BlueDistinction® Specialty Care

BlueCross BlueShield Association

Blue Distinction Centers for Maternity Care
2023 Provider Survey

Printed version of this document is for reference purposes only.

A completed Provider Survey must be submitted via the online web application BD Portal℠.

Paper responses to the Provider Survey will not be accepted.

Review the instructions below to complete the Provider Survey via the online web application, BD Portal.

BD Portal℠ 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 "**Check In."** This will save your responses and then you can 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 on "**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 2023 Maternity 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 Maternity Care 2023 Provider Survey* – available in the BD Portal Library
- *Evaluation Components*

Additional program materials for the Blue Distinction® Centers for Maternity Care are available on www.bcbs.com.

PROVIDER SURVEY

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

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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 be for the individual applicant facility located at the address listed below. Each facility that provides maternity care services will need to complete its own Maternity Care 2023 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 NAME:
ADDRESS 1:
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 **Case Management > 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: (Response Required)

   Primary Contact

   Name:
   Title:
   Phone: [Format: xxx-xxx-xxxx]
   E-mail:

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. (Response Required)

   Legal Counsel/Representative Contact:

   Name:
   Title:
   Phone: [Format: xxx-xxx-xxxx]
   E-mail:

3. The Blue Distinction Centers for Maternity 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.

   Is the Quality information submitted in this Provider Survey (e.g., accreditations, volume, outcomes) **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? (Response Required)

   ☐ YES ☐ NO

   If NO, please explain. (Only opens if 'No' is selected; unlimited text with large box so they can see what they are typing)

4. Which of the following statements describes the applicant facility's current accreditation status? Accreditation status must be fully approved, without provision or condition. **Select all that apply.** (Required Response)

   ☐ 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)

5. Which of the following statements best describes the applicant facility's participation in **The Joint Commission's Perinatal Care Certification** or **Advanced Perinatal Care Certification? Select only ONE.** (Response Required)

   For more information, see Certifications for Perinatal Care | The Joint Commission

   ☐ The applicant facility has **attained** The Joint Commission (TJC) *Perinatal Care Certification.*
   ☐ The applicant facility has **attained** The Joint Commission (TJC) *Advanced Perinatal Care Certification.*

- ☐ The applicant facility is in the **process of attaining** The Joint Commission (TJC) *Perinatal Care Certification.*
- ☐ The applicant facility is in the **process of attaining** The Joint Commission (TJC) *Advanced Perinatal Care Certification.*
- ☐ The applicant facility has **not attained**, and is **not in the process of attaining**, The Joint Commission (TJC) Perinatal Care or Advanced Perinatal Care Certification.

6. Which of the following statements regarding Maternal Morbidity Structural Measures best describes the applicant facility's ability to participate in the **Centers for Medicare & Medicaid Services (CMS) Birthing-Friendly Hospital Designation? Select all that apply.** (Response Required)

   For information, see: FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospitals (LTCH PPS) Final Rule — CMS-1771-F Maternal Health | CMS

   - ☐ The applicant facility **participates** in a structured state or national Perinatal Quality Improvement (QI) Collaborative.
   - ☐ The applicant facility has **implemented** patient safety practices or bundles as part of these CMS Birthing Friendly Designation QI initiatives.
   - ☐ **None** of the above.

7. Which of the following statements best describes the applicant facility's participation in The Joint Commission (TJC)/American College of Obstetricians and Gynecologists (ACOG) Levels of Care Verification Program? (Response Required, "Has not Attained" selection will open Question 8; all other responses will skip to Question 9)

   For more information, see: Maternal Levels of Care Verification | The Joint Commission

   The applicant facility has attained one of the following TJC/ACOG Levels of Care Verification. **Select only ONE**

   - ☐ Level I
   - ☐ Level II
   - ☐ Level III
   - ☐ Level IV
   - ☐ The applicant facility is in the **process of attaining** The Joint Commission (TJC)/ACOG Levels of Care Verification.
   - ☐ The applicant facility **has not attained**, and **is not in the process of attaining**, The Joint Commission (TJC)/ACOG Levels of Care Verification. **If selected, Question 8 will open for completion**. (If selected, open Question 8)

8. Has the applicant facility performed a Levels of Care self-assessment, according to the Centers for Disease Control and Prevention's Levels of Care Assessment Tool (CDC LOCATe ^{SM})? **Select only ONE**.
   Response Required, will open if "Has not Attained" was selected in Question 7.
   For more information, see: CDC Levels of Care Assessment Tool (CDC LOCATe) | CDC

   - ☐ Level I
   - ☐ Level II
   - ☐ Level III
   - ☐ Level IV
   - ☐ The applicant facility is in the **process of completing** the CDC LOCATe^{SM} process.
   - ☐ The applicant facility **has not completed**, and **is not in the process of completing**, the CDC LOCATe^{SM} process.

MATERNITY SERVICES INFORMATION

Questions in this section that refer to "my," "your," "my program/facility" or "your program/facility" all refer to the applicant facility's own maternity care program (not the Blue Distinction Centers for Maternity Care program).

