Bariatric Surgery

Facilities must submit clinical data to establish that they meet the selection criteria, which includes:

- An established bariatric surgery program, actively performing bariatric procedures for the most recent 12-month period and performing a required minimum volume of 125 such surgeries annually
- · Appropriate experience of its bariatric surgery team
- An acute care inpatient facility, including intensive care and emergency services
- Full facility accreditation by a Centers for Medicare and Medicaid Services (CMS)-deemed national accreditation organization
- A comprehensive quality management program

Knee and Hip Replacement

Facilities must submit clinical data to establish that they meet the selection criteria, which include:

- An established acute care inpatient facility, including intensive care, emergency care and a full range of patient support services
- Full accreditation by a Centers for Medicare and Medicaid Services (CMS)-deemed national accreditation organization
- A comprehensive quality management program
- An established knee and hip replacement program, performing required annual volumes for certain procedures (for example, at least 100 total hip and total knee joint replacement surgeries [primary and revision] per year, with a minimum of 25 each total hip and total knee replacements)
- An experienced knee and hip replacement surgery team, including surgeons with board certification, subspecialty fellowship training, and case volumes that meet the selection criteria for knee and hip replacement procedures
- Pre-operative patient education

Maternity Care

Facilities must submit clinical data to establish that they meet the selection criteria which includes:

- An established acute care inpatient facility, including intensive care, emergency care and a full range of patient support services
- Full accreditation by a Centers for Medicare and Medicaid Services (CMS)-deemed national accreditation organization
- A comprehensive quality management program
- Based on objective, publicly available quality metrics obtained from Hospital Compare; Vaginal deliveries and Cesarean deliveries at an acute care inpatient facility, routine obstetrical care and follow up services are also included
- Eligible facilities must also attest to having certain structural components in place and commit to ongoing reporting and quality improvement obligations.

Spine Surgery

Facilities must submit clinical data to establish that they meet the selection criteria, which include:

- An established acute care inpatient facility, including intensive care, emergency care and a full range of patient support services
- Full accreditation by a Centers for Medicare and Medicaid Services (CMS)deemed national accreditation organization
- A comprehensive quality management program

- An established spine surgery program, performing required annual volumes for certain procedures (for example, at least 100 procedures annually for discectomy, fusion and/or decompression)
- An experienced spine surgery team, including spine surgeons with board certification and case volumes that meet the selection criteria for spine surgery procedures
- Processes for patient selection and appropriateness of surgery
- Shared decision-making
- · Processes that support transitions of care
- Multi-disciplinary teams and clinical pathways to coordinate and streamline care
- Use of an internal registry or database to track patient outcomes over time
- Participation in the Surgical Care Improvement Project (SCIP) with 90 percent performance on process measures
- Clinical outcomes that meet objective thresholds, such as complication rates and length of stay, for specific procedures
- Processes that support transitions of care
- Multi-disciplinary teams and clinical pathways to coordinate and streamline care
- Use of an internal registry or database to track patient outcomes over time
- Participation in the Surgical Care Improvement Project (SCIP) with 90 percent performance on process measures
- Clinical outcomes that meet objective thresholds, such as complication rates and length of stay, for specific procedures

Transplants

Facilities must submit clinical data to establish that they meet the evidence-based selection criteria. Each of the Transplant COE facilities is designated for one or more of the following types of transplants:

Heart

- Lung (deceased and living donor)
- Combination heart /lung
- Liver (deceased and living donor)
- Simultaneous pancreas kidney (SPK)
- Adult/Pedi Kidney new standalone designations; facility can include pancreas (PAK/PTA & SPK)
- Pancreas (PAK/PTA & SPK)
- Bone marrow/stem cell (autologous and allogeneic)

In determining the selection criteria, collaboration occurred with physician experts and medical organizations such as the Center for International Blood and Marrow Transplant Research (CIBMTR), the Scientific Registry of Transplant Recipients (SRTR) and the Foundation for the Accreditation of Cellular Therapy (FACT).

- An established transplant program, actively performing these procedures for the most recent 24- month period and performing a required minimum volume of transplant procedures
- Appropriate experience and credentialing of its transplant team
- An established acute care inpatient facility, including intensive care, emergency and a full range of services**
- Full facility accreditation by a Centers for Medicare and Medicaid Services (CMS)-deemed national accreditation organization.
- Assessment of patient and graft aggregate outcomes, including sufficiently low graft failures and mortality rates
- A comprehensive quality management program
- Documented patient care and follow-up procedures at admission and discharge, including referral back to primary care physicians

To maintain the Health Care Centers of Excellence (HCCOE) designation, a periodic re-assessment will occur. Facilities must already be designated for Blue Distinction Program in order to apply for the HCCOE designation.

Cost

The process to incorporate cost of care measures into the program's selection criteria is designed to provide an equitable and objective evaluation. A Specialty Care Facility must meet all quality standards before the facility will be measured for cost efficiency.

