



BlueDistinction[®]

Specialty Care

Program Selection Criteria: Fertility Care

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About This Document

The Program Selection Criteria outlines the selection criteria and evaluation process used to determine eligibility for the Blue Distinction Centers for Fertility Care program (the Program).

This document is organized into five sections:

1. Overview of the Blue Distinction Specialty Care Program
2. Evaluation Process and Data Sources
3. Quality Selection Criteria
4. Business Selection Criteria
5. Cost of Care Selection Criteria

About the Blue Distinction Specialty Care Program

Blue Distinction Specialty Care is a national designation program recognizing healthcare providers that demonstrate expertise in delivering quality specialty care — safely, effectively, and cost efficiently. The goal of the program is to help consumers find both quality and value for their specialty care needs, while encouraging healthcare professionals to improve the overall quality and delivery of care nationwide, and providing a credible foundation for local Blue Cross and/or Blue Shield Plans (Blue Plans) to design benefits tailored to meet employers’ own quality and cost objectives¹. The Blue Distinction Specialty Care Program includes two levels of designation:

- **Blue Distinction Centers (BDC):** Healthcare providers recognized for their expertise in delivering specialty care.
- **Blue Distinction Centers+ (BDC+):** Healthcare providers recognized for their expertise and cost efficiency in specialty care.

Quality is key: only those providers that first meet nationally established quality measures for BDC will be considered for designation as a BDC+.

Executive Summary

In early 2018, local Blue Plans invited 245 providers across the country to be considered for the Fertility Care designation under this Program; 145 providers applied and were evaluated on objective, transparent selection criteria with Quality, Business, and Cost of Care components. This Program focuses on in vitro fertilization (IVF), which is the most common assisted reproductive technology (ART) treatment and is widely becoming the preferred option for fertility treatment. This Program evaluates IVF ART providers in various care settings, including individual physicians, physician groups, and clinics, with the designation awarded to individual physicians who meet the Program’s Selection Criteria. Table 1 outlines the Fertility Care Program Highlights.

¹ Benefit design is determined independently by the local Blue Plan and is not a feature of any Blue Distinction program.

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Table 1: Fertility Care Program Highlights

PROGRAM HIGHLIGHTS	
Designated Provider	<ul style="list-style-type: none"> Individual Physician
Designation Levels	<ul style="list-style-type: none"> BDC BDC+
Membership	<ul style="list-style-type: none"> Society for Assisted Reproductive Technology (SART) Member
Structure and Process	<ul style="list-style-type: none"> Elective Single Embryo Transfer (eSET)
Provider Volume and Outcome Evaluation	<ul style="list-style-type: none"> Total Cycle Volume Cumulative Cycle Starts Singleton Live Births Triples or More Live Births
Quality Sources	<ul style="list-style-type: none"> Provider Survey SART Registry Data
Business Sources	<ul style="list-style-type: none"> Plan Survey Blue Brands Evaluation
Cost Sources	<ul style="list-style-type: none"> Blue Plans' Healthcare Claims Data, with procedures occurring between January 1, 2014 and December 31, 2016 and paid through March 31, 2017 Blue Female Patients ages 25-45 years
Local Blue Plan Criteria	<ul style="list-style-type: none"> Local Blue Plan Criteria for Quality, Business, and/or Cost (if applicable)

Note: The complete Selection Criteria and evaluation process are described fully throughout the remainder of this document.

Understanding the Evaluation Process

Selection Process

The selection process balances quality, cost, and access considerations to offer consumers meaningful differentiation in quality and value for specialty care providers that are designated as BDC and BDC+. Guiding principles for the selection process include:

Quality

Nationally consistent approach to evaluating quality and safety was used, incorporating quality measures with meaningful impact, including delivery system features and specific quality outcomes to which all can aspire.

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Cost

Nationally consistent and objective approach for selecting BDC+ was used to address market and consumer demand for cost savings and affordable healthcare.

