

Blue Distinction Centers for Transplants® Program Selection Criteria

Blue Distinction Centers® are part of a national designation program that recognizes hospitals that demonstrate expertise in delivering quality specialty care, safely and effectively. Building on this foundation of recognizing quality specialty care, we are expanding the program to add another level of designation, Blue Distinction Centers+. To earn the Blue Distinction Centers+ designation, hospitals must meet the same quality criteria as Blue Distinction Centers, and go an extra step to demonstrate that they do so cost efficiently. Quality is key: only those facilities that first meet Blue Distinction Centers' nationally established, objective quality measures will be considered for designation as a Blue Distinction Center+. Blue Distinction Centers' goal is to help consumers find both quality and value for their specialty care needs, on a consistent basis, while encouraging healthcare professionals to improve the overall quality and delivery of care nationwide. The basics of each designation are as follows:

- **Blue Distinction Centers:** Meets quality-focused criteria that emphasize patient safety and outcomes.
- **Blue Distinction Centers+:** Meets the same quality-focused criteria that emphasize patient safety and outcomes, as well as cost of care measures.

Guiding principles for the selection process were developed balancing a set of quality, cost and access considerations, to provide consumers with meaningful differentiation in value for those specialty care facilities that are designated as Blue Distinction Centers (BDC) and Blue Distinction Centers+ (BDC+), including:

QUALITY

- Establish a nationally consistent and continually evolving approach to evaluating quality and safety, by incorporating quality measures with meaningful impact, including delivery system features and specific quality outcomes to which all can aspire.

COST

- Establish a nationally consistent, equitable, and objective approach for selecting Blue Distinction Centers to address market and consumer demand for cost savings and affordable healthcare.

ACCESS

- Consider consumer access to Blue Distinction Centers, while achieving the program's overall goal of providing differentiated performance on quality and cost of care.

Objective data from multiple sources — a Provider Survey, public data from transplant registries or clinical databases, and certain healthcare claims data — were used to evaluate and identify facilities that met each designation program's Selection Criteria. To be eligible for the BDC or BDC+ designation, a facility must meet the minimum thresholds for that specialty area, defined by the following evaluation components:

BLUE DISTINCTION CENTERS

- **Quality Decision** – based on information provided by a facility in the Provider Survey and public data available from the [Scientific Registry of Transplant Recipients \(SRTR\)](#), [Organ Procurement and Transplantation Network \(OPTN\)](#), and the [report for Patient Survival of Allogeneic Bone Marrow/Stem Cell Transplant](#).
- **Business Decision** – based on information provided by the local Blue Plan, for facilities within its Service Area, on:
 - Facility and Physician Specialist/Surgeon Participation Status, in the local Blue Plan’s BlueCard PPO Network.
 - Local Blue Plan Criteria, if applicable.

BLUE DISTINCTION CENTERS+

- **Quality Decision** – same evaluation and minimum thresholds as applicable for BDC designation.
- **Business Decision** – based on information provided by the local Blue Plan, for facilities within its Service Area, on:
 - Facility and Physician Specialist/Surgeon Participation Status, in the local Blue Plan’s BlueCard PPO Network.
 - Local Blue Plan Criteria, if applicable.
- **Cost of Care Decision** – based on Blue Plan healthcare claims data.

The following information provides a detailed explanation of methodologies and program selection criteria used in the evaluation process.

Quality Selection Criteria

Blue Distinction Centers for Specialty Care programs seek to establish a nationally consistent and continually evolving approach to evaluating quality and safety, using the following design goals:

- **Identify** eligible providers with meaningfully differentiated outcomes.
- **Enhance** transparency and ease of explaining program selection methods.
- **Align** with credible nationally established measures, where appropriate and feasible.
- **Emphasize** outcome measures based on statistically meaningful differences.
- **Decrease** emphasis on structure and process measures, where appropriate.

