

Blue Distinction[®] Centers for Bariatric Surgery 2020 Evaluation Components

Blue Distinction

Blue Distinction Specialty Care is a national designation program, awarded by local Blue Cross and Blue Shield (BCBS) companies, recognizing healthcare providers that demonstrate expertise in delivering quality and affordable health care to meet consumers' specialty care needs – safely, effectively, and cost efficiently. The goal of the program is to help patients find both quality and value for their specialty care needs, while providing a credible foundation on which employers may customize their employee benefits.

Blue Distinction Centers for Bariatric Surgery

The Blue Distinction Centers for Bariatric Surgery program (Program) will evaluate facilities with a bariatric surgery program that provides treatment for adult patients 18 years or older, in Comprehensive Centers (with or without outpatient capabilities) and Ambulatory Surgery Centers (ASC) settings. This Program requires each site of service to be accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), and will evaluate patient outcomes sourced from the MBSAQIP Semi-Annual Report (SAR) and additional metrics collected in the 2020 Bariatric Surgery Provider Survey.

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 for this Program will be published separately and posted publicly at www.bcbs.com.

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.

Applicant facilities may be evaluated for quality in the following domains for the Blue Distinction Centers for Bariatric Surgery program:

Quality Evaluation Components		
Domain	Source	Metrics
General Facility	Provider Survey	<ul style="list-style-type: none"> • National Hospital Accreditation • Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accreditation, as one of the following: <ul style="list-style-type: none"> ○ Comprehensive Center, with or without Adolescent Qualifications and/or Obesity Medicine Qualifications; or ○ Ambulatory Surgery Center

Quality Evaluation Components		
Domain	Source	Metrics
Bariatric Surgery Program Process	Provider Survey	<ul style="list-style-type: none"> MBSAQIP's Bariatric Surgery Targeting Opioid Prescriptions (BSTOP)
Bariatric Surgery Volume*	MBSAQIP Data Registry Online: Site Case Volume Report <i>(reported in the Provider Survey)</i>	Total Facility Bariatric Procedure Volume for the time period of 1/1/2019 through 12/31/2019 : <ul style="list-style-type: none"> Stapling Bariatric Surgery Procedures (e.g., Sleeve Gastrectomy, Roux-en-Y Gastric Bypass, etc.) Non-Stapling Bariatric Surgery Procedures (e.g., Adjustable Gastric Band)
Bariatric Surgery Patient Outcomes	MBSAQIP January 2020 SAR <i>(reported in the Provider Survey)</i>	Risk Adjusted Patient Outcomes from the January 2020 MBSAQIP Semi-Annual Report (SAR) release (procedures performed from 7/1/2018 through 6/30/2019), for: Laparoscopic Sleeve Gastrectomy (LSG): <ul style="list-style-type: none"> Morbidity All Occurrence Morbidity Serious Event Leak Bleed Surgical Site Infection Reoperation (All Occurrences & Related) Interventions (All Occurrences & Related) Readmissions (All Occurrences & Related) Laparoscopic Roux-en-Y Gastric Bypass (LRYGB): <ul style="list-style-type: none"> Morbidity All Occurrence Morbidity Serious Event Leak Bleed Surgical Site Infection Reoperation (All Occurrences & Related) Interventions (All Occurrences & Related) Readmissions (All Occurrences & Related) Unadjusted 30 Day Mortality Rate for all cases (primary and revision) from the January 2020 MBSAQIP SAR, for procedures performed from 7/1/2018 through 6/30/2019 .
Bariatric Surgery Patient Outcomes	MBSAQIP Data Registry Online: Non-Risk Adjusted & Site Case Volume Reports <i>(reported in the Provider Survey)</i>	Non-Risk Adjusted Reports for "30-Day Morbidity and Mortality" and "30-Day Readmissions, Reoperations, and Interventions" for Laparoscopic Adjustable Gastric Band procedures performed from 7/1/2018 through 6/30/2019 . Laparoscopic Gastric Band (LGB): <ul style="list-style-type: none"> Morbidity (All Occurrences & Related) Leak Bleed Surgical Site Infections Reoperation (All Occurrences & Related) Interventions (All Occurrences & Related) Readmissions (All Occurrences & Related)

Quality Evaluation Components		
Domain	Source	Metrics
		Facility reported supplemental data based on all patients who had a primary bariatric surgery for the time period of 1/1/2018 through 12/31/2018 : <ul style="list-style-type: none"> • Bariatric Surgery Patient Follow-Up • % Total Weight Loss • Co-Morbidity Improvement
Inpatient Transfer Facility(ies) <i>(Only applicable to ASCs and facilities without onsite ICU)</i>	Provider Survey	Inpatient facility(ies) with transfer agreement(s) to receive bariatric surgery patients in need of higher level of care (to include ICU) is/are currently designated as a Blue Distinction Centers for Bariatric Surgery Comprehensive Center, for the 2020 cycle.
Local Blue Plan Quality Criteria** (if applicable)	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.

*The minimum number of cases needed will be determined after Provider Survey responses are received. Analytic methodologies will be used to determine volume requirements. These calculations are heavily influenced by statistical analysis factors such as event rates and distributions, which cannot be assessed until all data 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

Applicant facilities may be evaluated in the following business categories for the Blue Distinction Centers for Bariatric Surgery program:

Business Evaluation Components	
Business Criteria Category	Metrics
Facility PPO Participation	Participation by facility in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network.
Physician PPO Participation*	Participation by physicians (surgeons) who perform bariatric surgery procedures in the local Blue Plan's BlueCard PPO network.
Blue Brands Criteria	Facility and its corporate family meet BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
Value-Based Payment	Engagement in value-based payment (e.g. episode-based).
Local Blue Plan Business 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 facilities located within its Service Area.

*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 the facility 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 National Blue Claims Dataset (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 bariatric surgery episodes of care derived from Claims Data. The methodology sums all costs incurred during an episode of care (including facility, professional, and other costs related to the bariatric surgery episode).

Adjustments

Bariatric Surgery episode costs may be adjusted for patient-level risk factors, including co-morbidities. Additionally, a geographic adjustment factor may be applied to each episode to account for geographic cost variations in delivering care. Other adjustments such as a site of service adjustment may be applied where appropriate to account for differences related to patient care settings or other factors.

Deriving a Cost Measure and Setting the Cost Threshold

Costs are aggregated and conformed to a facility cost index for each procedure type. 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 facility cost index is determined relative to national distribution of the facility measures. Facility level cost indices 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

After the BDC Participation Agreement for an eligible facility has been fully executed, information displayed on Blue Distinction's public website at www.bcbs.com will confirm that the facility is designated and that it met the Program's transparent national selection criteria. BCBSA may share a facility's individual Provider 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).