

Blue Distinction® Centers for Spine Surgery 2025 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 Spine Surgery

The 2025 Blue Distinction Centers for Spine Surgery program (Program) will evaluate acute care hospitals and ambulatory surgery centers (ASC) that offer elective spine surgery services for adult patients (ages 18 and over) with degenerative disease.

- Applicant facilities will be evaluated using quality outcomes from the American Spine Registry (ASR), a collaboration between the American Academy of Orthopaedic Surgeons (AAOS) and the American Association of Neurological Surgeons (AANS). Applicants that do not currently participate in ASR will be required to do so for all future designation evaluations under this Program. Meanwhile, the Provider survey for this Program's 2025 designation evaluation allows applicants an alternative to provide self-reported quality outcomes, like those collected and reported in ASR.
- Applicant facilities will be evaluated on their participation in an advanced certification program for spine surgery. Participation may be a requirement for future designation evaluations under this Program.

The following information explains how quality, business and cost of care evaluation components will be used to evaluate an applicant facility. Final selection criteria for quality, business and cost of care, including specific scoring thresholds and other details required for eligibility for this Program will be published separately and posted publicly at www.bcbs.com.

Note: Designations are awarded to individual facilities (i.e., unique bricks-and-mortar facilities with unique addresses). Each location within a provider group or health system will be evaluated and designated separately.

Quality

Blue Distinction Specialty Care programs establish a nationally consistent approach to evaluating quality and safety, by incorporating quality measures with meaningful impact, and using selection criteria that evolve over time with medical and quality measurement advances in that specialty area.

The following components are evaluated to determine if the applicant facility and its program meet the quality selection criteria for this Program:

| Blue Distinction Centers for Spine Surgery Quality Evaluation Components | | |
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| Quality Domain | Quality Data Source | Quality Evaluation Component |
| General Facility Structure | Provider Survey | <ul style="list-style-type: none"> National Accreditation Demographic Data Collection and Reporting Process Improvement Initiatives Patient Perception of Care Evaluation Process Staff Training – Unconscious Bias Training |
| Spine Surgery Program Structure and Process | Provider Survey | <ul style="list-style-type: none"> Advanced Certification Enhanced Recovery After Surgery Program Practices Depression and Substance Use Disorder Screening |
| Spine Surgery Program Procedure Volume* | Provider Survey | Facility reported procedure volumes for adults (≥ 18 years of age), including: <ul style="list-style-type: none"> Discectomy, Laminectomy, Decompression (without fusion) Fusions |
| Spine Surgery Program Outcomes | American Spine Registry (ASR) or Provider Survey | <ul style="list-style-type: none"> Unplanned All-Cause Readmission (Hospitals)/Admissions (ASCs) 90 Day Major Complication Composite** 90 Day Postoperative Mortality Preoperative & Postoperative Functional/ Health Assessment Status (ACSS-4 Cervical) Preoperative & Postoperative Functional/ Health Assessment Status (ACSS-8 Lumbar) <p>➤ Data will be collected by Race and Ethnicity and overall patient outcomes for each measure listed above.</p> |
| Local Plan Criteria (LPC) – Quality Criteria*** (If applicable) | Plan Survey | An individual Blue Plan, at its own independent discretion, may establish and apply local Blue Plan quality requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers program, for facilities located within its Service Area. |

*The required minimum number of cases will be determined through analytic methodologies after facility responses are received. These calculations are heavily influenced by statistical analysis factors such as event rates and distributions, which cannot be assessed accurately until all data are available for analysis.

**90 Day Major Complication Composite rate includes: 1) surgical site infection, 2) deep vein thrombosis (DVT), 3) pulmonary embolism (PE), 4) dural tear, and/or 5) return to operating room/reoperation related to primary procedure.

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

Business

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

| Blue Distinction Centers for Spine Surgery Business Evaluation Components | | |
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| Business Domain | Business Data Source | Business Evaluation Component |
| Facility PPO Participation | Plan Survey | Participation by Facility in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network. |
| Surgeon PPO Participation* | Plan Survey | Participation by surgeons who perform spine surgery procedures in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) network. |
| Blue Brands Criteria | Blue Brands Review | Facility and its corporate family meet BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks. |
| Local Plan Criteria (LPC) – Business Criteria** (If applicable) | Plan Survey | An individual Blue Plan, at its own independent discretion, may establish and apply local Blue Plan 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 Plan Criteria may consist of additional business criteria beyond the national selection criteria, at the discretion of the local Blue Plan.

Cost of Care

Cost of care measures are incorporated into the selection criteria to provide a nationally consistent, equitable, and objective evaluation. For BDC+ designation, the facility must meet the Cost of Care Selection Criteria as well as the Quality and Business Selection Criteria. Additionally, a local Plan may establish additional cost criteria beyond the national selection criteria, at the discretion of the local Blue Plan.

The cost of care evaluation is based on a nationally consistent analysis of Blue Plans' healthcare 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 spine surgery episodes of care. The methodology sums all costs incurred during an episode of care (including facility, professional, and other costs related to the spine surgery episode).

Adjustments

Spine 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.

Local Plan Criteria – Cost (if applicable)

Local Plan Criteria may consist of additional cost criteria beyond the national selection criteria, at the discretion of the local Blue Plan.

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 as a BDC or BDC+ 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 Blue Plans and, pursuant to a confidentiality agreement, their respective current and prospective accounts, for purposes of evaluation, care management, quality improvement, and the local Blue Plans' design of customized products and networks. BCBSA may combine a facility's Raw Data and Scores together with other facility's' 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).