

Cigna Centers of Excellence Program 2018 Methodology

For Hospitals

September 2017

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Introduction

We annually evaluate hospital patient outcomes and cost-efficiency information through the Cigna Centers of Excellence (COE) program. The 2018 hospital profiles will be available in the online provider directories on Cigna.com and myCigna.com, beginning January 1, 2018.

The profiles contain information for up to 18 inpatient surgical procedures and medical conditions, 14 of which contribute to seven categories that combine related procedures, and are available for most Cigna-participating hospitals. A score of up to three stars (*) each for both patient outcomes and cost-efficiency measures can be received for each procedure and condition evaluated. Hospitals that attain either six or five stars (three stars for patient outcomes + two stars for cost-efficiency OR three stars for cost-efficiency + two stars for patient outcomes) receive the Cigna Center of Excellence designation for that procedure or condition.

Where condition categories are defined (Back surgery, Cancer conditions, Cardiac catheterization and angioplasty, Delivery, Heart surgery, Joint replacement, and Pulmonology medical), COE status is awarded for the condition category and not for the individual medical conditions or surgical procedures that comprise the category (see Table 1 for definitions).

Approximately 80% of hospitals participating in our network (3,828 of 4,773), including those in third party vendor networks, met the defined volume criteria for evaluation of at least one surgical procedure or medical condition for 2018.

Because the COE program reflects only a partial assessment of quality and cost-efficiency for select hospitals, it should not be the sole basis for decision-making, and we encourage Cigna customers to consider all relevant factors and to speak with their treating physician when selecting a hospital. Assessments under this program are not utilized as the sole basis for performance based payments to Cigna-contracted hospitals. However, assessments may be a component of an overall pay for performance based payment methodology with some contracted hospitals.

Surgical Procedures and Medical Conditions

The 18 surgical procedures and medical conditions used for the 2018 hospital profiles listed in Table 1 are determined by volume, variability of outcome, and consumer interest.

Table 1: 2018 Individual Level Assessments – Surgical Procedures

Individual level assessment - surgical procedures
<ul style="list-style-type: none">• Bariatric surgery**• Colon surgery• Gallbladder removal (Laparoscopic)• Hysterectomy

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2018 Category Level Assessments - Surgical Procedures and Medical Conditions

Category level assessment - surgical procedures and medical conditions			
Back surgery	Cancer conditions	Cardiac catheterization and Angioplasty	Delivery
<ul style="list-style-type: none"> • Disc Surgery • Spinal Fusion 	<ul style="list-style-type: none"> • Mastectomy • Prostatectomy (Radical) 	<ul style="list-style-type: none"> • Cardiac Catheterization • Angioplasty, with/without Stent 	<ul style="list-style-type: none"> • Cesarean Section** • Vaginal delivery**
Heart surgery	Joint replacement	Pulmonology medical	
<ul style="list-style-type: none"> • Coronary artery bypass graft (CABG) • Heart valve replacement 	<ul style="list-style-type: none"> • Hip • Knee 	<ul style="list-style-type: none"> • Chronic Obstructive Pulmonary Disorder (COPD) • Pneumonia 	

** Surgical Procedures and Medical Conditions supplemented with Cigna claims data for states where MedPAR data is the only source to increase the volume of data for evaluation.

Patient Outcomes Data Sources

We assess the quality of care treatment provided for 18 surgical procedures and medical conditions, 14 of which contribute to seven medical and surgical categories using measures of patient outcome derived from publicly available, hospital self-reported All-Payer and MedPAR data. MedPAR data is used where All-Payer data is not available.

Two years of hospital data was used in the analysis. See Appendix 1 for state-specific data sources. Hospital admission volume for each surgical procedure or medical condition must meet a minimum of 100 incidences to be evaluated during the measurement period. Bariatric surgery must meet a minimum of 50 admissions. Hospital admission volume for category level evaluation must meet a minimum of 50 admissions per each condition within the category during the measurement period.

Construction of the Cigna Hospital Quality Index

The Cigna Hospital Quality Index is a composite index that we use to rank hospital performance for each of the COE eligible medical conditions and surgical procedures. It is comprised of nine component indices that measure a dimension of hospital quality performance. Overall Hospital Quality Index scores are determined using three to six of the individual quality index components, depending on the specific condition or procedure being assessed (see Appendix 3). The component indices are as follows:

- Centers for Medicare & Medicaid (CMS) for:
 - Readmission Rate Index for Pneumonia
 - Hospital-wide readmission Index
 - Healthcare-Associated Infections (HAI) Index
 - Early Elective Delivery Index
- Agency for Healthcare Quality and Research (AHRQ) for:
 - Patient Safety Indicator (PSI) specifications used to calculate complication rates
 - Inpatient Quality Indicators (IQIs) used to calculate mortality rates
 - Primary cesarean-section delivery rates
- Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) Star Ratings
- Leapfrog Hospital Safety Score

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The nine-component hospital quality indices are described in the following section of this document.

Complications Index

A Complications Index is designed to assess whether a hospital has a pattern of complications for patients who have one of the COE program’s assessed surgical procedures or medical conditions. The index is constructed using Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) specifications. The complication index then contributes to the Cigna Hospital Quality Index for a given hospital and surgical procedure or medical condition along with other quality indices, each index receiving a designated weight.

The following steps are involved in the construction of the Complications Index:

1. Identify each patient during the data period that underwent an assessed COE program surgical procedure or received treatment for an assessed COE program medical condition at Hospital A. This population of patients is identified using specific MS-DRG and ICD-10 Procedure Code logic developed by WebMD (see Appendix 2).
2. For each procedure or condition-specific population of patients, determine whether each patient in that population was at risk for one or more of 18 medical or surgical complications as defined by AHRQ PSIs. If they are at risk, determine if the patient experienced that complication. At risk status for the complication is determined using the relevant PSI denominator specifications, while an occurrence of the complication is determined using the relevant PSI numerator specifications. The specific complications that are evaluated are displayed below:

Table 2: AHRQ PSIs Used to Calculate Complications Index

PSI	Name	Category	Type
PSI 3	Pressure Decubitus ulcer	Patient Safety Indicators	Complications
PSI 6	Iatrogenic pneumothorax	Patient Safety Indicators	Complications
PSI 7	Central Venous Catheter- Related Blood Stream Infection	Patient Safety Indicators	Complications
PSI 8	Post-operative hip fracture	Patient Safety Indicators	Complications
PSI 9	Post-operative hemorrhage/hematoma	Patient Safety Indicators	Complications
PSI 10	Post-operative Physiologic and Metabolic Derangements	Patient Safety Indicators	Complications
PSI 11	Post-operative respiratory failure	Patient Safety Indicators	Complications
PSI 12	Peri-operative Pulmonary Embolism or Deep Vein Thrombosis	Patient Safety Indicators	Complications
PSI 13	Post-operative sepsis	Patient Safety Indicators	Complications
PSI 14	Post-operative wound dehiscence	Patient Safety Indicators	Complications
PSI 15	Accidental Puncture or laceration rate	Patient Safety Indicators	Complications
Cigna	Having one or more PSI (3, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15)	WebMD created composite of ARHQ & WebMD QI	Cigna Complications
PSI 17	Birth Trauma-injury to neonate	Patient Safety Indicators	OB
PSI 18	Obstetric Trauma Rate - Vaginal Delivery with Instrument	Patient Safety Indicators	OB
PSI 19	Obstetric Trauma Rate - Vaginal Delivery without Instrument	Patient Safety Indicators	OB
Cigna	Having one or more PSI (17, 18, 19)	WebMD created composite of ARHQ QI	Cigna OB Complications

Detailed specifications for all AHRQ PSIs can be found on the AHRQ website at http://www.qualityindicators.ahrq.gov/modules/psi_overview.aspx.

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3. If the patient was at risk for one or more specific complications as defined by the above PSIs, a value of one (1) is assigned. If the patient was not at risk for one or more specific complications as defined by the above PSIs, a value of zero (0) is assigned. The resulting number (1 or 0) accumulates in the denominator. This process is repeated for all patients in the identified population.
4. If the patient was at risk and actually experienced one or more complications as defined by the above PSIs, a value of one (1) is assigned. If the patient did not experience one or more complications as defined by the above PSIs, a value of zero (0) is assigned. The resulting number (1 or 0) accumulates in the numerator. This process is repeated for all patients in the identified population.
5. The result of this process will be a fraction between 0.0 and 1.0 that reflects an overall complication rate (i.e., the percentage of patients at risk for medical and surgical complications who experienced one or more complications as a result of the surgical procedure or treatment for the specified medical condition). Note: This means that the individual AHRQ PSIs are not used to calculate complication-specific rates for a hospital, but rather the PSI technical specifications for the numerator (complication occurrence) and denominator (at-risk for complication) are used to arrive at an overall aggregate complication rate for the surgical procedure or medical condition being assessed.
6. All complication rates are APR-DRG case mix and severity adjusted, respective to teaching/non-teaching facility status.
7. A modified (volume-weighted) z score is calculated to determine whether there is a significant statistical difference between each hospital's actual complication rate and the expected (average) complication rate for the surgical procedure/medical condition, with teaching hospitals and non-teaching hospitals being analyzed separately.
8. The difference in actual to expected complication rate for each hospital is evaluated for statistical significance at both a 90% and an 80% confidence level.
 - a. If a hospital's complication rate is significantly lower than the expected complication rate with a 90% confidence level, the hospital is assigned a Complications Index value of 0.5.
 - b. If a hospital's complication rate is significantly lower than the expected complication rate with an 80% confidence level, the hospital is assigned a Complications Index value of 0.75.
 - c. If a hospital's complication rate is not significantly different from the expected complication rate with an 80% confidence level, the hospital is assigned a Complications Index value of 1.0.
 - d. If a hospital's complication rate is significantly higher than the expected complication rate with an 80% confidence level, the hospital is assigned a Complications Index value of 1.25.
 - e. If a hospital's complication rate is significantly higher than the expected complication rate with a 90% confidence level, the hospital is assigned a Complications Index value of 1.50.