Access

Blue members’ access to Blue Distinction Centers was considered to achieve the Program’s overall goal of providing differentiated performance on quality and, for the BDC+ designation, cost of care.

Data Sources

Objective data from a detailed Provider Survey, Society for Assisted Reproductive Technology (SART) Registry Data, Plan Survey, and Blue Plans’ Healthcare Claims Data information were used to evaluate and identify providers that meet the Program’s Selection Criteria. Table 2 below outlines the data sources used for evaluation under this Program.

Table 2: Data Sources

EVALUATION COMPONENT	DATA SOURCE	BLUE DISTINCTION CENTERS (BDC)	BLUE DISTINCTION CENTERS+ (BDC+)
Quality	Information obtained from a provider in the Provider Survey Data from Society for Assisted Reproductive Technology (SART): http://www.sart.org	✓	✓
Business	Information obtained from the local Blue Plan in the Plan Survey and Blue Brands evaluation.	✓	✓
Cost of Care	Blue Plan Healthcare Claims Data.		✓

Measurement Framework

Blue Distinction Specialty Care programs establish a nationally consistent approach to evaluating quality and safety by incorporating quality measures with meaningful impact. Selection Criteria will evolve through each evaluation cycle, consistent with medical advances and measurement in this specialty area. The measurement framework for this and other Blue Distinction value-based initiatives were developed using the following guiding principles:

- Utilize a credible process and produce credible results with meaningful, differentiated outcomes.
- Align with other national efforts using established measures, where appropriate and feasible.

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- Simplify and streamline measures and reporting processes.
- Enhance transparency and ease of explaining program methods.
- Utilize existing resources effectively to minimize costs and redundancies.
- Meet existing and future demands from Blue Plans, national accounts, and Blue members.

Quality Selection Criteria

Providers were evaluated on quality metrics developed through a process that included: input from the medical community and quality measurement experts; review of medical literature, together with national quality and safety initiatives; and a thorough analysis of meaningful quality measures. The quality evaluation was based on provider responses to the Provider Survey and Society for Assisted Reproductive Technology (SART) data, 2015 Final Clinic Summary Report (CSR).

The Quality Selection Criteria includes structure, process, and outcome metrics specific to fertility care. Each provider must be a SART member in ‘good standing’ and offer elective single embryo transfer (eSET). The SART 2015 Final Clinic Summary Report (CSR) was used to evaluate a provider’s volume and outcomes.

Quality Selection Criteria

Table 3 below identifies the Quality Selection Criteria used in the evaluation of each provider. A provider must meet **all** Quality Selection Criteria requirements, as well as all Business Selection Criteria (outlined below in Table 4) to be considered eligible for the Blue Distinction Centers for Fertility Care designation.

Table 3: Quality Selection Criteria

ALL SELECTION CRITERIA MUST BE MET FOR ELIGIBILITY CONSIDERATION		
DOMAIN	METRIC NAME	QUALITY SELECTION CRITERIA DESCRIPTION
Program Structure/ Process	SART Membership & Registry Data	Provider is a member in good standing with the Society for Assisted Reproductive Technology (SART) and has SART 2015 Final Clinic Summary Report (CSR) data for in vitro fertilization (IVF) procedures.
	Elective Single Embryo Transfer	Provider offers and performs elective Single Embryo Transfer (eSET).
Volume and Outcomes	Total Cycle Volume	Provider’s Total Cycle Volume for the reporting year is greater than or equal to 75 cycles .
	Cumulative Cycle Starts (Analytic Volume)	Provider’s Cumulative Number of Cycle Starts for the reporting year is greater than or equal to 20 cycles for patients less than 35 years of age.
	Singletons Live Birth Rate	Provider’s Cumulative Singletons live birth rate is greater than or equal to 30.00% for patients less than 35 years of age.

