

## Blue Distinction® Centers for Cardiac Care 2022 Provider Survey

*Printed version of this document is for reference purposes only.*

*A completed Provider Survey will need to be submitted via the online web application BD Portal<sup>SM</sup>.*

*Paper copies of the Provider Survey will not be accepted.*

**Review the instructions below to complete the Provider Survey via online web application [BD Portal](#).**

### **BD Portal<sup>SM</sup> Instructions:**

- In the Survey Actions screen, under Survey, click on “**Check Out**” and then “**Take Survey**” to open the Provider Survey.
- To save your responses, click “**Save.**”
- If you need to edit the Provider Survey at a later time, click on “**Save and Exit.**” This will save your responses and exit the Provider Survey.
- You must also “**Release**” the Provider Survey on the Survey Actions screen, as applicable, if other contacts need to access the Provider Survey.
- Once the Provider Survey is complete and ready to be submitted, click “**Submit.**” Close the Survey window to bring you back to the Survey Actions screen.
- Each applicant facility must submit a complete electronic version of the Provider Survey in BD Portal for a complete submission.
- Please be sure that the status of your electronic application displays “**Submitted,**” which will confirm that the applicant facility has successfully submitted a complete Provider Survey. (You may need to refresh your browser for the status to update.)

### **Program Materials**

The following 2022 Cardiac Care materials are available to help applicant facilities gather the necessary information ahead of time, prior to completing the online application in BD Portal:

- *Provider Survey (PDF version)*
  - NOTE: Each applicant facility must submit an electronic version of the Provider Survey in BD Portal; paper responses will not be accepted.
- *Supplemental Instructions to Complete the 2022 Provider Survey* – available in BD Portal Library
- *Evaluation Components*

Additional program materials for the Blue Distinction Centers for Cardiac Care are available on [www.bcbs.com](http://www.bcbs.com).  
**(OPEN ALL hyperlinks in a separate window throughout document)**

### **Registry Participation and Data**

The 2022 Cardiac Care program will evaluate data from the following clinical registries:

- American College of Cardiology (ACC) National Cardiovascular Data Registry (NCDR®)
- Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD)

For the applicant facility to be evaluated, a data release consent form for the ACC NCDR CathPCI Registry® must be completed providing BCBSA access to their aggregate registry data. If the applicant facility also participates in the ACC NCDR Chest Pain – MI Registry™ and/or the collaborative STS/ACC TVT Registry, additional data release consent forms will need to be completed.

Access the Data Release Consent Form(s) at the following Links: ACC NCDR CathPCI, ACC NCDR Chest Pain – MI, and STS/ACC TVT. Copies of the Data Release Consent Forms may also be found in the Facility Community Library.

STS ACSD registry data will be collected as part of this Provider Survey

## PROVIDER SURVEY

Please complete all Provider Survey information pertaining to the applicant facility's current and active Cardiac Care program for **adults** (18 years and older). Please be sure that all Provider Survey responses are complete before submitting.

PROVIDER SURVEY TABS	QUESTION NUMBERS
<a href="#">Facility Information</a>	1 - 5
<a href="#">Cardiac Care Program Information</a>	6 - 15
<a href="#">Cardiothoracic Surgery Program Information – STS Harvest Report</a>	16 - 31
<a href="#">Cardiothoracic Surgery Program Information – Additional STS Harvest Report</a>	32 - 46
<a href="#">Team Table</a>	47
<a href="#">Terms &amp; Conditions</a>	n/a

## FACILITY INFORMATION

**Please note that the Blue Distinction Specialty Care designation is for individual facilities only, and does not designate hospital systems or groups. The data and information submitted in this Provider Survey should ONLY be for the individual applicant facility located at the address listed below. Each facility that provides percutaneous coronary interventions (PCI) and cardiac surgery (coronary artery bypass graft (CABG) and valve repair and replacements) services will need to complete its own Cardiac Care 2022 Provider Survey.**

APPLICANT FACILITY'S ADDRESS AND IDENTIFIERS WILL BE PRE-POPULATED IN THE ONLINE VERSION OF THIS PROVIDER SURVEY IN BD PORTAL.