Facilities were evaluated on quality metrics developed with input from the medical community, through a process that included:

- A review of the medical literature.
- Input from expert panels and medical organizations.
- A review of national quality and safety initiatives.
- A thorough analysis of past Provider Survey information.
- Input from quality measurement experts.

Each transplant designation type includes metrics in the following domains:

- Facility Accreditation.
- Transplant Program Guidelines and Accreditation established by National Organizations (where applicable).
- Transplant Volume.
- Transplant Outcomes.

Metrics for the quality evaluation methodology were established, through an empirical analysis of applicant responses to the Provider Survey, as well as publically available measurement data from the following sources:

- [Scientific Registry for Transplant Recipients \(SRTR\)](#)
- [Organ Procurement and Transplantation Network \(OPTN\)](#)
- [Report for Patient Survival](#)

FACILITY & TRANSPLANT PROGRAM ACCREDITATIONS, CERTIFICATIONS, AND GUIDELINES

Accreditation, certification, and guideline results are obtained from responses to the Provider Survey.

The following requirements are part of the Selection Criteria:

The facility must be fully accredited by at least one of the following national accreditation organizations (or local equivalent, where applicable):

- The Joint Commission (TJC) (without provision or condition).
- Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA).
- National Integrated Accreditation Program (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC).

Solid organ transplant programs must also:

- Meet United Network for Organ Sharing (UNOS) guidelines (as outlined in UNOS policy and by-laws) and be currently in good standing (has unrestricted membership privileges as a UNOS transplant hospital member; and is not on "Probation" or a "Member Not in Good Standing").
- Where applicable, have the transplant specific Centers for Medicare and Medicaid Services (CMS) certification and be currently in good standing.

Bone marrow/stem cell transplant programs must also:

- Be accredited by Foundation for the Accreditation of Cellular Therapy (FACT) for both autologous and allogeneic bone marrow/ stem cell transplant (BMT) programs.

TRANSPLANT VOLUME

Minimum transplant volume requirements were established with consideration of CMS requirements, expert opinion, previous BDCT program volume requirements, and empirical analysis of the relationship between volume and outcomes.

The following requirements are part of the Selection Criteria:

Solid organ transplant programs must meet both of the following requirements to be eligible for consideration¹:

- Meet or exceed three year average volume minimum threshold; and
- Meet or exceed volume minimum threshold during the most recent full calendar year (2012) preceding the Provider Survey process.

| Designation Type | 3 Year Average Volume Minimum Threshold | Most Recent Year Volume Minimum Threshold |
|---|---|---|
| Adult Heart Transplant | 10 | 8 |
| Adult Lung Transplant | 10 | 8 |
| Adult Liver Transplant (Deceased Donor) | 10 | 8 |
| Adult Liver Transplant (Living Donor) | 3 | 1 |
| Adult Pancreas Transplant | 8 | 5 |
| Pediatric Heart Transplant | 3 | 1 |
| Pediatric Liver Transplant | 8 | 5 |

Bone marrow/stem cell programs:

- Must meet or exceed the volume minimum threshold for allogeneic bone marrow/stem cell transplants for the most recent full calendar year (2012) preceding the Provider Survey process².

| Designation Type | Most Recent Year Volume Minimum Threshold |
|---|---|
| Adult Bone Marrow/Stem Cell Transplants | 24 |
| Pediatric Bone Marrow/Stem Cell Transplants | 8 |

TRANSPLANT OUTCOMES

Transplant outcomes are obtained from publically reported transplant registries or clinical databases. Outcome thresholds are established to align with transplant registry analysis, comparing observed transplant center outcomes to the expected outcomes based on the center's risk adjusted case mix. Minimum thresholds for transplant outcomes are set to disqualify providers that are performing statistically worse than their expected performance range.

¹ Solid organ transplant volume results are obtained from publically reported data on OPTN website, <http://optn.transplant.hrsa.gov>
Three year average is calculated and rounded up to the next whole number.

