BlueCross BlueShield Association

BlueDistinction®
Specialty Care

Selection Criteria and Program Documentation: Maternity Care

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About This Document

This Selection Criteria and Program Documentation outlines the Selection Criteria and evaluation process used to determine eligibility for the Blue Distinction Centers for Maternity Care program.

About the Blue Distinction Specialty Care Program

Blue Distinction Specialty Care is a national designation program recognizing healthcare facilities 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 encouraging healthcare professionals to improve the overall quality and delivery of healthcare nationwide, and providing a credible foundation for local Blue Plans to design benefits tailored to meet employers' own quality and cost objectives.[1] The Blue Distinction Specialty Care Program includes two levels of designation:

- **Blue Distinction Centers (BDC):** Healthcare facilities recognized for their expertise in delivering specialty care.
- **Blue Distinction Centers+ (BDC+):** Healthcare facilities recognized for their expertise and cost efficiency in delivering specialty care.

Quality is key: only those facilities that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Centers+.

Facilities are evaluated on objective, transparent Selection Criteria with quality, business, and cost of care components. This Program focuses on Vaginal Delivery and Cesarean Delivery episodes of care performed at acute care inpatient facilities; routine obstetrical services and follow-up care are also included. Costs related to newborn services are excluded when submitted on separate claims from the mother.

[1] Benefit design is determined independently by the local Blue Plan and is not a feature of any Blue Distinction program.

Understanding the Evaluation Process

Selection Process

The selection process balances quality, cost, and access considerations to offer consumers meaningful differentiation in value for specialty care facilities that are designated as BDC and BDC+. Guiding principles for the selection process include:

Quality

- Nationally consistent approach to evaluating quality and safety was used, incorporating quality measures with meaningful impact, including delivery system features and specific quality outcomes to which all can aspire.

Cost

- Nationally consistent and objective approach for selecting Blue Distinction Centers+ was used to address market and consumer demand for cost savings and affordable healthcare.

Access

- Blue members' access to Blue Distinction Centers was considered, as needed, to achieve the program's overall goal of providing differentiated performance on quality and, for the BDC+ designation, cost of care.

Evaluation Components: Data Sources

Publicly available quality data, Blue Plan healthcare claims data, and Plan Survey information were used to evaluate and identify facilities that meet the Program's Selection Criteria. A facility must meet the Program's specific Selection Criteria, defined by the following evaluation components, to be eligible for the BDC or BDC+ designation:

Table 1: Evaluation Components

Evaluation Component	Data Source	Blue Distinction Centers (BDC)	Blue Distinction Centers+ (BDC+)
Quality	Publicly available data from Hospital Compare's December 2014 release*: www.hospitalcompare.hhs.gov. **Note: Only facilities that submit data to Hospital Compare were evaluated. Facilities that submit PC-01 data to other public sources (e.g., The Joint Commission) also may be evaluated, upon request*.	✓	✓
Business	1. Information obtained from the local Blue Plan for facilities within its Service Area, on: • Facility's participation status in the local Blue Plan's BlueCard PPO Network. *Note:* Physician participation in the local Blue Plan's PPO Network is not part of the Selection Criteria and evaluation for this Program. Members should check with their local Blue Plan to confirm physician network participation. • Local Blue Plan Criteria, if applicable. 2. Information obtained by BCBSA on whether the facility meets BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.	✓	✓
Cost of Care	Blue Plan healthcare claims data.		✓

Measurement Framework

The Blue Distinction Centers for Maternity Care program established a nationally consistent approach to evaluating quality and safety by incorporating quality measures with meaningful impact, with criteria that will evolve over time through future evaluation cycles, consistent with medical advances and measurement in this specialty area. Measurement framework for this and other Blue Distinction value based initiatives were developed using the following guiding principles:

1. Utilize a credible process and produce credible results with meaningful differentiated outcomes.
2. Align with other national efforts using established measures, where appropriate and feasible.
3. Simplify and streamline measures and reporting processes.
4. Enhance transparency and ease of explaining program methods.
5. Utilize existing resources effectively to minimize costs and redundancies.
6. Meet existing and future demands from Blue Plans, National Accounts, and Blue Members.

Quality Selection Criteria

Facilities were evaluated on quality metrics developed through a process that included: input from the medical community and quality measurement experts; review of medical literature, together with national quality and safety initiatives; and a thorough analysis of meaningful quality measures from objective, publicly available sources.

