Cigna Infertility Treatment Centers of Excellence 2017 Methodology

For Infertility Treatment Centers November 2016

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Introduction

We evaluate quality of care (patient outcomes) and cost-efficiency for Cigna-participating infertility treatment centers that can provide the full scope of infertility services, and designate those centers who meet our criteria as a Cigna Infertility Center of Excellence (COE). By using a methodology consistent with nationally published data and incorporating physician feedback, we are able to provide employers and customers with relevant information to help them make more informed health care decisions regarding the source of care.

Because the Cigna COE program reflects only a partial assessment of quality and cost efficiency for select facilities, it should not be the sole basis for decision-making. We encourage covered individuals to consider all relevant factors and to speak with their treating physician when selecting a health care facility. The profile is informational only and is not used to provide performance-based payments to Cigna-participating, non-hospital treatment centers.

The Cigna Infertility COE program is only available to certain customers. The information will not display publically, however, a PDF directory of infertility centers that earned the COE designation is available for customers with this program on myCigna.com. Infertility COE designations for 2017 are effective January 1, 2017 through December 31, 2017.

Quality Criteria

The optimal outcome seeks to minimize the risk of pregnancies carrying multiples, and focus on in vitro fertilization resulting in a singleton live birth. An individual visiting a center with higher rates of singleton live births should have better outcomes, reduced repeat visits, reduced complications to infant and patient, and reduced overall costs.

The Centers for Disease Control (CDC) collects the data from all fertility centers in the United States, then calculates and reports standardized success rates for each center. We use the publicly reported data to evaluate the infertility centers' outcomes. The CDC publishes reported data annually; we aggregate the two most recent time periods available for review. The current CDC time periods reviewed for 2017 displays are 2013 and 2014 submitted data.

The minimum criteria required for an infertility center to be assessed for COE designation includes:

- A minimum volume of 20 fresh and frozen embryo transfers within the two-year period, for each age group (37 years and younger, or 38 years and older)
- One board-certified Reproductive Endocrinologist who participates in the Cigna Open Access Plus (OAP) network
- An embryology lab that is accredited by the College of American Pathologists and the American Society for Reproductive Medicine's (CAP/ASRM) Reproductive Laboratory Accreditation Program, The Joint Commission, or the New York State Tissue Bank Program (NYSTB), or Clinical Laboratory Improvement Amendments (CLIA) certification
 - Use of Cigna-participating laboratories and surgery centers

Using the Fresh Embryo Cycles Resulting in Live Singleton Births data, a Quality Index (QI) is calculated for each infertility treatment center that meets the minimum criteria listed above. The QI is weighted by volume of the cycle count. A process called indirect standardization is applied to create an age and casemix adjusted Expected Singleton Live Birth Rate for each clinic. Actual center performance over the expected values (national average) is calculated for each clinic. The clinics are nationally ranked and a higher QI indicates that that infertility treatment center's success rate is better than expected.



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We analyzed CDC data to see if a connection exists between the number of embryos transferred and single live births, in order to determine if the number of embryos transferred should be considered when identifying the top infertility centers. The review focused on the average number of embryos transferred as the quality criterion. Looking at each age group, the data shows that there is actually a negative correlation for the lowest age group and the correlation slowly decreases by age group, finally becoming a slightly positive correlation for the oldest age group. This indicates that increasing the number of transfers in most age groups decreases the chance of a single birth. Therefore, only the percentage of transfers resulting in a Singleton Live Birth rate will be considered.

Cost-Efficiency Evaluation

To assess costs for infertility treatment centers, we use Cigna claims data related to infertility cycles for embryo transfers, retrievals, or both, for a two-year calendar period ending December 31, 2015. A center must have at least 20 total cycle types overall for the period to qualify for assessment. Total costs are included for all infertility-related services incurred during the cycles are attributed to the infertility center where the customer received the services. Costs are aggregated and case-m ix adjusted on cycle types to determine an average cost per cycle for that treatment facility. A Performance Index (PI) is calculated, and then centers are nationally ranked and compared based on their calculated PI. A lower PI indicates the treatment center's costs are lower than expected. A treatment center's cost-efficiency performance is determined by m any factors including its fee schedule, utilization, and referral patterns (e.g., use of hospitals, and other facilities).