Please refer to the Supplemental Instructions for guidance in completing the Provider Survey, available in the BD Portal Library.

Maternity Delivery Volumes

Please complete the following table for the applicant facility's maternity delivery volumes for the timeframe indicated in the table below. (Response Required)

Use the applicant facility's internal process to identify vaginal and cesarean deliveries. You may use any combination of ICD-10 Procedure/Diagnosis Codes, DRG, and/or CPT codes provided in the Supplemental Instructions to identify deliveries at the applicant facility.

Note: Do not leave blank. Only enter zero (0) if the reported volume is zero (0). If the applicant facility does not have the requested data, check "Unable to Report."

Q#	Delivery Type	**Population for Volume:** Include deliveries for **ALL patients** (regardless of whether or not the patient was a Blue Cross and/or Blue Shield member) who meet ALL of the following criteria: • **Delivery was performed at the applicant facility** • **Delivery has at least one of the applicable procedure codes from the Supplemental Instructions document** • **Delivery was performed during the most recent 12 months**	
		Delivery was performed during the most recent 12 months	**Unable to Report**
9.	**Vaginal Delivery**	(Whole numbers only; zero is a valid response)	☐ (If checked, cannot enter in numeric value)
10.	**Cesarean Delivery**	(Whole numbers; zero is a valid response)	☐ (If checked, cannot enter in numeric value)
11.	**Total Deliveries**	**(Automatic Calculation; Add rows 9 and 10)**	

Maternity Quality Measures

The Maternal Quality Measures collected in this Provider Survey include:

- PC-01 – Elective Delivery
- PC-02 – Cesarean Section
- PC-07 – Severe Obstetric Complications
- NQF #0470: Incidence of Episiotomy
- PSI 18: Obstetric Trauma Rate – Vaginal Delivery with Instrument

- PSI 19: Obstetric Trauma Rate – Vaginal Delivery without Instrument
- Other Quality Measures Related to Maternal Safety Bundles

Please report both the **numerator and denominator** for the quality measures below, for the **most recent 12 months available.** Denominator should represent the population for the individual measure (with exclusions applied, as per the measure specifications; see Supplemental Instructions for details).

Percentage Rates will be calculated automatically by the BD Portal tool, using the data reported for the numerator and the denominator.

Exact start/end time frames for the most recent 12 months of reported measures may vary slightly between facilities, depending on each facility's available data; but in no event will be less than 12 consecutive months. For example, if a specific Question requests data for January 1, 2022 - December 31, 2022, but your facility only has measurement results available through October 31, 2022, then your facility will report measurement results from that most recent, consecutive 12 month period of November 1, 2021 – October 31, 2022; but if your facility does not have 12 consecutive months of data, your response will be, "N/A."

Please note that time frames may vary for different Questions, depending upon each facility's available data (above). For example, the time frame for vaginal deliveries reported in **Question 9** may (or may not) be the same as the time frame for PC-01 Elective Deliveries reported in **Question 12.**

PC-01 Elective Delivery, PC-02 Cesarean Section, and PC-07 Severe Obstetric Complications

Please report both the requested **numerator and denominator** for PC-01, PC-02, and PC-07 Perinatal Core Measures. BD Portal will automatically calculate the percentage rate, based on the reported numerator and denominator entries. In addition, the applicant facility must report **numerator and denominator** as applicable to race and ethnicity, as defined by the National Institutes of Health's Office of Management and Budget (OMB) Standards. More information can be found at Office of Management and Budget (OMB) Standards | Office of Research on Women's Health (nih.gov).

- *If the applicant facility is **accredited by The Joint Commission** (TJC) and the applicant facility reports results on Perinatal Care measures to TJC as part of TJC's accreditation requirements, please report those results and Perinatal Care measures below.*

- *If the applicant facility is **NOT** accredited by TJC, please see the Supplemental Instructions for more detailed specifications on how to identify the Initial Patient Population and calculate results for the Perinatal Care measures below.*

- *If the applicant facility uses a TJC core measure vendor system or reports to a formal data reporting system (such as CMQCC's Maternal Data Center [MDC]), you may report these results below.*

  For additional guidance, refer to TJC's Perinatal Care (PC) (v2022A) (jointcommission.org).

12. Enter the information for PC-01 – Elective Delivery measure: (Response Required)

Exact start/end time frames for the most recent 12 months of reported measures may vary slightly between facilities, depending on each facility's available data; but in no event will be less than 12 consecutive months. For example, if a specific Question requests data for January 1, 2022 - December 31, 2022, but your facility only has measurement results available through October 31, 2022, then your facility will report measurement results from that most recent, consecutive 12 month period of November 1, 2021 – October 31, 2022; but if your facility does not have 12 consecutive months of data, your response will be, "N/A." Do not report data prior to October 1, 2021.

Note: Enter a numerator and denominator, do not leave it blank. Only enter zero (0) if the reported volume is zero (0). If the applicant facility does not have the requested data, enter "N/A" in the box.