² Bone marrow/stem cell allogeneic transplant case volume results are obtained from the Provider Survey.

The following requirements are part of the Selection Criteria:

For solid organ transplant programs³:

- The 1 month, 1 year, and 3 year patient survival metrics, based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00.
- The 1 month, 1 year, and 3 year graft survival metrics, based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00.
- SRTR eliminated the publicly reported solid organ 1 month, 1 year, and 3 year patient survival metrics, based on the risk adjusted comparison which were reported as: **Statistically Higher** (Higher than Expected), **Not Significantly Different** (As Expected), and **Statistically Lower** (Lower Than Expected) beginning with the SRTR's January 2015 reports. This SRTR data had been used in the original 2013 Provider Survey evaluation for the solid organ programs. Subsequent evaluation for the solid organ programs, on and after January 2015, will now include the publicly available Hazard Ratio 95% lower credible limit metrics reported for 1 month, 1 year, and 3 year patient and graft survivals.
- SRTR eliminated the publicly reported pancreas 1 month, 1 year, and 3 year graft survival metrics, beginning with SRTR's January 2014 report. SRTR data had been used in the original 2013 Provider Survey evaluation for the adult pancreas transplant program. Subsequent evaluation for this program, on and after January 2014, will now include publicly available patient survival metrics for all pancreas procedures combined, (including applicable SRTR pancreas graft survival reports, which are anticipated to be available again from SRTR).

For bone marrow/stem cell transplant programs⁴:

- The 1 year allogeneic transplant patient survival, based on the risk adjusted comparison, is reported as either **Similar to** (As Expected) or **Above the Expected Range** for the most recent timeframe available.

QUALITY DETERMINATION

To complete the quality evaluation successfully, a facility must meet all Selection Criteria specific to the transplant type. If a facility failed to provide a response or data was not available from the publically available measurement data for a specific metric, the Selection Criterion was considered unmet and the facility did not receive credit for that metric as summarized in [Table 1](#).

Business Selection Criteria

To be considered eligible for designation, the facility must meet all Business Selection Criteria.

- **Facility Participation**

All facilities are required to be participating providers in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network.

- **Provider Participation (Physician Specialists and Surgeons)**

All Physician Specialists and Surgeons whom the facility identified on its Provider Survey response as those who perform or manage transplants and transplant-related procedures at that facility are required to be participating providers in the local Blue Plan's BlueCard PPO Network.

- **Local Blue Plan Criteria, if applicable**

An individual Blue Plan, at its own independent discretion, may establish and apply local business requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers program, for

³ Survival outcome results are obtained from the SRTR website <http://www.srtr.org>.

⁴ Survival outcome results are obtained from the report <http://bethematch.org/For-Patients-and-Families/Getting-a-transplant/Choosing-a-transplant-center/U-S--transplant-centers/>

facilities located within its Service Area.

Cost of Care Selection Criteria

The process of incorporating Selection Criteria for cost of care measures was designed to address market and consumer demand for cost savings and affordable healthcare, by establishing a consistent, equitable, and objective approach for identifying Blue Distinction Centers+. Quality is key: only those facilities that first meet Blue Distinction Centers' nationally established, objective quality measures will be considered for designation as a Blue Distinction Center+.

Adult Heart, Adult Lung, Adult Liver, Adult Bone Marrow Transplant (BMT), and Pediatric BMT transplant programs were included in the evaluation. Cost of care was not evaluated for Adult Pancreas, Pediatric Heart, and Pediatric Liver transplant programs, due to insufficient availability of data nationally; accordingly, only BDC (and not BDC+) will be offered for these three transplant types. A single quality evaluation, with separate cost of care evaluations were completed for facilities located in multiple Blue Plans' overlapping service areas.

Evaluations were based on Blue Plan data and facility contracts. Evaluations included professional and in-network facility costs for actively enrolled Blue Cross Blue Shield members. National thresholds were established based on the distribution of data across all facilities for each transplant type.

