



Provider Name: Huntsville Memorial Hospital
 Provider Address: 110 Memorial Hospital Dr
 Provider City and State: Huntsville, TX
 BDC Facility Key (BUK): 32583

Provider Feedback Report
 Program: Maternity Care
 Local Blue Plan: BCBS of Texas

Blue Distinction Specialty Care is a national designation program recognizing healthcare providers that demonstrate expertise in delivering quality specialty care – safely, effectively, and cost efficiently. The goal of the program is to help consumers find both quality and value for their specialty care needs, while encouraging healthcare professionals to improve the overall quality and delivery of healthcare nationwide, and providing a credible foundation for local Blue Cross and/or Blue Shield Plans (Blue Plans) to design benefits tailored to meet employers' quality and cost objectives. The Blue Distinction Specialty Care Program includes two levels of designation:

- Blue Distinction Centers (BDC): Healthcare providers recognized for their expertise in delivering specialty care.
 - Blue Distinction Centers+ (BDC+): Healthcare providers recognized for their expertise and cost efficiency in delivering specialty care.
- Quality is key: only those providers that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.**

ABOUT THIS REPORT

Each facility that was evaluated for the BDC/BDC+ designation receives a Feedback Report containing valuable performance information. This Feedback Report can also provide a foundation for internal discussions within your executive management team or medical staff to assess and improve your facility's quality and cost performance, in comparison to national benchmarks.

The report has five sections:

- **Summary of Eligibility Decisions** – High level summary of results, to help you understand if your facility met the quality, business and/or cost selection criteria to be considered eligible for designation as a BDC or BDC+.
- **Quality Selection Criteria** – Detailed summary of results, to help you understand how your facility performed on the required quality metrics. A facility must meet all quality and business selection criteria to be considered eligible for designation as a BDC.
- **Informational Quality Metrics** – Metrics that were not used to evaluate facilities for designation, but were collected to capture important clinical facility information and to provide opportunity for potential quality improvement.
- **Business Selection Criteria** – Summary of results, to help you understand if your facility met the business selection criteria. A facility must meet all quality and business selection criteria to be considered eligible for designation as a BDC.
- **Cost of Care Selection Criteria** – Summary of results, to help you understand if your facility met the cost of care selection criteria. A facility must meet all quality, business and cost of care selection criteria to be considered eligible for designation as a BDC+.

Additional information to help your facility understand this Feedback Report, including a detailed explanation of the methodologies and program selection criteria used in the evaluation process, can be found in the program documentation included in your facility's Notification Packet. Procedures to appeal or reconsider the eligibility decision are defined in the Appeal and Reconsideration Procedure document posted on the [BD Link Bulletin Board](#).

SUMMARY OF ELIGIBILITY DECISIONS

Below is a summary of your results:

Program	Quality Decision	Business Decision	Cost of Care Decision	Final Eligibility Decision
Maternity Care	Meets	Meets	Meets	BDC+ Eligible

**AGREEMENT FOR PARTICIPATION IN
BLUE DISTINCTION® CENTERS FOR MATERNITY CARE
Blue Distinction Centers Designation**

This agreement (the "Agreement") contains the terms and conditions for designation and participation of the undersigned facility ("Facility" or "Provider") in the Blue Distinction Centers for Maternity Care program (the "Program"), which is administered by Blue Cross and Blue Shield Association ("BCBSA"), an association of independent licensed Blue Cross and Blue Shield Plans (the "Member Plans"), and the local Blue Plan(s) identified below (the "local Blue Plan(s)"), and is effective as of the date of its execution below by BCBSA (the "Effective Date" of this Agreement). Facility, BCBSA, and the local Blue Plan(s) will be referred to jointly as the "Parties" and individually as a "Party."

In consideration of the mutual promises set forth herein, the sufficiency of which is acknowledged, the Parties agree as follows:

1. Each facility that receives a designation under this Program (a "Designation"), as identified in the Feedback Report (described further, below in this Section), also receives one of two mutually exclusive "Subdesignations," as either: (a) a "Blue Distinction Center" (or "BDC") (a Subdesignation for those facilities that meet the Program's quality and business selection criteria [including Local Blue Plan Criteria, if applicable; see Section 2, below]); or (b) a "Blue Distinction Center+" (or "BDC+") (a Subdesignation for those facilities that meet the Program's quality and business selection criteria [including Local Blue Plan Criteria, if applicable] and the Program's cost of care selection criteria).

