UNDERSTANDING THE CARE COORDINATION REIMBURSEMENT

Creating a personal, ongoing relationship with a doctor can help individuals get the care they need to improve health, and also help employers lower their total health care costs*. That’s why Cigna is working with physician groups across the country to develop a patient-centered approach to care we call Cigna Collaborative Care (CCC).

As one of the many programs in Cigna’s suite of physician reimbursement innovation solutions, the CCC with large physician groups model aligns physician incentives with the goal of achieving improved health outcomes (quality), affordability and patient experience of care. This model shifts physician reimbursements from solely fee-for-service to a reward-for-value model.

Each client’s support of these reimbursement innovation strategies is critical in making a meaningful shift toward payer, physician and customer accountability so it is important for you to fully understand what this shift means to you.

The current reimbursement framework contains two components:

1) Traditional fee-for-service for covered services rendered and

2) Care coordination reimbursement.

What is the care coordination reimbursement?

To incentivize and increase care coordination between the physician and the patient, these groups receive a care coordination reimbursement for each patient connected to the group’s primary care physicians. The goal is to increase care collaboration between doctors and patients.

The reimbursement is:

• Fully funded by clients with no cost to patients.
• Made quarterly based on the number of patients associated with the physician group.
• Initially based on the expected total medical cost savings associated with the group’s care coordination activities.*
• Adjusted annually based upon cost and quality performance of the physician group.

* Examples of care coordination activities: e-prescribing, outreach calls to discharged patients for all post admission care coordination, identifying needs for follow up visits and arranging those with appropriate health care professionals, creating and confirming comprehension of care plans for high risk chronically ill patients, assisting to close gaps in evidenced base care needs and referring to Cigna Care Designated physicians, preferred vendors and into Cigna disease management programs for ongoing coaching needs.
How is physician group performance evaluated?

Cigna’s approach puts quality first. Physician groups must maintain quality at or above typical market standards or improve quality as measured by adherence to evidence-based medicine standards. Because our approach creates incentives to achieve improvement in quality and affordability, if the requirement is not met, there’s no additional financial reward for the physician group – no matter what the impact on the medical trend.

How will these reimbursements appear to clients?

Client physician group reimbursements will be collected quarterly, and the payment will be processed in a lump sum through the client’s bank account. The entry will be clearly labeled with the name of the physician group and Cigna Collaborative Care. If a client has employees aligned to more than one group, there will be separate entries for each.

The future of care delivery – today

Cigna Collaborative Care is just one more way we are working to help our customers and clients improve their health, and ultimately lower costs so they can reach their full potential. To learn more, contact your Cigna representative.

* 3% better than market average quality performance and average total medical cost, Cigna Collaborative Accountable Care, Large PCP Group annual results for 2012 versus market average, 2013.

Cigna Collaborative Care is not available in all areas. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, contact your Cigna representative.

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