Due to the proprietary nature of contracting terms, evaluation metrics and national thresholds are not released publically. Applicant facilities may contact the local Blue Plan in order to further discuss their transplant cost of care evaluation results. Remember, to be eligible for designation as a Blue Distinction Center+, a facility must ultimately satisfy the quality, business, and cost of care Selection Criteria.

Table 1

ADULT HEART TRANSPLANT SELECTION CRITERIA

| Provider Survey # | | METRIC DESCRIPTION |
|--|------|---|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION | | |
| National Accreditation | 4 | The facility is fully accredited by at least one of the following national accreditation organizations*: <ul style="list-style-type: none"> • The Joint Commission (TJC) (without provision or condition). • Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA). • National Integrated Accreditation Program (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC). |
| CMS Certification | 49 | The facility's adult heart transplant program is certified by Centers for Medicare and Medicaid Services (CMS) and is currently in good standing. |
| United Network for Organ Sharing (UNOS) | 50 | The facility's adult heart transplant program meets UNOS guidelines (as outlined in UNOS policy and by-laws) and is currently in good standing (has unrestricted membership privileges as a UNOS transplant hospital member; and is not on "Probation" or a "Member Not in Good Standing"). |
| Adult Heart Transplant Volume: 3-Year Average | OPTN | The average number of adult heart transplants performed over the past 3 years is greater than or equal to 10 . Note: Volume data are obtained from OPTN and the three year average is rounded up to the next whole number. |
| Adult Heart Transplant Volume: Most Recent Year | OPTN | The number of adult heart transplants performed in the most recent calendar year is greater than or equal to 8 . |
| Adult Heart Transplant Graft Survival** | SRTR | The program's 1 month graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 1 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00 |
| Adult Heart Transplant Patient Survival** | SRTR | The program's 1 month patient survival , based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00. |
| | | The program's 1 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

** SRTR eliminated the publicly reported solid organ 1 month, 1 year, and 3 year patient survival metrics, based on the risk adjusted comparison which were reported as: **Statistically Higher** (Higher than Expected), **Not Significantly Different** (As Expected), and **Statistically Lower** (Lower Than Expected) beginning with the SRTR's January 2015 reports. This SRTR data had been used in the original 2013 Provider Survey evaluation for the solid organ programs. Subsequent evaluation for the solid organ programs, on and after January 2015, will now include the publicly available Hazard Ratio 95% lower credible limit metrics reported for 1 month, 1 year, and 3 year patient and graft survivals.

ADULT LUNG TRANSPLANT SELECTION CRITERIA

| Provider Survey # | | METRIC DESCRIPTION |
|--|------|--|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION | | |
| National Accreditation | 4 | The facility is fully accredited by at least one of the following national accreditation organizations*: <ul style="list-style-type: none"> • The Joint Commission (TJC) (without provision or condition). • Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA). • National Integrated Accreditation Program (NIAHOSM of Det Norske Veritas Healthcare, Inc. (DNVHC). |
| CMS Certification | 73 | The facility's adult lung transplant program is certified by the Centers for Medicare and Medicaid Services (CMS) and is currently in good standing. |
| United Network for Organ Sharing (UNOS) | 74 | The facility's adult lung transplant program meets UNOS guidelines (as outlined in UNOS policy and by-laws) and is currently in good standing (has unrestricted membership privileges as a UNOS transplant hospital member; and is not on "Probation" or a "Member Not in Good Standing"). |
| Adult Lung Transplant Volume: 3-Year Average | OPTN | The average number of adult lung transplants performed over the past three years is greater than or equal to 10 . Note: Volume data are obtained from OPTN and the three year average is rounded up to the next whole number. |
| Adult Lung Transplant Volume: Most Recent Year | OPTN | The number of adult lung transplants performed in the most recent calendar year is greater than or equal to 8 . |
| Adult Lung Transplant Graft Survival** | SRTR | The program's 1 month graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 1 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| Adult Lung Transplant Patient Survival** | SRTR | The program's 1 month patient survival , based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00. |
| | | The program's 1 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

