

Infertility Benefit Analysis

Health Service Board Meeting | June 13, 2019

Introduction

SFHSS gathered input from subject matter experts, network health plans, and clinical research to ensure that current infertility benefits coverage supports best practice approaches for our membership.

Rationale:

Coverage provision in SFHSS medical plans is based on:

- Medical treatment that is supported by evidence-based research to ensure a healthy live birth
- Responsible stewardship of the resources needed to provide this benefit
- Relevancy to all families regardless of sexual orientation, single or partnered
- Recognition of infertility as a disease by definition of the American Society of Reproductive Medicine ^[1]
- Recognition of Assisted Reproductive Technology as fertility treatment options by definition of the Center for Disease Control ^[2]
- Acknowledgement of State Infertility Insurance Laws for California in relation to infertility benefits coverage ^[3]
- Alignment to the SFHSS Strategic Goals

Progressive Benefit Enhancements

In 2017 the Health Service Board approved the following enhancements to support the needs of all families in our membership regardless of sexual orientation, single or partnered:

- Increasing benefit to two total cycles of either/or GIFT/IVF/ZIFT within lifetime
- Increasing coverage for egg/embryo storage up to 12 months after egg retrieval associated with GIFT/IVF/ZIFT
- Adding assisted hatching, coverage for intra-cytoplasmic sperm injection, pre-implantation genetic screening, and elective single embryo transfer
- Adding the required presence of a demonstrated condition recognized by a licensed physician and surgeon as a cause of infertility in alignment with State Infertility Insurance Laws ^[3]
- Eliminating the requirement for a year of frequent, unprotected sex; this removed a significant barrier for partners of the same and opposite sex as well as single individuals pursuing parenthood.
- Eliminating the requirement for a woman to be under age 44 to receive infertility benefits in support of State Law prohibiting age discrimination in the offering of infertility benefits.
- Adding the Adoption and Surrogacy Assistance Plan to support eligible employees and retirees in seeking reimbursement for qualifying expenses. This well-received benefit has reimbursed \$200K to members on their path to parenthood and an aggregate total of 14 adoptions and surrogacies have taken place.

For Full Spectrum of Benefit Coverage Reference Attachments:

Figure 1. Covered Infertility Benefits & Figure 2. Storage and Cryopreservation ^[4]

Majority of services offered @50% shared cost to members through participating providers, requirements vary for in and out of network coverage and meeting annual deductible

Appeals Process:

Members who have a grievance with a specific benefit plan must first try and resolve their grievance through the plan's member assistance or appeal process. Only once this initial step is completed and documented proof is submitted to SFHSS, will grievances be considered by the Health Service System. Members are advised that grievances relating to medical service received (or not received) from a Health Maintenance Organization (HMO) plan must be filed with the California Department of Managed Healthcare (DMHC). Grievances relating to Preferred Provider Organization (PPO) medical services must be filed with the California Department of Insurance (DOI). Members having grievances that cannot be resolved to the satisfaction of the member may submit the facts in writing to San Francisco Health Service System Attention: Member Appeals. Any member dissatisfied with the Health Service System's decision shall retain the right to appeal the decision in writing to the Health Service Board.

Sample Pricing: Itemized In Vitro Fertilization Costs by City and Region

The following publicly available pricing information shows varying costs based on services provided and location

	SF	LA	NYC	NJ	CHICAGO	BOSTON	SEATTLE	ATLANTA
IVF	\$12,246	\$13,325	\$9,705	\$10,866	\$11,666	\$8,267	\$12,450	\$11,363
Medication	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Consultation	\$410	\$320	\$408	\$408	\$438	\$352	\$312	\$282
ICSI	\$1,891	\$1,763	\$2,500	\$1,725	\$1,750	\$1,280	\$900	\$1,687
PGS	\$5,202	\$5,475	\$5,881	\$5,000	\$5,425	\$5,111	\$4,700	\$4,800
Total	\$24,749	\$25,883	\$23,494	\$22,999	\$24,279	\$20,010	\$23,362	\$23,132

Source: FertilityIQ data

Carrier Response

SFHSS reached out to each carrier to better understand how fertility benefits are handled for all member situations and relationship types (example—male/female couple; male/male couple; female/female couple; individuals, etc.)

Carrier	Summary Response
Blue Shield	<p>For purposes of this benefit, Infertility is: A demonstrated condition recognized by a licensed physician and surgeon as a cause for infertility; or The inability to conceive a pregnancy or to carry a pregnancy to a live birth.</p> <p>BSC administers a custom infertility benefit for SFHSS and relies on the physician to work with the member to determine fertility status. Both Brown & Toland and Hill Physicians can refer members to contracted infertility specialty providers/centers of excellence for treatment.</p>
UHC (Non Medicare)	<p>All members are provided medically necessary services based on their individual conditions, and not their relationship status/type. Pre-Notification is required in many situations, and the program Fertility Solutions is offered to anyone looking into or already on the fertility journey.</p>
Kaiser	<p>Kaiser Permanente Health Plan does not require the presence of a condition recognized as a cause of infertility or inability to conceive after a year or more of unprotected sex in order to utilize services. Kaiser Permanente Health Plan relies on Plan physicians to determine fertility status and the appropriate treatment options for members. Kaiser Permanente Health Plan does not have any age limitations for fertility services.</p>

Subject Matter Expertise

Background:

Paige Sipes-Metzler, DPA, MS, RN is a Vice President in Aon. Dr. Sipes-Metzler has been responsible for the development of benefit designs derived from evidence-based medicine since 1990. Her prior experience includes implementing the first selective provider contract program for the State of California and serving as a member of the Advisory Panel on Population Based Measures for the Institute of Medicine.

