

# BlueDistinction<sup>®</sup>

Specialty Care

## Program Selection Criteria: Bone Marrow/Stem Cell Transplants

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## Document Overview

The Program Selection Criteria outlines the Quality, Business, and Cost of Care Selection Criteria and evaluation processes used to determine eligibility for the Blue Distinction® Centers (BDC) for Transplants program (this Program).

Sections of this document include:

1. [Blue Distinction Centers for Transplants](#)
2. [Evaluation Process](#)
3. [Quality Evaluation](#)
4. [Quality Selection Criteria for Bone Marrow/Stem Cell Transplants](#)
5. [Business Selection Criteria](#)
6. [Cost of Care Evaluation and Selection Criteria](#)

## Blue Distinction Centers for Transplants

In late 2019, local Blue Plans invited 238 facilities across the country to be considered for the Bone Marrow/Stem Cell Transplants Program; 146 facilities applied, which include a total of 116 adult and 72 pediatric bone marrow/stem cell transplant (BM/SCT) programs. These facilities' transplant programs were evaluated on objective, transparent Selection Criteria with Quality, Business, and Cost of Care components.

Designation as a BDC for Transplants differentiates facilities locally, as well as nationally, and includes two levels of designation:

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

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

**Note:** Designations are awarded to individual facilities (i.e., unique bricks-and-mortar facilities with unique addresses). Any facility with multiple locations (different addresses) was evaluated separately for each location. Health systems and other groups of multiple facilities/clinics are not designated collectively.

## Evaluation Process

Blue Distinction Specialty Care programs establish nationally consistent and continually evolving approaches to evaluating quality and value of care. The evaluation 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.

### 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 the Provider Survey, Plan Survey and National Blue Claims Dataset (Claims Data) information were used to evaluate and identify facilities that meet the Program's Selection Criteria. Table 1 below outlines the data sources used for evaluation of this Program.

**Table 1: Data Sources**

Selection Criteria Components	Data Source	Blue Distinction Centers (BDC)	Blue Distinction Centers+ (BDC+)
<b>Quality</b>	<ul style="list-style-type: none"> <li>Quality data supplied by applicant facility in the Provider Survey</li> <li>Stem Cell Therapeutic Outcomes Database (SCTOD) data from the 2019 Transplant Center Specific Survival Report, publicly available on the <a href="#">National Marrow Donor Program (NMDP) website</a></li> <li>Local Blue Plan Quality Criteria (<i>if applicable</i>)</li> </ul>	✓	✓
<b>Business</b>	<ul style="list-style-type: none"> <li>Data supplied by Plan in the Plan Survey</li> <li>Review of Blue Brands Evaluation</li> <li>Local Blue Plan Business Criteria (<i>if applicable</i>)</li> </ul>	✓	✓
<b>Cost of Care</b>	<ul style="list-style-type: none"> <li>Global Contract Terms</li> <li>Claims Data</li> <li>Local Blue Plan Cost Criteria (<i>if applicable</i>)</li> </ul>		✓

**Note:** Due to challenges presented by the COVID-19 pandemic, BCBSA reserves the right to make necessary accommodations to this Program's Selection Criteria. Accommodations, if any, will be made on a nationally consistent basis and communicated through your local Blue Plan.

## Quality Evaluation

Blue Distinction Specialty Care programs establish a nationally consistent approach to evaluating quality and safety by incorporating quality measures with meaningful impact. Selection Criteria continues to evolve through each future evaluation cycle, consistent with medical advances and measurement in this specialty area. The

measurement framework for this and other Blue Distinction programs were developed using the following guiding principles:

- Utilize a credible process and produce credible results with meaningfully differentiated outcomes
- Align with other national efforts using established measures, where appropriate and feasible
- Simplify and streamline measures and reporting process
- Enhance transparency and ease of explaining program methods

## Quality Measure Selection

The Bone Marrow/Stem Cell Transplant (BM/SCT) program's quality evaluation includes information reported in the Provider Survey, such as program accreditation, patient survival outcomes, and the most recent 12 months of volume data.