** SRTR eliminated the publicly reported solid organ 1 month, 1 year, and 3 year patient survival metrics, based on the risk adjusted comparison which were reported as: **Statistically Higher** (Higher than Expected), **Not Significantly Different** (As Expected), and **Statistically Lower** (Lower Than Expected) beginning with the SRTR's January 2015 reports. This SRTR data had been used in the original 2013 Provider Survey evaluation for the solid organ programs. Subsequent evaluation for the solid organ programs, on and after January 2015, will now include the publicly available Hazard Ratio 95% lower credible limit metrics reported for 1 month, 1 year, and 3 year patient and graft survivals.

ADULT DECEASED DONOR LIVER TRANSPLANT SELECTION CRITERIA

| Provider Survey # | | METRIC DESCRIPTION |
|--|------|---|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION | | |
| National Accreditation | 4 | The facility is fully accredited by at least one of the following national accreditation organizations*: <ul style="list-style-type: none"> • The Joint Commission (TJC) (without provision or condition). • Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA). • National Integrated Accreditation Program (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC). |
| CMS Certification | 93 | The facility's adult deceased donor liver transplant program is certified by the Centers for Medicare and Medicaid Services (CMS) and is currently in good standing. |
| United Network for Organ Sharing (UNOS) | 94 | The facility's adult deceased donor liver transplant program meets UNOS guidelines (as outlined in UNOS policy and by-laws) and is currently in good standing (has unrestricted membership privileges as a UNOS transplant hospital member; and is not on "Probation" or a "Member Not in Good Standing"). |
| Adult Liver Transplant Volume: 3-Year Average | OPTN | The average number of adult liver transplants performed over the past three years is greater than or equal to 10 . Note: Volume data are obtained from OPTN and the combined total of both deceased donor and living donor transplants is evaluated and the three year average is rounded up to the next whole number. |
| Adult Liver Transplant Volume: Most Recent Year | OPTN | The number of adult liver transplants performed in the most recent calendar year is greater than or equal to 8 . Note: Volume data are obtained from OPTN and the combined total of both deceased and living donor transplants is evaluated for this criterion. |
| Adult Deceased Donor Liver Transplant Graft Survival** | SRTR | The program's 1 month deceased donor graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 1 year deceased donor graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year deceased donor graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| Adult Deceased Donor Liver Transplant Patient Survival** | SRTR | The program's 1 month deceased donor patient survival , based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00. |
| | | The program's 1 year deceased donor patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year deceased donor patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

** SRTR eliminated the publicly reported solid organ 1 month, 1 year, and 3 year patient survival metrics, based on the risk adjusted comparison which were reported as: **Statistically Higher** (Higher than Expected), **Not Significantly Different** (As Expected), and **Statistically Lower** (Lower Than Expected) beginning with the SRTR's January 2015 reports. This SRTR data had been used in the original 2013 Provider Survey evaluation for the solid organ programs. Subsequent evaluation for the solid organ programs, on and after January 2015, will now include the publicly available Hazard Ratio 95% lower credible limit metrics reported for 1 month, 1 year, and 3 year patient and graft survivals.