APPLICANT FACILITY'S NAME:  
ADDRESS:  
CITY:  
STATE:  
ZIP:

If any of the applicant facility's information shown above is incorrect, **submit a Case in BD Portal** or contact your local Blue Cross and/or Blue Shield Plan directly to have the information corrected.

To **submit a Case in BD Portal** go to the **Case Management** tab → **New** → **Provider Case** - then enter the correct information in the **Description Box**.

To access your **Provider Record**, click on your facility's name on the 'Survey Actions' tab in BD Portal. 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. These Key Identifiers are **essential to data collection**, and when incorrect, can jeopardize the completeness and accuracy of eligibility results.

1. Populate the following information for the person responsible for completing and submitting this Provider Survey: **(Required Response)**

**Primary Contact**

Name:

Title:

Phone:

Email:

- 2. Populate the following information for the applicant 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. **(Required Response)**

**Legal Counsel/Representative Contact:**

Name:

Title:

Phone:

Email:

The Blue Distinction Centers for Cardiac Care designation is awarded to individual facilities (i.e., unique bricks-and-mortar facilities with unique addresses), only. Any applicant 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. **(Does not need to be part of extract – this is explanation for Questions 3 and 4) (This summary needs to be shown with the following Questions 3 and 4 – do not separate by pages when programming)**

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

YES  NO

If NO, please explain. **(OPTIONAL; Unlimited text box)** On claims submitted by the applicant facility to the local Blue Plan, please tell us which fields will allow this applicant’s location to be distinguished from other facilities’ locations (as well as other facilities within your health system).

- 4. On claims submitted by the applicant facility to the local Blue Plan, please tell us which fields will allow this applicant’s location to be distinguished from other facilities’ locations (as well as other facilities within your health system).

**Rationale:** Evaluation of Blue Plans’ healthcare claims data for Blue Distinction eligibility requires use of the same distinct provider identifiers that are present on submitted claims, in order for the corresponding claims data to match back to the applicant facility’s application. These identifiers must identify not just the overall provider system, but the individual distinct location that is completing this application.

**Check all that apply and, if desirable, provide additional guidance on the best method of distinguishing the applicant facility’s claims from others.** **(Required Response; must choose at least 1 one check boxes)**

- Federal Employer Identification Number (FEIN/ Tax ID)
- National Provider Identifier (NPI)
- CMS Certification Number (CCN)
- Distinct Provider Location Name on Claims
- Distinct Provider Location Address/ZIP Codes on Claims
- Specific sequence of Claim Control Numbers
- Plan Provider Number (Provider ID with Blue Plan)

- Locations within our health system cannot be distinguished on claims
- Do Not Know: We do not have insight into this information and cannot answer at this time. (If checked, cannot check any boxes above)

Additional guidance for distinguishing this location's claims: (OPTIONAL; Unlimited text box)

5. Indicate which of the following statements describes the applicant facility's current accreditation status. Accreditation status must be fully approved, without provision or condition. **Check ALL that apply.** (Required Response; must check at least 1 box; May check more than 1 box with the exception of last box)
- The Joint Commission (TJC) in the [Hospital Accredited Program](#).
  - Accreditation Commission for Health Care (ACHC) in the [Acute Care Hospital Accreditation](#).
  - DNV-GL Healthcare in the National Integrated Accreditation for Healthcare Organizations (NIAHO®) [Hospital Accreditation Program](#).
  - Center for Improvement in Healthcare Quality (CIHQ) in the [Hospital Accreditation Program](#).
  - Applicant facility is **not** fully accredited by any of the above organizations. (If checked, cannot check any boxes above)

## CARDIAC CARE PROGRAM INFORMATION

Questions in this section that refer to "my," "your," "my facility's" or "your facility's program" all refer to the applicant facility's own cardiac care program (not the Blue Distinction Centers for Cardiac Care program). Refer to the Supplemental Instructions to help complete the Cardiac Care Program Information section.