This value for each hospital (i.e., the Complications Index) is used as one component of the Cigna overall Hospital Quality Index to which a weight is applied using the quality index-weighting grid (see Appendix 3).

Mortality Index

Cigna utilizes the Agency for Healthcare Research and Quality (ARHQ) software to construct a Mortality Index based on AHRQ Inpatient Quality Indicators (IQIs) for each hospital being evaluated for COE status for the following:

- Heart surgery
- Heart valve replacement
- Pneumonia
- Pulmonology medical category (COPD, adult pneumonia)

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The specific AHRQ IQIs for mortality are listed below:

IQI	Name	Category	Type
IQI 8	Mortality esophageal resection	Inpatient Quality Indicators	Mortality
IQI 9	Mortality pancreatic resection	Inpatient Quality Indicators	Mortality
IQI 11	Mortality AAA	Inpatient Quality Indicators	Mortality
IQI 12	Mortality CABG (ICD10)	Inpatient Quality Indicators	Mortality
IQI 13	Mortality craniotomy	Inpatient Quality Indicators	Mortality
IQI 14	Mortality hip replacement	Inpatient Quality Indicators	Mortality
IQI 15	Mortality AMI	Inpatient Quality Indicators	Mortality
IQI 16	Mortality CHF	Inpatient Quality Indicators	Mortality
IQI 17	Mortality acute stroke	Inpatient Quality Indicators	Mortality
IQI 18	Mortality GI hemorrhage	Inpatient Quality Indicators	Mortality
IQI 19	Mortality hip fracture	Inpatient Quality Indicators	Mortality
IQI 20	Mortality pneumonia	Inpatient Quality Indicators	Mortality
IQI 30	Mortality PTCA	Inpatient Quality Indicators	Mortality
IQI 31	Mortality carotid endarterectomy	Inpatient Quality Indicators	Mortality
IQI 32	Mortality AMI w/o trans	Inpatient Quality Indicators	Mortality
NQI 2	Neonatal Mortality rate	Pediatric Quality Indicators	Mortality
PSI 2	Death low-mort DRG	Patient Safety Indicators	Mortality
PSI 4	Mortality, treatable ccs	Patient Safety Indicators	Mortality
Cigna	Having one or more IQI (8, 9, 11, 12, 13, 14, 15,16, 17, 18, 19, 20, 30, 31, 32), NQI 2, PSI 2, PSI 4	WebMD created composite of ARHQ QI	Cigna Mortality

The following steps are involved in the construction of the Mortality Index:

1. Identify each patient during the data period that underwent an assessed COE program surgical procedure or received treatment for an assessed COE program medical condition at each hospital being evaluated. This population of patients is identified using specific MS-DRG and ICD-10 Procedure Code logic developed by WebMD (see Appendix 2).
2. For each patient, determine whether he/she was at risk of death and died for the procedure/condition being assessed. The AHRQ software analyzes the ICD-10 and CPT data for each patient as well as the discharge disposition in the hospital's patient population for each relevant IQI.
3. For each patient, create a composite indicator. If the patient was at-risk of death for one or more of the AHRQ IQIs, they are assigned a one (1) in the denominator of the composite indicator otherwise they are assigned a 0 (zero). If the patient was determined to be at-risk of death for one or more of the AHRQ IQIs and actually died then the patient is assigned a one (1) in the numerator for the composite indicator, otherwise a 0 (zero) is assigned.
4. The numerators of the composite indicator (representing the number of patients who died) of all patients in the patient population that were hospitalized for the procedure or condition being assessed are then added. Similarly, the denominators of the composite indicator (representing the number of patients who were at-risk for death) of all patients in the patient population that were hospitalized for the procedure or condition being assessed are then added.

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5. The numerator divided by the denominator produces the raw mortality rate, which is then APR-DRG case mix and severity adjusted, respective to teaching or non-teaching facility status, to produce the Adjusted Mortality Rate.
6. A modified (volume-weighted) z-score is calculated to determine whether there is a significant statistical difference between each hospital's actual mortality rate (risk adjusted) and the expected (average) mortality rate (risk adjusted) for the surgical procedure or medical condition, with teaching hospitals and non-teaching hospitals being analyzed separately.
7. The difference in actual to expected mortality rate for each hospital is evaluated for statistical significance at both a 90% and an 80% confidence level.
 - a. If a hospital's mortality rate is significantly lower than the expected mortality rate with a 90% confidence level, the hospital is assigned a Mortality Index value of 0.5.
 - b. If a hospital's mortality rate is significantly lower than the expected mortality rate with an 80% confidence level, the hospital is assigned a Mortality Index value of 0.75.
 - c. If a hospital's mortality rate is not significantly different from the expected mortality rate with an 80% confidence level, the hospital is assigned a Mortality Index value of 1.0.
 - d. If a hospital's mortality rate is significantly higher than the expected mortality rate with an 80% confidence level, the hospital is assigned a Mortality Index value of 1.25.
 - e. If a hospital's mortality rate is significantly higher than the expected mortality rate with a 90% confidence level, the hospital is assigned a Mortality Index value of 1.50.

This value for each hospital (i.e., the Mortality Index) is used as one component of the Cigna overall Hospital Quality Index to which a weight is applied using the quality index-weighting grid (see Appendix 3).

CMS Hospital-Wide Readmission Index

The CMS Hospital-Wide Readmission Index is constructed using the CMS Hospital-Wide Readmission measure from the Hospital Compare data. The measure tracks the hospital-wide rate of readmission after discharge from the hospital, and is used as a component in the construction of the overall Cigna Hospital Quality Index for evaluating hospital performance.

The raw index is constructed using the CMS hospital-wide readmission score for each hospital divided by the national average hospital-wide readmission score (teaching and non-teaching hospitals are evaluated separately). The index is then trimmed so that any index value greater than 1.5 is assigned a value of 1.5 and any index value less than 0.5 is assigned a value of 0.5 to help prevent skewing of the overall Cigna Hospital Quality Index. If the CMS Hospital-Wide Readmission Index is less than 1.0, the hospital is performing at a higher quality level than its peer group (teaching or non-teaching hospitals). A score of 1.0 represents average performance, and a score greater than 1.0 represents a lower level of quality performance.

CMS Readmission Rate Index for Pneumonia

The CMS Readmission Rate Index for Pneumonia using the CMS Hospital Compare readmission rate data is constructed for the pneumonia medical condition and is used as a component in the construction of the overall Cigna Hospital Quality Index for evaluating hospital performance for that condition.

The CMS Readmission Rate for Pneumonia for the hospital is divided by the average readmission rate for pneumonia for all hospitals nationally (teaching hospitals and non-teaching hospitals are analyzed separately) in order to generate a CMS Readmission Rate Index for the hospital. If the CMS Readmission Rate Index for Pneumonia is less than 1.0, the hospital is performing at a higher quality level than its peer group (teaching or non-teaching hospitals). A score of 1.0 represents average performance, and a score greater than 1.0 represents a lower level of quality performance.

The CMS Readmission Rate Index is used for pneumonia only in the Pulmonology Medical condition category, as a reasonable approximation. A CMS Readmission Rate for COPD is not available.

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Primary C-Section Delivery Rate Index

A primary C-section Delivery Rate Index is constructed using the AHRQ IQI (#33). This quality measure is the percentage of all deliveries that are C-section deliveries and is used to evaluate each assessed hospital's quality performance related to vaginal deliveries. Deliveries with a diagnosis of abnormal presentation, preterm, fetal death, multiple gestation, or previous cesarean delivery are excluded from the denominator of the measure, as are cases in which any breech procedure code is present.

A process similar to that used to construct the Complication Index that is based on other AHRQ PSI measures is used to construct the Primary C-section Delivery Rate Index. The index receives a weight of 0.15 and contributes to the overall Cigna Hospital Quality Index for the assessment of vaginal delivery hospital performance.

Leapfrog Hospital Safety Score Index

The Leapfrog Hospital Safety Score Index is constructed using the Hospital Safety Score from The Leapfrog Group.

The Hospital Safety Score uses 30 measures (including both process and outcome measures) from the Leapfrog Hospital Survey, AHRQ, CDC, CMS and AHA to produce a single score. This score can be an A, B, C, D or F, where "A" is the best score. The score is converted to a number, i.e. a Leapfrog Hospital Safety Score of A becomes a 1, B becomes a 2, C becomes a 3, D becomes a 4, and F becomes a 5. The converted score is then divided by the national average Hospital Safety Score to produce the index (teaching and non-teaching hospitals are evaluated separately). The index is then trimmed so that any index value greater than 1.5 is assigned a value of 1.5 and any index value less than 0.5 is assigned a value of 0.5 to help prevent skewing of the overall Cigna Hospital Quality Index.

The Leapfrog Hospital Safety Score index is based on data from April 1, 2015 through December 31, 2015. Visit the Leapfrog Hospital Safety Grade website at <http://www.hospitalsafetygrade.org/> to compare scores for over 2,500 hospitals.

Early Elective Delivery Index

The Early Elective Delivery Index is constructed using the Process of Care measure PC-01 from the CMS Hospital Compare database. This quality measure is the percent of newborns whose deliveries were scheduled too early (1-3 weeks early) when a scheduled delivery was not medically necessary.

To create the adjusted index, the raw early elective delivery score from hospital compare is transformed using Box-Cox transformation to convert it to a normalized scale. This enables the index values to be trimmed at 1.5 and 0.5 respectively. The normalized score is then divided by the national average early-elective delivery score for vaginal delivery, C-section, and deliveries, to produce the index.

