

Blue Distinction[®] Centers for Cancer Care Selection Criteria

Blue Distinction Centers for Cancer Care is a new national designation program that recognizes physicians, physician practices, cancer centers, and hospitals for their efforts in coordinating all types of cancer care. This program incorporates patient-centered and data-driven practices, to coordinate care better and to improve quality of care and safety, as well as affordability. Providers in this Program are paid under a provider agreement with their local BCBS Plan that has value-based reimbursement, rather than traditional fee-for-service, so they must perform against both quality and cost outcome targets in order to receive incentives and rewards for better health outcomes.

To be considered for the Blue Distinction Centers for Cancer Care designation, a provider entity (physician, physician practice, cancer center, or hospital) must be part of a value-based reimbursement program with a local BCBS Plan that is available to national accounts. To become eligible for this designation, the provider entity must:

- meet 12 Quality Selection Criteria,
- have a value based payment model with the local Blue Plan
- meet Business Criteria
- meet Local Plan Criteria, if applicable.

Quality Selection Criteria

Blue Distinction Centers for Cancer Care		
Criteria Category	Definition	Quality Selection Criteria
Delivery	Accessibility to timely, multi-disciplinary, coordinated cancer care	1. Delivers coordinated multidisciplinary care, including facilitating timely access to quality medical and psychosocial care, from pre-diagnosis through all phases of the cancer experience.
		2. Delivers efficient, appropriate, and effective flow of necessary patient care information to providers and patients (e.g., use of EHR and patient portal).
		3. Delivers care planning by managing patients throughout all stages of treatment, survivorship, and end of life (e.g., use of patient app “My Care Plan,” ASCO care plan template).
		4. Facilitates multidisciplinary care (either within an integrated delivery system or through coordination within a virtually organized delivery system of medical neighborhood), to ensure that the patient has access to all of the following disciplines: <ul style="list-style-type: none"> • Medical Oncology

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Criteria Category	Definition	Quality Selection Criteria
		<ul style="list-style-type: none"> • Radiation Oncology • Relevant Surgical Specialties • Nursing/Oncology Nursing • Palliative Care • Diagnostic Radiology • Pathology • Genetic Counseling • Social Work/Psychosocial Support • Rehabilitation • Appropriate referral to Specialists/Centers with expertise in treating complex and rare cancers; and • Access to clinical trials (as appropriate)
		5. Ensures enhanced care access (open access scheduling, expanded hours, and new options for communication between patient and practice) to support urgent patient needs, in lieu of ER use.
Quality	Commitment to providing safe, evidence-based, patient-centered care	6. Implements evidence-based care aligned with established guidelines/clinical pathways, as appropriate.
		7. Implements patient-centered care by including patient/family in planning and goal setting, as well as managing symptoms, with the goal to improve the quality of life for both the patient and the family.
		8. Commits to standard practices and monitoring for safe administration of chemotherapy, radiation, and surgery.
	Commitment to measuring and improving quality of cancer care	9. Commits to system-wide monitoring and reporting of quality measures (e.g., Quality Oncology Practice Initiative [QOPI] measures, ASCO Choosing Wisely, evolving national oncology core measures).
10. Incorporates measurement results into feedback and improvement of the cancer system of care.		
Utility	Focuses on patient experience and patient engagement in shared decision making	11. Engages patient (family) in shared decision making process for goal setting and treatment planning that provides information on realistic expectations and impacts of treatment options, through use of appropriate tools, so that care delivers utility to the patient.
		12. Participates in a standardized Patient Satisfaction and Experience Survey to evaluate and improve care delivery.

Value-Based Payment Criteria

The providers must be paid under a provider agreement with its local BCBS Plan with value-based reimbursement, using a value-based payment model that falls into one of the following alternative payment models (APM) from the [Health Care Payment Learning & Action Network \(HCP-LAN\) framework](#).

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Value-Based Payment Criteria Category	Definition	Selection Criteria
Affordability	Commitment to Value-Based Payment Model	Engages with Plan in contracts that contain value-based incentives associated with both cost and quality outcomes for cancer care.

HCP-LAN Alternative Payment Models Framework					
Fee for Service (Link to Quality & Value)		APMs Built on Fee-for-Service Architecture		Population-Based Payment	
Category 2		Category 3		Category 4	
C	D	A	B	A	B
Rewards for Performance	Rewards & Penalties for Performance	APMs with Upside Gainsharing	APMs with Upside Gainsharing/ Downside Risk	Condition-Specific Population-Based Payment	Comprehensive Population-Based Payment

Business Criteria

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Business Criteria Category	Selection Criteria
Provider Participation	Provider entity is required to participate in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network.
Availability for Blue National Account Members	Provider entity is available to Blue national account members through a BlueCard PPO-based product.
Blue Brands Criteria	Provider entity meets BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
Local Blue Plan Criteria <i>(if applicable)</i>	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 provider entities located within its Service Area.