Printed version of this document is for reference purposes only.

A completed Provider Survey will need to be submitted via the BD Portal℠ web portal.

Paper copies of the Provider Survey will not be accepted.

Review instructions below to complete both the Provider Survey and Team Table via the online web application BD Portal.

**PART 1: PROVIDER SURVEY**

Providers must submit an electronic version of Part 1: Provider Survey **AND** Part 2: Team Table in BD Portal to complete submission. Please be sure that your application is complete before submitting.

Additional program materials for the Blue Distinction Centers® for Knee and Hip Replacement program are available at: [www.bcbs.com](http://www.bcbs.com)

This Provider Survey (Part 1) is the Quality based Selection Criteria dimension of the evaluation pertaining to your current and active knee and hip replacement program for **adults** (18 years and older) for the Blue Distinction Centers for Knee and Hip Replacement designation.

- If you are applying as a Hospital (with or without an intensive care unit), complete the following sections in Part 1 Provider Survey: Provider Information, Hospitals *Only (with or without an Intensive Care Unit (ICU))*, and Knee and Hip Replacement Program Information.
- If you are applying as an Ambulatory Surgery Center (ASC), complete the following sections in Part 1 Provider Survey: Provider Information, Ambulatory Surgery Centers, and Knee and Hip Replacement Program Information.
- Both Hospitals (with or without ICU) and Ambulatory Surgery Centers will need to complete Part 2 Team Table.

<table>
<thead>
<tr>
<th>Part 1: Provider Survey</th>
<th>Question Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Information</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Hospitals <em>Only - with an ICU</em></td>
<td>6 - 7</td>
</tr>
<tr>
<td>Hospitals <em>Only - without an ICU</em></td>
<td>6 - 10</td>
</tr>
<tr>
<td>Ambulatory Surgery Centers (ASC) *Only</td>
<td>11 - 30</td>
</tr>
<tr>
<td>Knee and Hip Replacement Program Information – Hospitals and ASCs</td>
<td>31 - 52</td>
</tr>
</tbody>
</table>
Part 2: Team Table

| Transfer Facility Table – Hospitals without an ICU and ASCs Only | Part 2 |
| Surgeon Information | Part 2 |
| Terms & Conditions | Part 2 |

PROVIDER INFORMATION

FACILITY ADDRESS AND IDENTIFIERS WILL BE PRE-POPULATED IN THE ONLINE VERSION OF THIS SURVEY.

FACILITY NAME:
ADDRESS:
CITY:
STATE:
ZIP:

If any of the Provider information shown above is incorrect, please email BDCAdmins@bcbsa.com or contact your local Blue Cross and/or Blue Shield Plan directly to have the information corrected.

Also, please review your National Provider Identifier (NPI), Federal Tax Identification Number (FEIN), and CMS Certification Number (CMS ID) on your Provider Record in BD Portal, to confirm accuracy. To access your Provider Record, click on your provider name on the Survey Actions tab in BD Portal.

If any of the provider identifiers shown on the Details sub-tab are incorrect, please email BDCAdmins@bcbsa.com or contact your local Blue Cross and/or Blue Shield Plan directly to have the information corrected.

1. Please provide the following information for the person responsible for completing and submitting this Provider Survey:

Primary Contact
Name:
Title:
Phone:
Email:

2. Please provide your facility’s legal contact. This individual may be contacted in the event there are Questions related to potential brand conflicts that need to be addressed.

Facility Legal Counsel/Representative Contact:
Name:
Title:
Phone:
Email:
The Blue Distinction Centers for Knee and Hip Replacement designation is given only to individual facilities (i.e., unique bricks-and-mortar facilities with unique addresses). Any facility with multiple locations (different addresses) must complete a separate Provider Survey for each location. Health systems and other groups of multiple facilities will not be designated collectively.

3. Is the Quality information submitted in this Survey (e.g., accreditations, volume, outcomes) only for the single facility whose name and address are listed in the Provider Information Section, above, and for no other facilities or locations?

☐ YES  ☐ NO

If NO, please explain.

4. The evaluation of Blue Plans’ healthcare claims data requires distinct provider identifiers to be present on submitted claims in order to match them back to your facility’s application. Are claims submitted by your facility to your Blue Plan clearly distinguished from other facilities by using a distinct facility name, distinct Tax ID, distinct NPI, and distinct Plan Provider ID? If you do not have insight on this Question, simply answer DO NOT KNOW. This is for informational purposes only.

☐ YES  ☐ NO  ☐ DO NOT KNOW

If NO or DO NOT KNOW, please provide guidance on the best method of distinguishing your facility’s claims.

5. Please indicate the intent to submit a detailed Provider Survey response for either the Blue Distinction Centers for Knee and Hip Replacement designation for a hospital, or the Blue Distinction Centers for Knee and Hip Replacement designation for an ambulatory surgery center (ASC).

☐ The facility listed above is a hospital (with/without an ICU) and intends to complete a Provider Survey for the Blue Distinction Centers for Knee and Hip Replacement designation. (CONTINUE TO QUESTION 6)

☐ The facility listed above is an ambulatory surgery center (ASC) and intends to complete a Provider Survey for the Blue Distinction Centers for Knee and Hip Replacement designation. (SKIP TO QUESTION 11)

**HOSPITALS (WITH or WITHOUT INTENSIVE CARE UNIT)**

This section should be completed by each inpatient acute care facility (with/without an intensive care unit) that has a knee and hip replacement program.

