TAKING THE GUESSWORK **OUT OF CHOOSING HEALTH CARE PROVIDERS**

Cigna Care Designation C



When you choose a Cigna Care Designation (CCD) provider, you can feel confident you've made a quality selection. That's because each one has a proven history of achieving quality outcomes, while also being cost effective.

Here's how you can be sure.

Using standard, industry-accepted measures, Cigna regularly evaluates our in-network providers in 21 of the most common primary care categories and specialties. Those with top results earn the designation.

Primary care categories

Family practice Internal medicine Pediatrics



Specialties

Allergy/immunology

Cardiology

Cardiothoracic surgery

Dermatology

Ear, nose and throat

Endocrinology

Gastroenterology

General surgery Hematology

Nephrology Neurology

Neurosurgery

OB/GYN

Ophthalmology

Orthopedics and surgery

Pulmonology

Rheumatology

Urology

Finding a CCD provider is easy.

Just search the provider directory on myCigna.com, where you'll see:

The CCD symbol.



Quality information for providers.

Provider star-rating for cost-efficient care, with three stars being the highest rating. I need to see a doctor for allergies, but I'm not sure where to begin.

Picking a doctor out of a list seems random and overwhelming.

> How do I get information about the quality of a doctor's care?

How can I be sure I'm paying a reasonable price?







Evaluation methodology

Cigna evaluates providers based on criteria we believe to be markers of quality and cost efficiency.

Quality. We use three quality indicators to review providers in our network.

- > Group Board Certification determines if boardcertified providers provide most of the care in a physician group.
- National Committee for Quality Assurance (NCQA) Physician Recognition shows providers who received recognition in any of the four NCQA Physician Recognition Programs: Diabetes, heart/stroke, physician practice connections or patient-centered medical home.
- > Evidence-based medicine (EBM) rules span 48 diseases and preventive care conditions and may apply to the care provided by providers in 22 specialties. The quality of a provider's care is evaluated using a claims-based assessment based on 91 EBM rules.

Cost efficiency. Individual providers and group practices are evaluated for their cost efficiency using industry-standard Episode Treatment Group methodology that:

- Determines the average cost of treating an episode of care for each of the reviewed medical conditions and surgical procedures; then
- Compares that cost to the costs of other providers and medical groups of the same specialty in the same geographical market.

Provider requirements

Participating physicians may receive the Cigna Care Designation if the provider or physician group:

- Is located in one of the 74 markets currently included in this program.
- Practices in one of the 21 assessed primary care categories and specialties.
- Meets Cigna group board certification criteria.
- > Has treated a minimum of 30 Cigna customers.
- Performance meets nationally endorsed criteria, with top results for both quality and cost efficiency as compared with their peers in the market.

Always reviewing and improving

Just as we continue to review and evaluate our providers, we will also continue to review our evaluation methodology and provider requirements. This will help to ensure not only that we remain current with evolving industry standards, but also that our customers can continue to choose care confidently.



Quality designations, cost-efficiency and other ratings reflect a partial assessment of quality and cost efficiency and should not be the sole basis for decision making. They are not a guarantee of the quality of care that will be provided to individual patients. You are encouraged to consider all relevant factors and consult with your physician when selecting a provider. Providers are independent contractors solely responsible for care delivered; providers are not agents of Ciqna.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

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