Blue Distinction Centers for Cardiac Care 2018 Evaluation Components

The Blue Distinction Specialty Care Program 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 offering a credible foundation for local Blue Cross and/or Blue Shield Plans to design benefits tailored to meet employers’ quality and cost objectives. 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 delivering specialty care.

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

**Program Design**

The 2018 Blue Distinction Centers for Cardiac Care program (this Program) continues to use third party registry information from the American College of Cardiology (ACC) and Society of Thoracic Surgeons (STS) to evaluate applicant facilities, as well as publicly available Hospital Compare data from Centers of Medicare and Medicaid (CMS). The facility will be evaluated on Percutaneous Coronary Interventions (PCI) using the ACC National Cardiovascular Data Registry® (NCDR®) CathPCI Registry® report and Coronary Artery Bypass Graft (CABG) surgery, Aortic Valve Replacement (AVR), and Mitral Valve Repair and Replacement (MVRr) using the STS Adult Cardiac Surgery Database report. In addition, publicly available Hospital Compare data will be used to evaluate facilities on measures for Acute Myocardial Infarction (AMI) and Coronary Artery Bypass Graft (CABG). The applicant facility must perform both PCI and open heart surgery procedures, for patients ages 18 years and older, to be considered for designation.

The following information explains how quality, business, and cost evaluation components will be used to evaluate an applicant facility. Final selection criteria for quality, business, and cost, including specific scoring thresholds required for eligibility as a BDC and BDC+ for Cardiac Care, will be published separately and posted publicly at www.bcbs.com.

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

Blue Distinction Specialty Care programs establish a nationally consistent approach to evaluating quality and safety, by incorporating quality measures with meaningful impact, using criteria that evolve over time with medical and quality measurement advances in that specialty area. Facilities are evaluated for quality in the following domains for the Blue Distinction Centers for Cardiac Care program:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Source</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Facility</td>
<td>Provider Survey</td>
<td>• National Accreditation&lt;br&gt;• Comprehensive Acute Care Facility&lt;br&gt;• Cardiac Program Accreditation/Certification&lt;br&gt;• Cardiac Rehabilitation Accreditation and Referrals</td>
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<tr>
<td>Cardiac Registry Participation</td>
<td>Provider Survey</td>
<td>Participation in the following:&lt;br&gt;• American College of Cardiology (ACC) National Cardiovascular Disease Registry® (NCDR)&lt;br&gt;• CathPCI Registry®&lt;br&gt;• ACTION Registry®&lt;br&gt;• Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database</td>
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<tr>
<td>Cardiac Registry Reporting</td>
<td>Provider Survey</td>
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<td>Cardiac Patient Outcomes&lt;br&gt;Percutaneous Coronary Interventions (PCI)</td>
<td>Provider Survey</td>
<td>NCDR® CathPCI® Institutional Outcomes Report, Released October 2017&lt;br&gt;• Procedure Volume*&lt;br&gt;• Executive Summary Measures&lt;br&gt;• Cardiac Rehabilitation</td>
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<tr>
<td>Cardiac Patient Outcomes&lt;br&gt;Acute Myocardial Infarction (AMI)</td>
<td>Provider Survey</td>
<td>NCDR® ACTION® Institutional Outcomes Report, Released October 2017&lt;br&gt;• Cardiac Rehabilitation</td>
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<tr>
<td>Cardiac Patient Outcomes&lt;br&gt;Coronary Artery Bypass Graft (CABG), Aortic Valve Replacement (AVR) and Mitral Valve Repair &amp; Replacement (MVRr)</td>
<td>Provider Survey</td>
<td>STS Adult Cardiac Surgery Database 2017 Quarter 3 Report, Released October 2017&lt;br&gt;• Procedure Volume*&lt;br&gt;• Composite Measures, Domain and Participant Scores in Isolated CABG, Isolated AVR, MVRr, and combined procedures</td>
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<tr>
<td>Cardiac Patient Outcomes&lt;br&gt;Hospital Compare Publicly Available Data</td>
<td>Publicly Available Data from Hospital Compare Database</td>
<td>Acute Myocardial Infarction (AMI) and Coronary Artery Bypass Graft (CABG):&lt;br&gt;• 30-Day Risk Adjusted Mortality Rate&lt;br&gt;• 30-Day Risk Adjusted Readmission Rate</td>
</tr>
<tr>
<td>Local Blue Plan Quality Criteria (if applicable)</td>
<td>Plan Survey</td>
<td>Provider meets all Local Blue Plan Quality Criteria**, if applicable.</td>
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*The minimum number of cases needed may be determined after provider responses are received. Analytic methodologies will be used to determine these minimums. These calculations are heavily influenced by factors such as event rates and distributions, which cannot be assessed until such data points are available for proper analysis.

**Local Blue Plan Criteria may consist of additional quality criteria beyond the national criteria, at the discretion of the local Blue Plan.
Business

The following components are evaluated to determine if the facility and its program meet the business selection criteria:

- Participation by facility in the local Blue Plan’s BlueCard Preferred Provider Organization (PPO) Network.
- Participation by physicians and surgeons who perform cardiac care procedures in the local Blue Plan’s BlueCard PPO network*.
- Facility and its corporate family meet BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
- Local Blue Plan Business Criteria**, if applicable.

* Note: Any de minimis exception will be considered on an individual case basis, through a nationally consistent approach.
**Local Blue Plan Criteria may consist of additional business criteria beyond the national criteria, at the discretion of the local Blue Plan.

Cost of Care

The process to incorporate cost of care measures into the selection criteria is designed to provide a nationally consistent, equitable, and objective evaluation. If a facility meets quality and business selection criteria, then the following components will be evaluated to determine if it meets the cost of care criteria. Additionally, a local Blue Plan may establish additional cost criteria beyond the national criteria, at the discretion of the local Blue Plan.

The cost of care evaluation is based on a nationally consistent analysis of Blue Plan claims data. The scope of this analysis includes:

Cost Data Source

Each facility’s cost of care is calculated using adjusted allowed amounts for specific cardiac procedure episodes of care derived from Blue Plans’ healthcare claims data. The methodology sums all costs incurred during a cardiac procedure episode (including facility, professional, and other costs related to the cardiac episode) using defined data fields (with specific inclusions/exclusions).

Risk and Geographic Adjustments

Cardiac procedure episode costs may be adjusted for patient-level risk factors, including co-morbidities. Additionally, a geographic adjustment factor will be applied to each episode to account for geographic cost variations in delivering care.

Deriving a Cost Measure and Setting the Cost Threshold

Costs are aggregated and conformed to a facility cost index. In calculating facility costs, statistical outlier trimming (or ‘winsorizing’) may be applied to prevent facility costs from being skewed due to a few outlier cases. Each cost index is determined relative to national distribution of the facility measures. Facility level cost indexes are then evaluated in comparison to a National Cost Threshold for each procedure type, which is established with consideration for both geographic accessibility and cost savings.

Use of Facility-level Cost Information

Information displayed on Blue Distinction’s public website at www.bcbs.com will confirm that the facility is designated as a BDC or BDC+ and that it met the Program’s transparent national selection criteria. BCBSA may share a facility’s individual Facility Survey responses (Raw Data) and results (Scores) with BCBSA’s member Plans and, pursuant to a confidentiality agreement, Member Plans’ current and prospective accounts, for purposes of evaluation, care management, quality improvement, and Member Plans’ design of customized products and networks. BCBSA may combine a facility’s Raw Data and Scores together with other facilities’ data to create aggregate information for public dissemination, provided that such aggregate information will not identify the facility by name, and will not contain any Protected Health Information (PHI).