Questions in this section that refer to “my,” “your,” “my facility’s,” or “your facility’s program” all refer to your facility’s own knee and hip replacement program (not the Blue Distinction Centers for Knee and Hip Replacement program). Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.
6. Please indicate which of the following statements describes your facility's current accreditation status. Check **ALL** that apply.

- [ ] My facility is fully accredited (without provision or condition) by The Joint Commission (TJC) in the Hospital Accredited Program. [www.jointcommission.org](http://www.jointcommission.org)
- [ ] My facility is fully accredited by Healthcare Facilities Accreditation Program (HFAP) of the Accreditation Association for Hospital and Health Systems (AAHHS) as an acute care hospital. [www.hfap.org](http://www.hfap.org)
- [ ] My facility is fully accredited by DNV GL Healthcare in the National Integrated Accreditation for Healthcare Organizations (NIAHO®) Hospital Accreditation Program. [www.dnvaccreditation.com](http://www.dnvaccreditation.com)
- [ ] My facility is fully accredited by the Center for Improvement in Healthcare Quality (CIHQ) in the Hospital Accreditation Program. [www.cihq.org](http://www.cihq.org)
- [x] My facility is **not** fully accredited by any of the above organizations.

7. Does your facility have an onsite intensive care unit (ICU)?

- [ ] YES (Skip to Question 31)
- [ ] NO (Continue to Question 8)

8. Does your facility utilize written Patient Selection Criteria, developed by a multi-disciplinary team of physicians and staff, for total knee and total hip replacement procedures that is specific to your site of service and to the types of patients that are accepted?

- [ ] YES
- [ ] NO

9. Does your facility have a written transfer agreement with a facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your total knee and total hip replacement patients?

- [ ] YES
- [ ] NO

10. Enter your facility’s 30-day, post-operative primary total knee and total hip replacement patient transfers from your facility to a transfer facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your total knee and total hip replacement patients, for the time period of **01/01/2017 to 12/31/2017**. *(After completing this Question SKIP TO QUESTION 31)*

**Note:** Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your facility does not have the requested data, enter ‘Not Applicable’ in the box.

Number of Patients Transferred (Numerator): (whole number)
Total Number of Primary Total Knee and Total Hip Replacement Patients (Denominator): (whole number)

Patient Transfer Rate: % *(Automatic Calculation; round up to 2 decimal places (96.02))*

Enter ‘Not Applicable’ if facility is unable to report the requested data for transfer rates for post-operative total knee and total hip replacement patients. *(If checked, cannot fill out boxes above)*
AMBULATORY SURGERY CENTERS

The Ambulatory Surgery Center Information section should be completed by each freestanding ambulatory surgery center (ASC) that has a knee and hip replacement program.

Questions in this section that refer to “my,” “your,” “my ambulatory surgery center's” or “your ambulatory surgery center's program” all refer to your ambulatory surgery center's own knee and hip replacement program (not the Blue Distinction Centers for Knee and Hip Replacement program). Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.

11. Please indicate which of the following statements describes your ASC's current accreditation status. Check ALL that apply.

□ My ASC is fully accredited (without provision or condition) by The Joint Commission (TJC) in the Ambulatory Care Accredited Program [www.jointcommission.org]
□ My ASC is fully accredited by Healthcare Facilities Accreditation Program (HFAP) of the Accreditation Association for Hospitals and Health Systems (AAHHS) as an Ambulatory Surgical Center. [www.hfap.org]
□ My ASC is fully accredited by the American Association for Accreditation of Ambulatory Surgery Facilities--Surgical (AAAASF). [www.aaaasf.org]
□ My ASC is fully accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) as an Ambulatory Surgery Center. [www.aaahc.org]
□ My ASC is fully accredited by the Institute for Medical Quality (IMQ) in the Ambulatory Accreditation Program. [www.imq.org]
□ My ASC is not fully accredited by any of the above organizations.

12. Please indicate which of the following statements describes your ASC's current advanced orthopedic certification status. Check ALL that apply.

□ My ASC has obtained the Accreditation Association for Ambulatory Health Care (AAAHC) Advanced Orthopaedic Certification. [www.aaahc.org]

□ My ASC has obtained The Joint Commission's (TJC) Advanced Certification for Total Hip and Total Knee Replacement. [www.jointcommission.org]

□ My ASC does not have an advanced orthopedic certification from either of the above organizations.

13. Does your ASC utilize written Patient Selection Criteria for total knee and total hip replacement procedures, developed by a multi-disciplinary team of physicians and staff that is specific to your site of service and to the types of patients that are accepted?

□ YES □ NO

14. Does your ASC have a written transfer agreement with a facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your total knee and total hip replacement patients?

□ YES □ NO
15. Enter your ASC’s 30-day, post-operative primary total knee and total hip replacement patient transfers from your ASC to a transfer facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your total knee and total hip replacement patients, for the time period of **01/01/2017 to 12/31/2017**.