This Facility is designated as a [✓]Blue Distinction Center for Maternity Care (the "Designation"), with the corresponding Subdesignation identified in this Facility's most recent Feedback Report for this Program's most recent evaluation period (provided to Facility by the local Blue Plan prior to the Effective Date of this Agreement and incorporated by reference herein). Facility consents to being designated as a Blue Distinction Center for Maternity Care, with the aforementioned Subdesignation, in provider directories, website listings, and marketing and other materials prepared by BCBSA, the local Blue Plan(s), and other Member Plans. BCBSA updates its listings of designated facilities monthly, on a going forward basis; for any interim periods, contact your local Blue Plan(s).

2. Facility's continued Designation and Subdesignation under this Program are contingent on Facility's ongoing compliance with all requirements for its Designation and Subdesignation in this Program (as described above in Section 1 and as defined more particularly in the Provider Survey (formerly, "RFI") materials and in BCBSA's materials for this Program, as updated from time to time at www.bcbs.com), together with all Local Blue Plan Criteria (if any, with terms as described in Attachment "A," incorporated by reference herein); and Facility will provide BCBSA and the Local Plan with immediate written notice if Facility fails to comply with any such requirements at any time during the Term of this Agreement. Facility confirms that it is and will remain in compliance with this Program's requirements, at all times during the Term of this Agreement.
3. This Agreement does not convey to Facility any right to use the BLUE CROSS and/or BLUE SHIELD names, trademarks, service marks, or design logos (collectively, together with all derivatives thereof, the "BC/BS Marks"), except to the limited extent provided in the attached "Provider Guidelines for Designation Usage" (incorporated by reference herein as Attachment "B"), as updated by BCBSA from time to time. Facility will comply with the terms set forth in Attachment B whenever Facility references its Designation(s) or Subdesignation(s) under this Program. Except as set forth in Attachment B with respect to the BC/BS Marks, Facility will not use in a logo any cross or shield design (or design that gives the commercial impression of a cross or shield) that contains the color blue (or that gives the commercial impression of the color blue), or any other name, mark, or design logo that is confusingly similar to or dilutes the BC/BS Marks. Facility represents and warrants that it, its parent, and its subsidiaries (collectively, "Facility's Affiliates") are not using any cross or shield design (or design that gives the commercial impression of a cross or shield) that contains the color blue (or that gives the commercial impression of the color blue), or any other name, mark, or design logo that is confusingly similar to or dilutes the BC/BS Marks. Facility shall not be deemed in violation of the previous two sentences regarding any individual name, mark, or design to the extent that Facility and Facility's Affiliates are in compliance with a written letter from or settlement with BCBSA legal counsel with respect to such name, mark, or design.
4. **Public Statement on Hospital Based Physicians' PPO Status.** Facility, at its option (by checking the opt-in box in the signature block below), may elect to disclose that all Hospital Based Physicians who provide Related Services at that Facility participate in the local Blue Plan's BlueCard® PPO network (with terms as defined and described in Attachment "C," incorporated by reference herein). *Please check off the opt-in box below, if this Facility will participate in this feature for this Program; if Facility chooses not to check off the opt-in box, then all Parties will understand that Facility prefers not to participate in this feature at this time.*