Teaching and Non-Teaching Hospitals are evaluated separately. As mentioned above, the index is then trimmed so that any index value greater than 1.5 is assigned a value of 1.5 and any index value less than 0.5 is assigned a value of 0.5. This helps prevent skewing the overall Cigna Hospital Quality Index. The index will only be used in the quality evaluation for the Delivery condition category that includes Vaginal Delivery and Cesarean Section.

HCAHPS Summary Star Rating Index

The HCAHPS Summary Star Rating Index is constructed using the HCAHPS summary star rating from the CMS Hospital Compare database. This quality measure is the average of all of the star ratings for the following:

1. The star ratings from each of the seven HCAHPS composite measures (Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, Communication about Medicines, Discharge Information, and Care Transition)
2. The average of the star ratings assigned to Cleanliness of Hospital Environment and Quietness of Hospital Environment
3. The average of the Star Ratings assigned to Overall Hospital Rating and Recommend the Hospital

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The raw index is constructed using the HCAHPS Summary Star score for the hospital. This score can be a 1,2,3,4 or 5 where a higher score is better. The score is inverted to create the index since a lower index score is better, i.e. HCAHPS score of 5 becomes a 1, 4 becomes a 2, 3 remains a 3, 2 becomes a 4, 1 becomes a 5. The inverted score is then divided by the national average HCAHPS Summary Star Rating Score to produce the index (teaching and non-teaching hospitals are evaluated separately).

The index is then trimmed so that any index value greater than 1.5 is assigned a value of 1.5 and any index value less than 0.5 is assigned a value of 0.5 to prevent skewing of the overall Cigna Hospital Quality Index.

More information on the HCAHPS summary star rating can be found by visiting the Hospital Compare website at <https://www.medicare.gov/hospitalcompare/Data/HCAHPS-Star-Ratings.html>.

CMS Healthcare-Associated Infections Index

The CMS Healthcare-Associated Infections (HAI) Index is constructed using the six HAI measures from the Hospital Compare database. The CMS HAI measures show how often patients in a particular hospital contract certain infections during the course of their medical treatment, when compared to like hospitals.

The following HAI measures are used to calculate the index:

1. Central line-associated blood stream infections (CLABSI)
2. Catheter-Associated Urinary Tract Infections (CAUTI)
3. Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified Events (Bloodstream infections)
4. Clostridium difficile (C.diff.) Laboratory-identified Events (Intestinal infections)
5. Surgical Site Infection from colon surgery (SSI: Colon)
6. Surgical Site Infection from abdominal hysterectomy (SSI: Hysterectomy)

The sum of the numerators (observed count) for all of the measures is divided by the sum of the denominators (predicted count) for all of the measures to produce an overall score which is then divided by the national average CMS hospital HAI score to produce the index (teaching and non-teaching hospitals are evaluated separately). The Index is then trimmed so that any index value greater than 1.5 is assigned a value of 1.5 and any index value less than 0.5 is assigned a value of 0.5 to help prevent skewing of the overall Cigna Hospital Quality Index.

Patient Outcomes: Hospital Quality Index Calculation and Scoring

The overall Cigna Hospital Quality Index composite score is calculated as follows:

$$\text{Hospital Quality Index} = [(\text{Complications Index}) * (\text{Complications weighting})] + [(\text{Mortality Index}) * (\text{Mortality Weighting})] + [(\text{CMS Healthcare Associated Infections Index}) * (\text{CMS Healthcare Associated Infections weighting})] + [(\text{CMS Readmission Rate Index}) * (\text{CMS Readmission Weight Index weighting})] + [(\text{Hospital Wide Readmission Index}) * (\text{Hospital Wide Readmission weighting})] + [(\text{HCAHPS Index}) * (\text{HCAHPS weighting})] + [(\text{Primary C-Section Delivery Rate Index}) * (\text{Primary C-Section Delivery Rate Index weighting})] + [(\text{Early Elective Delivery Index}) * (\text{Early Elective Delivery weighting})] + [(\text{Leapfrog Index}) * (\text{Leapfrog weighting})]$$

The Hospital Quality Indices for all evaluated hospitals are then ranked in numerical order within medical condition or category and then separated into three performance categories according to the following distribution:

- Bottom 25% - One Quality Star (*)
- Middle 60% - Two Quality Stars (**)
- Top 15% - Three Quality Stars (***)

Patient Outcomes quality stars are displayed in the online provider directories on Cigna.com and myCigna.com. A given hospital may be awarded one star (below average), two stars (average), or three stars (above average) for certain conditions and procedures as hospital performance for each condition and procedure is evaluated separately.

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As previously referenced on page three of this document, to be sure that hospital data is annually stable; a “stable volume threshold” is established. This threshold helps mitigate the variation in the hospital rankings from year to year and provides a volume baseline that can be used when comparing data in future years.

Volume is also used as an indirect indicator of quality. There is evidence that suggests that “hospitals performing more of certain intensive, high-technology, or highly complex procedures may have better outcomes for those procedures” (AHRQ IQI Guide, V 2.1, Rev 4, Dec 22, 2004). Having credible volume thresholds helps ensure that hospitals that have “suspect” or “questionable” quality due to low volumes are eliminated from consideration since lower volumes of admissions lead to more variation in the outcomes of those admissions.

Bariatric Centers of Excellence Evaluation

Cigna has two bariatric center designations - a 3 Star Quality designation and the Center of Excellence (COE) designation.

To meet the 3 Star Quality designation, the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) must accredit the bariatric treatment facility. Cigna only accepts the Comprehensive and Comprehensive with Adolescent accreditation types for facilities that are accredited by MBSAQIP for 3 Star Quality and COE designations.

Hospitals and bariatric treatment facilities that attain three stars for patient outcomes, with MBSAQIP accreditation as described above, and at least two stars for cost-efficiency will receive The Center of Excellence designation. Minimum volume criteria to be evaluated for cost efficiency is at least 50 inpatient bariatric procedures during the assessment period.

Cost-Efficiency: Hospital Cost-Efficiency Score Calculation

Cost efficiency is a measure of a hospital’s average cost for a particular procedure or condition, severity adjusted for national comparison. This facility-based average cost per condition or procedure will be referred to from this point as the Cost-Efficiency Score. Physicians’ fees and outpatient services are not included in the Cost-Efficiency Score.

The Cost-Efficiency Score for each condition or procedure within each hospital is modeled so that average condition or procedure costs for different hospitals with different payment mechanisms (per diem rate, case rate, and discount from charges) can be compared to one another, thus allowing us to compare the cost-efficiency performance of hospitals with different payment types in the same market.

The average cost reflects both the rates that a hospital charges and the average time spent in the hospital for a specific surgical procedure or medical condition. The Cost-Efficiency Score for a medical condition or surgical procedure may be affected by a variety of factors, including geographic cost differences (e.g., major metropolitan areas typically have higher costs compared to rural areas) and the cost information used to calculate the national average cost.

We now perform two separate evaluations for COE using 1) the hospital-specific Open Access Plus contracted rates in effect as of January 1, 2017 and 2) the hospital-specific Local Plus contracted rates in effect as of January 1, 2017 (as applicable), to model the average inpatient cost for each COE procedure or condition for each hospital being evaluated. To assist us with this modeling, we use Scenario[®], a software package that we developed. The rate calculations used in the Scenario modeling tool include diagnosis related group (DRG) exceptions, stop loss limits, and applicable carve-outs.

Based on the specific hospital contract for each facility, the modeled average cost calculated by the Scenario software for each condition or procedure within the facility can be a case rate, a discount from billed charges or a per diem, depending on the type of rate applicable for a given hospital.

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For case rates, the Cost-Efficiency Score is equal to the case rate modeled through the Scenario software. There are no additional adjustments or calculations for case rates. No severity adjustment is applied to case rates.

Example: The Scenario software returns a case rate of \$15,000 for a knee replacement at Hospital X. The Cost-Efficiency Score would be \$15,000.

For a per diem, we use the average length of stay data, available on the publicly available All-Payer and Medicare data for the hospital being evaluated for each condition, to calculate the Cost-Efficiency Score. A severity adjustment based on APR-DRGs is applied to this average length of stay for each facility, for each condition. The Cost-Efficiency Score is calculated by multiplying the per diem rate (derived from the Scenario software) by the severity adjusted average length of stay from the All-payer/Medicare databases.

Example: The Scenario software returns a per diem rate of \$4,000 per day for a knee replacement at Hospital Y. The average length of stay for a knee replacement at Hospital Y is 3 Days. After applying the APR-DRG severity adjustment, the adjusted average length of stay is 4 days. The Cost-Efficiency score is \$16,000: \$4,000 (per diem rate) * 4 (severity-adjusted average length of stay).

For a discount arrangement, we use the average charge data, available on the publicly available All-Payer and Medicare databases for the hospital being evaluated for each condition, to calculate the Cost-Efficiency Score. A severity adjustment, based on APR-DRGs, is applied to this average charge for each facility for each condition. The Cost-Efficiency Score is calculated by multiplying the discount rate (derived from the Scenario software) by the severity-adjusted average charge from the All-payer/Medicare databases.

Example: The Scenario software returns a discount rate of 30% for a knee replacement at Hospital Z. The average charge from the All-Payer database, for a knee replacement at Hospital Z is \$26,000. After applying the APR-DRG severity adjustment, the adjusted average charge is \$27,000. The Cost-Efficiency score is \$18,900: \$27,000 (severity adjusted average charge) * .7 (1 - the discount rate of 30%).

The modeled average cost for a given hospital for a specific medical condition or procedure is used to assess hospital results in each geographic market as detailed in the following section. For the purpose of cost-efficiency comparisons, teaching and non-teaching hospitals are not analyzed separately. The modeled average hospital cost for a given medical condition or procedure is displayed in the online hospital directory as a range.