**Note:** Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your facility does not have the requested data, enter ‘Not Applicable’ in the box.

Number of Patients Transferred (Numerator): (whole number)
Total Number of Primary Total Knee and Total Hip Replacement Patients (Denominator): (whole number)

**Patient Transfer Rate:** % (Automatic Calculation, round up to 2 decimal places, i.e., 96.02)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for transfer rates for post-operative primary total knee and total hip replacement patients.

**Discharge Destination**

16. What percentage of your program’s post-operative primary total knee and total hip replacement patients are discharged to “Home” or their normal living environment, reported for the time period of **01/01/2017 to 12/31/2017**?

**Note:** Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your facility does not have the requested data, enter ‘Not Applicable’ in the box.

Number of Patients who were discharged to “Home” or their normal living environment (Numerator): (numeric response, whole number)
Total Number of Primary Total Knee and Total Hip Replacement Patients (Denominator): (numeric response, whole number)

**Patients Discharged to “Home” Rate:** % (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for discharge destination.

**Primary Total Knee and Total Hip Replacement Patient Outcomes**

**Questions 17 – 19:** Please complete questions 17 and 18 for adult patients (18 years or greater) who have had a primary total knee or total hip replacement procedure at your ASC. Instructions in the table outline the outcome measure inclusion criteria to use in responding to this question.

The 'Total Number of Primary Total Knee and Total Hip Patients' reported Question 19 will be the **denominator** for calculating the patient outcomes in Questions 20 - 30. Include patients who had surgery during the time period of **01/01/2016 – 12/31/2017**.

**Note:** Only enter zero (0) if the reported patient volume is zero (0). If the ASC is unable to report the patient volume, choose ‘My ASC is unable to report requested data.’
<table>
<thead>
<tr>
<th>Q#</th>
<th>Number of Patients (Patients counted only once)</th>
<th>Outcome Measure Inclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Refer to Supplemental Instructions for Procedure Codes</td>
<td>Patient Population for Outcome Measurement:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Include patients regardless of whether or not they were a Blue Cross and/or Blue Shield member, if ALL of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Procedure was performed at your ASC;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Procedure has at least one of the applicable procedure codes from the Supplemental Instructions;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Procedures performed during the period from 01/01/2016 – 12/31/2017;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Patient was at least 18 years of age at time of procedure; AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Procedure was performed as elective admission and not considered a trauma case.</td>
</tr>
<tr>
<td>17</td>
<td>Primary Total Knee Replacement</td>
<td>(Whole Number) ○ My ASC is unable to report requested data</td>
</tr>
<tr>
<td>18</td>
<td>Primary Total Hip Replacement</td>
<td>(Whole Number) ○ My ASC is unable to report requested data</td>
</tr>
<tr>
<td>19</td>
<td>Total Number of Primary Total Knee and Total Hip Replacement Patients</td>
<td>(Automated Calculation Sum of 17 and 18; Whole Number, Denominator for Question 20 - 30)</td>
</tr>
<tr>
<td></td>
<td>(Sum of 17 – 18; Denominator for Questions 20 – 30)</td>
<td></td>
</tr>
</tbody>
</table>

Questions 20 – 30: For those **primary total knee and total hip replacement patients** reported in Question 19, please provide the following patient outcomes information. The rates will be calculated automatically, using the data reported in Question 19 as the denominator.

**Note:** Only enter zero (0) if the reported numerator is zero (0). If the ASC is unable to report the numerator, enter ‘Not Applicable’ in the box.

20. Of the Total Number of Patients reported in Question 19, report the number of patients who had a “Hospital Visit” (as defined below in this Question) within **7 days**, post primary total knee and total hip replacement.

Number of Patients with a Hospital Visit within **7 Days** post primary total knee and total hip replacement (Numerator): (Whole number)
Total Number Patients (Populated from Question 19 - Denominator): (Auto Populated from Question 19)
**7 Day Hospital Visit Rate** % (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for Hospital Visits within **7 days** post primary total knee and total hip replacement.
NOTE: See ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures, which assesses all-cause, unplanned hospital visits within seven days of an orthopedic procedure performed at an ASC (beginning with the CY 2022 payment determination). For purposes of this measure, “Hospital Visits” include emergency department visits, observation stays, and unplanned inpatient admissions.

21. Of the Total Number of Patients reported in Question 19, report the number of patients who experienced an Acute Myocardial Infarction (AMI) within 7 days, post primary total knee and total hip replacement.

Number of Patients who had an AMI within 7 days, post primary total knee and total hip replacement (Numerator): (Whole number)
Total Number Patients (Populated from Question 19 - Denominator): (Auto Populated from Question 19)
7 Day AMI Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for the number patients who had an AMI within 7 days, post primary total knee and total hip replacement.

22. Of the Total Number of Patients reported in Question 19, report the number of patients who experienced Pneumonia within 7 days, post primary total knee and total hip replacement.

Number of Patients who had Pneumonia within 7 days, post primary total knee and total hip replacement (Numerator): 
Total Number Patients (Populated from Question 19 - Denominator): (Auto Populated from Question 19)
7 Day Pneumonia Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for the number patients who had Pneumonia within 7 days, post primary total knee and total hip replacement.

