

10 Tips to Help You Work with Progyny

1. What is Progyny?

Progyny is a leading fertility benefits company that contracts directly with employers across the US. We expect to cover 4 million lives in 2022. We provide our members with comprehensive treatment and medication coverage, access to the best fertility clinics, and a dedicated Progyny Patient Care Advocate (PCA) who helps support them through the rigors of infertility. Our flexible benefit allows our providers to customize treatment for patients by removing barriers and allowing for the best treatment decisions based on what will give patients the course of treatment that is optimal for them.

2. What is a Smart Cycle?

Smart Cycles are Progyny's proprietary treatment bundles designed to include the medical services required for a full course of treatment, including all necessary diagnostic testing and access to all standard of care technology, including ICSI, Assisted Hatching, and PGT-A. Progyny offers a number of different Smart Cycle treatment bundles, which may be used in various combinations depending on the treatment path. The Smart Cycle ultimately ensures that all member populations, regardless of their chosen path to parenthood, have comprehensive and equitable coverage.

3. What is a Patient Care Advocate (PCA)?

PCAs belong to a dedicated team providing support to our members throughout their entire fertility journey. Progyny PCAs are fertility experts who provide clinical and emotional support, but do not provide medical advice. This support includes guidance for the patient regarding available treatment options and outcomes, coordination and preparation for their appointments, and support throughout their journey to parenthood.

PCAs are also able to answer any questions that patients have regarding their benefit coverage and financial responsibility. Our PCAs work hard to ensure that the patient who walks through your door is educated and supported so your clinic can optimize time with the patient.

Each employer has a dedicated phone number through which the patient can reach their own PCA.

4. What is a Patient Confirmation Statement?

The clinic must request an authorization from Progyny before any service or treatment can begin. The Patient Confirmation Statement is a document that confirms and authorizes the coverage for a specific service or treatment. Once the service is authorized, Progyny will automatically send the Patient Confirmation Statement (authorization) to the patient and the designated contact at your clinic via email. This document contains critical information for treatment, medication, and billing.

5. What is Progyny Rx?

Progyny Rx is a pharmacy benefit for Progyny members. We have partnered with leading special-ty pharmacies in the fertility industry to offer our members a seamless fertility medication experience. The majority, but not all, of our employer clients offer the integrated medication benefit through Progyny Rx. The Enterprise Benefit Summary highlights which employers offer Progyny Rx. The Patient Confirmation Statement also indicates if the patient has Progyny Rx coverage and to which pharmacy the prescription should be sent. Please reference the Progyny Rx Formulary, which you can find a link to in every network newsletter and at progyny.com/rx/formulary, for the list of medications covered by Progyny Rx. Non-Formulary medication should be sent to patient's major medical pharmacy benefit.

6. Which labs should be used for Progyny patients?

Progyny contracts with leading laboratories and ancillary partners to offer the preconception carrier screening, diagnostic bloodwork, preimplantation genetic testing, Endometrial Receptivity Array (ERA), and tissue storage services necessary for treatment. These labs should only be used for bloodwork that is not reimbursed through your Progyny Fee Schedule. Please note, Progyny must be listed as the payor and the authorization number (which can be found on the Patient Confirmation Statement) must be included on all requisition forms for lab and ancillary services. Please visit progyny.com/labs for more information.

7. How do we submit a clean claim?

A clean claim has no defect, error, impropriety, special circumstance and/or conflicting information, including incomplete documentation. Any of these violations will delay timely payment. A clinic must submit a clean claim by providing the required data elements on the claim form (via electronic or paper submission), including the authorization number for the treatment cycle. Progyny may request treatment records for additional review.



8. Do Progyny members have financial responsibility?

Progyny members may have an out-of-pocket responsibility owed to Progyny for covered services in tandem with their Smart Cycle deduction. Progyny is solely responsible for reimbursing the clinic for services rendered at the agreed upon rates per your clinic's Fee Schedule. The clinic is prohibited from invoicing any member or employer for any service covered by the Progyny benefit. The clinic's contracted Progyny rates **must not** be communicated or disclosed to members. Contracted rates are confidential. Please refer members to their PCA for conversations about out of pocket cost.

9. What is the Coordination of Benefits process?

The Coordination of Benefits (COB) process is triggered when a Progyny patient, who is a claimed dependent, has a primary payor in addition to Progyny coverage. Progyny is not able to create an appointment record until the patient's primary denial Explanation of Benefits (EOB) has been obtained by either the patient or the clinic and provided to Progyny.

10. How will we report our outcomes data to Progyny?

Outcomes data is due within 30 days from the end of an authorization period, or within 30 days from a clinical pregnancy test (whichever occurs first). Our Clinical Educators will contact you monthly to request any outstanding outcomes information.



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