

## BLUE CROSS AND BLUE SHIELD BLUE DISTINCTION CENTERS FOR COMPLEX AND RARE CANCERS 2007 REQUEST FOR INFORMATION

### General Information

Please complete all survey information pertaining to your facility's CURRENT and ACTIVE services for adults with Complex and Rare Cancers. Please be sure that your application is complete, including relevant attachments, before submitting. Applications that are missing information will be considered incomplete and will not be evaluated for participation as a Blue Distinction Center for Complex and Rare Cancers.

### Reference Guide for Codes – Procedures and Diagnoses

Due to the complexity of these cancers and their treatment, we have developed a reference guide for use in filling in data for the RFI. The guide outlines which procedures and diagnoses should be included in the volume counts. **Please refer to this guide to clarify which cancers and cancer treatment procedures are being addressed in this RFI.**

### Support/Contact Information

For questions or help with this application, please email [Oncology@bcbsa.com](mailto:Oncology@bcbsa.com).

**Please note: Blue Cross Blue Shield Association and the local Blue Plans reserve the right to request additional information from applicant facilities when appropriate.**

### Applicant Information

Please provide the legal name and address of the facility responsible for the provision of Oncology services.

Name  
Street Address  
City State Zip Code  
Chief Executive Officer  
Cancer Care Department Head  
Telephone Fax  
E-mail address  
Name of Plan nominating your facility

Please identify the **contact person** for questions pertaining to your completed application.

Name  
Title  
Street Address  
City State Zip Code  
Telephone Fax  
E-mail address

**Section I. General Facility and Program Information**

1. Indicate the national health care accrediting body by which your facility is currently accredited (mark all that apply):

- My facility is fully accredited without provision or condition by The Joint Commission (previously known as JCAHO - Joint Commission on Accreditation of Healthcare Organizations)
- My facility is fully accredited without provision or condition by HFAP (Healthcare Facilities Accreditation Program)
- My facility is not fully accredited without provision or condition by either The Joint Commission or HFAP

2. Is your facility currently contracted with the local Blue plan?

- YES     NO  
 IF NO, Comment/Reason:

3. Estimate the portion of your cancer care providers and/or provider groups that have current contracts with the local Blue plan. Indicate which category most closely fits by placing an "x" in the table below.

Provider Type	None	Some	All
Diagnostic Radiology			
Pathology			
Anesthesiology			
Radiation Therapy			
Medical Oncology			
Surgical Oncology			

Comment(s):

4. Which of the following designations does your facility currently have? Mark all that apply.

- NCCN (National Comprehensive Cancer Network) Member Institution
- NCI (National Cancer Institute) Comprehensive Cancer Center
- NCI Clinical Cancer Center
- CoC (American College of Surgeons' Commission on Cancer)
- Other cancer-related designations:

4.a **IF** approved by the CoC (American College of Surgeons' Commission on Cancer), indicate below.

**Approval Level**

- Three Year     Three Year with Contingency     Deferred Approval

**Cancer Program Category**

<input type="checkbox"/> NCIP (NCI-Designated Comprehensive Cancer Center)	<input type="checkbox"/> AFCP (Affiliate Hospital Cancer Program)
<input type="checkbox"/> THCP (Teaching Hospital Cancer Program)	<input type="checkbox"/> ICP (Integrated Cancer Program)
<input type="checkbox"/> COMP (Community Hospital Comprehensive Center Program)	<input type="checkbox"/> CHCP (Community Hospital Cancer Program)
<input type="checkbox"/> FCCP (Freestanding Cancer Center Program)	<input type="checkbox"/> HACP (Hospital Associate Cancer Program)
<input type="checkbox"/> NCP (Network Cancer Program)	<input type="checkbox"/> PCP (Pediatric Cancer Program)
<input type="checkbox"/> VACP (Veterans Affairs Cancer Program)	<input type="checkbox"/> PCPC (Pediatric Cancer Program Component)

5. Does your facility maintain data in an internal cancer registry that tracks treatment and outcomes data?

YES  NO

5a. IF YES to 5, is the registry an American College of Surgeons' National Cancer Database?

YES  NO

5b. IF NO to 5a, please explain registry components:

6. To which cancer registries and databases does your facility submit data? (mark all that apply):

- ACoS CoC National Cancer Database (NCDB)  
 SEER (Surveillance, Epidemiology, and End Results) Program  
 State Cancer Registry  
 NCCN Database  
 Society of Thoracic Surgeons' (STS) General Thoracic Surgery Database  
 None  
 Other(s):

6a. Is case abstracting performed or supervised by a trained tumor registrar /Certified Tumor Registrar (CTR)?

YES  NO

6b. IF NO, then which staff role is responsible for abstracting the cases?

7. Which aspects of continuous quality improvement (CQI) are included in the cancer care program at your facility? Mark all that apply.

- Written Oncology CQI plan  
 Multidisciplinary CQI team  
 Regular meetings with recorded meeting minutes  
 Tracked quality indicators  
 Other(s):

8. Does your institution participate in the following national quality initiatives?

8a. Publicly report on the Leapfrog Group Web site via the Leapfrog Hospital Survey?