23. Of the Total Number of Patients reported in Question 19, report the number of patients who experienced Sepsis/Septicemia/Septic Shock within 7 days, post primary total knee and total hip replacement.

Number of Patients who experienced Sepsis/Septicemia/Septic Shock within 7 days, post primary total knee and total hip replacement (Numerator): (Whole number)
Total Number Patients (Populated from Question 19 - Denominator): (Auto Populated from Question 19)
7 Day Sepsis/Septicemia/Septic Shock Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for the number patients who experienced Sepsis/Septicemia/Septic Shock within 7 days, post primary total knee and total hip replacement.
24. Of the Total Number of Patients reported in Question 19, report the number of patients who had an Unplanned Inpatient Admission within **30 days**, post primary total knee and total hip replacement.

Number of Patients who had a **30 Day** Unplanned Inpatient Admission, post primary total knee and total hip replacement (Numerator):  
(Whole number)

Total Number Patients (Populated from Question 19 - Denominator):  
(Auto Populated from Question 19)

**30 Day Unplanned Inpatient Admission Rate:**  
% (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘**Not Applicable**’ if ASC is unable to report the requested data for **30 day** Unplanned Inpatient Admissions, post primary total knee and total hip replacement.

25. Of the Total Number of Patients reported in Question 19, report the number of patients who experienced Surgical Site Bleeding related to the primary procedure within **30 days**, post primary total knee and total hip replacement.

Number of Patients with Surgical Site Bleeding within **30 Days**, post primary total knee and total hip replacement (Numerator):  
(Whole number)

Total Number Patients (Populated from Question 19 - Denominator):  
(Auto Populated from Question 19)

**30 Day Surgical Site Bleeding Rate:**  
% (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘**Not Applicable**’ if ASC is unable to report the requested data for **30 day** Surgical Site Bleeding, post primary total knee and total hip replacement.

26. Of the Total Number of Patients reported in Question 19, report the number of patients who experienced a Pulmonary Embolism within **30 days**, post primary total knee and total hip replacement.

Number of Patients with a Pulmonary Embolism within **30 Days**, post primary total knee and total hip replacement (Numerator):  
(Whole number)

Total Number Patients (Populated from Question 19 - Denominator):  
(Auto Populated from Question 19)

**30 Day Pulmonary Embolism Rate:**  
% (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘**Not Applicable**’ if ASC is unable to report the requested data for **30 day** Pulmonary Embolism, post primary total knee and total hip replacement.

27. Of the Total Number of Patients reported in Question 19, report your facility’s **30 day** Mortality Rate for post primary total knee and total hip replacement.

Number of Patients who died within **30 Days**, post primary total knee and total hip replacement (Numerator):  
(Whole number)

Total Number Patients (Populated from Question 19 - Denominator):  
(Auto Populated from Question 19)

**30 Day Mortality Rate:**  
% (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)
Enter ‘Not Applicable’ if ASC is unable to report the requested data for the 30 day Mortality Rate, post primary total knee and total hip replacement.

28. Of the Total Number of Patients reported in Question 19, report the number of patients who experienced a Re-operation related to the primary procedure within 30 days, post primary total knee and total hip replacement.

Number of Patients who had a Re-operation within 30 days, post primary total knee and total hip replacement (Numerator): (Whole number)
Total Number Patients (Populated from Question 19 - Denominator): (Auto Populated from Question 19)
30 Day Re-operation Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for the number of patients who had a re-operation within 30 days, post primary total knee and total hip replacement.

29. Of the Total Number of Patients reported in Question 19, report the number of patients who experienced a Mechanical Complication related to the primary procedure within 90 days, post primary total knee and total hip replacement.

Number of Patients who had a 90 Day Mechanical Complication, post primary total knee and total hip replacement (Numerator): (Whole number)
Total Number Patients (Populated from Question 19 - Denominator): (Auto Populated from Question 19)
90 Day Mechanical Complication Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for 90 day Mechanical Complications, post primary total knee and total hip replacement.

30. Of the Total Number of Patients reported in Question 19, report the number of patients who experienced a Wound Infection or Periprosthetic Joint Infection related to the primary procedure within 90 days, post primary total knee and total hip replacement.

Number of Patients who had a Wound Infection/Periprosthetic Joint Infection within 90 Days, post primary total knee and total hip replacement (Numerator): (Whole number)
Total Number Patients (Populated from Question 19 - Denominator): (Auto Populated from Question 19)
90 Day Wound Infection/Periprosthetic Joint Infection Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if ASC is unable to report the requested data for 90 day Wound Infections or Periprosthetic Joint Infections, post primary total knee and total hip replacement.
The Knee and Hip Replacement Program Information section should be completed by BOTH inpatient acute care hospitals (with or without an intensive care unit) and freestanding ambulatory surgery centers (ASC) that have a knee and hip replacement program.

Questions in this section that refer to “my,” “your,” “my facility’s” or “your facility’s program” all refer to your facility’s own knee and hip replacement program (not the Blue Distinction Centers for Knee and Hip Replacement program). Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.

