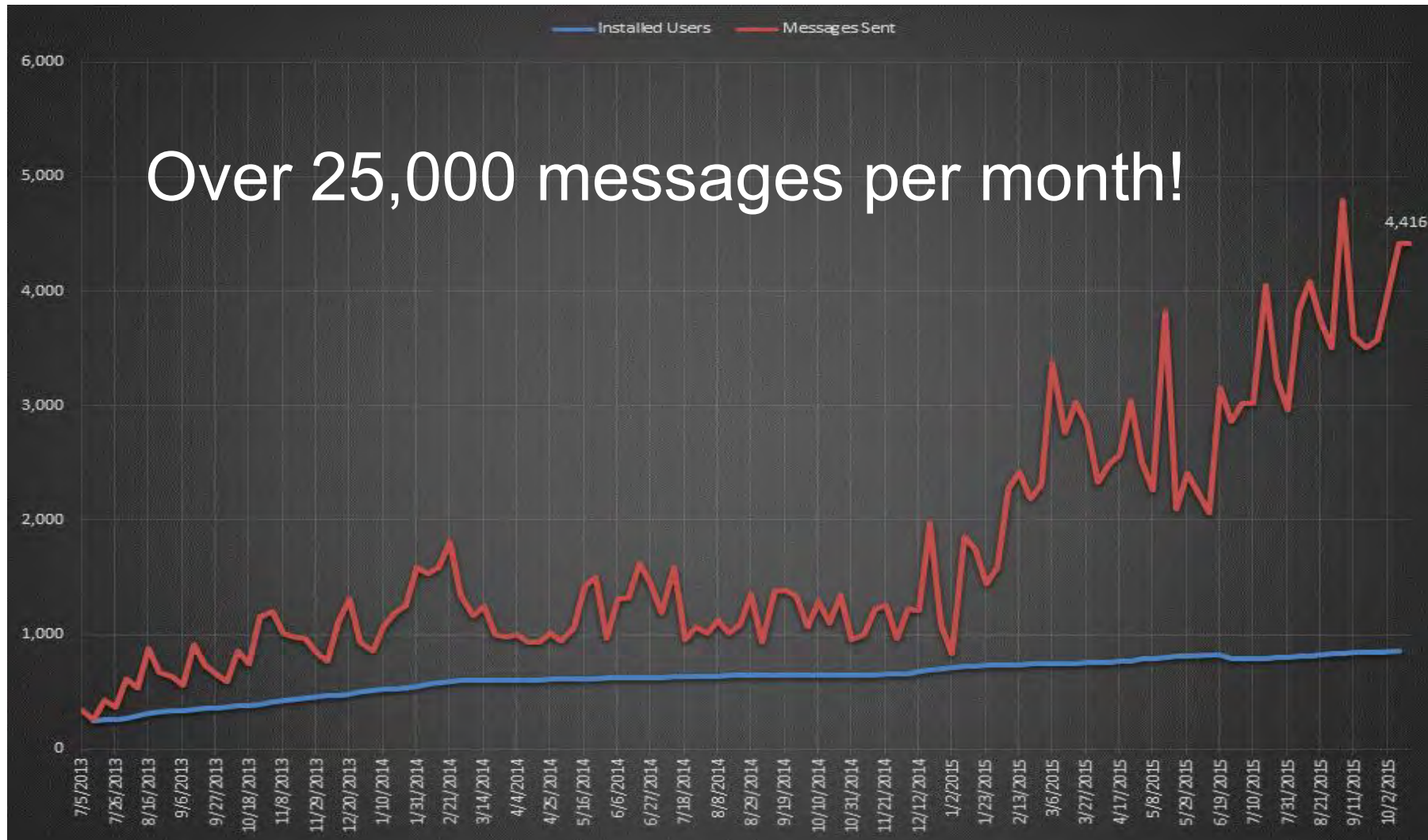
- **Primary care based** for predicted **moderate to high risk** patients
- **Specially trained** care coordinators
 - Behavioral modification interviewing
 - “Supervisit” process
 - Medication Management
 - Assessment tools:
 - **SF-12 (VR-12)** – measure health related quality of life and estimated disease burden
 - **PAM** - tool that measure patients engagement in their health care (Levels 1-4)
 - **PHQ-2 & PHQ-9** – tool used to screen, diagnose, monitor, & measure severity of depression
- Mutually agreed upon “**Shared Action Plan**”
- High level (**face to face**) **contact** with patients and providers.