YES  NO

8b. Institute for Healthcare Improvement's (IHI) 5 Million Lives Campaign?

YES  NO

9. Are all cancer patients evaluated for participation in clinical trials?

YES  NO

9a. Indicate which clinical trials your facility participates in, specifically in regards to complex and rare cancers:

- NCI funded Clinical Trials  
 CALGB (Cancer and Leukemia Group B)  
 NSABP (National Surgical Adjuvant Breast and Bowel Project)  
 RTOG (Radiation Therapy Oncology Group)  
 ACOSOG (American College of Surgeons Oncology Group)  
 Other(s):

10. Does your facility require patients to consider and/or sign an advance directive prior to beginning treatment?

YES  NO

11. Does your facility have a pain management team and/or guidelines to manage pain control in cancer patients?

YES  NO

IF YES, please attach these pain management guidelines and label Section I, Question 11.

12. Is there a clinical Palliative Care Team available for consult at your facility?

YES  NO

13. Are all cancer patients screened for palliative care needs initially and at appropriate intervals throughout treatment and follow-up? (This question specifically refers to Palliative Care, not hospice or end-of-life care.)

YES  NO

13a. IF YES, please attach the palliative care patient management guidelines and label Section I, Question 13a.

13b. IF NO, describe how patients are evaluated for palliative care services, and how palliative care services are provided at your facility. If necessary, attach information and label Section I, Question 13b.

14. Does your facility have a hospice program available to cancer patients, either as a direct relationship with your facility or through a referral process?

- Hospice provided through applicant facility  
 Referral relationship with hospice service  
 Not available

14a. IF NOT available, how are hospice services addressed? Please attach information and label Section 1, Question 14a.

15. For which of the following treatment points do you have a standard format and/or policy for communication with the primary and/or referring physician? Please attach copies of relevant policies and formats if available and label Section 1, Question 15.

- Review of prior history and/or treatment  
 Treatment plan after initial assessment  
 Completion of each phase of therapy (e.g. radiation, chemotherapy)  
 Patient experiences major condition changes (e.g. tumor restaging, referral to hospice)  
 Hospital admissions and discharges  
 Development of life-long survivorship follow-up plan  
 Other:

<b>Section II. Disease-Specific Facility/Team Capabilities and Outcomes</b>
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1. Please indicate the team and facility capabilities available at your facility by checking the boxes below. If the specialists/capabilities are not available at your facility OR if the specialists are not formally trained in the area of specialty, provide a comment on the level of expertise in the specialty area.

*If your facility does not currently treat the specific cancer type, mark the appropriate box and please indicate the facility/health system where you most commonly refer patients with these cancer types.*

<u>Dedicated Care Teams and Facility Components</u>	<u>Specialty Training</u> (Please check those that apply to at least one staff physician.)	<u>Additional Comments</u> (Please provide if clarification is needed.)
<b>1. General Cancer Program Staff</b>		
<input type="checkbox"/> Pathologist	<input type="checkbox"/> American Board of Pathology	
<input type="checkbox"/> Diagnostic Radiologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Subspecialized certificate in Nuclear Radiology <input type="checkbox"/> Fellowship in Interventional Radiology	
<b>2. Dedicated Team(s) Specializing in <u>Bone Tumors and Soft Tissue Sarcomas</u></b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Orthopedic Surgeon <b>OR</b> <input type="checkbox"/> Surgical Oncologist	<input type="checkbox"/> American Board of Orthopedic Surgery <input type="checkbox"/> American Board of Surgery <input type="checkbox"/> Fellowship in Surgical Oncology <input type="checkbox"/> Fellowship in Orthopedic Oncology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Diagnostic Radiologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Musculoskeletal Radiology	
<input type="checkbox"/> Pathologist	<input type="checkbox"/> American Board of Pathology	
<input type="checkbox"/> Rehabilitation Medicine Physician	<input type="checkbox"/> American Board of Physical Medicine & Rehabilitation	

<b><u>Dedicated Care Teams and Facility Components</u></b>	<b><u>Specialty Training</u></b> (Please check those that apply to at least one staff physician.)	<b><u>Additional Comments</u></b> (Please provide if clarification is needed.)
<b>3. Dedicated Team Specializing in <u>Esophageal Cancer</u></b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Thoracic Surgeon <b>OR</b> <input type="checkbox"/> Surgical Oncologist	<input type="checkbox"/> American Board of Surgery <input type="checkbox"/> American Board of Thoracic Surgery <input type="checkbox"/> Fellowship in Surgical Oncology <input type="checkbox"/> Fellowship in Thoracic Surgery	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Gastroenterology	
<input type="checkbox"/> Nutritional Support Expert	Provide a description of the nutritional support services provided to esophageal cancer patients.	
<input type="checkbox"/> Endoscopic Ultrasound		
<b>4. Dedicated Team Specializing in <u>Pancreatic Cancer</u></b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Surgical Oncologist <b>OR</b> <input type="checkbox"/> Hepatobiliary Surgeon	<input type="checkbox"/> American Board of Surgery <input type="checkbox"/> Fellowship in Surgical Oncology <input type="checkbox"/> Fellowship in Hepatobiliary Surgery	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Endocrinology	
<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Gastroenterology	
<input type="checkbox"/> Nutritional Support Expert	Describe nutritional support services provided.	