ADULT LIVING DONOR LIVER TRANSPLANT SELECTION CRITERIA

| Provider Survey # | | SELECTION CRITERIA |
|---|------|--|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION. | | |
| Adult Deceased Donor Liver Transplant BDC Designation Eligibility | N/A | The facility meets all selection criteria for eligibility under the Adult Deceased Donor Liver Transplant BDC Designation. |
| CMS & UNOS | 111 | The living donor liver transplant program meets CMS and UNOS requirements. |
| Adult Living Donor Liver Transplant Volume: 3-Year Average | OPTN | The average number of adult living donor liver transplants performed over the past three years is greater than or equal to 3. Note: Volume data are obtained from OPTN and the three year average is rounded up to the next whole number. |
| Adult Living Donor Liver Transplant Volume: Most Recent Year | OPTN | The number of adult living donor liver transplants performed in the most recent calendar year is greater than or equal to 1. |
| Adult Living Donor Liver Transplant Graft Survival** | SRTR | The program's 1 month living donor graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 1 year living donor graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year living donor graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| Adult Living Donor Liver Transplant Patient Survival** | SRTR | The program's 1 month living donor patient survival , based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00. |
| | | The program's 1 year living donor patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year living donor patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

** SRTR eliminated the publicly reported solid organ 1 month, 1 year, and 3 year patient survival metrics, based on the risk adjusted comparison which were reported as: **Statistically Higher** (Higher than Expected), **Not Significantly Different** (As Expected), and **Statistically Lower** (Lower Than Expected) beginning with the SRTR's January 2015 reports. This SRTR data had been used in the original 2013 Provider Survey evaluation for the solid organ programs. Subsequent evaluation for the solid organ programs, on and after January 2015, will now include the publicly available Hazard Ratio 95% lower credible limit metrics reported for 1 month, 1 year, and 3 year patient and graft survivals.

ADULT PANCREAS TRANSPLANT SELECTION CRITERIA

| Provider Survey # | METRIC DESCRIPTION |
|---|--|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION. | |
| National Accreditation | 4 The facility is fully accredited by at least one of the following national accreditation organizations*: <ul style="list-style-type: none"> • The Joint Commission (TJC) (without provision or condition). • Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA). • National Integrated Accreditation Program (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC). |
| CMS Certification | 113 The facility's adult pancreas transplant program is certified by the Centers for Medicare and Medicaid Services (CMS) and is currently in good standing. |
| United Network for Organ Sharing (UNOS) | 114 The facility's adult pancreas transplant program meets UNOS guidelines (as outlined in UNOS policy and by-laws) and is currently in good standing (has unrestricted membership privileges as a UNOS transplant hospital member; and is not on "Probation" or a "Member Not in Good Standing"). |
| Adult Pancreas Transplant Volume: 3-Year Average | OPTN The average number of adult pancreas transplants performed over the past three years is greater than or equal to 8 . Note: Volume data are obtained from OPTN and the combined total of both Pancreas and Kidney/Pancreas transplants is evaluated and the three year average is rounded up to the next whole number. |
| Adult Pancreas Transplant Volume: Most Recent Year | OPTN The number of adult pancreas transplants performed in the most recent calendar year is greater than or equal to 5 . Note: Volume data are obtained from OPTN and the combined total of both Pancreas and Kidney/Pancreas transplants is evaluated for this criterion. |
| Adult Pancreas Transplant Graft Survival All Procedures ** | SRTR The program's 1 month graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. The program's 1 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. The program's 3 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00 |
| Adult Pancreas Transplant Patient Survival All Procedures*** | SRTR The program's 1 month patient survival , based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00. The program's 1 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. The program's 3 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

** SRTR eliminated the publicly reported pancreas 1 month, 1 year, and 3 year graft survival metrics, beginning with SRTR's January 2014 report. SRTR data had been used in the original 2013 Provider Survey evaluation for the adult pancreas transplant program. Subsequent evaluation for this program, on and after January 2014, will now include publicly available patient survival metrics for all pancreas procedures combined, (including applicable SRTR pancreas graft survival reports, which are anticipated to be available again from SRTR).

*** SRTR eliminated the publicly reported solid organ 1 month, 1 year, and 3 year patient survival metrics, based on the risk adjusted comparison which were reported as: **Statistically Higher** (Higher than Expected), **Not Significantly Different** (As Expected), and **Statistically Lower** (Lower Than Expected) beginning with the SRTR's January 2015 reports. This SRTR data had been used in the original 2013 Provider Survey evaluation for the solid organ programs. Subsequent evaluation for the solid organ programs, on and after January 2015, will now include the publicly available Hazard Ratio 95% lower credible limit metrics reported for 1 month, 1 year, and 3 year patient and graft survivals.