Total Knee and Total Hip Replacement Procedure Volume

Questions 31 – 35: Please complete the Questions 31 through 34 for your facility’s knee and hip replacement program’s procedure volume. BD Portal will automatically calculate the Primary and Revision Total Knee and Total Hip Replacement Facility Procedure Volume, Question 35 (sum of 31 – 34). Instructions in the table outline the inclusion criteria to use in responding to these questions. Refer to the Supplemental Instructions for the procedure codes needed to complete the questions. This is a procedure volume (patients may be counted more than once) during the time period of 07/01/2017 – 06/30/2018.

Note: If your facility offers any of the procedures below, but did not perform them during the time period requested, enter zero (0) into the space provided. If your facility does not offer the procedure or is unable to report the data, choose ‘My facility is unable to report requested data.’

<table>
<thead>
<tr>
<th>Q#</th>
<th>Procedures</th>
<th>Facility Procedure Volume Inclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Patient Population for Procedure Volume:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Include cases regardless of whether or not the patient was a Blue Cross and/or Blue Shield member, if ALL of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Procedure was performed at your facility;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Procedure has at least one of the applicable procedure codes from the Supplemental Instructions;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Procedure was performed during the period from 07/01/2017 – 06/30/2018; AND</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Patient was at least 18 years of age at time of procedure.</td>
</tr>
<tr>
<td>31.</td>
<td>Primary Total Knee Replacement</td>
<td>(Whole number)</td>
</tr>
<tr>
<td>32.</td>
<td>Revision Knee Replacement</td>
<td>(Whole number)</td>
</tr>
<tr>
<td>33.</td>
<td>Primary Total Hip Replacement</td>
<td>(Whole number)</td>
</tr>
</tbody>
</table>
### Facility Procedure Volume Inclusion Criteria

**Patient Population for Procedure Volume:**

Include cases regardless of whether or not the patient was a Blue Cross and/or Blue Shield member, if ALL of the following criteria are met:

- Procedure was performed at your facility;
- Procedure has at least one of the applicable procedure codes from the Supplemental Instructions;
- Procedure was performed during the period from 07/01/2017 – 06/30/2018; AND
- Patient was at least 18 years of age at time of procedure.

### Questions

<table>
<thead>
<tr>
<th>Q#</th>
<th>Procedures</th>
<th>Facility Procedure Volume Inclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Revision Hip Replacement</td>
<td>(Whole number)</td>
</tr>
<tr>
<td>35</td>
<td>Primary and Revision Total Knee and Total Hip Replacements Facility Procedure Volume</td>
<td>(Automated Calculation - Sum of Questions 31 to 34); Whole number</td>
</tr>
</tbody>
</table>

### Shared Decision Making and Data Management

**Shared Decision Making**

- Shared Decision Making is an approach where clinicians and patients consistently discuss all reasonable treatment options, the benefits and harms of those options, and which benefits and harms matter most to the patient, in order to jointly make treatment decisions that are consistent with both the best medical evidence and the patient’s preferences.

- Patient-centered Shared Decision Making aids (e.g., booklet, video) are tools that help people become involved in decision making by providing information about the options and outcomes and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health care professional.

- One key to success lies in training physicians to help them understand how to facilitate the shared decision making process and to ensure that they appreciate the importance of respecting patient’s values, preferences, and expressed needs. 1, 2 It is also helpful to use a team approach to shared decision making so that the physician’s time is used appropriately.


### Question 36

36. Does your program routinely and systematically utilize a patient-centered Shared Decision Making process for patients undergoing total knee and total hip replacement procedures, including both: (1) an appropriate, high quality, and objective decision aid; AND (2) decision coaching?

[ ] YES  [ ] NO
37. Have your program staff who are responsible for Shared Decision Making received training in the implementation and facilitation of Shared Decision Making?

☐ YES  ☐ NO

38. Does your program systematically collect information in order to measure AND improve decision process or outcome quality, including soliciting feedback from patients on their decision making experience? (Note: This is different from standard physician communication questions.)

☐ YES  ☐ NO

Opioid abuse has become a national crisis. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal involvement.1 It has been reported that, every day, more than 115 Americans die after overdosing on opioids.2


39. Does your facility use a Shared Decision Making model or process addressing pain management that include patient expectations and non-opioid treatment options in your knee and hip replacement program?

☐ YES  ☐ NO

40. Indicate the actions your facility is taking to reduce opioid use for post-operative pain management in your knee and hip replacement program? (Check ALL that apply)

☐ Opioid-free post-operative pain management options
☐ Written protocols to reduce the use of opioids in post-operative pain management
☐ Written protocols to reduce opioid prescriptions upon discharge
☐ Steering Committee charged with reducing the use and prescribing of opioids
☐ Other, please specify:
☐ None of the above

41. What percentage of your facility’s post-operative primary total knee and total hip replacement patients are opioid free upon discharge, for those who had their surgery between 01/01/2017 – 12/31/2017?

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your facility does not have the requested data, enter ‘Not Applicable’ in the box.

Number of Post-Operative Primary Total Knee and Total Hip Replacement Patients Opioid Free Upon Discharge (numerator): (whole number)
Total Number of Post-Operative Primary Total Knee and Total Hip Replacement Patients (denominator): (whole number)
Patients Opioid Free Upon Discharge Rate: % (numeric response up to 2 decimal places, i.e., 96.02)
Enter ‘Not Applicable’ if facility is unable to report the percent of post-operative total knee and total hip replacement patients who are opioid free upon discharge.