### Cardiac Program Structure

6. Is the applicant facility accredited or certified in at least one of the following. **Check ALL that apply.** ((Required Response; Must check at least 1 box; may check more than 1 box with the exception of the last box)
- The Joint Commission (TJC) and American Heart Association (AHA) Comprehensive Cardiac Care (CCC) Certification
  - The Joint Commission (TJC) and American Heart Association Acute Heart Attack Ready (AHAR) Certification
  - The Joint Commission (TJC) and American Heart Association (AHA) Primary Heart Attack Center (PHAC) Certification
  - American College of Cardiology (ACC) Chest Pain Center Accreditation alone, with Primary PCI, or with Primary PCI and Resuscitation
  - American College of Cardiology (ACC) Cardiac Cath Lab Accreditation alone, with PCI, or with/without External Review
  - American College of Cardiology (ACC) Electrophysiology Accreditation
  - American College of Cardiology (ACC) Heart Failure with or without Outpatient Services Accreditation
  - American College of Cardiology (ACC) Transcatheter Valve Certification™
  - American College of Cardiology (ACC) Atrial Fibrillation Accreditation
  - Applicant facility is **not** accredited or certified in any of the above programs. (If checked, cannot check boxes above)

### Cardiac Rehabilitation Program

7. Is the applicant facility's cardiac rehabilitation program (or the cardiac rehabilitation program your facility refers patients to) certified by the [American Association of Cardiovascular and Pulmonary Rehabilitation \(AACVPR\)](#)? (Required response)

YES  NO

8. Does the applicant facility's cardiac rehabilitation program (or the cardiac rehabilitation program your facility refers patients to) participate in the AACVPR Outpatient Cardiac Rehabilitation Registry to track patient outcomes? (Required response)

YES  NO

9. Does the applicant facility's cardiac rehabilitation program (or the cardiac rehabilitation program your facility refers patients to) include the following *Best Practices*? **Check ALL that apply.** (Required response; Must check at least 1 box; may check more than 1 box with the exception of the last box)

- Automatic or default referral of eligible patients to cardiac rehabilitation;
  - Cardiac Rehabilitation Liaison to assist in discharge, referrals, timely enrollment, and patient education;
  - Track cardiac rehabilitation enrollment;
  - Track cardiac rehabilitation participation;
  - Track cardiac rehabilitation enrollment and participation by demographics;
  - Patient satisfaction scores are collected by the cardiac rehabilitation center;
  - Accommodations made to increase cardiac rehabilitation referrals and participation in heart failure patients.
- Applicant facility's cardiac rehabilitation program **does not** follow any of the above *Best Practices*. (If checked, cannot check any boxes above)

### Enhanced Perioperative Recovery Protocols

10. Does the applicant facility utilize the Society for Enhanced Recovery After Cardiac Surgery (ERAS<sup>®</sup> Cardiac) protocols or similar enhanced perioperative recovery protocols for **cardiac surgery patients (CABG and valve procedures)**? Enhanced perioperative recovery protocols are patient-centered, multidisciplinary team developed protocols used by the surgical team before, during, and after a procedure. (Required response; can only check 1 box)

Choose the most appropriate response that reflects the applicant facility's cardiac surgery program:

- Facility currently utilizes ERAS<sup>®</sup> or similar enhanced perioperative protocols;
- Facility is in the process of creating ERAS<sup>®</sup> or similar enhanced perioperative protocols;
- Facility does not currently utilize nor is in the process of creating ERAS<sup>®</sup> or similar enhanced perioperative protocols

### Public Reporting

*In the next refresh cycle of the Blue Distinction Centers for Cardiac Care, it will be a required that applicant facilities participate in public reporting in the American College of Cardiology (ACC) National Cardiovascular Data Registry (NCDR<sup>®</sup>) CathPCI<sup>®</sup> and the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD).*

11. Does the applicant facility **currently** participate in the American College of Cardiology (ACC) [Public Reporting](#) for one or more of the following National Cardiovascular Data Registry (NCDR<sup>®</sup>)? **Check ALL that apply.** (Required response; May check more than 1 box with the exception of the last box)

- CathPCI Registry®
- Chest Pain – MI Registry™
- EP Device Implant Registry™
- None (If checked, cannot check any boxes above)

12. Does the applicant facility **currently** participate in the Society for Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD) [Public Reporting](#)? (Required response)

YES  NO

13. Does the applicant facility **currently** participate in the collaborative STS/ACC TVT Registry™ [Public Reporting](#)? (Required response)