5. BCBSA may share Provider and Plan Survey responses ("Data") and results ("Scores") pertaining to Facility 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 these Data and Scores together with other facilities' 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). 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) or to the extent derived from third party public data.
6. Facility will comply with reasonable administrative requirements imposed by BCBSA and/or local Blue Plan(s) for the operation of this Program, subject to applicable laws and regulations, including but not limited to accurately and truthfully: (a) updating Facility's Provider Survey responses on a regular basis, not to exceed annually; and (b) providing additional information to BCBSA and/or to data registries designated by BCBSA, if any.
7. Facility is required to be a participating provider in the local Blue Plan's BlueCard PPO Network.
8. This Agreement and Facility's Designation and Subdesignation under this Program will begin on the Effective Date (set forth below) and will remain in effect until terminated as described herein (the "Term"); provided, that Facility continues to meet the criteria for participation in this Program and all periodic re-designation processes. This Agreement may be terminated without cause by any Party upon thirty (30) days' prior written notice to the other Parties. Additionally, this Agreement may be terminated by BCBSA or the local Blue Plan(s) immediately upon written notice, in the event Facility ceases to meet the criteria for participation in this Program or any periodic re-designation processes.
9. Facility's participation in this Program is voluntary and does not alter, amend, or replace any other agreement that may exist between Facility and BCBSA or any local Blue Plan.
10. This Agreement contains the entire agreement between the Parties with respect to Facility's participation in this Program, and, when fully executed, will supersede any prior oral or written agreements pertaining to Facility's participation in this Program. Any amendment or modification of this Agreement must be made in writing and signed by all Parties. No provision of this Agreement may be waived except in a writing signed by the party against whom the waiver is to be effective. Failure of any party to require full performance of any provision of this Agreement will not impact that party's right to enforce that provision later. Each party reserves its rights to enforce this Agreement and any and all other rights and remedies available pursuant to law. All notices under this Agreement will be sent in writing to the Parties at the addresses shown below on the signature page and will be deemed given: upon the date of receipt, if delivered by a national courier; or four (4) business days after sending by registered or certified US Mail. BCBSA may change the names associated with Blue Distinction Specialty Care ("BDSC," BCBSA's collective name for all Programs), any individual Programs (including this Program) or Subdesignations, upon written notice to all facilities then designated under the relevant Program(s). This Agreement may be executed in one or more counterparts, each of which will be a separate document but all of which together will constitute one and the same instrument; the Parties agree that handwritten original signatures (or, at BCBSA's option, electronic signatures using the vendor and process that BCBSA may designate for this Program) that are transmitted via email will be deemed acceptable and as effective as if they were the original executed hard copies.

The rest of this page has been left blank intentionally.

IN WITNESS WHEREOF, the Parties, by the signatures below of their respective and duly authorized representatives, have executed this Agreement.

FACILITY NAME

(as shown on Provider Feedback Report):

Huntsville Memorial Hospital

By its duly authorized officer:

SLB

Print Officer's Name: Shannon L Brown

Print Officer's Title: CEO

Date: 10/13/2012

Address: 110 Memorial Hospital Dr
Huntsville, T.X 77340

(Address where maternity care services are performed, as shown on Provider Feedback Report)

Attn: Anna Smith

Email: anna.smith@huntsvillememorial.com

Phone: 936-435-7591 Fax:

BLUE PLAN NAME: BCBS TX

By its duly authorized representative:

S McClure

Print Name: SHARA MCCLURE

Print Title: DSVP, HEALTH CARE DELIVERY

OPTIONAL — CHECK IF FACILITY CONSENTS TO OPT IN:



Facility Consents to Participate in Optional Feature – Public Statement on Hospital Based Physicians' PPO Status – Blue Distinction Centers for Maternity Care. Facility hereby consents to participate in this optional feature for Blue Distinction Centers for Maternity Care, pursuant to the terms set forth in Section 4 and Attachment C.

Note: Contact BCBSA if your Facility desires to opt in later during the Term of this Agreement, or if your Facility opts in but later needs to opt out of this feature.

Date: 8/9/2017

Address: 1001 E Lookout Dr
Richardson TX 75082

Attn: Molisa Raybon

Email: molisa_raybon@bcbstx.com

Phone: 972-766-9301

Fax:

BlueCross and BlueShield signature follows.

BLUE CROSS AND BLUE SHIELD ASSOCIATION

By its duly authorized representative:

Kari J. Hedges

Print Name:

Kari J Hedges

Print Title:

SVP Commercial Markets

Effective Date of this Agreement:

1/1/2018

Address: 225 North Michigan Avenue

Chicago, Illinois 60601

Attn: Blue Distinction Centers

**ATTACHMENT A
LOCAL BLUE PLAN CRITERIA
BLUE DISTINCTION CENTERS FOR MATERNITY CARE**

An individual Blue Plan, at its own independent discretion, may elect to utilize participation in specific local networks as a local business requirement for eligibility in this Program ("Local Blue Plan Criteria"); provided, that any such local business requirement: must be in addition to the national selection criteria elements for this Program; must align with The Blues® long-term System-wide participating provider implementation strategy; and must be identified transparently and administered consistently by that local Blue Plan for all facilities within its Service Area.