42. To which of the following national or multi-center registries/databases does your program submit outcome data in order to track total knee and total hip replacement procedures? (Check ALL that apply)

- American Joint Replacement Registry (AJRR).
- California Joint Replacement Registry (CJRR)
- Function and Outcomes Research for Comparative Effectiveness in Total Joint Replacement (FORCE-TJR)
- Michigan Arthroplasty Registry Collaborative Quality Initiative (MARCQI)
- National Surgical Quality Improvement Program (NSQIP)
- Quality Advisor (formerly, Premier Clinical Advisor)
- Virginia Joint Registry
- Other, please specify:

☐ None of the above

**Total Knee and Total Hip Replacement Functional Assessment Outcomes**

43. Does your program routinely use a nationally recognized functional assessment tool to evaluate total knee and total hip replacement patients?

☐ My facility **does not** routinely use a nationally recognized functional assessment tool to evaluate total knee and total hip replacement patients. (Skip to Question 45)

☐ My facility **does** routinely use a nationally recognized functional assessment tool to evaluate total knee and total hip replacement patients. (Continue to Question 44)

44. If your program routinely uses a nationally recognized functional assessment tool to evaluate total knee and total hip replacement patients, pre-operatively, post-operatively, or both, which tool is used and for how long? (Check ALL that apply.)

<table>
<thead>
<tr>
<th>Functional Assessment Tools</th>
<th>Tool used Pre-Operative</th>
<th>Tool used Post-Operative</th>
<th>Tool used for Both Pre and Post-Operative</th>
<th>How long have you used this functional assessment tool? Report in number of months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris Hip Score (HHS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Survey Short Form-36</td>
<td></td>
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<tr>
<td>Hip Dysfunction and Osteoarthritis Outcome Score (HOOS)</td>
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<td></td>
<td></td>
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<tr>
<td>Hip Dysfunction and Osteoarthritis Outcome Score, Junior (HOOS, JR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health Survey Short Form-12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Injury and Osteoarthritis Outcome Score (KOOS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Assessment Tools</td>
<td>Tool used Pre-Operative</td>
<td>Tool used Post-Operative</td>
<td>Tool used for Both Pre and Post-Operative</td>
<td>How long have you used this functional assessment tool? Report in number of months.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>--------------------------</td>
<td>---------------------------</td>
<td>------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Knee Injury and Osteoarthritis Outcome Score, Junior (KOOS, JR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient-Reported Outcomes Measurement Information System (PROMIS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans RAND 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vizient (formerly, University HealthSystem Consortium [UHC])</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Ontario and McMaster Osteoarthritis Index (WOMAC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Distance Walked Unaided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stair-stepping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

45. Does your program routinely collect and report pre-operative and/or post-operative functional assessment patient outcomes for your total knee and total hip replacement patients?

☐ My facility does not routinely collect and report pre-operative or post-operative functional assessment patient outcomes for total knee and total hip replacement patients. **By checking this box, you will not have to answer the Functional Assessment Patient Outcomes Questions 46 – 52. (SKIP to END of SURVEY)**

☐ My facility does routinely collect and report functional assessment patient outcomes for total knee and total hip replacement patients. **(Continue to Question 46)**

Questions 46–48: Please complete Questions 46 and 47 for adult patients (18 years or greater) who have had a primary total knee or total hip replacement procedure at your facility. BD Portal will automatically calculate the Primary Total Knee and Total Hip Replacement Patient Volume, Question 48 (sum of 46 - 47). Instructions in the table outline the functional assessment patient inclusion criteria to use in responding to this Question.

The **Total Number of Patients** reported in the table below will be the **denominator** for calculating the functional outcomes, Questions 49-51. Include patients who had surgery during the time period of **01/01/2017 – 12/31/2017**.

**Note:** Only enter zero (0) if the reported patient volume is zero (0). If the facility is unable to report the patient volume, choose ‘My facility is unable to report requested data.’
<table>
<thead>
<tr>
<th>Q#</th>
<th>Functional Assessment Patient Inclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Population for Functional Assessment Measures:</td>
</tr>
<tr>
<td></td>
<td>Include patients regardless of whether or not they were a Blue Cross and/or Blue Shield member, if ALL of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>- Procedure was performed at your facility;</td>
</tr>
<tr>
<td></td>
<td>- Procedure has at least one of the applicable procedure codes from the Supplemental Instructions;</td>
</tr>
<tr>
<td></td>
<td>- Procedures performed during the period from 01/01/2017 – 12/31/2017;</td>
</tr>
<tr>
<td></td>
<td>- Patient was at least 18 years of age at time of procedure; AND</td>
</tr>
<tr>
<td></td>
<td>- Procedure was performed as elective admission and not considered a trauma case.</td>
</tr>
<tr>
<td>46.</td>
<td>Primary Total Knee Replacement</td>
</tr>
<tr>
<td></td>
<td>(Whole Number)</td>
</tr>
<tr>
<td>47.</td>
<td>Primary Total Hip Replacement</td>
</tr>
<tr>
<td></td>
<td>(Whole Number)</td>
</tr>
<tr>
<td>48.</td>
<td>Total Number of Primary Total Knee and Total Hip Replacement Patients</td>
</tr>
<tr>
<td></td>
<td>(Sum of Questions 46 – 47; Denominator for Questions 49 – 51)</td>
</tr>
<tr>
<td></td>
<td>(if BOTH radio buttons checked or has a total volume of zero (0) SKIP to END of Survey)</td>
</tr>
</tbody>
</table>

**Questions 49 – 52:** For those **primary total knee and total hip replacement patients** reported in Question 48, please provide the following functional assessment outcomes information. The rates will be calculated automatically, using the data reported in Question 48 as the denominator (with exception of Question 51).