YES  NO

### Reduction of Racial and Ethnic Disparities

14. Has the applicant facility established a system to accurately document self-identified race, ethnicity and primary language? (Required response)

YES  NO

15. Does the applicant facility routinely review, analyze, and report cardiac and cardiac surgery service line data by race and ethnicity? (Required response)

YES  NO

## CARDIOTHORACIC SURGERY PROGRAM INFORMATION – STS HARVEST REPORT

### Cardiothoracic Surgery Procedures (CABG and Valves)

16. Do all cardiothoracic surgeons with cardiac surgical privileges at the applicant facility participate in the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD) **AND** submit data on **ALL** Coronary Artery Bypass Graft (CABG), Aortic Valve Replacement (AVR), and/or Mitral Valve Repair/Replacement (MVRR) procedures performed at your facility? (Required response)

YES, Enter Participating Group Number: (numerical entry) (Complete Question 17)

NO  (Skip to Question 32)

17. Does the applicant facility have the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD) **MOST RECENT** Harvest Report that includes Star Ratings, e.g., 2021 Harvest 3 Report, includes procedure performed through June 30, 2021? (Required response)

Yes (Complete Questions 18 - 31)  No (Skip to Question 47)



**Questions 18 through 31** require data from the applicant facility’s Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD) **MOST RECENT** Harvest Report that includes Star Ratings, e.g., 2021 Harvest 3 Report, includes procedure performed through June 30, 2021.

The data can also be found on the facility’s STS Adult Cardiac Surgery Database dashboard using the ACSD Risk Adjusted Dashboard Report for the most recent reporting period.

**Note:** Only enter zero (0) if the reported metric unit (Numerator, Denominator and/or Result) is zero (0). If any of the reported metric units requested are blank, choose the box indicating the facility is unable to report results.

### Isolated Coronary Artery Bypass Graft (CABG) Procedures

18. Enter the total number of **Isolated** Coronary Artery Bypass Graft (CABG) procedures performed at the applicant facility for the **most recent 12 months**. (Required response)

Enter the total number of **Isolated CABG** procedures: (whole number from 0 – no limit; Zero is a valid response)

19. Enter the following quality measure information for **Isolated** Coronary Artery Bypass Graft (CABG) procedures using the **STS CABG Quality Rating and Quality Rating Details Report** sections of the applicant facility’s most recent Harvest Report. (Required response; if no data, then check box indicating the facility is unable to report; if box is checked then cannot enter data into that row)

CABG Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating “Star Rating” (Choose from the drop down)	STS CABG Quality Rating Details Report	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
Overall	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated		<input type="checkbox"/>
Absence of Mortality	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>
Absence of Morbidity	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>
Use of Internal Mammary Artery (IMA)	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>
Medications	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>

### Isolated Aortic Valve Replacement (AVR)

20. Check the box below that best describes the applicant facility’s status for **Isolated Aortic Valve Replacement (AVR)** procedures. (Required response; May only check 1 Box)

Applicant facility performs and has current Harvest Report data on AVR procedures (Continue with questions below)

- Applicant facility performs, but does not have current Harvest Report data on AVR procedures (Skip to question 23)
- Applicant facility does not perform AVR procedures (Skip to question 23)

21. Enter the total number of **Isolated** Aortic Valve Replacement (AVR) procedures performed at the applicant facility for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Isolated AVR** procedures: (whole number from 0 – no limit; Zero is a valid response)

22. Enter the following quality measure information for **Isolated** Aortic Valve Replacement (AVR) procedures using the **STS AVR Quality Rating and Quality Rating Details Report** sections of the applicant facility’s most recent Harvest Report. (If opened, required to be completed; if no have data, then check the box indicating they are unable to report; If they check the box, than unable to enter data into that row)

AVR Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating “Star Rating” (Choose from the drop down)	STS AVR Quality Rating Details Report	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
<b>Overall</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated		<input type="checkbox"/>
<b>Absence of Mortality</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>
<b>Absence of Morbidity</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>

**Mitral Valve Replacement/Repair (MVRR) Procedures**

23. Check the box below that best describes the applicant facility’s status for **Isolated Mitral Valve Replacement/Repair (MVRR)** procedures. (Required Response; May only check 1 Box)