There are no Local Blue Plan Criteria for this Program at this time.

ATTACHMENT B
PROVIDER GUIDELINES
FOR
BLUE DISTINCTION CENTER DESIGNATION USAGE
Rev. 2/23/17

These guidelines, as updated by BCBSA from time to time, are available on www.bcbs.com or such other location that BCBSA may identify in writing to all parties.

Provider ("Provider"), as a Blue Distinction Center (BDC) or Blue Distinction Center+ ("BDC+") (jointly, "BDC/+"), is not required to use the BDC/+ name or logo; but if it chooses to do so, then it must follow these Provider Guidelines:

BDC/+ Designation: Appearance and General Use. All communications concerning BDC/+ status must include all of the following elements (together, the "BDC/+ Designation"), in the manner described further below in these Provider Guidelines:

- Name of the designating Local Plan(s);
- Specific area(s) of specialty care for which the provider was designated as a BDC/+ (e.g., a Blue Distinction Center for Cardiac Care; or the specific organ type(s) for which the facility was designated as a BDC for Transplants [BDCT] [e.g., that the facility's heart transplant program was designated as a Blue Distinction Center for Transplants]); and
- Subdesignation made in the Participation Agreement, if any.

If a provider was designated by two or more Local Plans for a particular BDC/+ Program, it is preferable, though not required, for that provider's Blue Distinction communications to mention each designating Local Plan, unless the communication's content or distribution is limited to one of the designating Local Plans.

Use of the BDC/+ Designation is limited to the provider entity(ies) and location(s) that received the BDC/+ Designation (identified in the most current Provider Feedback Report and/or Participation Agreement for that BDC/+ Program). The BDC/+ Designation cannot be used by or at provider's other affiliated entities or locations, unless they also have a site-specific BDC/+ Designation.

BDC/+ Designation: Details on Use. The BDC/+ Designation may be used during the Term of this Participation Agreement, beginning as soon as the Participation Agreement has been fully executed by all parties (unless BCBSA establishes a later date for consistent national launch); and, if the provider does use the BDC/+ Designation, then the provider must feature the BDC/+ Designation in signage, advertising, websites, press releases and other communications as follows:

Signage

- **BDC/+ Templates.** A BDC/+ provider may display signage (banners, plaques, billboards and certificates) using any of the templates provided by the Local Plan for the duration of the provider's participation in the BDC/+ Program. Non-templated signage that refers to the "Blue Distinction" name, BDC/+ Program name, BDC/+ Designation, and/or BDC/+ Icons must be approved in advance by the Local Plan.
- **Use Limited to Site-Specific Designated Location(s).** BDC/+ signage may be used and displayed only by and at the provider entity(ies) and location(s) that received the BDC/+ Designation (identified in the most current Provider Feedback Report and/or Participation Agreement for that BDC/+ Program).
- **Multiple BDC/+ Designations.** If a provider has BDC/+ Designations for multiple specialties, it may display multiple signage, one for each, or combined BDC/+ Designations (using BDC/+ templates for Single Center Use or Multiple Centers Use).

Communications, Advertising and Websites

- **BDC/+ Templates.** All communications and signage (including signage, advertising, websites, press releases and other communications) using the "Blue Distinction" name, BDC/+ Program name, BDC/+ Designation, and/or BDC/+ Icons must use applicable templates provided to each provider by the Local Plan, which contain messaging that has been pre-approved by the Local Plan and Blue Cross and Blue Shield Association (BCBSA). Variations from BDC/+ templates must be approved in advance by the Local Plan.
- **BDC/+ Icons.** Approved art files for various "BDC/+ Icons," with variations on BDC/+ templates for Single Center Use or Multiple Centers Use, are available from the Local Plan upon request.