The quality evaluation for facilities was based on objective, publicly available quality metrics obtained from Hospital Compare. Facility results were analyzed using a confidence interval (90 percent) around the point estimate from the reported numerator and denominator events. A "confidence interval" is a term used in statistics that measures the probability that a result will fall between two set values. The lower confidence limit (LCL) was then compared to the national Selection Criteria thresholds. The Maternity Care quality Selection Criteria consists of the metrics outlined in Table 2.

Additionally, to receive the BDC or BDC+ designation, eligible facilities must also attest in the Participation Agreement to having certain structural components in place and commit to ongoing reporting and quality improvement obligations, as described in Table 3.

Facilities were evaluated for quality in the following domains for the Blue Distinction Centers for Maternity Care program. A facility must meet **all** requirements to be considered eligible for the Blue Distinction Centers for Maternity Care designation.

Table 2: Quality Selection Criteria

Domain	Source	Quality Selection Criteria
Maternity Specific	Publicly available national data for the measure timeframe of 4/1/2013 – 3/31/2014, downloaded from the Hospital Compare database, December 2014 release*, available from the Hospital Compare website at www.hospitalcompare.hhs.gov **Note: Only facilities that submit data to Hospital Compare were evaluated. Facilities that submit PC-01 data to other public sources (e.g., The Joint Commission) also may be evaluated, upon request.*	**Hospital Compare: Timely and Effective Care** **PC-01: Early Elective Delivery*** • Percent of newborns whose deliveries were scheduled early (1-3 weeks early), when a scheduled delivery was not medically necessary; calculated lower confidence limit (LCL) is at or below 5%. **Note: Facilities that had zero early elective deliveries for the timeframe reported will meet Selection Criteria as no early elective deliveries occurred. A confidence interval could not be calculated in this case.*
Facility Level	Publicly available national data for the measure timeframe of 1/1/2013 – 12/31/2013, downloaded from the Hospital Compare database*, December 2014 release, available from the Hospital Compare website at www.hospitalcompare.hhs.gov **Note: Only facilities that submit data to Hospital Compare were evaluated. Facilities that submit PC-01 data to other public sources (e.g., The Joint Commission) also may be evaluated, upon request.*	**Hospital Compare: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** **HCAHPS Minimum Sample Size:** • The facility reports a minimum sample size of **100 or greater** for the HCAHPS measures. **Overall Hospital Satisfaction:** • Percent of patients who gave their hospital a rating of 6 or lower, on a scale from 0 (lowest) to 10 (highest); calculated LCL is **at or below 13%.** **Hospital Recommendation:** • Percent of patients who reported NO, they would probably not or definitely not recommend the hospital; calculated LCL is **at or below 9%.**

Table 3: Additional Quality Selection Criteria

Each facility must meet all of the following Selection Criteria for both Maternity Care Program Structural Features (Part I) and Quality Measurement, Improvement, and Reporting (Part 2), which are included in the Participation Agreement.

Part 1: Maternity Care Program Features.

Each facility must have a maternity care program that meets all five of the following (A, B, C, D, and E):

A. **Family Centered Care**. Facility's maternity program must include **at least one** of the following:
- Designated as a Baby Friendly Hospital by Baby-Friendly USA.
- Identified as a Mother Friendly Hospital and has implemented **all** of the "Ten Steps of Mother-Friendly Care" established by the Coalition for Improving Maternity Services (CIMS).
- Implemented **all** of the following:
  - Allows mothers and infants to remain together 24 hours a day.
    - Promotes successful breastfeeding;
    - Provides culturally competent care; and
  - Provides mother and baby referrals to appropriate community resources.

B. Care processes that protect, promote, and support physiologic childbirth. Facility's maternity program must include **at least one** of the following:
- Designated as a Baby Friendly Hospital by Baby-Friendly USA.
- Identified as a Mother Friendly Hospital and has implemented **all** of the "Ten Steps of Mother-Friendly Care" established by the Coalition for Improving Maternity Services (CIMS).
- Implemented competence based training for staff in the care of the obstetric patient that includes all of the following:
  - Pain Management; and
  - Breastfeeding.

C. **Evidence based care** that is aligned with established guidelines and/or clinical pathways, as appropriate, which includes **all** of the following:
- Written policies/procedures for consult services and for transitions of care that include communication with PCP or transferring MD; and
- Written policy/procedure for breastfeeding management.