**Note:** Only enter zero (0) if the reported numerator is zero (0). If the facility is unable to report the numerator, enter ‘Not Applicable’ in the box.

49. Of the Total Number of Patients reported in Question 48, report the number of patients who have undergone a **pre-operative** functional assessment.

Number of Patients who had a **pre-operative** functional assessment (numerator): (Whole Number)

Total Number of Primary Total Knee and Total Hip Replacement Patients (populated from Question 48 - denominator): (Auto populate from Question 48; Whole Number)

**Pre-Operative Functional Assessment Rate:** % (Automatic calculation; numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if facility is unable to report the requested data for **pre-operative** functional assessments.
50. Of the Total Number of Patients reported in Question 48, report the number of patients who have undergone a 6 month post-operative functional assessment.

Number of Patients who had a 6 month post-operative functional assessment (numerator): (Whole Number)

Total Number of Primary Total Knee and Total Hip Replacement Patients (populated from Question 48 - denominator): (Auto populate from Question 48; Whole Number)

6 month Post-Operative Functional Assessment Rate: % (Automatic calculation; numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if facility is unable to report the requested data for 6 month post-operative functional assessments.

51. Of the Total Number of Patients reported in Question 48, report the number of patients who have undergone BOTH a pre- and 6 month post-operative functional assessment.

Number of Patients who had BOTH a pre- and 6 month post-operative functional assessment (numerator): (Whole Number)

Total Number of Primary Total Knee and Total Hip Replacement Patients (populated from Question 48 - denominator): (Auto populate from Question 48; Whole Number)

Pre- and 6 month Post-Operative Functional Assessment Rate: % (Automatic calculation; numerical response, out 2 decimal places, i.e., 96.22)

Enter ‘Not Applicable’ if facility is unable to report the requested data for both pre- and 6 month post-operative functional assessments.

52. Of the number of patients who have undergone BOTH a pre- and 6 month post-operative functional assessment, reported in Question 51 (above), answer the following Questions:

What was the median pre-operative functional assessment score of the patients reported in Question 51: (numeric response; 2 decimal places)

What was the median 6 month post-operative functional assessment score of the patients reported in Question 51: (numeric response; 2 decimal places)

Enter ‘Not Applicable’ if facility is unable to report the requested data for both pre- and 6 month post-operative functional assessment scoring data.
PART 2: TEAM TABLE

In addition to Part 1: Provider Survey, facilities must also complete Part 2: Team Table via BD Portal to complete the application.

Please Select Provider Type:
- ☐ Ambulatory Surgery Center (ASC) (Complete Transfer Facility Table)
- ☐ Hospital with an Intensive Care Unit (ICU)
- ☐ Hospital without an Intensive Care Unit (ICU) (Complete Transfer Facility Table)

Transfer Facility Table

Transfer Facility Table should only be completed by Hospitals without an ICU and Ambulatory Surgery Centers.

Please complete the following table for each facility with which your site transfers total knee and total hip replacement patients, when in need for a higher level of care (that includes an ICU), with the appropriate resources. Refer to the NPPES NPI Registry to find the transfer facility’s National Provider Identifier (NPI) number.

<table>
<thead>
<tr>
<th>Transfer Facility Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Transfer Facility’s National Provider Identifier (NPI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>xxx</td>
<td>xxx</td>
<td>xxx</td>
<td>xxx</td>
<td>xxx</td>
<td>xxx</td>
</tr>
</tbody>
</table>

Surgeon Team Table

Please complete the Team Table for ALL Surgeons who have privileges AND are actively performing the applicable services at your facility.

- Exclude all Surgeons who are not currently practicing at your facility at the time of this application’s submission (i.e., retired, left employment).
- Exclude all Surgeons who do not perform who do not perform total knee or total hip replacement procedures.
- Exclude all locum tenant Surgeons.
- Exclude all Physician Assistants, Nurse Practitioners, and Medical/Surgical Residents in training.
- Exclude all Surgeons who do NOT treat or manage any adult patients (ages 18 and older) at your facility at the time of this application’s submission.

There are two options to provide the requested information:

Option 1 – Download an Excel template to enter Surgeon names and upload the template to automatically populate the Team Table

OR

Option 2 – Manually enter each Surgeon name one at a time using the form below.
Option 1 – Download and Upload Template

Step 1 - Click Download Template and open the file in Excel. Complete a row for each Surgeon. Save the completed Excel spreadsheet as a CSV file to your computer, as you will need to upload it into BD Portal in Step 2.
Step 2 - Browse your computer to locate the saved Excel CSV file.
Step 3 - Once you have located the saved Excel file on your computer, click the Upload Template button.
Note: Uploading a template will over-write existing information in the table below.