Cost-Efficiency: Hospital Cost-Efficiency Score Ranking

The Cost-Efficiency Scores (modeled average costs for a specific medical condition or procedure) for all evaluated hospitals in a geographic market are ranked in numerical order and then separated into three performance categories according to the following distribution:

- Bottom 33% (highest average cost) One Cost-Efficiency Star (*)
- Middle 33% (intermediate average cost) Two Cost-Efficiency Stars (**)
- Top 33% (lowest average cost) Three Cost-Efficiency Stars (***)

The distribution of condition or procedure average costs determines the number of cost-efficiency stars displayed online.

Because a hospital's Cost-Efficiency Score is calculated for each individual medical condition and surgical procedure evaluated under the Cigna Centers of Excellence program, it is possible (and quite common) for a given hospital to be awarded different numbers of cost-efficiency stars for different conditions and procedures.

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Market-level hospital comparisons

The COE cost efficiency and quality outcomes evaluations are performed at the market-level. The cost and quality measures for hospitals and conditions within each market are compared and ranked (adjusted cost for efficiency and quality index for outcomes) to determine cost and quality star ratings. If the number of hospitals within the market is less than 3 for a given condition that meets the minimum volume threshold, then the cost efficiency / quality outcomes comparison/ranking is performed against all hospitals nationally that meet the minimum volume threshold for the condition.

No Results Shown

Hospital data may not display in the online provider directory for many reasons, including but not limited to the following:

- there is insufficient patient volume or All-Payer or MedPAR data available for that procedure or condition,
- a surgical procedure is not performed or a condition is not treated at the hospital, or
- contract limitation prohibits display of cost and quality data

Academic Teaching and Community Hospitals

The quality index components are calculated and adjusted using peer averages based on either teaching/academic, or community hospital peer groups, as applicable, to develop the quality index for each condition/procedure. The calculation is done at the national level. Once the quality index is created for each condition/procedure, the hospitals are ranked within their market based on their quality index composite score for the condition/procedure.

Updating Centers of Excellence and Hospital Value Tool Data

Centers of Excellence and Hospital Value Tool data are generally analyzed and refreshed annually. While every attempt is made to use the best available data and nationally recognized standards, we acknowledge that Patient Outcomes and Cost-Efficiency standards continue to evolve. Accordingly, Cigna customers are not encouraged to use this information as the sole basis for decision-making and to consult with their treating physician when selecting a hospital.

Process for Hospitals to Request Results

Hospitals should contact their contractor or contact Cigna Customer Service at 1.800.88Cigna (882.4462) for a copy of their specific results.

Process for Hospitals to Correct Errors or Request Reconsideration

A hospital can request to review data, Patient Outcomes and Cost-Efficiency ratings, or request reconsideration, correct errors, or submit additional information for review and reconsideration by email to PhysicianEvaluationInformationRequest@Cigna.com or by fax to 1.866.448.5506. The facility name, tax identification number, and contact information must be included in the request. A Network Clinical Manager will contact the facility to discuss the request and to initiate the Selection Review Committee review process. The Selection Review Committee will meet within 30 days of receipt of submitted documentation and provide a written response to the requested review.

Process to Provide Feedback

Cigna customers, clients, and participating physicians and hospitals are encouraged to provide feedback and improvement suggestions. Customers and clients should call the telephone number listed on the back of their Cigna ID card. Participating physicians and hospitals may provide feedback by email to PhysicianEvaluationInformationRequest@Cigna.com, or by fax to 1.866.448.5506. Methodology changes are reviewed and implemented annually.

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Appendices

APPENDIX 1: Data Sources for COE

All-Payer Data States (2013/2014)

Utah
Vermont

All-Payer Data States (2014) and MedPAR Data States (2015)

California
Illinois
Rhode Island

All-Payer Data States (2014/2015)

Colorado	Oregon
Florida	Pennsylvania
Iowa	Texas
Maryland	Virginia
Nevada	Washington
New York	Wisconsin
North Carolina	

MedPAR Data States (2014/2015)

Alabama	Minnesota
Arizona	Mississippi
Arkansas	Missouri
Alaska	Montana
Delaware	Nebraska
Connecticut	New Hampshire
District of Columbia	New Jersey
Georgia	New Mexico
Hawaii	North Dakota
Idaho	Ohio
Indiana	Oklahoma
Kansas	South Carolina
Kentucky	South Dakota
Louisiana	Tennessee
Maine	West Virginia
Massachusetts	Wyoming
Michigan	

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APPENDIX 2: Condition/Procedure Population Specifications

#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs		ICD10 Procedure Codes		ICD10 Diagnosis Codes										
1	Cancer Conditions	9,12	995	Surg	CMS HAI ¹ index Hosp_Wide Readmit HCAHPS	579, 580, 581, 582, 583	a n d	2P= 0HTT0ZZ, 0HTU0ZZ, 0HTV0ZZ, 07T50ZZ, 07T60ZZ, 0KTH0ZZ, 0KTJ0ZZ, 07T70ZZ, 07T80ZZ, 07T90ZZ, 0HBT0ZZ, 0HBT3ZZ, 0HBU0ZZ, 0HBU3ZZ, 0H0V0JZ, 0H0V3JZ, 0HBV0ZZ, 0HBV3ZZ	a n d	2D=C50019, C50119, C50219, C50319, C50419, C50519, C50619, C50819, C50919, C50029, C50929, D0590										
											OR									
											665, 666, 667, 707, 708	a n d	PP=0VT00ZZ, 0VT04ZZ, 0VT07ZZ, 0VT08ZZ, 0VT30ZZ, 0VT34ZZ, 0VB00ZZ, 0VB03ZZ, 0VB04ZZ, 0V500ZZ, 0V503ZZ, 0V504ZZ							
2	Mastectomy, Total/Simple	9	155	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	579, 580, 581, 582, 583	a n d	2P= 0HTT0ZZ, 0HTU0ZZ, 0HTV0ZZ, 07T50ZZ, 07T60ZZ, 0KTH0ZZ, 0KTJ0ZZ, 07T70ZZ, 07T80ZZ, 07T90ZZ, 0HBT0ZZ, 0HBT3ZZ, 0HBU0ZZ, 0HBU3ZZ, 0H0V0JZ, 0H0V3JZ, 0HBV0ZZ, 0HBV3ZZ	a n d	2D=C50019, C50119, C50219, C50319, C50419, C50519, C50619, C50819, C50919, C50029, C50929, D0590										
3	Prostatectomy, Radical	12	126	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	665, 666, 667, 707, 708	a n d	PP=0VT00ZZ, 0VT04ZZ, 0VT07ZZ, 0VT08ZZ, 0VT30ZZ, 0VT34ZZ, 0VB00ZZ, 0VB03ZZ, 0VB04ZZ, 0V500ZZ, 0V503ZZ, 0V504ZZ												
4	Cardiac Cath and Angioplasty	5	993	Med Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	246, 247, 248, 249, 250, 251, 286, 287	a n d	PP=02703ZZ, 02704ZZ, 02713ZZ, 02714ZZ, 02723ZZ, 02724ZZ, 02733ZZ, 02734ZZ												
5	Angioplasty, with and without Stent	5	8	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	246, 247, 248, 249, 250, 251	a n d	PP=02703ZZ, 02704ZZ, 02713ZZ, 02714ZZ, 02723ZZ, 02724ZZ, 02733ZZ, 02734ZZ												
6	Cardiac Catheterization	5	23	Med	HCAHPS	286, 287														
7	Deliveries	14	996	Surg	CMS HAI Early Elective Delivery index HCAHPS	765, 766, 767, 768, 774, 775														
8	Cesarean Section	14	29	Surg	CMS HAI Early Elective Delivery index HCAHPS	765, 766														
9	Vaginal Delivery	14	166	Med	Early Elective Delivery index HCAHPS	767, 768, 774, 775														

