

BlueDistinction®

Specialty Care

Program Selection Criteria: 2020 Solid Organ Transplants

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Document Overview

The Program Selection Criteria outlines the Quality, Business, and Cost of Care Selection Criteria and evaluation processes used to determine eligibility for the Blue Distinction® Centers (BDC) for Transplants program (this Program).

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Blue Distinction Centers for Transplants

In late 2019, local Blue Plans invited 315 facilities across the country to be considered for one or more of the solid organ transplant designation(s) under this Program; 199 unique facilities applied, which include a total of 172 adult and 87 pediatric solid organ transplant programs. These facilities' transplant programs were evaluated on objective, transparent Selection Criteria with Quality, Business, and Cost of Care components.

The Program will now include adult deceased donor kidney, adult living donor kidney, and pediatric kidney, offering designations for nine solid organ transplant types. With the addition of kidney transplants, the pancreas transplant program, which included PAK/PTA¹ and SPK² procedures, will no longer be offered as a stand-alone Blue Distinction Center designation.

Designation as a BDC for Transplants differentiates facilities locally, as well as nationally, and includes two levels of designation:

- **Blue Distinction Centers (BDC):** Facilities recognized for their expertise in delivering specialty care.
- **Blue Distinction Centers+ (BDC+):** Facilities recognized for their expertise and cost-efficiency in delivering specialty care.

Quality is key: *only those facilities that first meet nationally established quality measures for BDC will be considered for designation as a BDC+.*

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

¹ Pancreas after Kidney transplant (PAK) and Pancreas Transplant Alone (PTA)

² Simultaneous Pancreas Kidney Transplant (SPK)

Evaluation Process

Blue Distinction Specialty Care programs establish nationally consistent and continually evolving approaches to evaluating quality and value of care. The evaluation process include:

Quality

Nationally consistent approach to evaluating quality and safety was used, incorporating quality measures with meaningful impact, including delivery system features and specific quality outcomes to which all can aspire.

Cost

Nationally consistent and objective approach for selecting BDC+ was used to address market and consumer demand for cost savings and affordable healthcare.

Access

Blue members' access to Blue Distinction Centers was considered to achieve the Program's overall goal of providing differentiated performance on Quality and, for the BDC+ designation, Cost of Care.

Data Sources

Objective data from the Provider Survey, Plan Survey and National Blue Claims Dataset (Claims Data) information were used to evaluate and identify facilities that meet the Program's Selection Criteria. Table 1 below outlines the data sources used for evaluation of this Program.

Table 1: Data Sources

Selection Criteria Components	Data Source	Blue Distinction Centers (BDC)	Blue Distinction Centers+ (BDC+)
Quality	<ul style="list-style-type: none"> Quality data supplied by applicant facility in the Provider Survey SRTR publicly available data from the January 2020 Release. SRTR Website Local Blue Plan Quality Criteria <i>(if applicable)</i> 	✓	✓
Business	<ul style="list-style-type: none"> Data supplied by Plan in the Plan Survey Review of Blue Brands Evaluation Local Blue Plan Business Criteria <i>(if applicable)</i> 	✓	✓
Cost of Care	<ul style="list-style-type: none"> Global Contract Terms Claims Data Local Blue Plan Cost Criteria <i>(if applicable)</i> 		✓

Note: Due to challenges presented by the COVID-19 pandemic, BCBSA reserves the right to make necessary accommodations to this Program's Selection Criteria. Accommodations, if any, will be made on a nationally consistent basis and communicated through your local Blue Plan.

Quality Evaluation

Blue Distinction Specialty Care programs establish a nationally consistent approach to evaluating quality and safety by incorporating quality measures with meaningful impact. Selection Criteria continues to evolve through each future evaluation cycle, consistent with medical advances and measurement in this specialty area. The measurement framework for this and other Blue Distinction programs were developed using the following guiding principles:

- Utilize a credible process and produce credible results with meaningfully differentiated outcomes
- Align with other national efforts using established measures, where appropriate and feasible
- Simplify and streamline measures and reporting process
- Enhance transparency and ease of explaining program methods

Quality Measure Selection

The Solid Organ Transplant program's quality evaluation includes information reported in the Provider Survey, such as program accreditations, certifications, and the most recent 12 months of volume data.