D. **Quality outcomes and performance must be measured and disclosed to the facility's own quality assurance committee (or its equivalent) at least annually.** This includes tracking, reporting, and transparency regarding obstetric patient outcomes and quality improvement processes.

E. **Multidisciplinary team based clinical drills/simulation training is conducted for high risk events,** including debriefings to evaluate team response and structure for communication (must be in place currently or implemented no later than December 31, 2016).

Part 2: Quality Measurement, Improvement, and Reporting.

In addition to meeting Part 1, above, each facility's own maternity program also must commit to implement all of the following quality measurement, improvement, and reporting processes (A and B):

A. Facility commits to review all 'informational' quality outcome results contained in the Facility Feedback Report for this Program upon receipt from the local Blue Plan, and commits to take action to improve data accuracy and/or performance, where needed.

B. Facility commits to maintain, and to be prepared to report to BCBSA and/or applicable public data registry venues to be designated by BCBSA, on **all** of the following required data metrics (must be in place currently or implemented in time for data reporting no later than December 31, 2016 or such earlier data submission deadline set by the corresponding public data registry venue for its last publication period in 2016):

- NQF #0471: PC-02 (C-section rate in low risk).
- NQF #0476: PC-03 (Antenatal steroids).
- NQF #1731: PC-04 (Health Care-Associated Bloodstream Infections in Newborns).
- NQF #0480: PC-05 (Breast milk feeding).
- NQF #0473: Appropriate DVT prophylaxis for women undergoing cesarean delivery.
- HCAHPS: Patient experience results stratified for maternity service line.

Informational Quality Metrics

Additional informational analyses based on Blue Plan claims data was performed to calculate the Severe Maternal Morbidity (SMM) Rate, a measure developed by the Centers for Disease Control (CDC). Information on this measure is available at http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/SevereMaternalMorbidity.html. SMM is supported and is being used by several state level and public health stakeholders. The SMM measure encompasses the most severe complications of pregnancy and includes conditions resulting from or aggravated by pregnancy that adversely affect a woman's health. SMM results were not used in the current Selection Criteria for Blue Distinction eligibility status, and are shared with facilities as informational feedback to raise awareness and stimulate quality improvement.

Business Selection Criteria

The Business Selection Criteria consists of three components: Facility Participation; Blue Brands Criteria; and Local Blue Plan Criteria (if applicable). A facility must meet **all** requirements to be considered eligible for the Blue Distinction Centers for Maternity Care designation.

Business Selection Criteria
• **Facility Participation** - All facilities are required to participate in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network. *Note: Physician participation in the local Blue Plan's PPO Network is not part of the Selection Criteria and evaluation for this Program. Members should check with their local Blue Plan to confirm physician network participation.* • **Blue Brands Criteria -** Facility meets BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks. • **Local Blue Plan Criteria**, if applicable - 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.

Cost of Care Selection Criteria

Cost of care measures were designed to address market and consumer demand for cost savings and affordable healthcare. The cost of care Selection Criteria were used to provide a consistent and objective approach to identify Blue Distinction Centers+.

Quality is key: only those facilities that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.

Cost Data Sources and Defining the Episodes

Cost of Care evaluation was based on a nationally consistent claims analysis of Blue Plan claims data. The scope of this analysis included:

- Claims were evaluated using adjusted allowed amounts derived from Blue Plan claims data from July 1, 2010 through June 30, 2014, and paid through August 31, 2014 with inpatient delivery admissions occurring between April 1, 2012 through March 31, 2014.
- Maternity Care episodes were identified and triggered by inpatient deliveries – either Vaginal Delivery or Cesarean Delivery – through the assigned Medicare severity diagnosis related groups (MSDRGs); these inpatient admissions are also referred to as the “index admissions.”
- Vaginal deliveries coded under MS-DRG 767 (Vaginal Delivery with Sterilization &/or D&C) or MS-DRG 768 (Vaginal Delivery with O.R. Procedure except Sterilization &/or D&C) were excluded from the cost analysis due to very low volume of cases, each representing < 0.5% volume of delivery cases nationwide.
- Adjusted allowed amounts for professional and in-network facility claims were included, using specific maternity clinical categories – either Vaginal or Cesarean Deliveries – for actively enrolled commercial Blue members. Members under 18 and over 64 were excluded from the cost analysis.
- Medicare/Medicaid and secondary claims were excluded.
- Multiple births (i.e., twins, triplets, etc.) were excluded.
- The episode window for maternity begins 280 days prior to date of admission of the index admission and ends 90 days following discharge from the index admission. The 280 day look-back period includes routine obstetric (OB) physician costs for office visit Evaluation and Management (E&M) CPT codes. The index admission includes all costs during admission (e.g., facility, delivering OB physician, other professional, ancillary). The 90 day look-forward period includes relevant services (a service presumed related to the episode, regardless of diagnosis), relevant diagnoses (other conditions and symptoms directly relevant to the episode), and complications (identified based on relevant diagnosis).
- Cost methodology took the sum of all costs incurred (including facility, professional, and other costs during the episode) for each individual member between the specified days before and after the trigger for the Maternity Care episode.