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#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs	ICD10 Procedure Codes	ICD10 Diagnosis Codes
10	Heart Surgery	5	997	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	216, 217, 218, 219, 220, 221, 231, 232, 233, 234, 235, 236, 266, 267	a n d PP=02RF07Z, 02RF08Z, 02RF0JZ, 02RF0KZ, 02RF37Z, 02RF38Z, 02RF3JZ, 02RF3KZ, 02RF47Z, 02RF48Z, 02RF4JZ, 02RF4KZ, 02RG07Z, 02RG08Z, 02RG0JZ, 02RG0KZ, 02RG37H, 02RG37Z, 02RG38H, 02RG38Z, 02RG3JH, 02RG3JZ, 02RG3KH, 02RG3KZ, 02RG47Z, 02RG48Z, 02RG4JZ, 02RG4KZ, 02RH07Z, 02RH08Z, 02RH0JZ, 02RH0KZ, 02RH37Z, 02RH38Z, 02RH3JZ, 02RH3KZ, 02RH47Z, 02RH48Z, 02RH4JZ, 02RH4KZ, 02RJ07Z, 02RJ08Z, 02RJ0JZ, 02RJ0KZ, 02RJ47Z, 02RJ48Z, 02RJ4JZ, 02RJ4KZ, 02UG3JZ, 02RF37H, 02RF37Z, 02RF38H, 02RF3JH, 02RF3KH, 02RG3JZ, 02RH37H, 02RH38H, 02RH3JH, 02RH3KH	
11	Coronary Artery Bypass Surgery	5	40	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	231, 232, 233, 234, 235, 236		
12	Heart Valve Replacement	5	79	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	216, 217, 218, 219, 220, 221, 266, 267	a n d PP=02RF07Z, 02RF08Z, 02RF0JZ, 02RF0KZ, 02RF37Z, 02RF38Z, 02RF3JZ, 02RF3KZ, 02RF47Z, 02RF48Z, 02RF4JZ, 02RF4KZ, 02RG07Z, 02RG08Z, 02RG0JZ, 02RG0KZ, 02RG37H, 02RG37Z, 02RG38H, 02RG38Z, 02RG3JH, 02RG3JZ, 02RG3KH, 02RG3KZ, 02RG47Z, 02RG48Z, 02RG4JZ, 02RG4KZ, 02RH07Z, 02RH08Z, 02RH0JZ, 02RH0KZ, 02RH37Z, 02RH38Z, 02RH3JZ, 02RH3KZ, 02RH47Z, 02RH48Z, 02RH4JZ, 02RH4KZ, 02RJ07Z, 02RJ08Z, 02RJ0JZ, 02RJ0KZ, 02RJ47Z, 02RJ48Z, 02RJ4JZ, 02RJ4KZ, 02UG3JZ, 02RF37H, 02RF37Z, 02RF38H, 02RF3JH, 02RF3KH, 02RG3JZ, 02RH37H, 02RH38H, 02RH3JH, 02RH3KH	
13	Joint Replacement	8	998	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	466, 467, 468, 469, 470	a n d PP=0SP909Z, 0SP90JZ, 0SPB09Z, 0SPB0JZ, 0SR9019, 0SR901A, 0SR901Z, 0SR9029, 0SR902A, 0SR902Z, 0SR9039, 0SR903A, 0SR903Z, 0SR90J9, 0SR90JA, 0SR90JZ, 0SRA009, 0SRA00A, 0SRA00Z, 0SRA019, 0SRA01A, 0SRA01Z, 0SRA039, 0SRA03A, 0SRA03Z, 0SRA07Z, 0SRA0J9, 0SRA0JA, 0SRA0JZ, 0SRA0KZ, 0SRB019, 0SRB01A, 0SRB01Z, 0SRB029, 0SRB02A, 0SRB02Z, 0SRB039, 0SRB03A, 0SRB03Z, 0SRB0J9, 0SRB0JA, 0SRB0JZ, 0SRE009, 0SRE00A, 0SRE00Z, 0SRE019, 0SRE01A, 0SRE01Z, 0SRE039, 0SRE03A, 0SRE03Z, 0SRE07Z, 0SRE0J9, 0SRE0JA, 0SRE0JZ, 0SRE0KZ, 0SRR019, 0SRR01A, 0SRR01Z, 0SRR039, 0SRR03A, 0SRR03Z, 0SRR07Z, 0SRR0J9, 0SRR0JA, 0SRR0JZ, 0SRR0KZ, 0SRS019, 0SRS01A, 0SRS01Z, 0SRS039, 0SRS03A, 0SRS03Z, 0SRS07Z, 0SRS0J9, 0SRS0JA, 0SRS0JZ, 0SRS0KZ, 0SU909Z, 0SUA09Z, 0SUA0BZ, 0SUB09Z, 0SUE09Z, 0SUE0BZ, 0SUR09Z, 0SUR0BZ, 0SUS09Z, 0SUS0BZ, 0SW90JZ, 0SW93JZ, 0SW94JZ, 0SWB0JZ, 0SWB3JZ, 0SWB4JZ	
OR								

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#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs	ICD10 Procedure Codes	ICD10 Diagnosis Codes
						461, 462, 466, 467, 468, 469, 470	a n d PP=0QPD0JZ, 0QPD3JZ, 0QPD4JZ, 0QPF0JZ, 0QPF3JZ, 0QPF4JZ, 0QRD0JZ, 0QRD3JZ, 0QRD4JZ, 0QRF0JZ, 0QRF3JZ, 0QRF4JZ, 0QUD0JZ, 0QUD3JZ, 0QUD4JZ, 0QUF0JZ, 0QUF3JZ, 0QUF4JZ, 0SPC09Z, 0SPC0JZ, 0SPC4JZ, 0SPD09Z, 0SPD0JZ, 0SPD4JZ, 0SRC07Z, 0SRC0J9, 0SRC0JA, 0SRC0JZ, 0SRC0KZ, 0SRD07Z, 0SRD0J9, 0SRD0JA, 0SRD0JZ, 0SRD0KZ, 0SRT07Z, 0SRT0JZ, 0SRT0KZ, 0SRU07Z, 0SRU0JZ, 0SRU0KZ, 0SRV07Z, 0SRV0JZ, 0SRV0KZ, 0SRW07Z, 0SRW0JZ, 0SRW0KZ, 0SUC09C, 0SUC0JZ, 0SUC4JZ, 0SUD09C, 0SUD0JZ, 0SUD4JZ, 0SUT09Z, 0SUU09Z, 0SUV09Z, 0SUW09Z, 0SWC0JZ, 0SWC3JZ, 0SWC4JZ, 0SWD0JZ, 0SWD3JZ, 0SWD4JZ	
14	Hip Replacement	8	87	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	466, 467, 468, 469, 470	a n d PP=0SP909Z, 0SP90JZ, 0SPB09Z, 0SPB0JZ, 0SR9019, 0SR901A, 0SR901Z, 0SR9029, 0SR902A, 0SR902Z, 0SR9039, 0SR903A, 0SR903Z, 0SR90J9, 0SR90JA, 0SR90JZ, 0SRA009, 0SRA00A, 0SRA00Z, 0SRA019, 0SRA01A, 0SRA01Z, 0SRA039, 0SRA03A, 0SRA03Z, 0SRA07Z, 0SRA0J9, 0SRA0JA, 0SRA0JZ, 0SRA0KZ, 0SRB019, 0SRB01A, 0SRB01Z, 0SRB029, 0SRB02A, 0SRB02Z, 0SRB039, 0SRB03A, 0SRB03Z, 0SRB0J9, 0SRB0JA, 0SRB0JZ, 0SRE009, 0SRE00A, 0SRE00Z, 0SRE019, 0SRE01A, 0SRE01Z, 0SRE039, 0SRE03A, 0SRE03Z, 0SRE07Z, 0SRE0J9, 0SRE0JA, 0SRE0JZ, 0SRE0KZ, 0SRR019, 0SRR01A, 0SRR01Z, 0SRR039, 0SRR03A, 0SRR03Z, 0SRR07Z, 0SRR0J9, 0SRR0JA, 0SRR0JZ, 0SRR0KZ, 0SRS019, 0SRS01A, 0SRS01Z, 0SRS039, 0SRS03A, 0SRS03Z, 0SRS07Z, 0SRS0J9, 0SRS0JA, 0SRS0JZ, 0SRS0KZ, 0SU909Z, 0SUA09Z, 0SUA0BZ, 0SUB09Z, 0SUE09Z, 0SUE0BZ, 0SUR09Z, 0SUR0BZ, 0SUS09Z, 0SUS0BZ, 0SW90JZ, 0SW93JZ, 0SW94JZ, 0SWB0JZ, 0SWB3JZ, 0SWB4JZ	
15	Knee Replacement	8	95	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	461, 462, 466, 467, 468, 469, 470	a n d PP=0QPD0JZ, 0QPD3JZ, 0QPD4JZ, 0QPF0JZ, 0QPF3JZ, 0QPF4JZ, 0QRD0JZ, 0QRD3JZ, 0QRD4JZ, 0QRF0JZ, 0QRF3JZ, 0QRF4JZ, 0QUD0JZ, 0QUD3JZ, 0QUD4JZ, 0QUF0JZ, 0QUF3JZ, 0QUF4JZ, 0SPC09Z, 0SPC0JZ, 0SPC4JZ, 0SPD09Z, 0SPD0JZ, 0SPD4JZ, 0SRC07Z, 0SRC0J9, 0SRC0JA, 0SRC0JZ, 0SRC0KZ, 0SRD07Z, 0SRD0J9, 0SRD0JA, 0SRD0JZ, 0SRD0KZ, 0SRT07Z, 0SRT0JZ, 0SRT0KZ, 0SRU07Z, 0SRU0JZ, 0SRU0KZ, 0SRV07Z, 0SRV0JZ, 0SRV0KZ, 0SRW07Z, 0SRW0JZ, 0SRW0KZ, 0SUC09C, 0SUC0JZ, 0SUC4JZ, 0SUD09C, 0SUD0JZ, 0SUD4JZ, 0SUT09Z, 0SUU09Z, 0SUV09Z, 0SUW09Z, 0SWC0JZ, 0SWC3JZ, 0SWC4JZ, 0SWD0JZ, 0SWD3JZ, 0SWD4JZ	