- Applicant facility performs and has current Harvest Report data on MVRR procedures (Continue with questions below)
- Applicant facility performs, but does not have current Harvest Report data on MVRR procedures (Skip to question 26)
- Applicant facility does not perform MVRR procedures (Skip to question 26)

24. Enter the total number of **Isolated** Mitral Valve Replacement/Repair (MVRR) procedures performed at the applicant facility for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Isolated MVRR** procedures: (whole number from 0 – no limit; Zero is a valid response)



25. Enter the following quality measure information for Mitral Valve Replacement/Repair (MVRR) procedures using the **STS MVRR Quality Rating and Quality Rating Details Reports** sections of the applicant facility's most recent Harvest Report. (If opened, required to be completed; if no have data, then check the box indicating they are unable to report; If they check the box, than unable to enter data into that row)

MVRR Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating "Star Rating" (Choose from the drop down)	STS MVRR Quality Rating Details Report	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
Overall	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated		<input type="checkbox"/>
Absence of Mortality	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>
Absence of Morbidity	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>

**Combined Aortic Valve Replacement (AVR) and Coronary Artery Bypass Graft (CABG) Procedures**

26. Check the box below that best describes the applicant facility's status for **Combined Aortic Valve Replacement (AVR) and Coronary Artery Bypass Graft (CABG)** procedures. (Required response; May only check 1 Box)

- Applicant facility performs and has current Harvest Report data on combined AVR + CABG procedures (Continue with questions below)
- Applicant facility performs, but does not have current Harvest Report data on combined AVR + CABG procedures (Skip to question 29)
- Applicant facility does not perform combined AVR + CABG procedures (Skip to question 29)

27. Enter the total number of **Combined** Aortic Valve Replacement (AVR) and Coronary Artery Bypass Graft (CABG) procedures performed for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Combined AVR + CABG** procedures: (whole number from 0 – no limit; Zero is a valid response).

28. Enter the following quality measure information for **Combined** Aortic Valve Replacement (AVR) and Coronary Artery Bypass Graft (CABG) procedures using the **STS AVR+CABG Quality Rating and Quality Rating Details Reports** sections of the facility's most recent Harvest Report. (If opened, required to be completed; if no have data, then check the box indicating they are unable to report; If they check the box, than unable to enter data into that row)

AVR + CABG	Participant Score	Participant Score (Confidence Interval)	Participant Rating	STS AVR + CABG	
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Combined Domains				“Star Rating” (Choose from the drop down)	Quality Rating Details Report	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
Overall	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated		<input type="checkbox"/>
<b>Absence of Mortality</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>
<b>Absence of Morbidity</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>

### Combined Mitral Valve Replacement/Repair (MVRR) and Coronary Artery Bypass Graft (CABG) Procedures

29. Check the box below that best describes the applicant facility’s status for **Isolated Mitral Valve Replacement/Repair (MVRR) and Coronary Artery Bypass Graft (CABG)** procedures. (Required response; May only check 1 Box)

- Applicant facility performs and has current Harvest Report data on combined MVRR + CABG procedures (Continue with question below)
- Applicant facility performs, but does not have current Harvest Report data on combined MVRR + CABG procedures (Skip to question 32)
- Applicant facility does not perform combined MVRR + CABG procedures (Skip to question 32)

30. Enter the total number of **Combined** Mitral Valve Replacement/Repair (MVRR) and Coronary Artery Bypass Graft (CABG) procedures performed for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Combined MVRR + CABG** procedures: (whole number from 0 – no limit; Zero is a valid response)

31. Enter the following quality measure detailed information for **Combined** Mitral Valve Repair/Replacement (MVRR) and Coronary Artery Bypass Graft (CABG) procedures using the **STS MVRR+CABG Quality Rating and Quality Rating Details Reports** sections of the facility’s most recent Harvest Report. (If opened, required to be completed; if no have data, then check the box indicating they are unable to report; If they check the box, than unable to enter data into that row)