PEDIATRIC HEART TRANSPLANT SELECTION CRITERIA

| Provider Survey # | | METRIC DESCRIPTION |
|---|------|---|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION. | | |
| National Accreditation | 4 | The facility is fully accredited by at least one of the following national accreditation organizations*: <ul style="list-style-type: none"> • The Joint Commission (TJC) (without provision or condition). • Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA). • National Integrated Accreditation Program (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC). |
| United Network for Organ Sharing (UNOS) | 134 | The facility's pediatric heart transplant program meets UNOS guidelines (as outlined in UNOS policy and by-laws) and is currently in good standing (has unrestricted membership privileges as a UNOS transplant hospital member; and is not on "Probation" or a "Member Not in Good Standing"). |
| Pediatric Heart Transplant Volume: 3-Year Average | OPTN | The average number of pediatric heart transplants performed over the past three years is greater than or equal to 3 . Note: Volume data are obtained from OPTN and the three year average is rounded up to the next whole number. |
| Pediatric Heart Transplant: Most Recent Year | OPTN | The number of pediatric heart transplants performed in the most recent calendar year is greater than or equal to 1 . |
| Pediatric Heart Transplant Graft Survival** | SRTR | The program's 1 month graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 1 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| Pediatric Heart Transplant Patient Survival** | SRTR | The program's 1 month patient survival , based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00. |
| | | The program's 1 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

** SRTR eliminated the publicly reported solid organ 1 month, 1 year, and 3 year patient survival metrics, based on the risk adjusted comparison which were reported as: **Statistically Higher** (Higher than Expected), **Not Significantly Different** (As Expected), and **Statistically Lower** (Lower Than Expected) beginning with the SRTR's January 2015 reports. This SRTR data had been used in the original 2013 Provider Survey evaluation for the solid organ programs. Subsequent evaluation for the solid organ programs, on and after January 2015, will now include the publicly available Hazard Ratio 95% lower credible limit metrics reported for 1 month, 1 year, and 3 year patient and graft survivals.

PEDIATRIC LIVER TRANSPLANT SELECTION CRITERIA

| Provider Survey # | | METRIC DESCRIPTION |
|---|------|---|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION. | | |
| National Accreditation | 4 | The facility is fully accredited by at least one of the following national accreditation organizations*: <ul style="list-style-type: none"> • The Joint Commission (TJC) (without provision or condition). • Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA). • National Integrated Accreditation Program (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC). |
| United Network for Organ Sharing (UNOS) | 179 | The facility's pediatric liver transplant program meets UNOS guidelines (as outlined in UNOS policy and by-laws) and is currently in good standing (has unrestricted membership privileges as a UNOS transplant hospital member; and is not on "Probation" or a "Member Not in Good Standing"). |
| Pediatric Liver Transplant Volume: 3-Year Average | OPTN | The average number of pediatric liver transplants performed over the past three years is greater than or equal to 8 . Note: Volume data are obtained from OPTN and the combined total of both deceased donor and living donor transplants is evaluated and the three year average is rounded up to the next whole number. |
| Pediatric Liver Transplant Volume: Most Recent Year | OPTN | The number of pediatric liver transplants performed in the most recent calendar year is greater than or equal to 5 . Note: Volume data are obtained from OPTN and the combined total of both deceased and living donor transplants is evaluated for this criterion. |
| Pediatric Liver Transplant Graft Survival** | SRTR | The program's 1 month graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 1 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year graft survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| Pediatric Liver Transplant Patient Survival** | SRTR | The program's 1 month patient survival , based on the Hazard Ratio 95% lower credible limit is reported as less than or equal to 1.00. |
| | | The program's 1 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |
| | | The program's 3 year patient survival , based on the Hazard Ratio 95% lower credible limit reported as less than or equal to 1.00. |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

