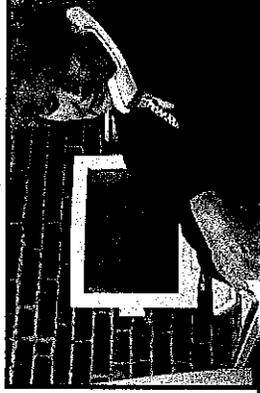


Cigna MotivateMe Program

- CIGNA's MotivateMe program provides a **personalized customer experience**, motivates customers at every **touch point** — online or on the phone—to improve their health and spend wisely to lower health care costs.
- Focuses on **outcomes**, offering incentives for biometric targets and improvements
- **Educates customers about available health** improvement programs and encourages use
- **Empowers** customers to make the **best available health care decision**
- Helps lower medical costs for clients and customers
- **Educates** customers about opportunities to earn incentives every time they interact with Cigna



Educate



Empower



Encourage

Cigna.

Cigna MotivateMe Program: Key Features

Flexible platform

Preventive incentives validated by a claim

Better integration and customer experience

Outcomes-based incentives

- Incentive activity
 - Type of award:
 - premium credit
 - fund deposit
 - Frequency
 - Gatekeeper
 - Incentive caps
- Annual preventive exam
 - Colonoscopy
 - Mammography
 - Cervical cancer screening
 - Flu shot
- Customers' tailored care plan integrated into incentives dashboard
 - Cigna coaches have access to incentives for each customer
 - Improved award processing time
- Achieve a certain biometric target
 - Improve upon a biometric target

Biometric Outcome Incentives

When should biometric outcome incentive be offered?

- Most successful as part of a multi-year strategy.
- May not be appropriate if just starting out with incentives.
- Initial incentive focus should be on helping employees gain a better understanding of their health status, then moving to progressing towards health goals, and then achieving a biometric outcome.

Year 1

Complete activities to understand health

Year 2

Progress towards achieving health goals

Year 3

Achieve health goals

Offer incentives to:

- Complete health assessment
- Complete biometric screening

Offer incentives to:

- Work with coach to progress towards goals
- Complete online coaching programs

End goal:

- Achieve biometric goal (BMI less < 30)

MotivateMe Program Incentive Activities

Identify Health Risk	
<p>Health assessment completion — Cigna medical HRA</p>	
<p>Biometric screening completion —Cigna or vendor administered</p>	
<p>Biometric screening completion —PCP verified on a form</p>	
<p>Biometric outcomes incentive —Cigna, vendor, or physician administered</p>	<ul style="list-style-type: none"> • Achieve target, or improve, for following measures: <ul style="list-style-type: none"> – BMI <30 – Fasting blood sugar <100 – Total cholesterol <=239 – LDL <=129 – Blood pressure (on exception basis)
	<ul style="list-style-type: none"> • Confirm HRA and biometric screening completion on website prior to effective date • Show biometric outcomes on website prior to effective date

Maintain and Improve Health	
<p>Telephonic coaching:</p>	<ul style="list-style-type: none"> • Progress Towards/Achieve Health Goal • Complete a Telephonic Program to Improve Lifestyle Habits • Make an Informed Decision about Treatment Options
<p>HPHB —enroll in program, complete program</p>	
<p>Cigna Online Coaching Program Completion</p>	<ul style="list-style-type: none"> • Sleep • Nutrition • Physical activity • Stress • Weight • Tobacco
	<p>Self-reported health improvement —e.g., physical activity</p>
	<p>Preventive Care – Confirmed with a Claim</p> <ul style="list-style-type: none"> • Adult physical • Routine OB/GYN exam • Colonoscopy • Cervical cancer screening • Routine mammogram • Annual flu shot

State of Montana – Health Benefit Plan
Contribution Incentive
2014 Plan Year

Discount for Members:
\$XX/month

- Details: Members must complete steps 1 and 2 and earn 1,001 points to see any discount. Members who earn 1,001 points will receive \$XX/month discount, or 50% of the potential discount amount. Additional points will earn additional discounts with percentage of 2,000 points equaling percentage of \$XX discount earned. If a spouse or a dependent age 18 or older covered on the plan also completes all steps, they get \$XX/month more off benefits payments. ***The most a policy holder can get off monthly payments is \$XX.*** Multiple dependents/spouse may use all use the resources, but *the maximum discount is \$XX/month total.*
- Medicare Retirees are NOT eligible for the discount. They will automatically receive a \$X discount off their monthly benefits payments.
- The system will not allow more than 500 points for any individual step. Since the minimum requirement to see any discount is 1,001 points, members must complete steps 1 and 2. Members must complete steps 1-4 AND accumulate 2,000 points to see the full \$XX/month discount. Communications to members will emphasize that they must complete the health screening and health assessment. Point values between 1,001 and 2,000 will earn pro-rated discounts based on the number of points earned. Number of points will equal the percentage of discount earned. *For example, a member with 1,500 points would get 75% of the potential discount amount (\$XX.XX).*

Step 1 – 500 points:

Employee is required to complete a health screening.

