

## Blue Distinction Centers for Maternity Care 2023 Evaluation Components

### Blue Distinction

Blue Distinction Specialty Care is a national designation program, awarded by local Blue Cross and Blue Shield (BCBS) companies, recognizing healthcare providers that demonstrate expertise in delivering quality and affordable health care to meet consumers' specialty care needs—safely, effectively, and cost-efficiently. The goal of the program is to help patients find both quality and value for their specialty care needs, while providing a credible foundation on which employers may customize their employee benefits.

### Blue Distinction Centers for Maternity Care

The 2023 Blue Distinction Centers for Maternity Care Program will evaluate acute care facilities, as well as children's hospitals, that offer maternity services for adult patients ages 18 and over.

The following information explains how quality, business, and cost evaluation components will be used to evaluate an applicant facility. Final selection criteria for quality, business, and cost, including specific scoring thresholds and other details required for eligibility for this Program will be published separately and posted publicly at [www.bcbs.com](http://www.bcbs.com).

**Note:** Designations are awarded to individual facilities (i.e., unique bricks-and-mortar facilities with unique addresses). Any facility with multiple locations (different addresses) will be evaluated separately for each location. Health systems and other groups of multiple facilities/clinics are not designated collectively.

### Quality

Blue Distinction Specialty Care programs establish a nationally consistent approach to evaluating quality and safety, by incorporating quality measures with meaningful impact, using criteria that evolve over time with medical and quality measurement advances in that specialty area.

Applicant facilities may be evaluated for quality in the following domains for the Blue Distinction Centers for Maternity Care program:

Quality Evaluation Components		
Quality Domain	Quality Data Source	Quality Evaluation Component
<b>General Facility</b>	Provider Survey	<ul style="list-style-type: none"> <li>National Hospital Accreditation</li> <li>The Joint Commission's Perinatal Care/Advanced Perinatal Care Certification</li> <li>The Center for Medicare and Medicaid Service's Birthing Friendly Designation</li> <li>Maternal Levels of Care Verification, from The Joint Commission/American College of Obstetricians and Gynecologists (ACOG)</li> <li>Completed assessment under the Centers for Disease Control and Prevention's Levels of Care Assessment Tool (CDC LOCATe<sup>SM</sup>)</li> </ul>
<b>Delivery Volume*</b>	Provider Survey	Facility Reported Delivery Volumes, including: <ul style="list-style-type: none"> <li>Vaginal Delivery</li> <li>Cesarean Section</li> </ul>
<b>Maternal Quality Measures</b>	Provider Survey	Facility Maternal Quality Measures: <ul style="list-style-type: none"> <li>NQF #0469: PC-01 Elective Delivery</li> <li>NQF #0471: PC-02 Cesarean Section</li> <li>PC-07 Severe Maternal Morbidity</li> <li>NQF #0470: Incidence of Episiotomy</li> <li>PSI 18: Obstetric Trauma Rate – Vaginal Delivery with Instrument</li> <li>PSI 19: Obstetric Trauma Rate – Vaginal Delivery without Instrument</li> <li>Quality Measures Related to Maternal Safety Bundles</li> </ul>
<b>Maternal Safety Bundles<sup>1</sup> and Quality Improvement Processes</b>	Provider Survey	<ul style="list-style-type: none"> <li>Obstetric Hemorrhage</li> <li>Severe Hypertension in Pregnancy</li> <li>Safe Reduction of Primary Cesarean Birth</li> <li>Care for Pregnant and Postpartum People with Substance Use Disorder</li> <li>Maternal Discharge Transition</li> <li>Maternal Sepsis</li> <li>Cardiac Conditions in Obstetrical Care</li> </ul>
<b>Maternity Program Structure and Process</b>	Provider Survey	<ul style="list-style-type: none"> <li>Ability to collect and stratify Maternal Care Data by Age, Race, and Ethnicity</li> <li>Evaluates Maternal Perception of Care</li> <li>Performs Case Reviews, Drills, and Simulations for Maternal Adverse Events</li> <li>Performs Ongoing Education for Healthcare Providers Related to Maternal Safety Initiatives</li> <li>Engages with the State Perinatal Quality Collaborative</li> <li>Postpartum Contraception Access</li> </ul>