Care Coordinate: Coming Soon



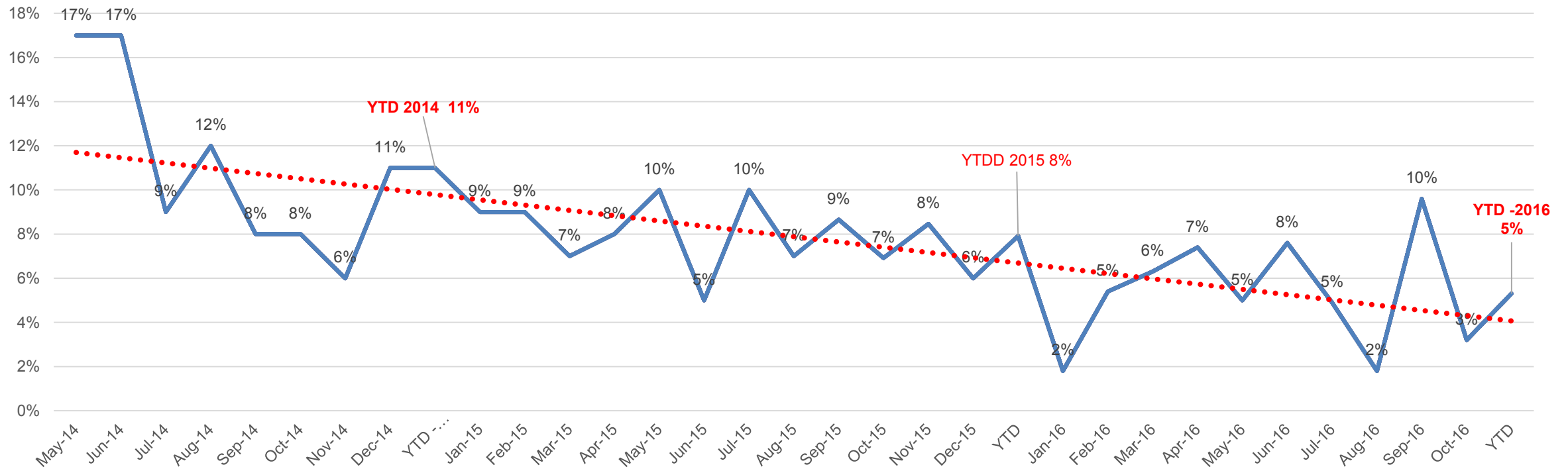
- Integrated to Innovation Exchange
- Pathways for ICP Care Management Team
- Designed by ICP Care Management Team!

Secure Text Messaging Adoption and Use



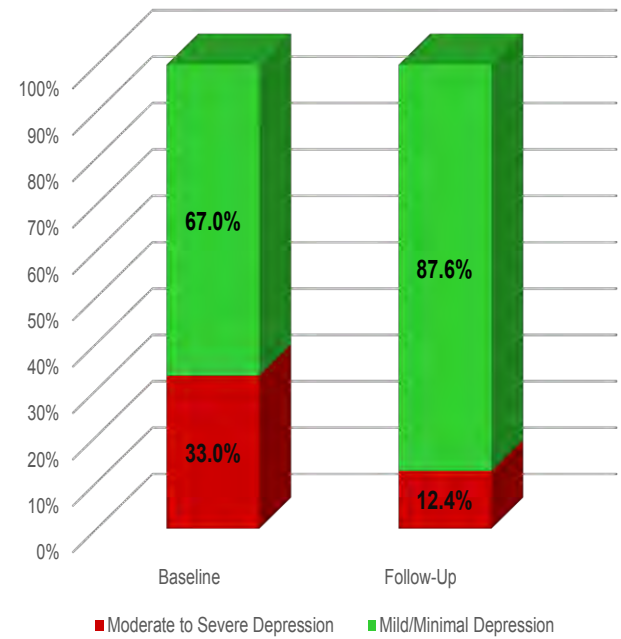
Readmission Reduction

Innovation Care Partners Transitional Care Management Program 2014 - 2016 % Readmission Rate