MVRR + CABG Combined Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating "Star Rating" (Choose from the drop down)	STS MVRR + CABG Quality Rating Details Report	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
Overall	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated		<input type="checkbox"/>
Absence of <u>Mortality</u>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>
Absence of <u>Morbidity</u>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>

## CARDIOTHORACIC SURGERY PROGRAM INFORMATION – ADDITIONAL STS HARVEST REPORT

### Cardiothoracic Surgery Procedures (CABG and Valves) – ADDITIONAL STS HARVEST REPORT

32. Does the applicant facility have more than one Cardiothoracic Surgery Group that has a **separate "Participating Surgeon Group Number" and has a separate Harvest Report** from the information provided above in Questions 18 through 31? **(Required Response)**

YES, Enter Participating Group Number: (numerical entry) **(Complete Questions below)**

NO  **(Skip to Question 47)**

**Note:** Cardiovascular Surgeons practicing at the applicant facility may have more than one "Participating Group Number," in which the cardiovascular surgeon groups report separately and therefore receive separate STS Harvest Reports. This is **not** common.

If the applicant facility's cardiovascular surgeon groups do report separately and have more than one "Participating Group Number" and Harvest Report, then check "Yes" for Question 32 regarding this separate Harvest Report, which is different from the report used to complete the previous section (Questions 19 through 31).

**Questions 33 through 46** require data from the applicant facility's **ADDITIONAL** Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD) **MOST RECENT** Harvest Report that includes Star Ratings, e.g., 2021 Harvest 3 Report, includes procedure performed through June 30, 2021.

The data can also be found on the facility's STS Adult Cardiac Surgery Database dashboard using the ACSD Risk Adjusted Dashboard Report for the most recent reporting period.

Questions 33 through 46 should be completed by the applicant facility's additional or second Harvest Report and should not contain the same information used above in questions 18 through 31.

**Note:** Only enter zero (0) if the reported metric unit (Numerator, Denominator and/or Result) is zero (0). If any of the reported metric units requested are blank, choose the box indicating the facility is unable to report results.

### Isolated Coronary Artery Bypass Graft (CABG) Procedures

33. Enter the total number of **Isolated** Coronary Artery Bypass Graft (CABG) procedures performed for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Isolated CABG** procedures: (whole number from 0 – no limit; Zero is a valid response)

34. Enter the following quality measure information for **Isolated** Coronary Artery Bypass Graft (CABG) procedures using the **STS CABG Quality Rating and Quality Rating Details Report** sections of the applicant facility’s most recent Harvest Report. (If opened, required response; if no data, then check box indicating the facility is unable to report; if box is checked then cannot enter data into that row)

CABG Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating “Star Rating” (Choose from the drop down)	STS CABG Quality Rating Details Report	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
Overall	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated		<input type="checkbox"/>
<b>Absence of Mortality</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>
<b>Absence of Morbidity</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>
<b>Use of Internal Mammary Artery (IMA)</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>
<b>Medications</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>

### Isolated Aortic Valve Replacement (AVR)

35. Check the box below that best describes the applicant facility’s status for **Isolated Aortic Valve Replacement (AVR)** procedures. (If opened, required response; May only check 1 Box)

- Applicant facility performs and has current Harvest Report data on AVR procedures (Continue with questions below)
- Applicant facility performs, but does not have current Harvest Report data on AVR procedures (Skip to question 38)
- Applicant facility does not perform AVR procedures (Skip to question 38)

36. Enter the total number of **Isolated** Aortic Valve Replacement (AVR) procedures performed for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Isolated AVR** procedures: (whole number from 0 – no limit; Zero is a valid response)

37. Enter the following quality measure information for **Isolated** Aortic Valve Replacement (AVR) procedures using the **STS AVR Quality Rating and Quality Rating Details Report** sections of the applicant facility's most recent Harvest Report. (If opened, required to be completed; if no have data, then check the box indicating they are unable to report; If they check the box, than unable to enter data into that row)

AVR Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating "Star Rating" (Choose from the drop down)	STS AVR Quality Rating Details Report	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
Overall	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated		<input type="checkbox"/>
<b>Absence of Mortality</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>
<b>Absence of Morbidity</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>