- **Web Content.** The content of each web page that displays the "Blue Distinction" name, BDC/+ Program name, BDC/+ Designation and/or BDC/+ Icons must be approved by the Local Plan in advance of its use. BDC/+ Icons may be displayed on the provider's website (subject to these Provider Guidelines), but each web page on which the BDC/+ Icon is displayed must include the specific area(s) of specialty care for which the provider was designated as a BDC/+, Subdesignation (if any), and the name of the designating Local Plan, and must be approved in advance by the Local Plan.

Disclaimer. The following legal disclaimer (the "Disclaimer") must be used on all communications (e.g., advertising, websites, press releases and other communications) involving BDC/+(s) (including any use of the "Blue Distinction" name, BDC/+ Program name, BDC/+ Designation, and/or BDC/+ Icons), except "Signage" (limited to banners, plaques, billboards and certificates), television and radio, and certain social media formats (limited to "tweets" and the "Facebook Post" portion of Facebook, only):

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.

Abbreviated Disclaimer, for use in television and radio, and certain social media formats (limited to "tweets" and the "Facebook Post" portion of Facebook, only), along with other requirements consistent with BCBS Brand Regulations:

To learn more about Blue Distinction Centers, please visit www.bcbs.com or contact your Local Plan.

Press Releases

- **Prior Approval by Local Plan.** All press releases using the "Blue Distinction" name, BDC/+ Program name, BDC/+ Designation, and/or BDC/+ Icons must be approved by the Local Plan in advance of their release.

Miscellaneous

- **Relative Size of Blue Names/Symbols and Provider/Provider's Names/Symbols.** Whenever they appear together in the same communications vehicle:
 - Names and symbols of Provider/Provider and/or any professional society may appear more prominently than those of the BDC/+ Designation, Local Plan(s) and BCBSA;
 - Provided, however, that the names and symbols of the BDC/+ Designation(s), Local Plan(s), and BCBSA must appear no less prominently than those of any other health insurer or any organization other than Provider/Provider or any professional society.
- **Use on Variable Media Prohibited.** The "Blue Distinction" name, BDC/+ Program name, BDC/+ Designation, and/or BDC/+ Icons may not be used on any form of stationery, letterhead, templates, forms or other materials whose contents or application may vary.
- **Appeal and Termination of BDC/+ Designation.** When loss of BDC/+ Designation is under formal appeal, BDC/+ signage and advertising may be used until the appeal process is complete. Upon termination or loss of BDC/+ Designation, all use of the "Blue Distinction" name, BDC/+ Program name, BDC/+ Designation, BDC/+ Icons, and all BDC/+ signage, advertising and website references must be removed, and must cease, immediately.
- BCBSA may change the names associated with any or all Blue Distinction Specialty Care Programs and Subdesignations, upon written notice to all providers then designated under the relevant Program(s).

**ATTACHMENT C
PUBLIC STATEMENT ON HOSPITAL BASED PHYSICIANS' PPO STATUS
BLUE DISTINCTION CENTERS FOR MATERNITY CARE**

These terms apply only if Facility has elected to opt-in to this optional public disclosure feature for this Program.

**Optional Public Statement:
BlueCard® PPO Network Participation Status of Hospital Based Physicians**

Facility, at its option, may elect to disclose that all Hospital Based Physicians who provide Related Services at that Facility participate in the Local Plan's BlueCard PPO network (with terms as defined and described below). This feature is not a Program requirement. Facility's decision on whether or not to participate in this feature will not impact its Designation status.

If Facility consents to participate in this optional feature for the Program, then Facility represents and warrants voluntarily that, as of the Effective Date of this Agreement, all Facility Based Physicians who provide Related Services at this Facility participate in the Local Plan's BlueCard PPO network (with terms as defined and described below). With Facility'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. Facility 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 Facility 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 Facility subsequently participate again in the Local Plan's BlueCard PPO network.

"Hospital Based Physicians" means all of the following physicians rendering services at this Facility:

- Radiologists;
- Anesthesiologists;
- Pathologists;
- Hospitalists; and
- Intensivists.

"Related Services" means all services provided by Hospital Based Physicians for adult patients (age 18 years and older) for all episodes of care described generally below for this Program:

Episodes of care for Blue Distinction Centers for Maternity Care are associated with all maternity procedures for adult patients (age 18 years or older) related to the delivery episode of care, which includes vaginal delivery and cesarean section delivery.