Determining Infertility Centers of Excellence Designation

An infertility treatment center can be awarded with the Cigna COE designation through one of two ways for the two age groups (37 years and younger or 38 years and older): (1) A quality-only pathway*, or (2) A quality and cost-efficiency pathway. An infertility treatment center that meets the criteria for the quality-only pathway for either age category, will receive the Cigna infertility COE designation. If it does *not* meet the quality-only pathway criteria, we will apply the criteria for the quality and cost-efficiency pathway; if the center meets these criteria for either age category, they will receive the Cigna infertility COE designation.

Quality-only pathway. An infertility treatment center may qualify for the Cigna COE designation if it:

- 1. Meets the minimum volume threshold for fresh and frozen embryo transfers
- 2. Has at least one board-certified endocrinologist who participates in the Cigna OAP network
- Has an embryology lab that is accredited by the College of American Pathologists and the American Society for Reproductive Medicine's (CAP/ASRM) Reproductive Laboratory Accreditation Program, The Joint Commission, the New York State Tissue Bank Program (NYSTB), or Clinical Laboratory Improvement Amendments (CLIA) certification
- 4. Uses Cigna-participating laboratories and surgery centers
- 5. Has a QI that places it in the top third of all infertility treatment centers nationally, **and** has a better than expected national-average success rate (QI >= 1)

Quality and cost-efficiency pathway. An infertility treatment center may qualify for the Cigna COE designation if it meets the first four criteria for the quality-only pathway (listed above), **plus** has a success rate that is better than or equal to the expected national average success rate (QI >= 1), **and** its average cost is better than or equal to expected costs (PI <= 1).

*Important note for the Quality-only pathway: In states with three or fewer infertility treatment centers, those with success rates better than or equal to the expected success rates (QI >= 1) will be designated as Cigna Infertility Centers of Excellence.



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Buffer Zone Methodology

Variation in a treatment center's performance (e.g., positive or negative, substantial, or minimal) is inevitable and expected in an annual review process due to various factors (e.g., external market factors and practice pattern modifications). A "buffer zone" methodology addresses small-scale variation for treatment centers whose COE designation changes from the previous year.

A treatment center can maintain its COE designation if the treatment center was a COE during the prior cycle and has a quality result that is equal to or better than the peer group (Quality Index of > 1.0) and within 3% of the quality result noted above. The selected treatment center must also continue to meet the standard COE criteria outlined in the quality-only or quality and cost-efficiency pathways to achieve the 2017 buffer zone designation.

Request Results and Requests for Correction

An infertility center can obtain their center-specific results by sending an email to <u>PhysicianEvaluationInformationRequest@Cigna.com</u>, or fax your request to 1.866.448.5506. Please include your name, the infertility treatment center name, Taxpayer Identification Number, city, state, and ZIP code. If you believe the information used for your center's assessment is incorrect after reviewing the results, you can email or fax additional information and request that we correct the inaccuracies. A Cigna Network Clinical Manager or Network Clinical Specialist will contact you, and we will then review the information you submitted to determine if the results will be amended. The final decision will be communicated to you within 45 days.

Process to Provide Feedback

Individuals with Cigna-administered coverage, clients, and participating physicians and hospitals are encouraged to provide feedback and improvement suggestions. Employers and individuals with Cigna-administered coverage should call the telephone number listed on the back of their ID card. Participating physicians and hospitals may provide feedback by email to <u>PhysicianEvaluationInformationRequest@Cigna.com</u>, or by fax to 1.866.448.5506. Methodology changes are reviewed and implemented annually.

At any time, Cigna customers can register a complaint with us about Infertility COE by calling the telephone number located on the back of the Cigna ID card.

Removing COE Designation

Cigna reserves the right to withdraw a provider's Cigna COE designation for reasons including, but not limited to the following:

- Fraud
- Receipt of complaints about quality or service
- Unwilling, or unable to provide the full scope of infertility services
- Any component of the provider's services are rendered on a non-participating basis



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