Applicant facilities were evaluated on patient survival outcomes for their BM/SCT program(s). Allogeneic 1-year patient survival outcomes are publicly reported by the [National Marrow Donor Program \(NMDP\)](#). Each applicant facility's BM/SCT program(s) was evaluated using the 2019 Transplant Center Specific Survival Report. The applicant facility's performance on the outcome measures was compared to the BDC for Transplants National Thresholds.

Each applicant facility's transplant program(s) is required to meet the Allogeneic 1 Year Patient Survival, in addition to volume and structure measures. The applicant facility must be accredited for both autologous and allogeneic bone marrow/stem cell transplants by the [Foundation for the Accreditation of Cellular Therapy \(FACT\)](#). Applicant facilities must meet the allogeneic BM/SCT volume for the most recent 12 months, as reported in the Provider Survey.

**All** quality measures are required and must meet the Quality Selection Criteria in order to meet eligibility requirements for the adult and pediatric BM/SCT programs.

## Quality Selection Criteria for Bone Marrow/Stem Cell Transplants

Quality Selection Criteria for the adult and pediatric BM/SCT programs include general facility structure measures, accreditation, patient survival, and transplant volume as outlined in the following tables:

- **Table 2:** Adult BM/SCT Program Selection Criteria
- **Table 3:** Pediatric BM/SCT Program Selection Criteria

Applicant adult BM/SCT facilities must meet requirements in Table 2 and applicant pediatric BM/SCT facilities must meet requirements in Table 3, to meet the Quality Evaluation portion of the eligibility decision.

**Table 2: Adult BM/SCT Programs Selection Criteria**

Adult BM/SCT Selection Criteria		
Measure Name	Data source	Selection Criteria Description
<b>National Accreditation*</b>	Provider Survey	<p>Facility is fully accredited by <b>at least one</b> of the following national accreditation organizations:*</p> <ul style="list-style-type: none"> <li>The Joint Commission (TJC) (without provision or condition) in the Hospital Accreditation Program (without provision or condition).</li> <li>Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA) as an acute care hospital.</li> <li>National Integrated Accreditation Program (NIAHO<sup>SM</sup>) – Acute Care of DNV GL Healthcare.</li> <li>Center for Improvement in Healthcare Quality (CIHQ) in the Hospital Accreditation Program.</li> </ul> <p><i>*NOTE: To enhance quality while improving Blue Members' access to qualified providers, alternate local Accreditations that are at least as stringent as any National Accreditations, above, may be offered under the local Blue Plan Criteria.</i></p>
<b>FACT Program Accreditation</b>	Provider Survey	Facility is fully accredited by the Foundation for the Accreditation of Cellular Therapy ( <a href="#">FACT Accreditation</a> ) for both <b>Autologous and Allogeneic</b> Bone Marrow/Stem Cell Transplants.
<b>Adult Transplant Volume</b>	Provider Survey	Adult Allogeneic Bone Marrow/Stem Cell Case Volume is <b>greater than or equal to 20</b> in the most recent 12 months.
<b>SCTOD 1 Year Allogeneic Patient Survival</b>	Provider Survey	<p>Program's 1-Year Allogeneic Transplant Patient Survival is <b>0 ("Similar To") or 1 ("Above") the expected rate</b>.</p> <p>Reported in the Transplant Center Specific Survival Report with data from the Stem Cell Therapeutic Outcomes Database (SCTOD) and publicly posted on the National Donor Marrow Program (NMDP) website.</p>
<b>Local Plan Quality Criteria (If Applicable)</b>	Plan Survey	An individual Blue Plan, at its own independent discretion, may establish and apply local quality requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers Program, for facilities located within its Service Area.