Applicant facilities were also evaluated on graft survival outcomes for their solid organ transplant program(s). Graft survival outcomes are publicly reported by SRTR. SRTR data can be found at the [SRTR Website](#). Each applicant facility's solid organ transplant program(s) was evaluated using the January 2020 SRTR release. Dependent on the transplant program type, required and flexible measures must be met to be considered for designation. Each transplant type is unique and has its own nuances; therefore, the approach taken was to evaluate each with this in mind and align across, where applicable. The applicant facility's performance on the outcome measures was compared to the BDC for Transplants National Thresholds.

Each applicant facility's transplant programs are required to meet the SRTR 1-Year Graft Survival Tier rating performance, in addition to volume and structure measures. SRTR uses a tier rating system of 1 through 5 based on the Hazard Ratio, where 1 is considered 'Below Expected' and 5 is 'Above Expected'.

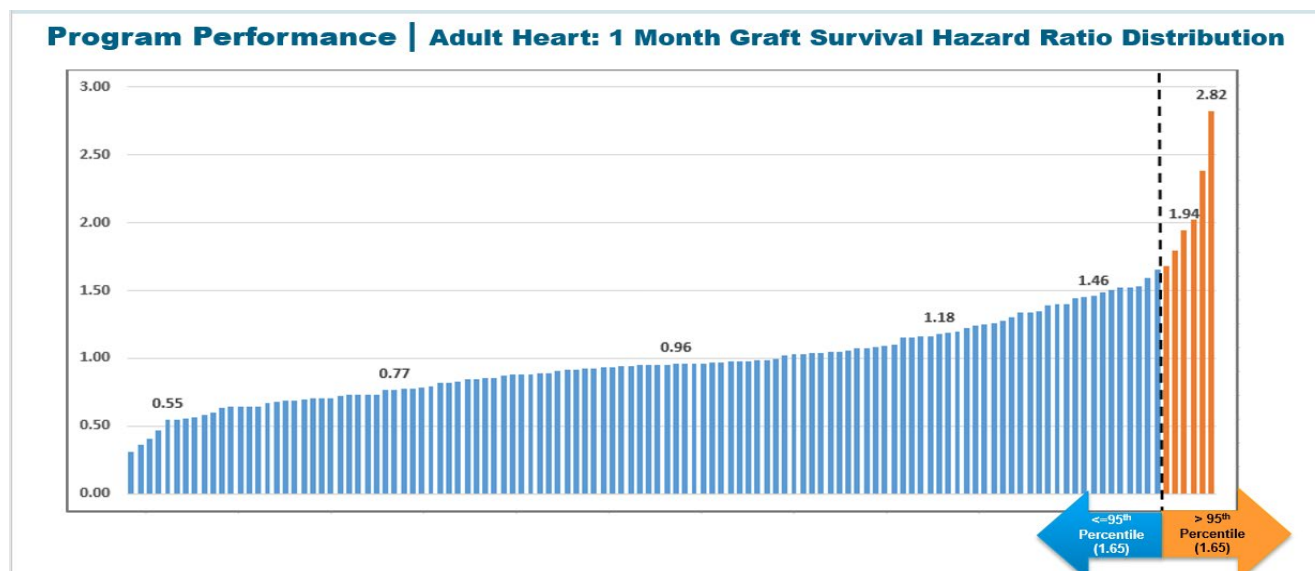
Each applicant facility's programs also must meet the flexible measures. Flexible measures allow a program to meet certain quality measures on a '1 out of 2' or '3 out of 4' basis (dependent on organ type). Flexible measures include SRTR 1-Month and 3-Year graft survival outcomes (which are expressed as a Hazard Ratio), tier rating performance for Transplant Rate (how fast a patient receives a transplant), and tier rating performance for Survival on the Waitlist.

The Hazard Ratio is a measure of how many patients did not survive the post-transplant year with a functional graft relative to how many were expected not to survive. The numerator is the estimate of the percentage of grafts surviving and the denominator is the statistically "expected" survival based on the types of patients who underwent transplant at the applicant facility; refer to the [SRTR website](#) for further details on the methodology used to calculate the Hazard Ratios. A Hazard ratio of 1.0 would mean the applicant facility had as many as expected; a Hazard Ratio of 0.5 would mean it had less than expected; and a Hazard Ratio of 2.0 would mean it experienced double the amount than expected.³ The entire SRTR universe is used to calculate the 95th Percentile for the specific transplant organ being reviewed. Using the 95th Percentile for the national threshold allows for the

³Referenced from the Scientific Registry for Transplant Recipients (SRTR).

differences between transplant programs, providing additional flexibility. The 95th Percentile is a cut point in the distribution by which 95% of the data points fall below that cut point, inversely, 5% above. The applicant facility needs to be equal to or below the 95th Percentile to meet the BDC National Threshold. Refer to Figure 1 as an example from the Adult Heart SRTR January 2020 Release for the 1 Month Graft Survival Hazard Ratio.

