Network inclusion guidelines

Cigna LifeSOURCE Transplant Network



The Cigna LifeSOURCE Transplant Network®, also referred to as the **Designated** network, is comprised of providers and programs across the country that meet the requirements, accreditations and/or certifications listed below. Cigna Lifesource also maintains a **Supplemental** network for providers that meet some but not all of the criteria below.

- The program must be a Cigna HealthcareSM participating provider.
- The program must maintain hospital accreditation (e.g., Joint Commission of Hospital Accreditation or the National Integrated Accreditation for Healthcare Organizations [NIAHO] by Det Norske Veritas [DNV] Healthcare).
- For adult solid organ programs, Centers for Medicare and Medicaid Services (CMS) certification must be maintained.
 CMS certification for pediatric solid organ programs is voluntary unless the transplant center is a primary pediatric center or performs 50% or more of their transplants on pediatric candidates. For more information, visit www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Transplant.
- Listing at the Designated level will also be dependent on a market check to confirm the rates for each program are competitively priced relative to equivalent programs in the region and/or market.
- Cigna LifeSOURCE Transplant Network Performance Review Committee (NPRC) has sole discretion in making final determinations on program consideration.

For Solid Organ Programs:

- Designated-level programs must have three-year risk-adjusted performance data published by the Scientific Registry of Transplant Recipients (SRTR) in the July Program Specific Reports (PSRs) and continue to meet the annual program volumes in the table below.
- Supplemental-level programs must have one-year risk-adjusted performance data published in the SRTR July PSRs.

For Bone Marrow/Stem Cell Programs

- Bone marrow transplant (BMT) programs must have accreditation from the Foundation for the Accreditation of Cellular Therapy (FACT): www.factwebsite.org.
- Programs must also participate in the National Marrow Donor Program (NMDP) as a transplant center: www.bethematch.org.



I. Program Volume Guidelines for Participating LifeSOURCE Network Programs

Solid Organ Annual Designated-Level Minimum Volume Guidelines

Transplant Type	Adult	Pediatric
Heart	12	Average of 5 in the previous 2 years
Lung	12	Minimum of I in the previous 2 years
Liver	12*	5
Kidney	30**	5
Intestine	3	Minimum of 3 in the previous 2 years
PTA/PAK/SPK***	6*** - kidney program must be approved	N/A

^{*} Adult liver — 12 total combined deceased and living donors. Living liver programs must demonstrate active, ongoing live donor transplants annually.

^{***} Pancreas Transplant Alone (PTA), Pancreas After Kidney (PAK), Simultaneous Pancreas Kidney (SPK).



Bone Marrow/Stem Cell Annual Designated Level Minimum Volume Guidelines

- Adult programs must have 50 total, with at least 20 being allogeneic.
- Pediatric programs must have 15 total, inclusive of both autologous and allogeneic.
- Programs must meet the minimum volume requirements for two consecutive years for Designated level consideration.

2. Performance Guidelines for Participating LifeSOURCE Network Solid Organ Programs

Adult programs

Designated Program Level:

• Programs must have three-year risk-adjusted performance data reported in the July SRTR PSRs. Overall program performance must not rank in the lowest rating of the Relative Performance Index (RPI).

Supplemental Program Level:

Meet CMS-required minimum volumes to demonstrate ongoing organ transplantation.

Note: Programs with one-year graft and patient survival "statistically lower" as determined by the SRTR will not be considered for inclusion in the network if not already participating.

The RPI Metrics:

On an annual basis utilizing the July SRTR Program Specific Reports (PSRs), the Cigna LifeSOURCE Transplant NPRC determines the relative performance index (RPI) of the adult program performance outcomes based on the following metrics: the waitlist transplant rate (getting a deceased donor transplant faster), the pre-transplant mortality rate (adult survival on waitlist) and the one-year graft survival and three-year graft survival rates. The July SRTR PSR program 5-bar ratings are used in the RPI. Refer to the Relative Performance Index Methodology for Solid Organ Programs document.

^{**} Adult kidney — 30 total combined deceased and living donors. Transplant centers with kidney-only transplant programs will be considered on a case-by-case basis only.

3. Network Performance Guidelines for BMT/SCT Programs

All adult and pediatric bone marrow programs perform both autologous and allogeneic transplants and must achieve and maintain FACT accreditation for hematopoietic stem cell therapy and NMDP accreditation as a transplant center.

Designated Program Level:

- Be listed as "Performing as Predicted" or "Over-Performing" on the current Center for International Blood and Marrow Research (CIBMTR) Center Specific Survival Report.
 - Designated network-level programs subsequently listed as "underperforming" (-1) for ONE year will move to the Supplemental level.
 - · Programs show actual-over-predicted survival ratios (actual/predicted) equal to or better than 0.90.
 - Adult and combined adult and pediatric programs listed on the annual CIBMTR report with actual-over-predicted ratios (actual/predicted) less than 0.90 will also move from the Designated level to the Supplemental level.

Supplemental Program Level:

- Achieve FACT and NMDP transplant center certification.
- Demonstrate active program volumes each year by reporting the data to the CIBMTR annually.

If programs move to the Supplemental level, they must have TWO consecutive years of performing as predicted (0) or better than predicted (I) on the current CIBMTR report to be reinstated to the Designated level.

4. Ventricular Assist Device (VAD) Network

Heart transplant programs must be in the Cigna LifeSource Transplant Network in order for the VAD program to be included in the Cigna LifeSource VAD Network. The VAD program must obtain and maintain CMS certification for destination therapy and hold accreditation by the Joint Commission or DNV Healthcare.

5. Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Network

- Transplant Network Bone Marrow/Stem Cell Transplant (BMT/SCT) Program must be in the Cigna LifeSOURCE Transplant Network.
- Obtain and maintain FACT of both hematopoietic stem cell therapy and immune effector cell therapy.

6. Additional Network Program Requirements

- All new facility transplant programs approved for the Designated level must agree to a site visit if requested.
- All network transplant programs must participate in the annual survey. Programs that do not respond may be subject
 to administrative action under the terms of their agreement with Cigna Healthcare; actions may include shifting the
 programs from the Designated to the Supplemental level.
- Designated programs must continue to meet the minimum volume and outcome performance requirements annually.
- Designated programs that do not continue to meet the minimum volume, experience statistically lower-than-expected graft or patient outcomes, or have their RPI in the lowest rating may move to the Supplemental level.

- BMT/SCT programs should not be listed as underperforming in the annual CIBMTR Transplant Center-Specific
 Survival Report. Programs listed as under-performing (-I) on this report for ONE year will move from the Designated
 to the Supplemental level during the annual survey of network transplant programs.
- Solid organ transplant programs with live donor programs must continue to demonstrate ongoing live donor transplants on a yearly basis to be listed as a live donor program.
- Designated- and Supplemental-level programs must permit our customers to multi-list.
- Programs that are at risk of losing accreditations or certifications will be removed from the network program listings.

Note: Cigna LifeSOURCE Transplant Network remains committed to continuing discussions with the national transplant organizations and providers in the development of network inclusion guideline updates. In addition, the network providers are independent care providers and are not employees or agents of Cigna Healthcare.



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