
From: Potter, Wendell B TL16B [mailto:Wendell.Potter@CIGNA.COM]
Sent: Monday, December 24, 2007 11:54 AM
To: Ginsberg, Tom
Subject: FW: CIGNA/Nataline Sarkisyan

Tom,

Because you contacted us Friday for a comment regarding Nataline Sarkisyan, I wanted you to be aware that this morning, the President and Chief Medical Officer of CIGNA HealthCare sent a joint e-mail message to all CIGNA employee. Please feel free to contact me if you have any questions, although I should mention that given the constraints of patient confidentiality and the threat of legal action we are not able to comment beyond this memo at this time.

You have undoubtedly read or heard the tragic story of Nataline Sarkisyan, and we know that all of our hearts go out to her family and friends during this sad time.

Our commitment, as always, is to assure that our members receive the highest quality health care, and we thought it important to make clear to all of you that in this case we fulfilled our responsibilities correctly and with the utmost integrity.

Transplants are an enormously complex and emotional societal issue, in particular because of the scarcity of organs and the experimental and unproven nature of some of the treatments involved. In all circumstances, a completely independent national organization controls the allocation of organs for transplant based on a number of important considerations independent of any decision involving insurance coverage.

What is often misunderstood is that most health benefit plans, whether public or private, do not cover unproven and experimental treatment related to transplants or other treatments. Coverage decisions under these plans are based on the best scientific and clinical evidence available, often utilizing external experts, without consideration of cost. At CIGNA, we facilitate payment for more than 90% of all requested transplants and specifically more than 90% of the liver transplant requests made to us.

In reviewing requested transplants, we follow certified processes and evidence-based guidelines published by independent physician and medical organizations, as well as expert scientific journals. As in this case, we often accelerate the process if the specific medical circumstances indicate we should do so. In this case, rather than going through our standard method of appeal, we went directly to not one, but two, independent experts in the field who agreed that the procedure in question, given the patient's particular circumstances, would not have been an effective or appropriate treatment.

Based on the unique circumstances of this situation, and although it was outside the scope of the plan's coverage and despite the lack of medical evidence regarding the effectiveness of such treatment, CIGNA decided to make an exception. CIGNA did not reverse the clinical determination that the member's plan did not cover the transplant. In fact, CIGNA went above and beyond the plan and offered to provide payment in the event the procedure should be completed.

Because of the nature of this case as well as threatened litigation, we should expect to continue hearing more about this situation. Due to patient confidentiality, it is currently not possible for us to comment on specific accusations, many of which have mischaracterized our decisions and intentions. Given the pride and commitment that each of you have for our organization, receiving

unfair criticism, as we have in this case, can be difficult for all of us. We take our commitment to our members extremely seriously, and we will carefully guard our reputation in that regard.

At CIGNA, we offer industry-leading quality of care in large part due to the outstanding work of our doctors and nurses as they work with our members and provider partners each day – efforts supported by all of you throughout the organization. As always, we will communicate with and support all of you in the coming days and weeks, in pursuit of our shared mission to improve the health, well-being, and security of the people we serve.

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