Race	**NUMERATOR:** Number of Patients with Elective Deliveries. (Whole number only; zero is a valid response)	**DENOMINATOR:** Number of Patients delivering newborns with >=37 and <39 weeks gestation completed. (Whole number only; zero is a valid response)	**Rate** (Auto calculate) (Calculate out to the hundredths)	**Unable to Report (N/A)** (If N/A, cannot enter in numeric value)
Overall (all patients)- **REQUIRED**				
White				
Black				
American Indian/ Alaska Native				
Native Hawaiian/ Other Pacific Islander				
Asian				
Multiracial *Informational Only*				

Ethnicity	**NUMERATOR:** Number of Patients with Elective Deliveries. (Whole number only; zero is a valid response)	**DENOMINATOR:** Number of Patients delivering newborns with >=37 and <39 weeks gestation completed. (Whole number only; zero is a valid response)	**Rate** (Auto calculate) (Calculate out to the hundredths)	**Unable to Report (N/A)** (If N/A, cannot enter in numeric value)
Overall (all patients, same as race reported above)- **REQUIRED**				
Hispanic or Latino				
Not Hispanic or Latino				

13. Enter the information for PC-02 – Cesarean Section measure: (Response Required)

Exact start/end time frames for the most recent 12 months of reported measures may vary slightly between facilities, depending on each facility's available data; but in no event will be less than 12 consecutive months. For example, if a specific Question requests data for January 1, 2022 - December 31, 2022, but your facility only has measurement results available through October 31, 2022, then your facility will report measurement results from that most recent, consecutive 12 month period of November 1, 2021 – October 31, 2022; but if your facility does not have 12 consecutive months of data, then your response will be, "N/A." Do not report data prior to October 1, 2021.

Note: Enter a numerator and denominator, do not leave it blank. Only enter zero (0) if the reported volume is zero (0). If the applicant facility does not have the requested data, enter "N/A" in the box.

Race	**NUMERATOR:** Patients with Cesarean Births. (Whole number only; zero is a valid response)	**DENOMINATOR:** Nulliparous patients delivered of a live term singleton newborn in vertex presentation. (Whole number only; zero is a valid response)	**Rate** (Auto calculate) (Calculate out to the hundredths)	**Unable to Report (N/A)** (If N/A, cannot enter in numeric value)
Overall (all patients- **REQUIRED)**				
White				
Black				
American Indian/ Alaska Native				

Native Hawaiian/ Other Pacific Islander				
Asian				
Multiracial *Informational only*				

Ethnicity	**NUMERATOR:** Patients with Cesarean Births. (Whole number only; zero is a valid response)	**DENOMINATOR:** Nulliparous patients delivered of a live term singleton newborn in vertex presentation. (Whole number only; zero is a valid response)	**Rate** (Auto calculate) (Calculate out to the hundredths)	**Unable to Report (N/A)** (If N/A, cannot enter in numeric value)
Overall (all patients, same as race reported above)- **REQUIRED**				
Hispanic or Latino				
Not Hispanic or Latino				

14. Enter the information for PC-02 - Cesarean Section measure for the **most recent 24 months available**. (Response Required).

Exact start/end time frames for the most recent 24 months of reported measures may vary slightly between facilities, depending on each facility's available data; but in no event will be less than 24 consecutive months. For example, if a specific Question requests data for January 1, 2021 - December 31, 2022, but your facility only has measurement results available through October 31, 2022, then your facility will report measurement results from that most recent, consecutive 24 month period of November 1, 2020 – October 31, 2022; but if your facility does not have 24 consecutive months of data, your response will be, "N/A." Do not report data prior to October 1, 2020.

Note: Enter a numerator and denominator, do not leave it blank. Only enter zero (0) if the reported volume is zero (0). If the applicant facility does not have the requested data, enter "N/A" in the box.

	NUMERATOR: Patients with Cesarean Births. (Whole number only; zero is a valid response)	**DENOMINATOR:** Nulliparous patients delivered of a live term singleton newborn in vertex presentation. (Whole number only; zero is a valid response)	**Rate** (Auto calculate) (Calculate out to the hundredths)	**Unable to Report (N/A)** (If N/A, cannot enter in numeric value)
Overall – All patients **(REQUIRED)**				

15. Enter the information for PC-07 - Severe Obstetric Complications measure for the **most recent 12 months available**. (Response Required).

Exact start/end time frames for the most recent 12 months of reported measures may vary slightly between facilities, depending on each facility's available data; but in no event will be less than 12 consecutive months. For example, if a specific Question requests data for January 1, 2022 - December 31, 2022, but your facility only has measurement results available through October 31, 2022, then your facility will report measurement results from that most recent, consecutive 12 month period of November 1, 2021 – October 31, 2022; but if your facility does not have 12 consecutive months of data, your response will be, "N/A." Do not report data prior to October 1, 2021.

Note: Enter a numerator and denominator, do not leave it blank. Only enter zero (0) if the reported volume is zero (0). If the applicant facility does not have the requested data, enter "N/A" in the box.