### Mitral Valve Replacement/Repair (MVRR) Procedures

38. Check the box below that best describes the applicant facility's status for **Isolated Mitral Valve Replacement/Repair (MVRR)** procedures. (If opened, required response; May only check 1 Box)

- Applicant facility performs and has current Harvest Report data on MVRR procedures (Continue with questions below)
- Applicant facility performs, but does not have current Harvest Report data on MVRR procedures (Skip to question 41)
- Applicant facility does not perform MVRR procedures (Skip to question 41)

39. Enter the total number of **Isolated** Mitral Valve Replacement/Repair (MVRR) procedures performed for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Isolated MVRR** procedures: (whole number from 0 – no limit; Zero is a valid response)

40. Enter the following quality measure information for Mitral Valve Replacement/Repair (MVRR) procedures using the **STS MVRR Quality Rating and Quality Rating Domain Details** sections of the applicant facility's most recent Harvest Report. (If opened, required to be completed; if no have data, then check the box indicating they are unable to report; If they check the box, than unable to enter data into that row)

MVRR Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating "Star Rating" (Choose from the drop down)	STS MVRR Quality Rating Details Report	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
Overall	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated		<input type="checkbox"/>
Absence of <u>Mortality</u>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>
Absence of <u>Morbidity</u>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>

### Combined Aortic Valve Replacement (AVR) and Coronary Artery Bypass Graft (CABG) Procedures

41. Check the box below that best describes the applicant facility's status for **Combined Aortic Valve Replacement (AVR) and Coronary Artery Bypass Graft (CABG)** procedures. (If opened, required response; May only check 1 Box)

- Applicant facility performs and has current Harvest Report data on combined AVR + CABG procedures (Continue with questions below)
- Applicant facility performs, but does not have current Harvest Report data on combined AVR + CABG procedures (Skip to question 44)
- Applicant facility does not perform combined AVR + CABG procedures (Skip to question 44)

42. Enter the total number of **Combined** Aortic Valve Replacement (AVR) and Coronary Artery Bypass Graft (CABG) procedures performed for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Combined AVR + CABG** procedures: (whole number from 0 – no limit; Zero is a valid response).

43. Enter the following quality measure information for **Combined** Aortic Valve Replacement (AVR) and Coronary Artery Bypass Graft (CABG) procedures using the **STS AVR+CABG Quality Rating and Quality Rating Details Reports** sections of the facility's most recent Harvest Report. (If opened, required to be completed; if no have data, then check the box indicating they are unable to report; If they check the box, than unable to enter data into that row)

AVR + CABG Combined Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating "Star Rating" (Choose from the drop down)	STS AVR + CABG Quality Rating Details Reports	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
Overall	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated		<input type="checkbox"/>
<u>Absence of Mortality</u>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>
<u>Absence of Morbidity</u>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2, 3, or Not Rated	Whole Number	<input type="checkbox"/>

### Combined Mitral Valve Replacement/Repair (MVRR) and Coronary Artery Bypass Graft (CABG) Procedures

44. Check the box below that best describes the applicant facility's status for **Isolated Mitral Valve Replacement/Repair (MVRR) and Coronary Artery Bypass Graft (CABG)** procedures. (If opened, required response; May only check 1 Box)

- Applicant facility performs and has current Harvest Report data on combined MVRR + CABG procedures (Continue with question below)
- Applicant facility performs, but does not have current Harvest Report data on combined MVRR + CABG procedures (Skip to question 47)
- Applicant facility does not perform combined MVRR + CABG procedures (Skip to question 47)

45. Enter the total number of **Combined** Mitral Valve Replacement/Repair (MVRR) and Coronary Artery Bypass Graft (CABG) procedures performed for the **most recent 12 months**. (If opened, required response)

Enter the total number of **Combined MVRR + CABG** procedures: (whole number from 0 – no limit; Zero is a valid response)

46. Enter the following quality measure detailed information for **Combined** Mitral Valve Repair/Replacement (MVRR) and Coronary Artery Bypass Graft (CABG) procedures using the **STS MVRR+CABG Quality Rating and Quality Rating Details Reports** sections of the facility's most recent Harvest Report. (If opened, required to be completed; if no have data, then check the box indicating they are unable to report; If they check the box, than unable to enter data into that row