- For facilities located in overlapping areas served by more than one local Blue Plan, the same method for cost evaluation was used but the claims data and results were evaluated separately for each of those local Blue Plans.

Adjusting Episode Costs

Facility episode costs were analyzed separately for each clinical category (i.e., Vaginal Delivery was evaluated separately from Cesarean Delivery), as follows:

- A geographic adjustment factor was applied to the episode cost, to account for geographic cost variations in delivering care. Episode costs were adjusted using the 2012 CMS Geographic Adjustment Factors (GAF), resulting in a Geographically Adjusted Facility Episode Cost.
- Risk adjustment was used to adjust for variation in cost that may relate to differences in patient severity (with or without comorbidity), using the following steps:
  - Identified patient severity levels, using the MS-DRG risk stratification system.
  - Created separate risk bands within episodes, based on patient severity level and age (18-39 and 40-64).
  - Managed outliers through winsorization within risk bands. Outliers were identified in each risk band as those values for which geographically adjusted costs were the top 2 percent and bottom 2 percent of episode costs. Outlying cost values were truncated to these points, to preserve their considerations in calculating the overall episode cost estimate, while moderating their influence.
  - Calculated a Risk Ratio for each risk band by taking the mean of the episode costs within each risk band and dividing it by the overall mean episode cost for the relevant clinical category.
  - The Risk Adjustment Factor (which is the inverse of the Risk Ratio) is multiplied by each facility's geographically adjusted facility episode costs for each clinical category/risk level combination to normalize for risk, resulting in a final episode cost that is both geographically adjusted and risk adjusted.

Establishing the Cost Measure

Each Maternity Care episode was attributed to the facility where the delivery occurred, based on trigger events that occurred at that facility for each of the two clinical categories (i.e., Vaginal Deliveries and Cesarean Deliveries). Clinical Category Facility Cost (CCFC) was calculated separately for Vaginal Delivery and Cesarean Delivery, based on the median value of the adjusted episode costs.

Confidence intervals (90 percent) were calculated around each Clinical Category Facility Cost measure; the Upper Confidence Limit of the measure was divided by the National median episode cost to become the Clinical Category Facility Cost Index (CCFCI). A minimum of five episodes was required for each Maternity Care clinical category, in order to consider the Clinical Category Facility Cost Index valid. Any facility that did not meet this episode minimum did not meet the cost of care Selection Criteria.

Using each of the Clinical Category Facility Cost Index values, an overall Composite Facility Cost Index was calculated for the facility. Each Clinical Category Facility Cost Index was weighted by that facility's own volume and facility costs to calculate a composite measure of cost called the Composite Facility Cost Index. The Composite Facility Cost Index was then rounded down to the nearest 0.025 for each facility and compared to the National Cost Selection Criteria.

Cost Selection Criteria

In addition to meeting the nationally established, objective quality and business measures for Blue Distinction Centers, a facility also must meet **all** of the following cost of care Selection Criteria requirements to be considered eligible for the Blue Distinction Centers+ (BDC+) designation for Maternity Care.

Cost of Care Selection Criteria
• Facility must have a **minimum of five** episodes of cost data for each Clinical Category for the Composite Facility Cost Index to be considered valid. • Composite Facility Cost Index must be **below 1.200**.

Questions

Contact your local Blue Plan for any questions.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for facilities located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each facility's cost of care is evaluated using data from its Local Blue Plan. Facilities in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.