	NUMERATOR: Inpatient hospitalizations for patients with Severe Obstetric Complication (Whole number only; zero is a valid response)	**DENOMINATOR:** Inpatient hospitalizations for patients delivering stillborn or live birth with >= 20 weeks, 0 days gestation completed. (Whole number only; zero is a valid response)	**Rate** (Auto calculate) (Calculate out to the hundredths)	**Unable to Report (N/A)** (If N/A, cannot enter in numeric value)
Overall (all patients- **REQUIRED)**				

Incidence of Episiotomy, PSI 18, and PSI 19

Please complete the applicant facility's **numerator and denominator** for the following quality measures: **Incidence of Episiotomy, PSI 18, and PSI 19** for the **most recent 12 months available**. (See Supplemental Instructions for details) (Response Required)

Denominator should represent the population for the individual measure (with exclusions applied, as per the measure specifications; see Supplemental Instructions for details).

Percentage Rate will be calculated automatically by the BD Portal tool, using the data reported for the numerator and the denominator.

Use the applicant facility's internal process to identify incidence of episiotomy, PSI 18, and PSI 19 rates.

- **Episiotomy Rate** - Based on the **total volume of vaginal deliveries reported in Question 9** (exclude cases with **ICD-10 Diagnosis Code O66.0**, Obstructed labor due to shoulder dystocia). Report the number of episiotomies performed using **ICD-10 Procedure Code 0W8NXZZ**.

- **PSI 18 and PSI 19** – Refer to National Quality Forum's AHRQ QI: PSI Technical Specifications Updates to help complete these measures.

Exact start/end time frames for the most recent 12 months of reported measures may vary slightly between facilities, depending on each facility's available data; but in no event will be less than 12 consecutive months. For example, if a specific Question requests data for January 1, 2022 - December 31, 2022, but your facility only has measurement results available through October 31, 2022, then your facility will report measurement results from that most recent, consecutive 12 month period of November 1, 2021 – October 31, 2022; but if your facility does not have 12 consecutive months of data, then your response will be, "N/A." Do not report data prior to October 1, 2021.

Note: Do not leave it blank. Only enter zero (0) if the reported volume is zero (0). If the applicant facility does not have the requested data, enter "N/A" in the box.

Q#	Quality Measure	Population for Volume: Include information for **ALL patients** (regardless of whether or not the patient was a Blue Cross and/or Blue Shield member) who meet ALL of the following criteria: • **Delivery was performed at the applicant facility.** • **Delivery has at least one of the applicable procedure codes from the Supplemental Instructions document.** • **Delivery was during the most recent 12 months available**			
		NUMERATOR (Whole number only, zero is a valid response)	**DENOMINATOR** (Whole number only, zero is a valid response)	**Rate** (Auto calculate) (Calculate out to the hundredths)	**Unable to Report (N/A)** (If N/A, cannot enter in numeric value)
16.	**Incidence of Episiotomy**				
17.	**PSI 18:** Incidence of Obstetric Trauma Rate **with Instrument**				
18.	**PSI 19:** Incidence of Obstetric Trauma Rate **without Instrument**				

Maternal Safety Bundles and Quality Improvement Processes

19. Does the applicant facility have an internal quality improvement program to assess maternity care? (Response Required)
    - ☐ YES (If "Yes", complete Question 20)
    - ☐ NO (Skip to Question 21)

20. Which of the following elements are components of the applicant facility's internal maternal quality improvement program? **Select all that apply**. (Table only opens if "yes" is selected above)

Maternal Quality Improvement Program Elements	Select all that apply
Each OB provider is provided with their personal rates of maternal quality measures **at least annually**	☐
Each OB provider is provided with their personal rates of maternal quality measures **quarterly**	☐
Each OB provider is provided with their personal rates of maternal quality measures **monthly**	☐
Individual rates of maternal quality measures are shared unblinded within the department	☐
None of the above (if this is selected, others may not be)	☐

The Alliance for Innovation on Maternal Health (AIM) is a program funded by the Health Resources Services Administration's Maternal and Child Health Bureau. AIM, in conjunction with the American College of Obstetricians and Gynecologists (ACOG), has developed maternal safety bundles, in a national data-driven maternal safety and quality improvement initiative. Their goal is to improve maternal and safety outcomes in the US, using proven implementation approaches. The following questions relate to the implementation of various

maternal safety bundles at the applicant facility. More information on the AIM Program, ACOG, and the maternal safety bundles can be found at: AIM | Alliance For Innovation On Maternal Health (saferbirth.org) and Safe Motherhood Initiative | ACOG

Obstetric Hemorrhage (OBH)

21. Does the applicant facility use a standardized, facility-wide, stage-based obstetric hemorrhage emergency management plan, with checklists and an escalation policy? (Response Required)

☐ YES ☐ NO

22. Which elements from the Obstetric Hemorrhage Safety Bundle has the applicant facility implemented? **Select all that apply.** (Response Required)