** SRTR eliminated the publicly reported solid organ 1 month, 1 year, and 3 year patient survival metrics, based on the risk adjusted comparison which were reported as: **Statistically Higher** (Higher than Expected), **Not Significantly Different** (As Expected), and **Statistically Lower** (Lower Than Expected) beginning with the SRTR's January 2015 reports. This SRTR data had been used in the original 2013 Provider Survey evaluation for the solid organ programs. Subsequent evaluation for the solid organ programs, on and after January 2015, will now include the publicly available Hazard Ratio 95% lower credible limit metrics reported for 1 month, 1 year, and 3 year patient and graft survivals.

ADULT BONE MARROW/STEM CELL TRANSPLANT SELECTION CRITERIA

| Provider Survey # | | METRIC DESCRIPTION |
|---|------------------|--|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION. | | |
| National Accreditation | 4 | The facility is fully accredited by at least one of the following national accreditation organizations*: <ul style="list-style-type: none"> • The Joint Commission (TJC) (without provision or condition). • Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA). • National Integrated Accreditation Program (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC). |
| Foundation for the Accreditation of Cellular Therapy (FACT) | 197 | The transplant program is accredited by FACT for both Adult Autologous and Adult Allogeneic bone marrow/stem cell transplant (BMT) programs. |
| Adult Bone Marrow/Stem Cell Transplant Volume | 211 | The program has performed 24 or more adult allogeneic bone marrow/stem cell transplants in the most recent 12 months. |
| Adult Bone Marrow/Stem Cell Transplant Patient Survival | Patient Survival | The program's 1 year allogeneic transplant patient survival , based on the risk adjusted comparison, is reported as either: Similar To or Above the expected range for the most recent timeframe available. Note: Patient survival data was assigned according to the Program Type indicated on the Transplant Center Directory; http://bethematch.org/For-Patients-and-Families/Getting-a-transplant/Choosing-a-transplant-center/U-S--transplant-centers/ . |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

PEDIATRIC BONE MARROW/STEM CELL TRANSPLANT SELECTION CRITERIA

| Provider Survey # | | METRIC DESCRIPTION |
|---|------------------|--|
| ALL METRICS MUST BE MET FOR ELIGIBILITY CONSIDERATION. | | |
| National Accreditation | 4 | The facility is fully accredited by at least one of the following national accreditation organizations*: <ul style="list-style-type: none"> • The Joint Commission (TJC) (without provision or condition). • Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA). • National Integrated Accreditation Program (NIAHOSM) of Det Norske Veritas Healthcare, Inc. (DNVHC). |
| Foundation for the Accreditation of Cellular Therapy (FACT) | 223 | The transplant program is accredited by FACT for both Pediatric Autologous and Pediatric Allogeneic bone marrow/stem cell transplant (BMT) programs. |
| Pediatric Bone Marrow/Stem Cell Transplant Volume | 237 | The program has performed 8 or more pediatric allogeneic bone marrow/stem cell transplants in the most recent 12 months. |
| Pediatric Bone Marrow/Stem Cell Transplant Patient Survival | Patient Survival | The program's 1 year allogeneic transplant patient survival , based on the risk adjusted comparison, is reported as either: Similar To or Above the expected range for the most recent timeframe available. Note: Patient survival data was assigned according to the Program Type indicated on the Transplant Center Directory; http://bethematch.org/For-Patients-and-Families/Getting-a-transplant/Choosing-a-transplant-center/U-S--transplant-centers/ . |

*To enhance quality while improving Blue Members' access to qualified providers, alternate Local Accreditations that are at least as stringent as any National Accreditations, above, may be offered as a Local Blue Plan Requirement; for details, contact the facility's Local Blue Plan.

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