Figure 1: Hazard Ratio 95th Percentile Distribution



All quality thresholds (required and flexible) within a given transplant type must meet the Quality Selection Criteria in order to meet eligibility requirements.

Quality Selection Criteria for Solid Organ Transplant

Quality Selection Criteria for the adult and pediatric solid organ transplant programs include general facility structure measures, certifications (where applicable), guideline requirements, and transplant volume, as well as survival outcome measures that are specific to each transplant type.

Quality Selection Criteria for the solid organ transplant types are outlined in the following tables:

- **Table 2:** Adult and Pediatric Transplants – Structure and Process Measures
- **Table 3:** Adult Heart, Lung, and Liver (Deceased Donor) Transplants – Outcome Measures
- **Table 4:** Adult Kidney (Deceased Donor) Transplant – Outcome Measures
- **Table 5:** Adult Liver (Living Donor) and Kidney (Living Donor) Transplants – Outcome Measures
- **Table 6:** Pediatric Heart, Liver, and Kidney Transplants – Outcome Measures

Table 2. Adult and Pediatric Solid Organ Transplant Programs Selection Criteria

Structure and Process Measures - Selection Criteria			
Measure Name	Data source	Selection Criteria Description	Scoring
National Accreditation	Provider Survey	<p>Facility is fully accredited by at least one of the following national accreditation organizations:</p> <ul style="list-style-type: none"> The Joint Commission (TJC) (without provision or condition) in the Hospital Accreditation Program (without provision or condition). Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Information Association (AOIA) as an acute care hospital. National Integrated Accreditation Program (NIAHOSM) – Acute Care of DNV GL Healthcare. Center for Improvement in Healthcare Quality (CIHQ) in the Hospital Accreditation Program. <p><i>NOTE: 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 under the local Blue Plan Criteria.</i></p>	Required
CMS Certification (Adult Programs Only)	Provider Survey	Facility's adult solid organ transplant program(s) is certified by the Centers for Medicare and Medicaid Services (CMS) and is currently in good standing.	Required
United Network for Organ Sharing (UNOS)	Provider Survey	Facility's solid organ transplant program(s) 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").	Required
Local Plan Quality Criteria (if applicable)	Plan Survey	An individual Blue Plan, at its own independent discretion, may establish and apply local quality requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers Program, for facilities located within its Service Area.	Required

Table 3. Adult Heart, Lung, and Liver (Deceased Donor) Transplant Programs Selection Criteria

Outcome Measures - Selection Criteria			
Measure Name	Data source	Selection Criteria Description	Scoring
Transplant Volume*	Provider Survey	Transplant volume is greater than or equal to 10 in the most recent 12 months.	Required
1 Year Graft Tier Rating	SRTR	SRTR reported 1 year Graft Tier Rating for the program is greater than or equal to 2 .	Required
Must Meet 3 out of 4 Flexible Measures			
Transplant Rate Tier Rating	SRTR	SRTR Transplant Rate Tier Rating is greater than or equal to 2 .	Flexible
Survival on Waitlist Tier Rating	SRTR	SRTR Survival on the Waitlist Tier Rating is greater than or equal to 2 .	Flexible
Graft 1 Month Hazard Ratio	SRTR	The program must have a 1 month graft Hazard Ratio less than or equal to the 95th percentile , based on the distribution of all 1 month graft Hazard Ratios in SRTR.	Flexible

Outcome Measures - Selection Criteria			
Measure Name	Data source	Selection Criteria Description	Scoring
Graft 3 Year Hazard Ratio	SRTR	The program must have a 3 year graft Hazard Ratio less than or equal to the 95th percentile , based on the distribution of all 3 year graft Hazard Ratios in SRTR.	Flexible

* Adult deceased donor liver transplant volume includes combined deceased and living donor transplants.

Table 4. Adult Kidney (Deceased Donor) Transplant Program Selection Criteria

Outcome Measures - Selection Criteria			
Measure Name	Data source	Selection Criteria Description	Scoring
Transplant Volume*	Provider Survey	Transplant volume is greater than or equal to 10 in the most recent 12 months.	Required
1 Year Graft Tier Rating	SRTR	SRTR reported 1 year Graft Tier Rating for the program is greater than or equal to 2 .	Required
Must Meet 1 out of 2 Flexible Measures			
Graft 1 Month Hazard Ratio	SRTR	The program must have a 1 month graft Hazard Ratio less than or equal to the 95th percentile , based on the distribution of all 1 month graft Hazard Ratios in SRTR.	Flexible
Graft 3 Year Hazard Ratio	SRTR	The program must have a 3 year graft Hazard Ratio less than or equal to the 95th percentile , based on the distribution of all 3 year graft Hazard Ratios in SRTR.	Flexible

* Adult deceased donor kidney transplant volume includes combined deceased and living donor transplants.