Obstetric Hemorrhage Safety Bundle Elements	Select all that apply
Uses an evidence-based risk assessment tool for hemorrhage risk at defined stages of labor (prenatal, on admission, pre-birth, and on transition to postpartum care) for all patients	☐
Measures cumulative **quantitative** blood loss on all patients	☐
Performs active management of the 3rd stage of labor (department-wide protocol)	☐
Completes multidisciplinary reviews for monitoring of outcomes and process metrics (at least) for OBH cases resulting in 4 or more units of blood products and/or SMM Indicator (as defined by CDC) in perinatal quality improvement (QI) committee	☐
Provides trauma informed support program for patients, their identified support network, and staff for all significant hemorrhages	☐
Provides educational information, which includes (at least) warning signs/symptoms of obstetric hemorrhage and who to contact with medical/mental health concerns about the patient	☐
None of the above (if this is selected, others may not be)	☐

Severe Hypertension in Pregnancy

23. Does the applicant facility use standardized protocols (with checklists and escalation policies), which include a standardized response to maternal early warning signs, listening and investigating patient-reported and observed symptoms, **and** assessment of standard labs for the management of patients with severe hypertension or related symptoms, as well as obtaining appropriate consultation and maternal transport, if needed? (Response Required)

☐ YES ☐ NO

24. Does the applicant facility use standardized protocols (with checklists and escalation policies) for management and treatment of severe hypertension, eclampsia, seizure prophylaxis, and magnesium overdosage, as well as postpartum presentation of severe hypertension/preeclampsia? (Response Required)

☐ YES ☐ NO

25. Which elements from the Severe Hypertension in Pregnancy Safety Bundle has the applicant facility implemented? **Select all that apply.** (Response Required)

Severe Hypertension Safety Bundle Elements	Select all that apply

Facility has rapid access to standardized medications used for severe hypertension/eclampsia	☐
Facility ensures accurate measurement and assessment of blood pressure for every pregnant and postpartum patient, including: (1) notification of OB Provider if systolic BP ≥ 160 or diastolic BP ≥110 for two measurements within 15 minutes; and (2) after the second elevated measurement, initiates treatment with antihypertensive medication(s) that are recommended to be administered ASAP (preferably within 60 minutes of verification)	☐
Performs multidisciplinary reviews for monitoring of outcomes and process metrics, which include (at least) required reviews by the perinatal quality improvement (QI) committee for appropriate and timely treatment of severe range blood pressure and/or SMM Indicator (as defined by CDC)	☐
Provides trauma informed support program for patients, their identified support network, and staff for all serious complications of severe HTN.	☐
Provides educational information, which includes (at least) warning signs/ symptoms of severe hypertension/ preeclampsia, and who to contact with medical/ mental health concerns about the patient	☐
Initiates postpartum follow-up visits to occur within 3 days of discharge for individuals whose pregnancy was complicated by hypertensive disorders.	☐
None of the above (if this is selected, others may not be)	☐

Safe Reduction of Primary Cesarean Births

26. Which elements from the Safe Reduction of Primary Cesarean Births Safety Bundle has the applicant facility implemented? **Select all that apply.** (Response Required)

Safe Reduction of Primary Cesarean Births Safety Bundle Elements	Select all that apply
Implements standardized admission criteria, triage management, education, and support for women presenting in spontaneous labor	☐
Offers standardized techniques of pain management, comfort measures, and labor support methods that promote labor progress and prevent dysfunctional labor	☐
Uses standardized methods in the assessment of the fetal heart rate status, including interpretation and documentation based on National Institute of Child Health and Human Development (NICHD) terminology, and encourages methods that promote freedom of movement	☐
Upholds standardized induction scheduling, to ensure proper selection and preparation of women undergoing induction of labor	☐
Utilizes standardized evidence-based labor algorithms, policies, and techniques, which allow for prompt recognition and treatment of labor dystocia	☐
Adopts policies that outline standardized management of Category II fetal heart rate patterns and uterine tachysystole	☐
Monitors primary cesarean delivery rates (using both a sample of cases [as determined by the facility] and individual physician cases) for compliance with standardized evidence-based algorithms for labor dystocia and management of Category II FHR patterns to discuss in perinatal quality improvement (QI) committee.	☐
Provides trauma informed support for patients, their identified support network, and staff if necessary for patients impacted by primary cesarean deliveries	☐
None of the above (if this is selected, others may not be)	☐

Care for Pregnant and Postpartum People with Substance Use Disorder

27. Does the applicant facility assess all pregnant women for substance use disorders (SUDs), using validated screening tool(s) to identify drug and alcohol use; and incorporates a screening, brief intervention, and referral to treatment (SBIRT) approach, in the maternity care setting? (Response Required)

☐ YES ☐ NO

28. Which elements from the Care of Pregnant and Postpartum People with Substance Use Disorder Safety Bundle has the applicant facility implemented? **Select all that apply**. (Response Required)

Care of Pregnant and Postpartum People with Substance Use Disorder (SUD) Bundle Elements	Select all that apply
Ensures screening for polysubstance use among women with SUD	☐
Provides education to promote management of SUD, which emphasizes: • SUDs are chronic medical conditions, treatment is available, family and peer support are necessary, and recovery is possible • Opioid pharmacotherapy (e.g., methadone, buprenorphine) and behavioral therapy are effective treatments for SUD • Available resources and community services	☐
Engages appropriate partners (e.g., social workers, case managers) to assist patients and families in the development of a "plan of safe care" for mom after discharge home	☐
Provides staff-wide education (for clinical and non-clinical staff) on SUDs, which emphasizes: • SUDs are chronic medical conditions that can be treated. • Stigma, bias, and discrimination negatively impact pregnant women with SUD and their ability to receive high quality care • Providing support and gaining trust by engaging in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support person(s) to understand diagnosis, options, and treatment plans.	☐
Develops pain control protocols that account for increased pain sensitivity and avoidance of mixed agonist-antagonist opioid analgesics	☐
None of the above (if this is selected, others may not be)	☐