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ALL SELECTION CRITERIA MUST BE MET FOR ELIGIBILITY CONSIDERATION		
DOMAIN	METRIC NAME	QUALITY SELECTION CRITERIA DESCRIPTION
	Triplets or More Live Birth Rate	Provider’s Cumulative Triplets or more live birth rate is less than or equal to 3.00% for patients less than 35 years of age.
Local Blue Plan Quality Criteria (if applicable)		Provider meets all Local Blue Plan Quality Criteria, if applicable

Business Selection Criteria

The Business Selection Criteria (Table 4) consists of the following components:

1. Physician Participation;
2. Blue Brands Criteria; and
3. Local Blue Plan Criteria (if applicable)

A provider must meet **all** components listed in Table 4 to meet the Business Selection Criteria for the Blue Distinction Centers for Fertility Care designation.

Table 4: Business Selection Criteria

BUSINESS SELECTION CRITERIA	
Physician Participation	Physician Specialists are required to participate in the local Blue Plan’s BlueCard PPO Network.
Blue Brands Criteria	Provider and any entity in which provider owns or controls a majority interest meet BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
Local Blue Plan Business Criteria (if applicable)	An individual Blue Plan, at its own independent discretion, may establish and apply local business requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers Program, for providers located within its Service Area.

Cost of Care Selection Criteria

Cost of care measures were designed to address market and consumer demand for cost savings and affordable healthcare. The Cost of Care Selection Criteria was used to provide a consistent and objective approach to identify BDC+ providers. The inputs and methodology used in the cost evaluation are explained below.

Quality is key: only those providers that first meet nationally established, objective quality measures for BDC will be considered for designation as a BDC+.

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Cost Data Sources and Defining the Episodes

Cost of Care evaluation was based on a nationally consistent analysis of Blue Plan healthcare claims data. The scope of this analysis included:

- Claims were evaluated using adjusted allowed amounts derived from Blue Plan healthcare claims data from January 1, 2014 through December 31, 2016, and paid through March 31, 2017.
- Fertility Care evaluation identifies individual claims (physician or facility) for the embryo insertion as the trigger event for each IVF cycle in the evaluation. Fertility Care episodes were identified using HCPCS and CPT procedure codes related to embryo transfer (embryo insertion).
- Provider episode costs were analyzed and adjusted separately for each procedure type (i.e., IVF – w/ Fresh Oocytes w/ ICSI, IVF – w/o Fresh Oocytes w/ ICSI, IVF – w/ Frozen Oocytes/Embryos), as follows:
- Member exclusion criteria: No claims data was evaluated for members under 25 and over 45 years of age; members whose primary payer is not a Blue Plan; or members not continuously enrolled for the duration of the episode.
- Episode window for Fertility Care procedures begins 60 days before the index event (embryo insertion) and ends 60 days after the index event.
- Services and related costs were included if logically related to the episode, either if provided for the same condition for which the procedure was performed, as a supporting component of the procedure; or as likely complication of the procedure.

Adjusting Episode Costs

- A geographic adjustment factor (CMS Geographic Adjustment Factors [GAF]) was applied to the episode cost to account for geographic cost variations in medical claims only. With regards to pharmacy cost, geography was not determined to be an independent factor.
- An age adjustment factor was applied to pharmacy costs for the two fresh embryo cycles (IVF – w/ Fresh Oocytes w/ ICSI, IVF – w/o Fresh Oocytes w/ ICSI). An age adjusted pharmacy cost was then added to the geographically adjusted medical claims cost to obtain a total episode cost that could be passed through to the next steps of the cost adjustment.
- MS-DRG risk stratification, a risk adjustment that is commonly applied to many other BDSC designation programs, does not apply to the Fertility Care cost evaluation. Instead of adjustments for comorbid conditions, Fertility Care required adjustments to account for differences in pharmacy cost based on age and the case mix, taking into consideration both procedure type and pharmacy benefit status.
- Pharmacy benefit status. Each of the three procedure types (i.e., IVF – w/ Fresh Oocytes w/ ICSI, IVF – w/o Fresh Oocytes w/ ICSI, IVF – w/ Frozen Oocytes/Embryos) were further divided into two subcategories (with and without pharmacy benefits) for case mix adjustment.