Option 2 – Manually Enter Using Form

Step 1 - Manually enter Surgeon information into the form below.

Step 2 - Click the Save button to update the Surgeon Team Table. Repeat as necessary until all Surgeons are added to the Team Table below.

Surgeon Team Table

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>TYPE 1 NATIONAL PROVIDER IDENTIFIER (NPI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
</tbody>
</table>
Terms & Conditions

A. ATTESTATION

Attestation for Provider Survey Participation
Blue Distinction® Centers for Specialty Care Program(s)

By submitting its response to this Provider Survey for consideration as a participant in this Blue Distinction Centers for Specialty Care® Program(s) (the “Program(s)”), and, if accepted by BCBSA, as a condition to any designation and participation in the Program(s), this provider (“Provider”) represents and agrees as follows:

1. All information that Provider provides in its response to BCBSA's Provider Survey for consideration as a participant in this Program(s) (including information provided in Provider's initial response, as well as any additional materials submitted throughout the evaluation and appeal process for this Provider Survey cycle) is and will be true and complete, as of the date Provider provides such information to BCBSA. Provider will advise BCBSA immediately of any material change in such information during this Provider Survey process, and if Provider is designated as a Blue Distinction Center under this Program(s), for the duration of such designation.

2. BCBSA may share 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 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 Provider by name, and will not contain any Protected Health Information (“PHI”), as defined under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C. F. R. Parts 160-164). Provider’s Raw Data and Scores will not be publicly disseminated beyond the extent permitted above without Provider's prior written consent, unless required by law (e.g., subpoena).

3. Neither Provider nor any entity in which Provider holds a controlling interest uses or intends to use in a logo any cross or shield design (or design that gives the commercial impression of a cross or shield) that contains the color blue (or that gives the commercial impression of the color blue), or any other name, mark, or design logo that is confusingly similar to or dilutes the BLUE CROSS or BLUE SHIELD word or design trademarks, or any other trademarks owned by BCBSA.

B. OPTIONAL – PUBLIC STATEMENT ON HOSPITAL BASED PHYSICIANS’ PPO STATUS

Available Only for Providers that are Hospitals, Ambulatory Surgery Centers, and Outpatient Clinics
(Not Applicable to Individual Physicians or Physician Groups)

These terms apply only if Provider has elected to opt-in to this optional public disclosure feature for this Program.
Provider, at its option, may elect to disclose that all Hospital Based Physicians who provide Related Services at that Provider participate in the Local Plan’s BlueCard PPO network (with terms as defined and described below). This feature is not a Program requirement. Provider’s decision on whether or not to participate in this feature will not impact its Designation status. If Provider consents to participate in this optional feature for the Program, then Provider represents and warrants voluntarily that, as of the Effective Date of this Agreement, all Hospital Based Physicians who provide Related Services at this Provider participate in the Local Plan’s BlueCard PPO network (with terms as defined and described below). With Provider’s consent, BCBSA and the Local Plan will convey and recognize this participating physician information through transparent public messaging in the National Doctor & Hospital Finder and other related materials. Provider will provide BCBSA and the Local Plan with at least thirty (30) days' prior written notice: (a) if any Hospital Based Physician who may provide Related Services will not participate in the Local Plan’s BlueCard PPO network, or (b) if any Hospital Based Physician who does participate in the Local Plan’s BlueCard PPO network does not renew its then current participation agreement at least thirty (30) days in advance of its expiration date; and promptly thereafter, BCBSA will remove this public statement from the National Doctor & Hospital Finder and other related materials. BCBSA will provide Provider with notice of opportunities that may arise thereafter to reinstate this public statement, in the event that all Hospital Based Physicians who provide Related Services at this Provider subsequently participate again in the Local Plan's BlueCard PPO network.

"Hospital Based Physicians" means all of the following physicians rendering services at this Provider:

- Radiologists;
- Anesthesiologists;
- Pathologists;
- Hospitalists; and
- Intensivists.

"Related Services" means all services provided by Hospital Based Physicians for adult patients (age 18 years and older) for all episodes of care covered by this Program (as defined at www.bcbs.com).

☐ PROVIDER attests that it has read, understands, and agrees with the terms set forth in the Attestation (Section A in the scroll down box, above) and represents and agrees that the statements therein are accurate.

☐ OPTIONAL – CHECK IF PROVIDER CONSENTS TO PARTICIPATE IN OPTIONAL PUBLIC STATEMENT FOR THIS BD PROGRAM. PROVIDER has read and understands the Optional Public Statement terms (Section B in the scroll down box, above) and hereby consents to participate in this optional feature for this Blue Distinction Program, pursuant to the terms set forth therein.

*Note: Contact BCBSA if this Provider desires to opt in later, or if this Provider opts in now but later needs to opt out of this feature.*

Provider verifies that it responded to the Attestation and Optional Public Statement items above, by and through its duly authorized officer identified below:

Enter Officer’s Name: ________________________________

Enter Officer’s Title: ________________________________

Date: __________