

San Francisco Health Service System Health Service Board

Infertility Benefits & Proposed Policy

August 8, 2019

Introduction and Rationale

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.
- The outcome of this analysis is the recommended policy statement.

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
 - Adherence to current/state-of-the-art professional standards
 - Responsible stewardship of the resources needed to provide this benefit
 - Relevancy to all families regardless of partnership status, sexual orientation, or gender identity
 - Ensuring equal access to infertility services
 - Alignment to the SFHSS Strategic Goals

For Full Spectrum of Benefit Coverage Reference Attachments:

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

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

Evaluation Process – Overview

- The San Francisco Health Service System (SFHSS) worked with its health plan partners (Blue Shield of California, Kaiser Permanente and UnitedHealthcare) to evaluate the infertility benefits covered under each health plan to ensure the programs were generally consistent and available to all members who wish to build a family regardless of partnership status, sexual orientation, or gender identity.
- SFHSS met with each health plan to understand the covered services and network of providers including:
 - Discussions with each health plan's account team, leadership and clinical expert
 - A review of coverage language, clinical guidelines, claims process, network credentialing, and member support programs

Evaluation Process – Findings

- After discussions with all three health plans, it was determined overall that infertility benefit coverage is available to all members who meet the clinical criteria, regardless of partnership status, sexual orientation, or gender identity.
- There is an opportunity for plan's to better assist and educate the SFHSS population on the pharmacy benefit for prescription drugs used for the treatment of infertility. This includes dedicated care coordination that supports members in differentiating drug coverage under the medical benefit vs. pharmacy benefit; assistance with locating competitively priced prescriptions; and clarification about the estimated share-of-cost, for all services, related to a treatment regime.
- Throughout the discussions it became clear that Kaiser Permanente has practices that providers follow and that are inclusive.
- Professional standards include oversight by the following organizations: The Joint Commission, Standardized Plan ACO Reporting for Customers (SPARC), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and the American Society for Reproductive Medicine (ASRM).

Next Steps

SFHSS requires all health plans:

- Provide responses to SFHSS for the Vendor Performance Annual Report Out contained in the appendix including identification of any service gaps and commitment to corrective action.
- Offer advocacy and enhanced care coordination to Members seeking infertility services either in-house or through a third-party.
- Provide concurrent reporting to the Health Service Board as to any new infertility policies, programs, or services.

Action Item: Infertility Benefit Policy

SFHSS recommends adoption of the following policy:

It shall be the policy of the San Francisco Health Service System and the Health Service Board to apply 50% co-insurance benefit for insemination services for all members regardless of partnership status, sexual orientation, or gender identity as part of the full scope of benefits offered.

Appendix: Vendor Performance Annual Report Out

- **Overall:**

- Who is managing the infertility benefit (in house vs. third party) and what are the minimum requirements for contracting?

- **Member services:**

- What tools are used as part of infertility screening?
- What types of advocacy and enhanced care coordination are available to members seeking services under the infertility benefit?

- **Pharmacy:**

- Health Plan's will be asked to provide: the location of coverage for drugs used to treat infertility (medical benefit or pharmacy benefit), who is managing the review for medical necessity (in-house vs. third party), validation if members must pay-and-submit for reimbursement or if the plan allows for electronic transactions for claims payment, and certify that infertility medications are competitively priced, while ensuring member is adequately informed about pricing and quality assurance.

- **Transparency ^[2]:**

- Provide a list of what regulations, professional bodies, standards the health plans are subject to: the Joint Commission, Standardized Plan ACO Reporting for Customers (SPARC), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and the American Society for Reproductive Medicine (ASRM), etc.
- Review emerging practices and challenges the health plan has faced including concurrent reporting of member concerns and resolutions.

Appendix: References

[1] 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*

[2] American Pregnancy Association (2019). Selecting Your Assisted Reproductive Technology Program <https://americanpregnancy.org/infertility/assisted-reproductive-technology-program/>