**Table 3. Pediatric BM/SCT Programs Selection Criteria**

Pediatric BM/SCT Selection Criteria		
Measure Name	Data source	Selection Criteria Description
<b>National Accreditation*</b>	Provider Survey	<p>Facility is fully accredited by <b>at least one</b> of the following national accreditation organizations:*</p> <ul style="list-style-type: none"> <li>The Joint Commission (TJC) (without provision or condition) in the Hospital Accreditation Program (without provision or condition).</li> <li>Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA) as an acute care hospital.</li> <li>National Integrated Accreditation Program (NIAHO<sup>SM</sup>) – Acute Care of DNV GL Healthcare.</li> <li>Center for Improvement in Healthcare Quality (CIHQ) in the Hospital Accreditation Program.</li> </ul> <p><i>*NOTE: To enhance quality while improving Blue Members' access to qualified providers, alternate local Accreditations that are at least as stringent as any National Accreditations, above, may be offered under the local Blue Plan Criteria.</i></p>

Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

Pediatric BM/SCT Selection Criteria		
Measure Name	Data source	Selection Criteria Description
<b>FACT Program Accreditation</b>	Provider Survey	Facility is fully accredited by the Foundation for the Accreditation of Cellular Therapy ( <a href="#">FACT Accreditation</a> ) for both <b>Autologous and Allogeneic</b> Bone Marrow/Stem Cell Transplants.
<b>Pediatric Transplant Volume</b>	Provider Survey	Pediatric Allogeneic Bone Marrow/Stem Cell Case Volume is <b>greater than or equal to 8</b> in the most recent 12 months.
<b>SCTOD 1 Year Allogeneic Patient Survival</b>	Provider Survey	Program's 1-Year Allogeneic Transplant Patient Survival is <b>0 ("Similar To") or 1 ("Above") the expected rate</b> . Reported in the Transplant Center Specific Survival Report with data from the Stem Cell Therapeutic Outcomes Database (SCTOD) and publicly posted on the National Donor Marrow Program (NMDP) website.
<b>Local Plan Quality Criteria (If Applicable)</b>	Plan Survey	An individual Blue Plan, at its own independent discretion, may establish and apply local quality requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers Program, for facilities located within its Service Area.

## Business Selection Criteria

The Business Selection Criteria consists of the following components:

1. Facility Performs Services
2. Facility Preferred Provider Organization (PPO) Participation;
3. Physician PPO Participation;
4. Blue Brands Criteria; and
5. Local Blue Plan Business Criteria (if applicable)

A facility must meet **all** components listed below in Table 4 to meet the Business Selection Criteria for the Blue Distinction Centers for Transplants designation.

**Table 4. Business Selection Criteria**

Business Selection Criteria	
Measure Name	Selection Criteria Description
<b>Facility Performs Services</b>	Facility must perform BM/SCT services.
<b>Facility PPO Participation</b>	Facility must participate in the local Blue Plan's BlueCard® Preferred Provider Organization (PPO) network.
<b>Physician PPO Participation</b>	All Key Physicians (who manage or perform BM/SCT procedures at the applicant facility), as identified in the Provider Survey, are required to participate in the local Blue Plan's BlueCard PPO Network.
<b>Blue Brands Criteria</b>	Facility and its corporate family meets BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.

Business Selection Criteria	
Measure Name	Selection Criteria Description
<b>Local Plan Business Criteria (if applicable)</b>	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 facilities located within its Service Area.

## Cost of Care Evaluation and 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 were used to provide a consistent and objective approach to identify BDC+ facilities.

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

Adult BM/SCT programs were included in the evaluation. Cost of Care was not evaluated for Pediatric BM/SCT programs, due to insufficient availability of data nationally; accordingly, only BDC (and not BDC+) will be offered for the Pediatric BM/SCT program. A single Quality evaluation, with separate Cost of Care evaluations, were completed for facilities located in multiple Blue Plans' overlapping service areas.

Cost of Care evaluations were based on Blue Plan Healthcare Claims data and facility Global Contract Terms. Evaluations included professional and in-network facility costs for actively enrolled Blue Cross Blue Shield members. National thresholds were established, based on the distribution of data across all facilities for the specific transplant type.

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 facilities located within its Service Area.

Due to the proprietary nature of Global Contracting Terms, evaluation metrics and national thresholds are not released publically. Applicant facilities may contact the local Blue Plan to discuss their Adult BM/SCT program's Cost of Care evaluation results.

To be eligible for designation as a BDC+, a facility must ultimately satisfy the Quality, Business, and Cost of Care Selection Criteria.

## 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](http://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.