Postpartum Discharge Transition

29. Which elements from the Postpartum Discharge Transition Safety Bundle has the applicant facility implemented? **Select all that apply** (Response Required)

Postpartum Discharge Transition Bundle Elements	Select all that apply
Applicant facility has established a system of scheduling the postpartum care visit and necessary specialty care visit, prior to discharge or within 24 hours of discharge.	☐
Screens each patient for postpartum risk factors and provides information regarding relevant community services/resources prior to discharge	☐
Screens all patients for Post-Partum Depression prior to discharge (using the Edinburgh Postnatal Depression Screen or another standardized tool) and establishes a system of support and follow-up within 30 days for those who screen positive.	☐
Provides each patient with a standardized discharge summary form upon discharge.	☐

Provides patient education prior to discharge that includes life-threatening postpartum complications and early warning signs (including mental health conditions), in addition to individual patient-specific conditions, risks, and how to seek care, to all patients and identified support person(s)	☐
Has established a process to monitor for readmissions at or within 42 days from discharge; where any trends noted are discussed with the perinatal quality improvement (QI) committee	☐
None of the above (if this is selected, others may not be)	☐

Maternal Sepsis

30. Does the applicant facility use standardized protocols with checklists and escalation policies (including a standard response to maternal early warning signs, listening, investigating patient-reported and observed symptoms, and assessment of standard labs for the management of patients with symptoms of sepsis) and obtain critical care consult and transfers patients when necessary? (Response Required)

    ☐ YES ☐ NO

31. Which elements from the Maternal Sepsis Safety Bundle has the applicant facility implemented? **Select all that apply** (Response Required)

Maternal Sepsis Bundle Elements	Select all that apply
Applicant facility has implemented the use of a Maternal Early Warning Signs system	☐
Follows standardized algorithms for sepsis workup, with a positive screen for sepsis/suspected sepsis, sepsis diagnosis, and sepsis management	☐
Performs multidisciplinary review for monitoring outcomes and process metrics, which includes (at least) timely administration of antibiotics in cases of suspected sepsis and/or SMM Indicator (as defined by CDC) and review in perinatal quality improvement (QI) committee.	☐
Provides trauma informed support program for patients, their identified support network, and staff for all serious complications of maternal sepsis.	☐
Provides educational information, which includes (at least) warning signs/symptoms of infection and who to contact with medical/mental health concerns about the patient	☐
None of the above (if this is selected, others may not be)	☐

Cardiac Conditions in Obstetrical Care

32. Has the applicant facility implemented a standard protocol (with checklists and escalation policies) for management of cardiac symptoms and conditions, which includes multidisciplinary consultation and maternal transport when necessary? (Response Required)

    ☐ YES ☐ NO

33. Has the applicant facility trained obstetric care providers to perform a basic Cardiac Conditions Screen? (Response Required)

    ☐ YES ☐ NO

Maternity Program Structure and Process

Health Equity

Please complete the following questions regarding Health Equity, as per Leapfrog | (leapfroggroup.org)

34. Which of the following patient self-identified demographic data does the applicant facility collect directly from its patients (or patients' legal guardian) during patient registration or during a hospital visit? **Select all that apply.** (Response Required)

    If "None of the above" or "None currently, but plan to do so in the next 12 months," skip to Question 41.

Demographic Data	Select all that apply
Race	☐
Ethnicity	☐
Spoken language preferred for healthcare (patient or legal guardian)	☐
Written language preferred for healthcare (patient or legal guardian)	☐
Sexual orientation	☐
Gender identity	☐
None currently, but plan to do so in the next 12 months (if this is selected, others may not be) **(Skip to Question 41)**	☐
None of the above (Skip to Question 41) (if this is selected, others may not be)	☐

35. Which of the following methods does the applicant facility use to collect the demographic data (listed in **Question 34)** directly from patients (or patients' legal guardian)? **Select all that apply**. (Response Required)

Method of Collection	Select all that apply
Self-Reported	☐
Reported by Related Person/ Family Representative	☐
Administrative	☐
Derived/ Imputed	☐
Observed/ Unknown	☐
Other (if this is selected, open comment box with unlimited text)	☐
None of the above (if this is selected, others may not be)	☐

36. Does the applicant facility provide training (at the time of onboarding and/or annually thereafter) for staff who are responsible for registering patients on how to collect self-identified demographic data (listed in **Question 34**) either in-person or over the phone from its patients (or patients' legal guardian)? **Select one response** (Response Required)

Training Frequencies	Select one
Onboarding	☐
Annually after onboarding	☐
Both onboarding and annually after onboarding	☐
None of the above (If this is selected, others may not be)	☐

37. Which of the following patient self-identified demographic data collected directly from its patients (or

patients' legal guardian) is the applicant facility able to extract in a usable format? **Select all that apply.** (Response Required)

If "none of the above" skip Questions 38-40 and continue to **Question 41**.

