Commonwealth Primary Care ACO and Cigna Launch Accountable Care Program in Phoenix to Improve Health and Lower Costs

PHOENIX, January 29, 2014 - Cigna (NYSE: CI) and Commonwealth Primary Care ACO have launched a collaborative accountable care initiative to improve patient access to health care, enhance care coordination and achieve the "triple aim" of improved health, affordability and patient experience.

Collaborative accountable care is Cigna's approach to accomplishing the same population health goals as accountable care organizations, or ACOs. The program, which took effect January 1, 2014, will benefit over 7,000 individuals covered by a Cigna health plan who receive care from over 100 primary care physicians affiliated with Commonwealth Primary Care ACO.

"The current system incentivizes health care professionals and facilities to do more procedures and provide more services, regardless of value," said Commonwealth Primary Care ACO executive Dr. Curtis Page. "This may potentially put patients at risk and it certainly has the effect of running up the bill without delivering improved health at the same time. The Cigna collaborative accountable care program gives primary care physicians an incentive to move from volume to value by paying doctors for the overall quality of care. In this model, the primary care practice serves as the hub where all health care decisions are carefully reviewed to assure patient protection and the appropriate use of health care services. We are looking forward to the collaboration and its eventual effect on improving the value of health care for consumers."

"Collaborative accountable care programs can help put the health care system's focus on quality of care and value, and on supporting the doctor-patient relationship," said Edward Kim, president of Cigna in Arizona. "We have established successful collaborations with physicians in Arizona to improve care coordination and address potential gaps in care, which will lead to healthier people and lower costs. Cigna Medical Group was an early adopter of this model, which has shown promising results in both improving quality and controlling costs."

Under the program, Commonwealth Primary Care physicians will monitor and coordinate all aspects of an individual's medical care. Patients will continue to be treated by their current physician and automatically receive the benefits of the program. Individuals who are enrolled in a Cigna health plan and later choose to seek care from a doctor in the medical group will also have access to the benefits of the program. There are no changes in any plan requirements regarding referrals to specialists. Patients most likely to see the immediate benefits of the program are those who need help managing chronic conditions, such as diabetes, heart disease and obesity.

Critical to the program's success are registered nurses, employed by Commonwealth Primary Care, who serve as clinical care coordinators and help patients with chronic conditions or other health challenges navigate the health care system. The care coordinators are aligned with a team of Cigna case managers to ensure a high degree of collaboration between the medical group and Cigna, which will ultimately provide a better experience for the individual.

The care coordinators will enhance care by using patient-specific data from Cigna to help identify patients being discharged from the hospital who might be at risk for readmission, as well as patients who may be overdue for important health screenings or who may have skipped a prescription refill. The care coordinators are part of the physician-led care team that will help patients get the follow-up care or screenings they need, identify potential complications related to medications and help prevent chronic conditions from worsening.
Care coordinators can also help patients schedule appointments, provide health education and refer patients to Cigna’s clinical support and wellness programs that may be available through their employer’s benefit plans.

Cigna will compensate Commonwealth Primary Care physicians for the medical and care coordination services they provide. Additionally, doctors may be rewarded through a “pay for value” structure for meeting or exceeding targets for improving quality and lowering medical costs.

The principles of the patient-centered medical home are the foundation of Cigna's collaborative accountable care initiatives. Cigna then builds on that foundation with a strong focus on collaboration and communication with physician practices. Cigna has 86 collaborative accountable care initiatives in 27 states, encompassing more than 880,000 commercial customers and more than 35,000 doctors, including more than 16,000 primary care physicians and more than 19,000 specialists. Cigna launched its first collaborative accountable care program in 2008 and will reach its goal to have 100 of them in place with one million customers in 2014.

Collaborative accountable care is one component of the company's approach to physician engagement for health improvement, which also includes the innovative Cigna-HealthSpringSM care model for Medicare customers. Today, well over one million Cigna and Cigna-HealthSpring customers benefit from more than 250 engaged physician relationships across 31 states, with more than 62,000 doctors participating, including more than 22,000 primary care physicians and more than 40,000 specialists.

**About Commonwealth Primary Care ACO**

Commonwealth Primary Care ACO is an organization that is owned and governed entirely by primary care physicians. We are committed to dramatically altering the current high cost healthcare system in Arizona by engaging primary care physicians in value based, accountable care.

**About Cigna**

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