Perspective:

- The services covered by SFHSS are very comprehensive.
- The environmental change that has occurred since the implementation of these benefit enhancements in 2017 is the movement from infertility (medical diagnosis) treatment to fertility benefits.
- An infertility benefit focuses on the treatment of an individual who fails to conceive after a prescribed time period. Fertility benefits are designed to assist the individual in satisfying their desire for child(ren).
- Fertility benefits may be defined to include the continuum of services from prenatal counseling, conception support services, delivery, adoption and surrogacy. A fertility benefit removes the requirement for a diagnosis of infertility, which a single person (not in relationship) or same sex couples will fail to satisfy. Certain fertility benefits may be considered elective and therefore treated as a taxable benefit.

Niche Fertility Vendors

Progyny (2015+)	WINFertility (2000)	Carrot (2016)
<ul style="list-style-type: none"> • Deliver a fertility benefit, adoption and surrogacy support and travel administration • Insurance carve out for Reproductive Assistance Services • Narrow network • Patient care advocates provide scheduling assistance, access to counseling and case management • Maximum cost guarantee for the client and for the members using the service • Offered on a per cycle basis (up to 4) • Bundled case rate for Medical; Rx carved out (Progyny has Rx product at AWP + dispensing fee) • Reporting related to satisfaction and reduction of complications • Reduction in use of interventions that have low probability of success and result in complications • Reported reductions in miscarriage, multiple births, C-sections and premature delivery • Lack of reimbursement transparency 	<ul style="list-style-type: none"> • Able to administer either an infertility or a fertility benefit • Ability to work with carrier Center of Excellence network or their own Network of fellowship-trained physicians • Integrate with medical and Rx vendors • Employer or direct to member with access to discounts • Offer cycle or dollar limits and soft steerage to high performance providers • Prior authorization and case management carve out with 24/7 support • Education and informational resources • WINFertility Companion App • Cost savings and data outcomes reporting • Stand-alone or integrated with medical carrier • Reported results: improved pregnancy, reduced multiples, reduced NICU costs and patient/provider satisfaction • Direct to consumer approach after benefits are exhausted 	<ul style="list-style-type: none"> • Able to administer infertility, fertility, adoption and/or surrogacy benefit • Can administer cycle or dollar limits • Reimbursement program – members direct pay the provider and are reimbursed by Carrot • Provide education and support including pre-recorded videos and live video counseling with a nurse or reproductive endocrinologist • Concierge support for making appointments and ordering medications • No network or discounts – ability to administer reference based pricing strategy • No integration with the medical benefit • Reporting of services rendered, member satisfaction, outcomes and tax implications

The landscape is ever changing and will be revised to include health plans and new niche vendors

Preliminary Findings

- Preliminarily, our data shows there has been no significant change in the cost or number of members utilizing infertility benefits since the approval of 2017 benefit enhancements.
- Total Plan Payment Rx is trending downward which could be associated with new Rx being added to plan formularies.
- The benefits landscape is evolving from infertility (medical diagnosis) treatment to fertility benefits.
- The Health Plans report that physicians are relied upon to work with members to determine fertility status.
- Current data collection systems do not include sexual orientation and partnership status.

Next Steps

- We are currently in the analytical phase of mining data from the Society for Assisted Reproductive Technology, Health Plans and the All Payers Claims Database related to infertility benefit utilization and trends with the goal of standardizing reporting as a result of this inquiry.
- Researching carve in and carve out options for members with/without an infertility diagnosis.
- Monitoring market changes and trends that have occurred since the implementation of SFHSS benefit enhancements in 2017.
- Comparing evidenced-based/medically necessary infertility benefits to elective options for fertility treatment, including cross-plan comparison.
- Investigating third party administration for infertility benefits.

References

[1] American Society for Reproductive Medicine (2019). Infertility
<https://www.asrm.org/topics/topics-index/infertility/>

[2] Center for Disease Control (2017) Assisted Reproductive Technology
<https://www.cdc.gov/art/whatis.html>

[3] American Society for Reproductive Medicine (2019). State Infertility Insurance Laws
<https://www.reproductivefacts.org/resources/state-infertility-insurance-laws/states/california/>

[4] SFHSS Benefit Guides, Medical Plan Individual Responses & Contracted Evidence of Coverage for Blue Shield, Kaiser Permanente & UHC PPO Plan (2018). *Figure 1. Covered Infertility Benefits and Figure 2. Storage and Cryopreservation*

[5] FertilityIQ (2018). Itemized IVF Costs by City and Region
<https://www.fertilityiq.com/topics/cost>