Metrics for cost efficiency are based on:

- Contracting status within the network
- Hospital-based provider network participation
- Market cost comparison for provider like services
- Location of Specialty Care Facilities

Each facility's cost of care is calculated using 12 months of claims data. By program type, inpatient admissions, inpatient allowed dollars, outpatient claims and allowed dollars are evaluated. Facilities are then ranked and a threshold established. Costs are evaluated based on Marketing Statistical Area definitions to allow for geographic cost variations in delivering care.

Provider Finder

The following icons are displayed in Provider Finder for the Health Care Centers of Excellence program only when the Blue Essentials HMO Network is selected.



Benefit Requirement

Benefit differentials may be available for specific employer groups. Please verify benefits prior to providing care.



1. What is the purpose of the Health Care Centers of Excellence (HCCOE) program?

The Health Care Centers of Excellence (HC COE) program is a designation program that identifies Texas hospitals in the Blue Essentials network that have demonstrated they deliver quality specialty care in a safe, effective and cost-efficient manner. This program was designed to guide consumers in finding quality and value for their specialty care needs. The program also allows employers a platform for designing benefits to meet their quality and cost objectives.

2. Which medical/surgical programs are available as a part of the Health Care Centers of Excellence?

The Health Care Centers of Excellence Program currently designates Blue Essential contracted facilities as Health Care Centers of Excellence in five high-impact areas of care, including:

- bariatric surgery
- knee and hip replacement
- maternity care
- spine surgery
- transplants

3. What is the value of a Health Care Centers of Excellence designation?

Differentiation in Your Community and Beyond

Designation as a Health Care Center of Excellence differentiates your facility among peers in your local market. From your staff and referring physicians to patients and prospective employees, this designation affirms that your facility demonstrates expertise in delivering specialty care.

Enhanced Awareness and Preference

The Program is committed to providing both consumers and physicians with increased transparency on provider quality and cost. Health Care Centers of Excellence designations provide consumers and their referring physicians with the information about facilities recognized for delivering quality, cost-efficient specialty care. According to research conducted on consumer healthcare

decision-making, consumers are more likely to select a higher quality, lower cost provider than a high-cost provider when both quality and cost information are shown in tandem.

Recognition Among Employers

Employers are willing to adopt multiple initiatives to help improve health care while managing cost, including offering richer benefits to increase use of designated facilities, narrowing networks to feature cost-effective providers, and offering incentives to change employee behavior. Market demand for benefit differentials is increasing and can be accommodated by the Health Care Centers of Excellence program.

4. Why would patients seek facilities with a Health Care Centers of Excellence designation?

The Program is committed to providing both consumers and physicians with increased transparency on provider quality and cost. Health Care Centers of Excellence designations provide consumers and their referring physicians in the Blue Essentials network with the information about facilities recognized for delivering quality, cost-efficient specialty care. According to research conducted on consumer healthcare decision-making, consumers are more likely to select a higher quality, lower cost provider than a high-cost provider when both quality and cost information are shown in tandem.

5. What data sources were used for the Health Care Centers of Excellence quality evaluation?

Sources may include Hospital Compare, MSBAQIP, The Joint Commission, Provider Survey, BCBSTX plan claims data and other publicly available data sources. Quality is key. A facility is evaluated for quality before cost is assessed.

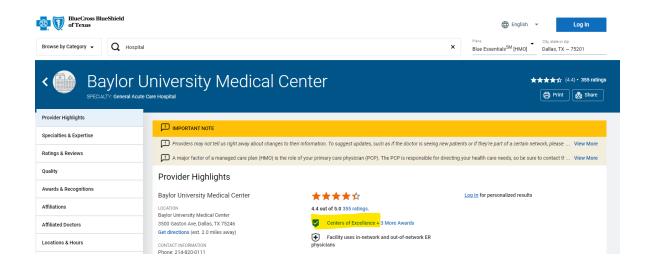
6. What data sources were used for the Health Care Centers of Excellence cost evaluation?

The source for the cost data for the HC COE evaluation is BCBSTX plan claims data. Quality is key. Only those facilities that have met quality are evaluated for cost.

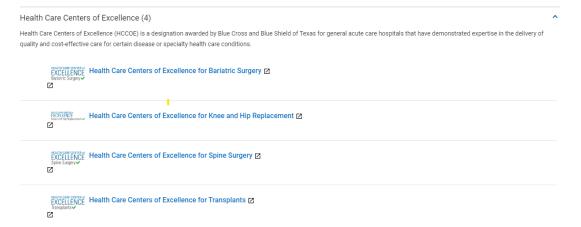
7. Are all Blue Essential contracted facilities eligible for evaluation for the HC COE program?

Not all facilities are eligible for evaluation. Facilities must demonstrate that they provide the medical/surgical services for the given HC COE program in order to be evaluated for quality.

8. How are the HCCOE facilities identified on BCBSTX' Provider Finder?



Awards & Recognitions



9. Who can I contact at BCBSTX about how to apply for an HCCOE designation? Please contact your local BCBSTX Network Representative. Or Yulonda Fluker at yulonda_fluker@bcbstx.com.