Blue Distinction® Centers for Fertility 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 Fertility Care program will focus on in vitro fertilization (IVF), which is the most common assisted reproductive technology (ART) treatment and is widely becoming the preferred option for fertility treatment. This voluntary program is open to IVF ART providers in various care settings, including individual physicians, physician groups, and clinics. Similar to the other Specialty Care programs, this Program requires a Provider Survey to collect data for robust quality evaluation. Providers will also be evaluated utilizing the Society for Assisted Reproductive Technology (SART) Registry Data as part of the outcome measurement evaluation.

The following information explains how quality, business, and cost evaluation components will be used to evaluate an applicant provider. Final selection criteria for quality, business, and cost, including specific scoring thresholds required for eligibility as a BDC and BDC+ for Fertility Care, 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. Providers are evaluated for quality in the following domains for the Blue Distinction Centers for Fertility Care program:

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<th>Domain</th>
<th>Source</th>
<th>Components</th>
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| Memberships/Certifications | Provider Survey | • Society for Assisted Reproductive Technology (SART) Member  
                             |                               | • Physician Board Certification |

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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.
**Business**

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

- Participation by provider (individual physicians, physician groups, or clinics) in the local Blue Plan’s BlueCard Preferred Provider Organization (PPO) Network*.
- Provider 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 provider’s cost of care is calculated using adjusted allowed amounts for specific fertility treatment episodes of care derived from Blue Plans’ healthcare claims data. The methodology sums all costs incurred during a fertility treatment episode of care (including clinic/facility, professional, and other costs related to the fertility treatment episode), using defined data fields (with specific inclusions/exclusions).
Risk and Geographic Adjustments

Fertility treatment 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.

Deriving a Cost Measure and Setting the Cost Threshold

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

Use of Provider-level Cost Information

Information displayed on Blue Distinction's public website at www.bcbs.com will confirm that the provider is designated as a BDC or BDC+ and that it met the Program's transparent national selection criteria. BCBSA may share a provider’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 provider’s Raw Data and Scores together with other providers’ data to create aggregate information for public dissemination, provided that such aggregate information will not identify the provider by name, and will not contain any Protected Health Information (PHI).