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#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs	ICD10 Procedure Codes	ICD10 Diagnosis Codes
16	Orthopedic Back Surgery	1, 8	991	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	028, 029, 030, 456, 457, 458, 459, 460, 471, 472, 473	PP=0RG0070, 0RG0071, 0RG007J, 0RG00J0, 0RG00J1, 0RG00JJ, 0RG00K0, 0RG00K1, 0RG00KJ, 0RG00Z0, 0RG00Z1, 0RG00ZJ, 0RG0370, 0RG0371, 0RG037J, 0RG03J0, 0RG03J1, 0RG03JJ, 0RG03K0, 0RG03K1, 0RG03KJ, 0RG03Z0, 0RG03Z1, 0RG03ZJ, 0RG0470, 0RG0471, 0RG047J, 0RG04J0, 0RG04J1, 0RG04JJ, 0RG04K0, 0RG04K1, 0RG04KJ, 0RG04Z0, 0RG04Z1, 0RG04ZJ, 0RG1070, 0RG1071, 0RG107J, 0RG10J0, 0RG10J1, 0RG10JJ, 0RG10K0, 0RG10K1, 0RG10KJ, 0RG10Z0, 0RG10Z1, 0RG10ZJ, 0RG1370, 0RG1371, 0RG137J, 0RG13J0, 0RG13J1, 0RG13JJ, 0RG13K0, 0RG13K1, 0RG13KJ, 0RG13Z0, 0RG13Z1, 0RG13ZJ, 0RG1470, 0RG1471, 0RG147J, 0RG14J0, 0RG14J1, 0RG14JJ, 0RG14K0, 0RG14K1, 0RG14KJ, 0RG14Z0, 0RG14Z1, 0RG14ZJ, 0RG4070, 0RG4071, 0RG407J, 0RG40J0, 0RG40J1, 0RG40JJ, 0RG40K0, 0RG40K1, 0RG40KJ, 0RG40Z0, 0RG40Z1, 0RG40ZJ, 0RG4370, 0RG4371, 0RG437J, 0RG43J0, 0RG43J1, 0RG43JJ, 0RG43K0, 0RG43K1, 0RG43KJ, 0RG43Z0, 0RG43Z1, 0RG43ZJ, 0RG4470, 0RG4471, 0RG447J, 0RG44J0, 0RG44J1, 0RG44JJ, 0RG44K0, 0RG44K1, 0RG44KJ, 0RG44Z0, 0RG44Z1, 0RG44ZJ, 0RG6070, 0RG6071, 0RG607J, 0RG60J0, 0RG60J1, 0RG60JJ, 0RG60K0, 0RG60K1, 0RG60KJ, 0RG60Z0, 0RG60Z1, 0RG60ZJ, 0RG6370, 0RG6371, 0RG637J, 0RG63J0, 0RG63J1, 0RG63JJ, 0RG63K0, 0RG63K1, 0RG63KJ, 0RG63Z0, 0RG63Z1, 0RG63ZJ, 0RG6470, 0RG6471, 0RG647J, 0RG64J0, 0RG64J1, 0RG64JJ, 0RG64K0, 0RG64K1, 0RG64KJ, 0RG64Z0, 0RG64Z1, 0RG64ZJ, 0RGA070, 0RGA071, 0RGA07J, 0RGA0J0, 0RGA0J1, 0RGA0JJ, 0RGA0K0, 0RGA0K1, 0RGA0KJ, 0RGA0Z0, 0RGA0Z1, 0RGA0ZJ, 0RGA370, 0RGA371, 0RGA37J, 0RGA3J0, 0RGA3J1, 0RGA3JJ, 0RGA3K0, 0RGA3K1, 0RGA3KJ, 0RGA3Z0, 0RGA3Z1, 0RGA3ZJ, 0RGA470, 0RGA471, 0RGA47J, 0RGA4J0, 0RGA4J1, 0RGA4JJ, 0RGA4K0, 0RGA4K1, 0RGA4KJ, 0RGA4Z0, 0RGA4Z1, 0RGA4ZJ, 0SG0070, 0SG0071, 0SG007J, 0SG00J0, 0SG00J1, 0SG00JJ, 0SG00K0, 0SG00K1, 0SG00KJ, 0SG00Z0, 0SG00Z1, 0SG00ZJ, 0SG0370, 0SG0371, 0SG037J, 0SG03J0, 0SG03J1, 0SG03JJ, 0SG03K0, 0SG03K1, 0SG03KJ, 0SG03Z0, 0SG03Z1, 0SG03ZJ, 0SG0470, 0SG0471, 0SG047J, 0SG04J0, 0SG04J1, 0SG04JJ, 0SG04K0, 0SG04K1, 0SG04KJ, 0SG04Z0, 0SG04Z1, 0SG04ZJ, 0SG3070, 0SG3071, 0SG307J, 0SG30J0, 0SG30J1, 0SG30JJ, 0SG30K0, 0SG30K1, 0SG30KJ, 0SG30Z0, 0SG30Z1, 0SG30ZJ, 0SG3370, 0SG3371, 0SG337J, 0SG33J0, 0SG33J1, 0SG33JJ, 0SG33K0, 0SG33K1, 0SG33KJ, 0SG33Z0, 0SG33Z1, 0SG33ZJ, 0SG3470, 0SG3471, 0SG347J, 0SG34J0, 0SG34J1, 0SG34JJ, 0SG34K0, 0SG34K1, 0SG34KJ, 0SG34Z0, 0SG34Z1, 0SG34ZJ, 0SG504Z, 0SG507Z, 0SG50JZ, 0SG50KZ, 0SG50ZZ, 0SG534Z, 0SG537Z, 0SG53JZ, 0SG53KZ, 0SG53ZZ, 0SG544Z, 0SG547Z, 0SG54JZ, 0SG54KZ, 0SG54ZZ, 0SG604Z, 0SG607Z, 0SG60JZ, 0SG60KZ, 0SG60ZZ, 0SG634Z, 0SG637Z, 0SG63JZ, 0SG63KZ, 0SG63ZZ, 0SG644Z, 0SG647Z, 0SG64JZ, 0SG64KZ, 0SG64ZZ, 0SG704Z, 0SG707Z, 0SG70JZ, 0SG70KZ, 0SG70ZZ, 0SG734Z, 0SG737Z, 0SG73JZ, 0SG73KZ, 0SG73ZZ, 0SG744Z, 0SG747Z, 0SG74JZ, 0SG74KZ, 0SG74ZZ, 0SG804Z, 0SG807Z, 0SG80JZ, 0SG80KZ, 0SG80ZZ, 0SG834Z, 0SG837Z, 0SG83JZ, 0SG83KZ, 0SG83ZZ, 0SG844Z, 0SG847Z, 0SG84JZ, 0SG84KZ, 0SG84ZZ	

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#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs	ICD10 Procedure Codes	ICD10 Diagnosis Codes
							OR	
						028, 029, 030, 490, 491, 518, 519, 520	and PP=0R530ZZ, 0R533ZZ, 0R534ZZ, 0R550ZZ, 0R553ZZ, 0R554ZZ, 0R590ZZ, 0R593ZZ, 0R594ZZ, 0R5B0ZZ, 0R5B3ZZ, 0R5B4ZZ, 0RB30ZZ, 0RB33ZZ, 0RB34ZZ, 0RB50ZZ, 0RB53ZZ, 0RB54ZZ, 0RB90ZZ, 0RB93ZZ, 0RB94ZZ, 0RBB0ZZ, 0RBB3ZZ, 0RBB4ZZ, 0RQ30ZZ, 0RQ90ZZ, 0RQB0ZZ, 0RT30ZZ, 0RT40ZZ, 0RT50ZZ, 0RT90ZZ, 0RTB0ZZ, 0RU307Z, 0RU30JZ, 0RU30KZ, 0RU337Z, 0RU33JZ, 0RU33KZ, 0RU347Z, 0RU34JZ, 0RU34KZ, 0RU907Z, 0RU90JZ, 0RU90KZ, 0RU937Z, 0RU93JZ, 0RU93KZ, 0RU947Z, 0RU94JZ, 0RU94KZ, 0RUB07Z, 0RUB0JZ, 0RUB0KZ, 0RUB37Z, 0RUB3JZ, 0RUB3KZ, 0RUB47Z, 0RUB4JZ, 0RUB4KZ, 0S520ZZ, 0S523ZZ, 0S524ZZ, 0S540ZZ, 0S543ZZ, 0S544ZZ, 0SB20ZZ, 0SB23ZZ, 0SB24ZZ, 0SB40ZZ, 0SB43ZZ, 0SB44ZZ, 0SQ20ZZ, 0SQ40ZZ, 0ST20ZZ, 0ST40ZZ, 0SU207Z, 0SU20JZ, 0SU20KZ, 0SU237Z, 0SU23JZ, 0SU23KZ, 0SU247Z, 0SU24JZ, 0SU24KZ, 0SU407Z, 0SU40JZ, 0SU40KZ, 0SU437Z, 0SU43JZ, 0SU43KZ, 0SU447Z, 0SU44JZ, 0SU44KZ	
17	Disc Surgery	8	51	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	028, 029, 030, 490, 491, 518, 519, 520	and PP=0R530ZZ, 0R533ZZ, 0R534ZZ, 0R550ZZ, 0R553ZZ, 0R554ZZ, 0R590ZZ, 0R593ZZ, 0R594ZZ, 0R5B0ZZ, 0R5B3ZZ, 0R5B4ZZ, 0RB30ZZ, 0RB33ZZ, 0RB34ZZ, 0RB50ZZ, 0RB53ZZ, 0RB54ZZ, 0RB90ZZ, 0RB93ZZ, 0RB94ZZ, 0RBB0ZZ, 0RBB3ZZ, 0RBB4ZZ, 0RQ30ZZ, 0RQ90ZZ, 0RQB0ZZ, 0RT30ZZ, 0RT40ZZ, 0RT50ZZ, 0RT90ZZ, 0RTB0ZZ, 0RU307Z, 0RU30JZ, 0RU30KZ, 0RU337Z, 0RU33JZ, 0RU33KZ, 0RU347Z, 0RU34JZ, 0RU34KZ, 0RU907Z, 0RU90JZ, 0RU90KZ, 0RU937Z, 0RU93JZ, 0RU93KZ, 0RU947Z, 0RU94JZ, 0RU94KZ, 0RUB07Z, 0RUB0JZ, 0RUB0KZ, 0RUB37Z, 0RUB3JZ, 0RUB3KZ, 0RUB47Z, 0RUB4JZ, 0RUB4KZ, 0S520ZZ, 0S523ZZ, 0S524ZZ, 0S540ZZ, 0S543ZZ, 0S544ZZ, 0SB20ZZ, 0SB23ZZ, 0SB24ZZ, 0SB40ZZ, 0SB43ZZ, 0SB44ZZ, 0SQ20ZZ, 0SQ40ZZ, 0ST20ZZ, 0ST40ZZ, 0SU207Z, 0SU20JZ, 0SU20KZ, 0SU237Z, 0SU23JZ, 0SU23KZ, 0SU247Z, 0SU24JZ, 0SU24KZ, 0SU407Z, 0SU40JZ, 0SU40KZ, 0SU437Z, 0SU43JZ, 0SU43KZ, 0SU447Z, 0SU44JZ, 0SU44KZ	