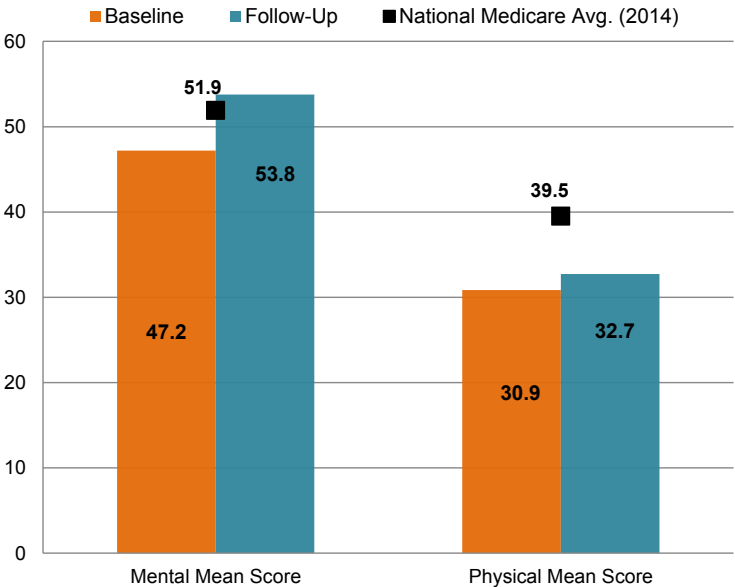
CCC Outcomes

**% of Patients by Depression Level
Baseline and Follow-Up**

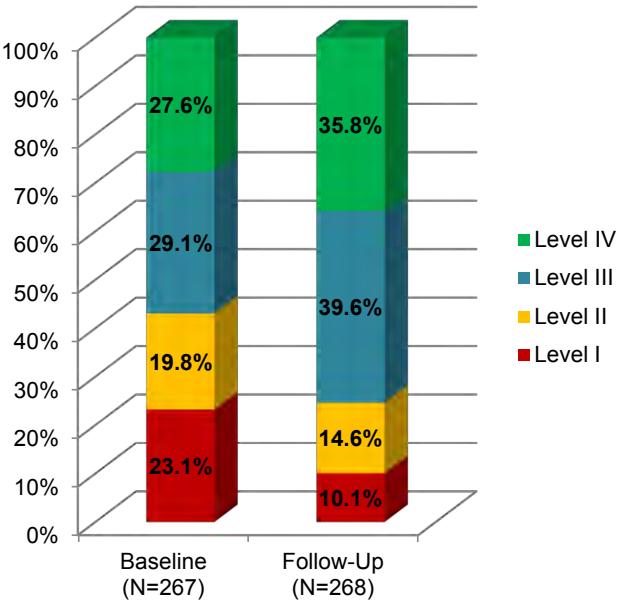


Demonstrated improvement
in patient depression,
function and activation.