MVRR + CABG Quality Domains	Participant Score	Participant Score (Confidence Interval)		Participant Rating "Star Rating" (Choose from the drop down)	STS MVRR + CABG Quality Rating Details Reports	Facility is unable to report results for this measure/ timeframe
		Lower Confidence Limit (LCL)	Upper Confidence Limit (UCL)		# Eligible Procedures	
<b>Overall</b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated		<input type="checkbox"/>
<b>Absence of <u>Mortality</u></b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>
<b>Absence of <u>Morbidity</u></b>	0-100 with 1 decimal place	0-100 with 1 decimal place	0-100 with 1 decimal place	Drop Down Box: 1, 2 or 3; Not Rated	Whole Number	<input type="checkbox"/>

## TEAM TABLE

This section should be completed by all applicant facilities that have a cardiac care program. Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.

### Team Table

47. Please complete the Team Table for **ALL** Physicians and Surgeons who have privileges **AND** are actively performing the applicable services at your facility. (Required response)

#### Exclusions:

- Exclude all Physicians and Surgeons who are not currently practicing at your facility at the time of this application's submission (i.e., retired, left employment).
- Exclude all Physicians who do not perform Percutaneous Coronary Intervention (PCI) procedures.
- Exclude all Surgeons who do not perform Coronary Artery Bypass Graft (CABG) or valve replacement and repair procedures.
- Exclude all locum tenens Physician and Surgeons.
- Exclude all Physician Assistants, Nurse Practitioners, and Medical/Surgical Residents in training.
- Exclude all Physicians and Surgeons who do NOT treat or manage adult patients (ages 18 and older) at your facility at the time of this application's submission.

Choose one of the following two ways to complete the Team Table:

#### 1) Instructions for Manual Completion of Team Table:

- Enter the Physician or Surgeon's first and last name.
- Enter the Physician or Surgeon's National Provider Identifier (NPI) number. Refer to the [NPPES NPI Registry](#) to find the NPI.
- **Board Certification:**
  - Enter "Yes" if the Physician or Surgeon is Board Certified (or in process of obtaining board certification) in at least one of the following: Cardiovascular Disease, Interventional Cardiology, Adult Congenital Heart Disease, Advanced Heart Failure & Transplant Cardiology, Thoracic Surgery (Thoracic & Cardiac Surgery); and/or Congenital Cardiac Surgery.
  - Enter "No" if the Physician or Surgeon is not Board Certified in at least one of the cardiac specific certification listed above.

#### 2) Instructions for Import/Export Function of Completing Team Table:

- Click **Export** to generate .csv file with appropriate column headers.
- Complete information for all fields in all columns, making sure each NPI number is unique.
- Save updated .csv file on your desktop.
- Click **Import** and select saved .csv file. This will update data in table with information from file.

### Team Table

FIRST NAME	LAST NAME	TYPE 1 NATIONAL PROVIDER IDENTIFIER (NPI)	BOARD CERTIFICATION ENTER YES OR NO
xxx	xxx	xxx	Yes or No

## TERMS AND CONDITIONS

### Terms & Conditions

#### A. ATTESTATION

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

By submitting its response to this Provider Survey for consideration as a participant in this Blue Distinction Specialty Care Program (the "Program"), and, if accepted by BCBSA, as a condition to any designation and participation in the Program, this applicant facility ("Facility") represents and agrees as follows:

1. All information that Facility provides in its response to BCBSA's Provider Survey for consideration as a participant in this Program (including information provided in Facility'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 Facility provides such information to BCBSA. Facility will advise BCBSA immediately of any material change in such information during this Facility Survey process, and if Provider is designated as a Blue Distinction Center under this Program, for the duration of such designation.
  2. BCBSA may share 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 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 Facility 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). Facility's Raw Data and Scores will not be publicly disseminated beyond the extent permitted above without Facility's prior written consent, unless required by law (e.g., subpoena).
- 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.

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

**Available Only for Providers that are Hospitals** (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.***

##### **Optional Public Statement: BlueCard® PPO Network Participation Status of Hospital Based Physicians**

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](http://www.bcbs.com)).

- 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: \_\_\_\_\_