Table 5. Adult Liver (Living Donor) and Kidney (Living Donor) Transplant Program Selection Criteria

Outcome Measures - Selection Criteria			
Measure Name	Data source	Selection Criteria Description	Scoring
Transplant Volume*	Provider Survey	Transplant volume is greater than or equal to 1 in the most recent 12 months.	Required
1 Year Graft Tier Rating	SRTR	SRTR reported 1 year graft tier rating for the program is greater than or equal to 2 .	Required
Deceased Donor Program Eligibility	SRTR	The adult liver and/or adult kidney deceased donor program(s) must be eligible for BDC/BDC+ designation.	Required
United Network for Organ Sharing (UNOS)	SRTR	Facility's solid organ transplant program(s) 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").	Required

* Adult living donor liver and living donor kidney transplants volumes include living donor transplants only.

Table 6. Pediatric Heart, Liver, and Kidney Transplant Program Selection Criteria

Outcome Measures - Selection Criteria			
Measure Name	Data source	Selection Criteria Description	Scoring
Transplant Volume	Provider Survey	Transplant volume is greater than or equal to 1 in the most recent 12 months.	Required
1 Year Graft Tier Rating	SRTR	SRTR reported 1 year Graft Tier Rating for the program is greater than or equal to 2 .	Required
Must Meet 1 out of 2 Flexible Measures			
Graft 1 Month Hazard Ratio	SRTR	The program must have a 1 month graft Hazard Ratio less than or equal to the 95th percentile , based on the distribution of all 1 month graft Hazard Ratios in SRTR.	Flexible
Graft 3 Year Hazard Ratio	SRTR	The program must have a 3 year graft Hazard Ratio less than or equal to the 95th percentile , based on the distribution of all 3 year graft Hazard Ratios in SRTR.	Flexible

Business Selection Criteria

The Business Selection Criteria consists of the following components:

1. Facility Performs Services
2. Facility Preferred Provider Organization (PPO) Participation;
3. Physician PPO Participation;
4. Blue Brands Criteria; and
5. Local Blue Plan Business Criteria (if applicable)

An applicant facility must meet **all** components listed below in Table 7 to meet the Business Selection Criteria for the Blue Distinction Centers for Transplants designation.

Table 7. Business Selection Criteria

Business Selection Criteria	
Measure Name	Selection Criteria Description
Facility Performs Services	Facility must perform solid organ transplant services.
Facility PPO Participation	Facility must participate in the local Blue Plan's BlueCard® Preferred Provider Organization (PPO) network.
Physician PPO Participation	All Key Physicians (physicians and surgeons who manage or perform solid organ transplant procedures at the applicant facility), as identified in the Provider Survey, are required to participate in the local Blue Plan's BlueCard PPO Network.
Blue Brands Criteria	Facility and its corporate family meets BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
Local Plan Business 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 facilities located within its Service Area.

Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

Cost of Care Evaluation and Selection Criteria

Cost of care measures were designed to address market and consumer demand for cost savings and affordable healthcare. The Cost of Care Selection Criteria were used to provide a consistent and objective approach to identify BDC+ facilities.

Quality is key: Only those facilities that first meet nationally established, objective quality measures for BDC will be considered for designation as a BDC+.

Cost of Care evaluations were completed for Adult Heart, Adult Lung, and Adult Liver Transplants. Cost of Care was not evaluated for Adult Kidney (Deceased and Living Donor), due to no variation in cost, and for Pediatric Heart, Pediatric Liver, and Pediatric Kidney transplants, due to insufficient availability of data nationally; accordingly, only BDC, and not BDC+, is offered for these 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 Healthcare Claims data and facility Global Contract Terms. 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 the specific transplant type.

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

Due to the proprietary nature of Global Contracting Terms, evaluation metrics and national thresholds are not released publically. Applicant facilities may contact the local Blue Plan to discuss their Transplant program's Cost of Care evaluation results.

To be eligible for designation as a Blue Distinction Center+, an applicant facility must ultimately satisfy the Quality, Business, and Cost of Care Selection Criteria.

Questions

Contact your local Blue Plan with any questions.

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