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- Managed outliers through winsorization. Outliers were identified as those values for which costs were the top 2 percent and bottom 2 percent of episode costs (geographically adjusted medical claims with age adjusted pharmacy costs). Outlying cost values were truncated to these points, to preserve their considerations in calculating the overall episode cost estimate, while moderating their influence.
- Calculated a Cost Ratio by taking the mean of the episode costs within each procedure type and dividing it by the overall mean episode cost.
- The Cohort/Case Mix Adjustment Factor (which is the inverse of the Cost Ratio) is multiplied by each provider’s adjusted and winsorized provider episode costs for each procedure combination to normalize for procedure and benefit type, resulting in a final episode cost that is both geographically, age, and cohort adjusted.

Establishing the Cost Measure

Each provider being evaluated has a number of fertility procedure episodes attributed to that provider, based on the trigger events that occurred at that provider’s location, for each of the three procedure types that were adjusted into a single IVF clinical category. For the IVF clinical category, the median value of the adjusted expected episode costs for that Provider is called the Clinical Category Provider Cost (CCPC). Each provider will have a single Clinical Category Provider Cost (CCPC) for all IVF procedures performed.

Confidence intervals (90 percent) were calculated around each Clinical Category Provider Cost (CCPC). The Upper Confidence Limit (UCL) of the Clinical Category Provider Cost (UCL of CCPC) for the clinical category (above) was divided by the national benchmark, to calculate the Clinical Category Provider Cost Index (CCPCI).

Using the Clinical Category Provider Cost Index (CCPCI) value, an overall Composite Provider Cost Index (CompPCI) was calculated for the provider. Since there is only a single clinical category for the Fertility Cost of Care evaluation, the combined cost index results will match the individual IVF clinical category results prior to rounding. The combined cost index of the median UCL was rounded down, to the nearest 0.025, in order to give providers the benefit of the doubt and to avoid situations where a provider very narrowly missed BDC+ eligibility by an immaterial margin.

The CompPCI was then divided by the national median to normalize/standardize the values. While this does not change the results in any way, it allows for greater transparency by having a CompPCI of 1.0 equivalent to the national median with values greater than 1.0 indicating more expensive providers and values less than 1.0 indicating more efficient providers. In the final step, the CompPCI was compared to the National Cost Selection Criteria to achieve the final cost evaluation decision.

Overlapping Service Area

For providers in CA, ID, NY, PA, and WA, who may lie in overlapping areas served by more than one local Blue Plan, the same method for cost evaluation was used but the claims data and results were evaluated separately for each of those local Blue Plans, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria.

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Minimum Case Volume Requirement

A provider must have five or more in vitro fertilization (IVF) episodes to consider the Clinical Category Provider Cost (CCPC) valid. All valid Clinical Category Provider Costs are included in the final calculations. If the Clinical Category Provider Cost is not valid, it was not used in further calculations. Any provider that did not meet this episode minimum did not meet the Cost of Care Selection Criteria.

Cost of Care Selection Criteria

In addition to meeting the nationally established, objective Quality and Business Selection Criteria for Blue Distinction Centers, a provider also must meet **all** of the following Cost of Care Selection Criteria (Table 5) requirements to be considered eligible for the Blue Distinction Centers+ (BDC+) designation.

Table 5 – Cost of Care Selection Criteria

COST OF CARE SELECTION CRITERIA	
A provider must have 5 or more in vitro fertilization (IVF) matched episodes of cost data.	
The Composite Provider Cost Index must be lower than the nationally established threshold of 1.125.	
Local Blue Plan Cost Criteria (if applicable)	An individual Blue Plan, at its own independent discretion, may establish and apply local cost requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers Program, for providers located within its Service Area.

Questions

Contact your local Blue Plan with any questions.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.