Demographic Data	Select all that apply
Race	☐
Ethnicity	☐
Spoken language preferred for healthcare (patient or legal guardian)	☐
Written language preferred for healthcare (patient or legal guardian)	☐
Sexual orientation	☐
Gender identity	☐
None of the above (Skip to Question 41) (if this is selected, others may not be)	☐

38. Does the applicant facility use the patient self-identified demographic data it collects directly from patients (or patient's legal guardian) in **Question 34** to stratify any quality measure(s) with the aim of identifying health care disparities? (Response Required)

    If "No," "No, facility data was not found to be accurate or usable," or "Not currently, but plan to do so in the next 12 months" to Question 38, skip Questions 39-40 and continue to Question 41.

    ☐ YES
    ☐ NO (Skip to Question 41)
    ☐ NO, facility data was not found to be accurate or usable. (Skip to Question 41)
    ☐ Not currently, but plan to do so in the next 12 months. (Skip to Question 41)

39. Which type(s) of quality measure(s) does your facility stratify, with the aim of identifying health care disparities? **Select all that apply.** (Response Required)

Quality Measure	Select all that apply
Clinical process measures	☐
Clinical outcome measures	☐
CAHPS measures (I.e., Adult CAHPS, OAS CAHPS, CAHPS Child Hospital Survey, etc.).	☐
Other patient experience measures	☐
Other	☐
None of the above (if this is selected, others may not be)	☐

40. In the past 12 months, has the applicant facility used the data and information obtained through **Question 37** to update and/or revise any of the following? **Select all that apply**. (Response Required)

Use of Data	Select all that apply
Policies	☐
Procedures	☐
Patient Safety Goals	☐
Quality Improvement Goals	☐
Not currently, but plan to do so in the next 12 months (if this is selected, others may not be)	☐
None of the above (if this is selected, others may not be)	☐

41. Does the applicant facility collect information regarding patient perception of care (including, but not limited to the patient's perception of receiving unbiased, respectful healthcare)? (Response Required)

☐ YES ☐ NO

42. Has the applicant facility implemented trauma-informed protocols and anti-racist training (unconscious bias/ respectful and equitable care) to address healthcare team member biases and stigmas? (Response Required)

☐ YES
☐ NO
☐ OTHER

If Other, please explain: _____ (only opens if 'other' is selected; unlimited text)

Drills and Simulations for Adverse Events

43. Does the applicant facility hold drills or simulations for serious maternal adverse events (e.g., obstetric hemorrhage, eclampsia)? (Response Required)

☐ YES (if selected; open Questions 44 and 45)
☐ NO (Skip to Question 46)

44. How often are serious maternal adverse event drills or simulations performed? **Select only ONE.** (Response Required) (Table only opens if "yes" is selected above)

Frequency of Drills and Simulations	Select only ONE
Every 3 months	☐
Every 6 months	☐
Every 12 months	☐
Every 24 months	☐
None of the above (If this is selected, others may not be)	☐

45. Does the applicant facility require physicians (both privileged and hospital-based) who provide obstetric care at your facility to participate in serious maternal adverse event drills and/or simulations? (Response Required)

☐ YES ☐ NO

46. Does the applicant facility require ongoing (at least every 2 years) physician and nursing education and training on topics that support maternal safety? **Select all that apply**. (Response Required)

Educational Topic	Select all that apply
Fetal Heart Rate Monitoring	☐
Obstetric Hemorrhage	☐
Severe Hypertension	☐
Maternal Sepsis	☐
Cardiac Conditions in Obstetrical Care	☐
Maternal Substance Use Disorder	☐
Other	☐
None of the above (if this is selected, others may not be)	☐

State Perinatal Quality Collaboratives

State perinatal quality collaboratives (PQCs) are state or multi-state networks of teams working to improve the quality of care for mothers and babies. Many states currently have active collaboratives, and others are in development. The Centers for Disease Control and Prevention's (CDC's) Division of Reproductive Health (DRH) is currently providing support for state based PQCs in Colorado, Delaware, Florida, Georgia, Illinois, Louisiana, Massachusetts, Minnesota, Mississippi, New Jersey, New York, Oregon, and Wisconsin.

You can learn more about State perinatal quality collaboratives (PQCs) here:
https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html

47. Is the applicant facility engaged with its state's PQC? (Response Required)

☐ YES
☐ NO
☐ OTHER

If Other, please explain: _____ (only opens if 'other' is selected; unlimited text)

Postpartum Contraception

48. Does the applicant facility provide postpartum women with access to placement of Long-Acting Reversible Contraceptives (LARCs) with-in 3 days of delivery? (Response Required)

☐ YES
☐ NO
☐ Unable to answer because of the applicant facility's administrative policies or religious affiliation.