<sup>1</sup> More information on the AIM Program and maternal safety bundles can be found here: [AIM | Alliance For Innovation On Maternal Health \(saferbirth.org\)](https://www.saferbirth.org/)  
[Safe Motherhood Initiative | ACOG](https://www.acog.org/clinical/clinical-guidance/safe-motherhood-initiative)

Quality Evaluation Components		
Quality Domain	Quality Data Source	Quality Evaluation Component
<b>Local Blue Plan Quality Criteria** (If applicable)</b>	Plan Survey	An individual Blue Plan, at its own independent discretion, may establish and apply local Blue Plan quality requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers program, for facilities located within its Service Area.

\*The minimum number of cases needed will be determined after Provider Survey responses are received. Analytic methodologies will be used to determine volume requirements. These calculations are heavily influenced by statistical analysis factors, such as event rates and distributions, which cannot be assessed until all data are available for proper analysis.

\*\* Local Blue Plan Criteria may consist of additional quality criteria beyond the national criteria, at the discretion of the local Blue Plan.

## Business

Applicant facilities may be evaluated in the following business domains for the Blue Distinction Centers for Maternity Care program:

Business Evaluation Components	
Business Domain	Business Evaluation Components
<b>Facility PPO Participation</b>	Participation by Facility in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network.
<b>Physician and CNM PPO Participation*</b>	Participation by physicians and certified nurse midwives (CNM) who perform maternity care procedures in the local Blue Plan's BlueCard PPO network.
<b>Blue Brands Criteria</b>	Facility and its corporate family meet BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
<b>Local Blue Plan Business Criteria** (if applicable)</b>	An individual Blue Plan, at its own independent discretion, may establish and apply local Blue Plan business requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers program, for facilities located within its Service Area.

\*Any de minimis exception will be considered on an individual case basis, through a nationally consistent approach.

\*\*Local Blue Plan Criteria may consist of additional business criteria beyond the national criteria, at the discretion of the local Blue Plan.

## Cost of Care

The process to incorporate cost of care measures into the selection criteria is designed to provide a nationally consistent, equitable, and objective evaluation. If (and only if) a facility meets quality and business selection criteria, then the following components will be evaluated to determine if the facility meets the cost of care criteria. Additionally, a local Blue Plan may establish additional cost criteria beyond the national criteria, at the discretion of the local Blue Plan.

The cost of care evaluation is based on a nationally consistent analysis of the National Blue Claims Dataset (Claims Data). The scope of this analysis includes:

## **Cost Data Source**

Each facility's cost of care is calculated using adjusted allowed amounts for specific maternity episodes of care derived from Claims Data. The methodology sums all costs incurred during an episode of care (including facility, professional, and other costs related to the maternity care episode).

## **Adjustments**

Maternity care episode costs may be adjusted for patient-level risk factors, including co-morbidities. Additionally, a geographic adjustment factor may be applied to each episode to account for geographic cost variations in delivering care. Other adjustments such as a site of service adjustment may be applied, where appropriate, to account for differences related to patient care settings or other factors.

## **Deriving a Cost Measure and Setting the Cost Threshold**

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

## **Local Blue Plan Cost Criteria (if applicable)**

An individual Blue Plan, at its own independent discretion, may establish and apply local Blue Plan cost requirements as additional selection criteria for eligibility in a Blue Distinction Centers program, for facilities located in its Service Area.

## **Use of Facility-level Cost Information**

After the BDC Participation Agreement for an eligible facility has been fully executed, information displayed on Blue Distinction's public website at [www.bcbs.com](http://www.bcbs.com) will confirm that the facility is designated and that it met the Program's transparent national selection criteria. BCBSA may share a 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 a facility's Raw Data and Scores together with other facilities' data to create aggregate information for public dissemination, provided that such aggregate information will not identify the facility by name and will not contain any Protected Health Information (PHI).