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.

Program Design

The 2020 Blue Distinction Centers for Maternity Care program (Program) will evaluate acute care facilities as well as children’s hospitals that offer maternity services for adult patients age 18 and over.

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 Maternity Care program:

<table>
<thead>
<tr>
<th>Quality Evaluation Components</th>
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<tbody>
<tr>
<td><strong>Domain</strong></td>
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</table>
| General Facility | Provider Survey | • National Hospital Accreditation  
| | | • Baby Friendly Designation  
<p>| | | • The Joint Commission Perinatal Certification |</p>
<table>
<thead>
<tr>
<th><strong>Domain</strong></th>
<th><strong>Source</strong></th>
<th><strong>Metrics</strong></th>
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</table>
| Maternity Program Structure and Process | Provider Survey | • Collects and Analyzes Race and Ethnicity Maternal Care Data  
• Performs Drills and Simulations for Maternal Adverse Events  
• Engaged with the State Perinatal Quality Collaborative  
• Post-Partum Contraception |
| Delivery Volume* | Provider Survey | Facility Reported Delivery Volumes for Adults (≥ 18 years of age), including:  
• Vaginal Delivery  
• Cesarean Section |
| Maternity Quality Measures | Provider Survey | Facility Maternal Quality Measures:  
• NQF #0469: PC-01 Elective Delivery  
• NQF #0471: PC-02 Cesarean Section  
• NQF #0480: PC-05 Exclusive Breast Milk Feeding  
• NQF #0716: PC-06 Unexpected Complications in Term Newborns  
• NQF #0470: Incidence of Episiotomy |
| Maternal Safety Bundles | Provider Survey | Maternal Safety Bundles¹ Utilized by the Facility:  
• Hypertension in Pregnancy  
• Obstetric Hemorrhage  
• Maternal Venous Thromboembolism Prevention  
• Safe Reduction of Primary Cesarean Births  
• Maternal Mental Health  
• Management of Opioid Use Disorder and Neonatal Abstinence Syndrome |
| Quality Improvement Processes | Provider Survey | Facility level quality improvement processes for decreasing cesarean section and episiotomy rates, with or without reporting of results to physicians. |
| Physician or Group Practice Quality Measures | Claims and/or third party data | Physician or Group Practice Level Quality Measures, which include some or all of the following:  
• Medical school accreditation status  
• Board certification, specialty degrees, certifications  
• License suspensions  
• Incidence of Episiotomy  
• Cesarean Section rate  
• Unanticipated reoperation or readmission following birth  
• Unplanned Emergency Department admission following birth  
• Uterine rupture  
• Perineal laceration |

¹ The patient safety bundles are available on the Council on Patient Safety in Women’s Healthcare website and are used in the Alliance for Innovation on Maternal Health (AIM) Program.
Quality Evaluation Components

<table>
<thead>
<tr>
<th>Domain</th>
<th>Source</th>
<th>Metrics</th>
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</thead>
<tbody>
<tr>
<td>Local Blue Plan Quality Criteria** (if applicable)</td>
<td>Plan Survey</td>
<td>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.</td>
</tr>
</tbody>
</table>

*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 Maternity Care program:

<table>
<thead>
<tr>
<th>Business Evaluation Components</th>
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<tbody>
<tr>
<td><strong>Business Criteria Category</strong></td>
</tr>
<tr>
<td>Facility PPO Participation</td>
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<tr>
<td>Physician PPO Participation*</td>
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<tr>
<td>Blue Brands Criteria</td>
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<tr>
<td>Value-Based Payment</td>
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<tr>
<td>Local Blue Plan Business Criteria** (if applicable)</td>
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</tbody>
</table>

*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 maternity 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 maternity care episode).

Adjustments

Maternity care 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).