Miscellaneous Facility Practices

49. Has the applicant facility implemented the Association of Women's Health and Neonatal Nurses (AWHONN's) Post-Birth Warning Signs for patient discharge education? (Response Required)

☐ YES
☐ NO

50. Has the applicant facility implemented Enhanced Recovery After Surgery (ERAS) protocols for cesarean delivery patients? (Response Required)

☐ YES
☐ NO

51. Does the applicant facility routinely use sequential compression devices (SCDs) for deep vein thrombosis (DVT) prevention on patients at high risk for DVTs? (Response Required)

☐ YES
☐ NO

52. Does the applicant facility offer an Obstetric Nurse Navigator program (or similar program), which facilitates the mother's access to pregnancy education, self-care, and support systems (such as doulas)? (Response Required)

☐ YES
☐ NO

53. Does the applicant facility employ doulas or Certified Nurse Midwives (CNMs)? **Select only ONE**: (Response Required)

☐ Doulas (If selected, skip to Question 55)
☐ Certified Nurse Midwives
☐ Both doulas and Certified Nurse Midwives (If selected, skip to Question 55)
☐ None of the above

54. If the applicant facility does NOT employ doulas, is the applicant facility supportive of doula participation in labor support? (Response Required)

☐ YES
☐ NO

55. Is the applicant facility affiliated with a birthing center (either attached to or detached from your facility)? (Response Required)

☐ YES
☐ NO

56. Does the applicant facility employ obstetric hospitalists/ laborists? (Required Response)

☐ YES (If selected, open Question 57)
☐ NO

57. Please complete this table for ALL obstetric hospitalists/ laborists who deliver babies at your facility (Response Required).

A. Instructions for Manual Completion of Team Table:

- Enter the first and last name of the obstetric hospitalist/ laborist.
    - An obstetric hospitalist/ laborist is "an obstetrician-gynecologist who has minimal outpatient and elective surgical responsibilities, and whose primary role is to care for hospitalized obstetric patients and to help manage obstetric emergencies that occur in the hospital…" see

(Committee Opinion, Number 657, February 2016, The Obstetric and Gynecologic Hospitalist, Reaffirmed 2017 (acog.org). For the purpose of this question, include OB/GYNs that currently provide maternity care at the facility ONLY – this provider has no office or clinic responsibilities.

- Enter the National Provider Identifier (NPI) number of the obstetric hospitalist/ laborist. Refer to the NPPES NPI Registry (hhs.gov) to find the NPI.
- Exclude obstetric hospitalists/ laborists who are not currently practicing at the applicant facility at the time of this application's submission (e.g., retired, left employment).

FIRST NAME	LAST NAME	NATIONAL PROVIDER IDENTIFIER (NPI)
XXX alpha only	XXX alpha only	XXX numeric only

TEAM TABLE

58. Please complete the Team Table for **ALL Physicians** (e.g., obstetrician/gynecologists, maternal-fetal medicine, family medicine; both privileged and hospital-based) **AND ALL Certified Nurse Midwives (CNMs)** (both privileged and hospital-based), who deliver babies at the applicant facility. (Response Required)

Exclusions:

- Exclude all Physicians and CNMs who are not currently practicing at the applicant facility at the time of this application's submission (e.g., retired, left employment).
- Exclude all Physicians and CNMs who do not deliver babies.
- Exclude all Physician Assistants, Nurse Practitioners, and Medical/Surgical Residents in training.
- Only include Nurse Midwives if the applicant facility's state allows them to bill independently.
- Exclude all Physicians and CNMs who do NOT treat or manage any **adult** patients (ages 18 and older) at the applicant facility at the time of this application's submission.
- Exclude all Emergency Room Physicians.
- Exclude all locum tenens Physicians and temporary Certified Nurse Midwives
- Exclude all obstetric hospitalists/ laborists listed in Question 57, defined by ACOG as "an obstetrician-gynecologist who has minimal outpatient and elective surgical responsibilities, and whose primary role is to care for hospitalized obstetric patients and to help manage obstetric emergencies that occur in the hospital…" see (Committee Opinion, Number 657, February 2016, The Obstetric and Gynecologic Hospitalist, Reaffirmed 2017 (acog.org).

Instructions for Team Table Completion:

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

A. Instructions for Manual Completion of Team Table:

- Enter the first and last name of the Physician or CNM.
- Enter the National Provider Identifier (NPI) number of the Physician or CNM. Refer to the NPPES NPI Registry to find the NPI.
- Select applicable employment model from the drop down list provided

B. 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
- Refer to Supplemental Information guide for instructions on completing Employment Model column

FIRST NAME	LAST NAME	PHYSICIAN or CNM's TYPE 1 NATIONAL PROVIDER IDENTIFIER (NPI)	Employment Model (Drop Down List)
XXX alpha only	XXX alpha only	XXX numeric only	Non-Hospital Employed Private Practice Physician Hospital Employed Private Practice Physician Certified Nurse Midwife

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 elects 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 the following physicians rendering services at this Provider:

- Radiologists
- Anesthesiologists
- Pathologists
- Neonatologists
- Maternal-Fetal Medicine Specialists
- Hospitalists
- 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).

☐ **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: _____