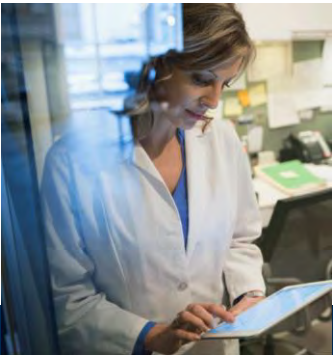
**Average Scores for Patients who
completed the VR12 Survey - Baseline
and Follow-Up**



**% of Members by PAM
Level for Baseline and
Follow-up**



CONTROLLING THE COST OF CARE



PROVIDERS

Top performers saved **3%**
in total medical cost among groups
active one year or more.¹

\$120 saved
annually per patient¹



CUSTOMERS

88%
have access to a Collaborative
Care physician in the
top 40 markets.²



CLIENTS

2:1 ROI³
\$145M
total medical cost
savings to date.⁴

1. Cigna 10/1/16 analysis showing 1/3 of large physician groups nationally active at least one year see an average 3% total medical cost savings over two years.
2. Cigna 10/1/16 analysis of medical BOB customers in top 40 US markets, defined by market size, within 15-mile Zip code radius (Zip code to Zip code distance) of large physician group primary care physicians. Subject to change.
3. Cigna internal analysis of Cigna Collaborative Care, Large Physician Group annual results for 2014 and 2015. ROI Methodology = (Total Savings-Total CCR Costs)/Total CCR Costs. Reflects performance since inception of groups, with experience of one or more years.
4. Calculated from trend of aligned member claims plus care coordination reimbursements paid vs. trend of Cigna's comparable claims within the local market on a risk adjusted PPPM (per patient per month) basis. Cigna Collaborative Care Large Physician Groups with effective dates through 2015.

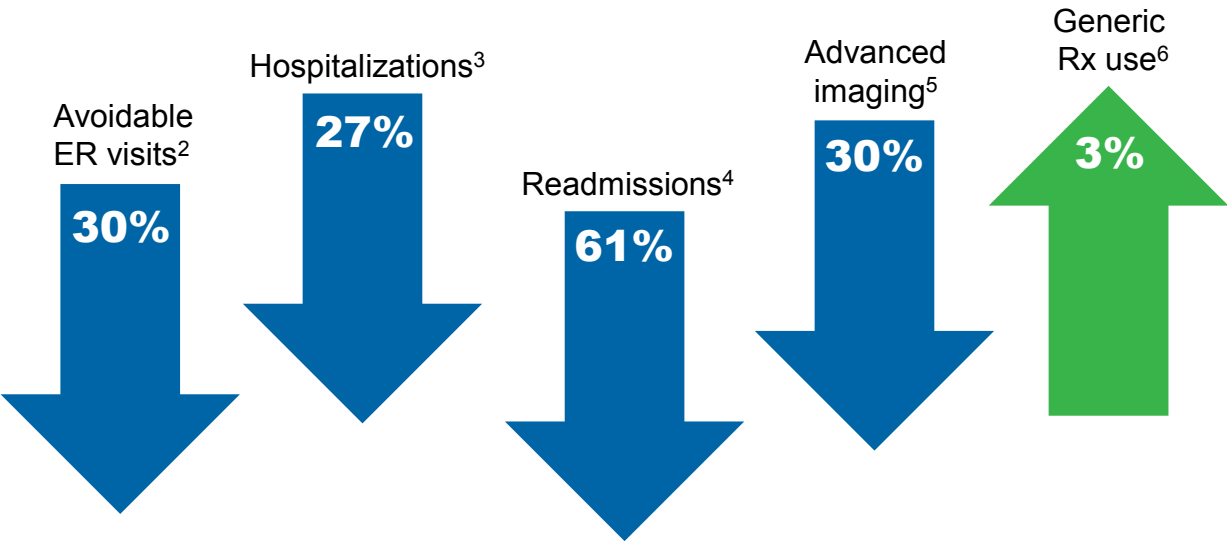
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Outperforming market¹

7% better quality

compliance with evidence-based medicine guidelines.¹



1. Cigna 10/1/16 analysis (weighted average) of top five national large physician groups per metric compared to local market in 2015.
2. Accounts for 28,000 aligned customers. Examples of avoidable visits include nonemergency minor illnesses such as headaches and skin rashes.
3. Accounts for 81,000 aligned customers.
4. Accounts for 25,000 aligned customers.
5. Accounts for 52,000 aligned customers.
6. Accounts for 47,000 aligned customers.