Step 2 – 500 points:

Employee is required to complete the Health Assessment (HA).

Step 3 – 500 points:

Employees who met all benchmarks (see Figure 1 below) according to their health screening/health assessment will get 500 points. Members who did not meet all benchmarks would be required to complete one of the following three options to receive their discount.

Option 1: Health Coach/Provider Follow Up

1. Member will make an appointment with a health coach/provider to determine which benchmarks were/were not met and decide on a plan of care to address one or more of the benchmarks. The plan of care may vary from member to member, but must include the following:

- a) Members would be given an average of 4-6 months to complete the plan of care decided on with their provider/health coach. During that time, the member must participate in at least 2 coaching calls/visits with the provider and additional visits as decided upon in the plan of care.
 - b) Plan of care must directly or indirectly address at least one of the benchmarks that the member did not meet. It is likely, but not required, to include one of the online/in-person/telephone disease management programs related to the benchmarks.
 - c) At the end of this time, the provider/coach will determine if the patient was compliant with the plan that was given.
 - d) Members are NOT required to achieve benchmark levels to qualify for the discount, but they must be compliant with plan agreed to with the health coach.
 - e) "Compliance" will include attendance during scheduled/agreed upon visits/calls (at least 2) and a good-faith effort (determined by the provider/coach) to work on goals established in the plan of care.
2. Providers/coaches at the health centers and Cigna health coaches will enter member information once they have satisfied the requirements of attendance and good faith effort. Members may work with outside providers, but will have the extra step of having the provider sign a form indicating that they have been compliant with their plan of care. **Members must be on the list as having completed a plan of care or have a completed form on file at HCB D to qualify for the 500 points.**

Option 2: Online Program Completion

1. Cigna and CareHere will provide lists of members who have completed the online programs related to the benchmarks.
2. Depending on the benchmark, some online programs do require coaching calls.
3. **The member must be on the list as having completed the program to qualify for the 500 points.**

Option 3: Exemption Form

1. Example includes pregnancy or other health conditions where it would not be appropriate for a member to complete a plan of care.
2. The member will have their medical provider sign the form and indicate the reason why they cannot complete a plan of care related to the benchmark that would need to be met. **The completed form must be received by HCB D to qualify for the reimbursement.**

Step 4 – 500 points

Each activity worth 100-200 points

- Members will choose from various options to earn the remaining 500 points.
- Activities worth 200 points.

- Completion of a wellness activity: Governor's Stay Active, Healthy BINGO, attending a State-sponsored workshop or presentation, completion of a worksite safety course, etc.
- Completion of fitness/diet tracking for 1 month. Members can use any tracking system they desire, MyFitnessPal, fitbit, USDA super tracker, etc., but it must track activity and food eaten for 4 full weeks.
- Completion of the stress management program available through Cigna/CareHere.
- Activities worth 100 points.
 - Completion of yearly physical: women's/men's specific.
 - Dental cleaning, eye exam, flu shot.
- **These must be self-reported on the MotivateMe (Cigna) system and total 500 points.** Examples: 1) *Participating in the Stay Active Challenge and one bingo card, and getting your teeth cleaned = 500 points;* 2) *Attending a CareHere mindful eating workshop, 2 dental cleanings and a flu shot = 500 points;* 3) *Attending a CareHere-led presentation during a staff meeting, completing the stress management module through Cigna and getting a yearly physical at the health center = 500 points.*

Figure 1:
The 5 Benchmarks

Health Indicator	Benchmark
Body Mass Index (BMI)	30 or less (or a waist circumference WNL Male <= 40 inches or Females <= 35 inches)
Blood Pressure	140/90 or less (May be repeated once 15 minutes past original elevated BP. If BP is still 140/90 or greater, it does not meet benchmark.)
Cholesterol Level	220 or less (or Total Cholesterol/HDL ratio is WNL)
Blood Glucose Level	Below 100mg/dl
Tobacco	Patient is Tobacco Free