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#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs	ICD10 Procedure Codes	ICD10 Diagnosis Codes
18	Spinal Fusion	1	143	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	028, 029, 030, 456, 457, 458, 459, 460, 471, 472, 473	a n d PP=0RG0070, 0RG0071, 0RG007J, 0RG00J0, 0RG00J1, 0RG00JJ, 0RG00K0, 0RG00K1, 0RG00KJ, 0RG00Z0, 0RG00Z1, 0RG00ZJ, 0RG0370, 0RG0371, 0RG037J, 0RG03J0, 0RG03J1, 0RG03JJ, 0RG03K0, 0RG03K1, 0RG03KJ, 0RG03Z0, 0RG03Z1, 0RG03ZJ, 0RG0470, 0RG0471, 0RG047J, 0RG04J0, 0RG04J1, 0RG04JJ, 0RG04K0, 0RG04K1, 0RG04KJ, 0RG04Z0, 0RG04Z1, 0RG04ZJ, 0RG1070, 0RG1071, 0RG107J, 0RG10J0, 0RG10J1, 0RG10JJ, 0RG10K0, 0RG10K1, 0RG10KJ, 0RG10Z0, 0RG10Z1, 0RG10ZJ, 0RG1370, 0RG1371, 0RG137J, 0RG13J0, 0RG13J1, 0RG13JJ, 0RG13K0, 0RG13K1, 0RG13KJ, 0RG13Z0, 0RG13Z1, 0RG13ZJ, 0RG1470, 0RG1471, 0RG147J, 0RG14J0, 0RG14J1, 0RG14JJ, 0RG14K0, 0RG14K1, 0RG14KJ, 0RG14Z0, 0RG14Z1, 0RG14ZJ, 0RG4070, 0RG4071, 0RG407J, 0RG40J0, 0RG40J1, 0RG40JJ, 0RG40K0, 0RG40K1, 0RG40KJ, 0RG40Z0, 0RG40Z1, 0RG40ZJ, 0RG4370, 0RG4371, 0RG437J, 0RG43J0, 0RG43J1, 0RG43JJ, 0RG43K0, 0RG43K1, 0RG43KJ, 0RG43Z0, 0RG43Z1, 0RG43ZJ, 0RG4470, 0RG4471, 0RG447J, 0RG44J0, 0RG44J1, 0RG44JJ, 0RG44K0, 0RG44K1, 0RG44KJ, 0RG44Z0, 0RG44Z1, 0RG44ZJ, 0RG6070, 0RG6071, 0RG607J, 0RG60J0, 0RG60J1, 0RG60JJ, 0RG60K0, 0RG60K1, 0RG60KJ, 0RG60Z0, 0RG60Z1, 0RG60ZJ, 0RG6370, 0RG6371, 0RG637J, 0RG63J0, 0RG63J1, 0RG63JJ, 0RG63K0, 0RG63K1, 0RG63KJ, 0RG63Z0, 0RG63Z1, 0RG63ZJ, 0RG6470, 0RG6471, 0RG647J, 0RG64J0, 0RG64J1, 0RG64JJ, 0RG64K0, 0RG64K1, 0RG64KJ, 0RG64Z0, 0RG64Z1, 0RG64ZJ, 0RGA070, 0RGA071, 0RGA07J, 0RGA0J0, 0RGA0J1, 0RGA0JJ, 0RGA0K0, 0RGA0K1, 0RGA0KJ, 0RGA0Z0, 0RGA0Z1, 0RGA0ZJ, 0RGA370, 0RGA371, 0RGA37J, 0RGA3J0, 0RGA3J1, 0RGA3JJ, 0RGA3K0, 0RGA3K1, 0RGA3KJ, 0RGA3Z0, 0RGA3Z1, 0RGA3ZJ, 0RGA470, 0RGA471, 0RGA47J, 0RGA4J0, 0RGA4J1, 0RGA4JJ, 0RGA4K0, 0RGA4K1, 0RGA4KJ, 0RGA4Z0, 0RGA4Z1, 0RGA4ZJ, 0SG0070, 0SG0071, 0SG007J, 0SG00J0, 0SG00J1, 0SG00JJ, 0SG00K0, 0SG00K1, 0SG00KJ, 0SG00Z0, 0SG00Z1, 0SG00ZJ, 0SG0370, 0SG0371, 0SG037J, 0SG03J0, 0SG03J1, 0SG03JJ, 0SG03K0, 0SG03K1, 0SG03KJ, 0SG03Z0, 0SG03Z1, 0SG03ZJ, 0SG0470, 0SG0471, 0SG047J, 0SG04J0, 0SG04J1, 0SG04JJ, 0SG04K0, 0SG04K1, 0SG04KJ, 0SG04Z0, 0SG04Z1, 0SG04ZJ, 0SG3070, 0SG3071, 0SG307J, 0SG30J0, 0SG30J1, 0SG30JJ, 0SG30K0, 0SG30K1, 0SG30KJ, 0SG30Z0, 0SG30Z1, 0SG30ZJ, 0SG3370, 0SG3371, 0SG337J, 0SG33J0, 0SG33J1, 0SG33JJ, 0SG33K0, 0SG33K1, 0SG33KJ, 0SG33Z0, 0SG33Z1, 0SG33ZJ, 0SG3470, 0SG3471, 0SG347J, 0SG34J0, 0SG34J1, 0SG34JJ, 0SG34K0, 0SG34K1, 0SG34KJ, 0SG34Z0, 0SG34Z1, 0SG34ZJ, 0SG504Z, 0SG504Z, 0SG50Z, 0SG50Z, 0SG50Z, 0SG50Z, 0SG534Z, 0SG537Z, 0SG53JZ, 0SG53KZ, 0SG53ZZ, 0SG544Z, 0SG547Z, 0SG54JZ, 0SG54KZ, 0SG54ZZ, 0SG604Z, 0SG607Z, 0SG60JZ, 0SG60KZ, 0SG60ZZ, 0SG634Z, 0SG637Z, 0SG63JZ, 0SG63KZ, 0SG63ZZ, 0SG644Z, 0SG647Z, 0SG64JZ, 0SG64KZ, 0SG64ZZ, 0SG704Z, 0SG707Z, 0SG70JZ, 0SG70KZ, 0SG70ZZ, 0SG734Z, 0SG737Z, 0SG73JZ, 0SG73KZ, 0SG73ZZ, 0SG744Z, 0SG747Z, 0SG74JZ, 0SG74KZ, 0SG74ZZ, 0SG804Z, 0SG807Z, 0SG80JZ, 0SG80KZ, 0SG80ZZ, 0SG834Z, 0SG837Z, 0SG83JZ, 0SG83KZ, 0SG83ZZ, 0SG844Z, 0SG847Z, 0SG84JZ, 0SG84KZ, 0SG84ZZ	

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#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs	ICD10 Procedure Codes	ICD10 Diagnosis Codes
19	Pulmonology Medical	4	994	Med	CMS HAI index PNE Readmit HCAHPS	190, 191, 192, 193, 194, 195		a n d 2D=J1289, J189, J84111, J842, J84116, J84117
20	COPD (pulmonary disease)	4	37	Med	HCAHPS	190, 191, 192		
21	Pneumonia	4	118	Med	CMS HAI index PNE Readmit HCAHPS	193, 194, 195		a n d 2D=J1289, J189, J84111, J842, J84116, J84117
Individual Conditions								
22	Abdominal Hysterectomy	13	153	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	742, 743	a n d PP=0UT94ZZ, 0UTC4ZZ	
23	Colon Surgery	6	34	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	329, 330, 331	a n d PP=0DBE0ZZ, 0DBE3ZZ, 0DBE4ZZ, 0DBE7ZZ, 0DBE8ZZ, 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ, 0DTF0ZZ, 0DTF4ZZ, 0DTF7ZZ, 0DTF8ZZ, 0DTG0ZZ, 0DTG4ZZ, 0DTG7ZZ, 0DTG8ZZ, 0DTH0ZZ, 0DTH4ZZ, 0DTH7ZZ, 0DTH8ZZ, 0DTK0ZZ, 0DTL0ZZ, 0DTL4ZZ, 0DTL7ZZ, 0DTL8ZZ, 0DTN0ZZ, 0DTN4ZZ, 0DTN7ZZ, 0DTN8ZZ, 0DTP0ZZ, 0DTP4ZZ	
24	Gall Bladder Removal, Laparoscopic	7	66	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	417, 418, 419	a n d PP=0FB44ZZ, 0FT44ZZ	

