

**BLUE CROSS AND BLUE SHIELD ASSOCIATION
BLUE DISTINCTION CENTERS FOR BARIATRIC SURGERY®
Request for Information for 2010 Mid-Point Designations
Pre-Survey Screening Questions**

1. Provide the legal name and address of the facility responsible for the provision of Bariatric services.

Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

2. Is the facility an inpatient acute care hospital including Emergency Room and Intensive Care services?

YES NO

3. By which CMS-Deemed accrediting body is the facility currently fully accredited? Please check all that apply:

The Joint Commission (previously known as Joint Commission on Accreditation of Healthcare Organizations [JCAHO])

Healthcare Facilities Accreditation Program (HFAP)

National Integrated Accreditation for Healthcare Organizations (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC)

The facility is not currently fully accredited without provision or condition by any CMS-deemed accrediting agency. Please Explain.

Other

3a. If the facility is not fully accredited by a CMS deemed accrediting body or if "other" is the answer for Question 3, then provide the status of accreditation and where you are in the process (e.g., provisional, conditional, preliminary denial, or denial; timeline for re-survey if applicable, submitted Evidence of Standards Compliance (ESC) and are awaiting Joint Commission review, Conditional Accreditation follow-up survey scheduled for [date]) or name the accrediting body that the facility is deemed fully accredited.

4. Does the facility have 24/7 availability of appropriate in-house emergency physician coverage for immediate responses to clinical events (e.g. intensivist, hospitalist, critical care specialist, pulmonologist)?

YES NO

4a. Does the facility have an ER physician who is able to respond to inpatient clinical events?

YES NO

5. Has the facility been performing bariatric surgery for a minimum of 12 months?

YES NO

6. Has the facility performed at least 125 bariatric surgical cases over the most recent 12 calendar months? (Include all open and laparoscopic procedures performed both inpatient and outpatient)

YES NO

6a. Has the facility performed at least 50 bariatric surgical cases over the most recent 12 calendar months? (Include all open and laparoscopic procedures performed both inpatient and outpatient.)

YES NO

7. Does the bariatric surgery program at the facility have at least one bariatric surgeon meeting the following criteria:

- Performed a minimum of 125 bariatric surgical cases in the surgeon's career?
 YES NO
- Performed a minimum of 50 bariatric surgical cases in the most recent 12 months?
 YES NO
- Board Certified or Board Eligible
 YES NO

8. Is there 24/7 availability of a bariatric surgeon and/or qualified general surgeon trained in management of the bariatric surgery patient for emergency evaluation/treatment?

YES NO

9. Do all bariatric surgeons/physicians providing care to bariatric surgery patients at the facility have active Preferred Provider Organization (PPO) network participating provider contracts with the local Blue Cross and/or Blue Shield (BC/BS) Plan?

YES NO

10. In order to be eligible for designation as a Blue Distinction Center, part of the selection criteria requires the facility to be a participating provider with its local Blue Plan PPO Network. Please indicate if the facility is currently participating in the PPO network:

- YES, this facility is currently participating in the local BC/BS Plan's PPO Network
- NO, this facility is currently NOT participating in the local BC/BS Plan's PPO Network
- NO, this facility is currently NOT participating in the local BC/BS Plan's PPO, BUT is willing to participate.