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#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs	ICD10 Procedure Codes	ICD10 Diagnosis Codes
25	Bariatric Surgery	10	200	Surg	CMS HAI index Hosp_Wide Readmit HCAHPS	326, 327, 328, 619, 620, 621	2P=0DV60CZ, 0DV60DZ, 0DV60ZZ, 0DV63CZ, 0DV63DZ, 0DV63ZZ, 0DV64CZ, 0DV64DZ, 0DV64ZZ, 0DV67DZ, 0DV67ZZ, 0DV68DZ, 0DV68ZZ, 0DP67DZ, 0DP68DZ, 0DP60CZ, 0DP60DZ, 0DW64CZ, 0DP64DZ, 0DH60DZ, 0DH63DZ, 0DH64DZ, 0DH67DZ, 0DH68DZ, 0DW60CZ, 0DW60DZ, 0DW63CZ, 0DW63DZ, 0DW64CZ, 0DW64DZ, 0DW67CZ, 0DW67DZ, 0DW68CZ, 0DW68DZ, 0DW6XCZ, 0DW6XDZ, 0D16074, 0D16079, 0D1607A, 0D1607B, 0D1607L, 0D160J4, 0D160J9, 0D160JA, 0D160JB, 0D160JL, 0D160K4, 0D160K9, 0D160KA, 0D160KB, 0D160KL, 0D160Z4, 0D160Z9, 0D160ZA, 0D160ZB, 0D160ZL, 0D163J4, 0D16474, 0D16479, 0D1647A, 0D1647B, 0D1647L, 0D164J4, 0D164J9, 0D164JA, 0D164JB, 0D164JL, 0D164K4, 0D164K9, 0D164KA, 0D164KB, 0D164KL, 0D164Z4, 0D164Z9, 0D164ZA, 0D164ZB, 0D164ZL, 0D16874, 0D16879, 0D1687A, 0D1687B, 0D1687L, 0D168J4, 0D168J9, 0D168JA, 0D168JB, 0D168JL, 0D168K4, 0D168K9, 0D168KA, 0D168KB, 0D168KL, 0D168Z4, 0D168Z9, 0D168ZA, 0D168ZB, 0D168ZL, 0D19079, 0D1907A, 0D1907B, 0D1907L, 0D190J4, 0D190J9, 0D190JA, 0D190JB, 0D190JL, 0D190K4, 0D190K9, 0D190KA, 0D190KB, 0D190KL, 0D190Z4, 0D190Z9, 0D190ZA, 0D190ZB, 0D190ZL, 0D193J4, 0D19474, 0D19479, 0D1947A, 0D1947B, 0D1947L, 0D194J4, 0D194J9, 0D194JA, 0D194JB, 0D194JL, 0D194K4, 0D194K9, 0D194KA, 0D194KB, 0D194KL, 0D194Z4, 0D194Z9, 0D194ZA, 0D194ZB, 0D194ZL, 0D19874, 0D19879, 0D1987A, 0D1987B, 0D1987L, 0D198J4, 0D198J9, 0D198JA, 0D198JB, 0D198JL, 0D198K4, 0D198K9, 0D198KA, 0D198KB, 0D198KL, 0D198Z4, 0D198Z9, 0D198ZA, 0D198ZB, 0D198ZL, 0D1A074, 0D1A07A, 0D1A07B, 0D1A07H, 0D1A07M, 0D1A07N, 0D1A07P, 0D1A07Q, 0D1A0J4, 0D1A0JA, 0D1A0JB, 0D1A0JM, 0D1A0JK, 0D1A0JL, 0D1A0JM, 0D1A0JN, 0D1A0JP, 0D1A0JQ, 0D1A0K4, 0D1A0KA, 0D1A0KB, 0D1A0KH, 0D1A0KK, 0D1A0KL, 0D1A0KM, 0D1A0KN, 0D1A0KP, 0D1A0KQ, 0D1A0Z4, 0D1A0ZA, 0D1A0ZB, 0D1A0ZH, 0D1A0ZK, 0D1A0ZL, 0D1A0ZM, 0D1A0ZN, 0D1A0ZP, 0D1A0ZQ, 0D1A3J4, 0D1A474, 0D1A47A, 0D1A47B, 0D1A47H, 0D1A47K, 0D1A47L, 0D1A47M, 0D1A47N, 0D1A47P, 0D1A47Q, 0D1A4J4, 0D1A4JA, 0D1A4JB, 0D1A4JH, 0D1A4JK, 0D1A4JL, 0D1A4JM, 0D1A4JN, 0D1A4JP, 0D1A4JQ, 0D1A4K4, 0D1A4KA, 0D1A4KB, 0D1A4KH, 0D1A4KK, 0D1A4KL, 0D1A4KM, 0D1A4KN, 0D1A4KP, 0D1A4KQ, 0D1A4Z4, 0D1A4ZA, 0D1A4ZB, 0D1A4ZH, 0D1A4ZK, 0D1A4ZL, 0D1A4ZM, 0D1A4ZN, 0D1A4ZP, 0D1A4ZQ, 0D1A874, 0D1A87A, 0D1A87B, 0D1A87H, 0D1A87K, 0D1A87L, 0D1A87M, 0D1A87N, 0D1A87P, 0D1A87Q, 0D1A8J4, 0D1A8JA, 0D1A8JB, 0D1A8JH, 0D1A8JK, 0D1A8JL, 0D1A8JM, 0D1A8JN, 0D1A8JP, 0D1A8JQ, 0D1A8K4, 0D1A8KA, 0D1A8KB, 0D1A8KH, 0D1A8KK, 0D1A8KL, 0D1A8KM, 0D1A8KN, 0D1A8KP, 0D1A8KQ, 0D1A8Z4, 0D1A8ZA, 0D1A8ZB, 0D1A8ZH, 0D1A8ZK, 0D1A8ZL, 0D1A8ZM, 0D1A8ZN, 0D1A8ZP, 0D1A8ZQ, 0D1B074, 0D1B07B, 0D1B07H, 0D1B07K, 0D1B07L, 0D1B07M, 0D1B07N, 0D1B07P, 0D1B07Q, 0D1B0J4, 0D1B0JB, 0D1B0JH, 0D1B0JK, 0D1B0JM, 0D1B0JN, 0D1B0JP, 0D1B0JQ, 0D1B0K4, 0D1B0KB, 0D1B0KH, 0D1B0KK, 0D1B0KL, 0D1B0KM, 0D1B0KN, 0D1B0KP, 0D1B0KQ, 0D1B0Z4, 0D1B0ZB, 0D1B0ZH, 0D1B0ZK, 0D1B0ZL, 0D1B0ZM, 0D1B0ZN, 0D1B0ZP, 0D1B0ZQ, 0D1B3J4, 0D1B474, 0D1B47B, 0D1B47H, 0D1B47K, 0D1B47L,	2D=E6601, E662, Z6835, Z6836, Z6837, Z6838, Z6839, Z6841, Z6842, Z6843, Z6844, Z6845

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#	WebMD Condition/Category	MDC #	DX #	Med Surg	CMS Index Used	MS-DRGs	ICD10 Procedure Codes	ICD10 Diagnosis Codes
							0D1B47M, 0D1B47N, 0D1B47P, 0D1B47Q, 0D1B4J4, 0D1B4JB, 0D1B4JH, 0D1B4JK, 0D1B4JL, 0D1B4JM, 0D1B4JN, 0D1B4JP, 0D1B4JQ, 0D1B4K4, 0D1B4KB, 0D1B4KH, 0D1B4KK, 0D1B4KL, 0D1B4KM, 0D1B4KN, 0D1B4KP, 0D1B4KQ, 0D1B4Z4, 0D1B4ZB, 0D1B4ZH, 0D1B4ZK, 0D1B4ZL, 0D1B4ZM, 0D1B4ZN, 0D1B4ZP, 0D1B4ZQ, 0D1B874, 0D1B87B, 0D1B87H, 0D1B87K, 0D1B87L, 0D1B87M, 0D1B87N, 0D1B87P, 0D1B87Q, 0D1B8J4, 0D1B8JB, 0D1B8JH, 0D1B8JK, 0D1B8JL, 0D1B8JM, 0D1B8JN, 0D1B8JP, 0D1B8JQ, 0D1B8K4, 0D1B8KB, 0D1B8KH, 0D1B8KK, 0D1B8KL, 0D1B8KM, 0D1B8KN, 0D1B8KP, 0D1B8KQ, 0D1B8Z4, 0D1B8ZB, 0D1B8ZH, 0D1B8ZK, 0D1B8ZL, 0D1B8ZM, 0D1B8ZN, 0D1B8ZP, 0D1B8ZQ	

¹ Healthcare-associated infection

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APPENDIX 3: Conditions/Procedures with Hospital Quality Index Component Index Weights

Condition/Procedure Description	Mortality Weight	CMS HAI ¹ Weight	Complication Weight	LEAPFROG Weight	CMS READMIT Weight ²	Primary C-Section Delivery Weight	CMS Early Delivery Weight	CMS HCAHPS Weight
Abdominal Hysterectomy	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Angioplasty, with and without Stent	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Cancer Conditions	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Cardiac Catheterization and Angioplasty	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Cardiac Catheterization	0.00	0.00	0.90	0.05	0.00	0.00	0.00	0.05
Cesarean Section	0.00	0.10	0.60	0.05	0.00	0.00	0.20	0.05
Colon Surgery	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
COPD	0.00	0.00	0.90	0.05	0.00	0.00	0.00	0.05
Coronary Artery Bypass Surgery	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Deliveries	0.00	0.10	0.60	0.05	0.00	0.00	0.20	0.05
Disc Surgery	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Gall Bladder Removal, Laparoscopic	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Heart Surgery	0.30	0.25	0.30	0.05	0.05	0.00	0.00	0.05
Heart Valve Replacement	0.30	0.25	0.30	0.05	0.05	0.00	0.00	0.05
Hip Replacement	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Joint Replacement	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Knee Replacement	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Mastectomy, Total/Simple	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Orthopedic Back Surgery	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Pneumonia	0.60	0.15	0.00	0.05	0.15	0.00	0.00	0.05
Prostatectomy, Radical	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Pulmonology Medical	0.60	0.15	0.00	0.05	0.15	0.00	0.00	0.05
Spinal Fusion	0.00	0.25	0.60	0.05	0.05	0.00	0.00	0.05
Vaginal Delivery	0.00	0.00	0.55	0.05	0.00	0.15	0.20	0.05

¹ Healthcare-associated infection

² CMS READMIT WEIGHT includes weights for the Specific 30-Day Readmission measures Pneumonia and Pulmonology Medical. These weights are .15. It also includes weights for the Hospital Wide 30-Day Readmission measure for conditions other than Pneumonia and Pulmonology Medical. These weights are .05.

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