<u>Dedicated Care Teams and Facility Components</u>	<u>Specialty Training</u> (Please check those that apply to at least one staff physician.)	<u>Additional Comments</u> (Please provide if clarification is needed.)
<b>5. Dedicated Team Specializing in Gastric Cancer</b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Surgical Oncologist	<input type="checkbox"/> American Board of Surgery <input type="checkbox"/> Fellowship in Surgical Oncology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certification in Gastroenterology	
<input type="checkbox"/> Nutritional Support Expert	Describe nutritional support services provided.	
<b>6. Dedicated Team Specializing in Rectal Cancer</b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Colorectal Surgeon <b>OR</b> <input type="checkbox"/> Surgical Oncologist	<input type="checkbox"/> American Board of Surgery <input type="checkbox"/> American Board of Colon and Rectal Surgery <input type="checkbox"/> Fellowship in Surgical Oncology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Ostomy and Wound Management Nurse	<input type="checkbox"/> Certified by the Wound, Ostomy, Continence Board <input type="checkbox"/> Other (please comment)	
<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Gastroenterology	
<input type="checkbox"/> Endorectal Ultrasound and/or MRI		

<b><u>Dedicated Care Teams and Facility Components</u></b>	<b><u>Specialty Training</u></b> (Please check those that apply to at least one staff physician.)	<b><u>Additional Comments</u></b> (Please provide if clarification is needed.)
<b>7. Dedicated Team Specializing in <u>Liver Cancer</u></b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Surgical Oncologist OR <input type="checkbox"/> Hepatobiliary Surgeon	<input type="checkbox"/> American Board of Surgery <input type="checkbox"/> Fellowship in Hepatobiliary Surgery <input type="checkbox"/> Fellowship in Surgical Oncology	
<input type="checkbox"/> Interventional Radiologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Interventional Radiology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Gastroenterology	
<b>8. Dedicated Team Specializing in <u>Bladder and Testicular Cancer</u></b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Urologist	<input type="checkbox"/> American Board of Urology <input type="checkbox"/> Fellowship in Urologic Oncology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	

<u>Dedicated Care Teams and Facility Components</u>	<u>Specialty Training</u> (Please check those that apply to at least one staff physician.)	<u>Additional Comments</u> (Please provide if clarification is needed.)
<b>9. Dedicated Team Specializing in Brain Tumors</b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Neurosurgeon	<input type="checkbox"/> American Board of Neurological Surgery <input type="checkbox"/> Fellowship in Neurosurgical Oncology	
<input type="checkbox"/> Neurologist	<input type="checkbox"/> American Board of Neurology <input type="checkbox"/> Fellowship in Neuro-Oncology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiology	
<input type="checkbox"/> Neuropathologist	<input type="checkbox"/> American Board of Pathology <input type="checkbox"/> Fellowship in Neuropathology	
<input type="checkbox"/> Neuroradiologist	<input type="checkbox"/> American Board of Radiologists <input type="checkbox"/> Fellowship in Neuroradiology	
<input type="checkbox"/> Radiosurgery capabilities utilized by neurosurgery team		
<input type="checkbox"/> Speech rehabilitation services		
<input type="checkbox"/> Cognitive rehabilitation services		
<b>10. Dedicated Team Specializing in Head and Neck Cancer</b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Head and Neck Surgeon <b>AND</b> <input type="checkbox"/> Plastic Surgeon	<input type="checkbox"/> American Board of Otolaryngology <input type="checkbox"/> American Board of Surgery <input type="checkbox"/> American Board of Plastic and Reconstructive Surgery <input type="checkbox"/> Fellowship in Head and Neck Surgical Oncology	
<input type="checkbox"/> Oral Surgeon	<input type="checkbox"/> American Board of Oral and Maxillofacial Surgery	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty Certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	

<u>Dedicated Care Teams and Facility Components</u>	<u>Specialty Training</u> (Please check those that apply to at least one staff physician.)	<u>Additional Comments</u> (Please provide if clarification is needed.)
<b>11. Dedicated Team Specializing in Thyroid Cancer</b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> General, Endocrine, or Head and Neck Surgeon <b>AND</b> <input type="checkbox"/> Otolaryngologist	<input type="checkbox"/> American Board of Surgery <input type="checkbox"/> American Board of Otolaryngology <input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Fellowship in Head and Neck Oncology <input type="checkbox"/> Fellowship in Surgical Oncology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Endocrinology	
<input type="checkbox"/> Fine Needle Biopsies used for diagnosis <b>AND/OR</b> <input type="checkbox"/> Cytopathology services		
<b>12. Dedicated Team Specializing in Rare Lung Cancers - Pancoast Tumors and Mesotheliomas</b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Thoracic Surgeon	<input type="checkbox"/> American Board of Thoracic Surgery <input type="checkbox"/> Fellowship in Thoracic Oncology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Pulmonologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Pulmonology	
<input type="checkbox"/> Pulmonary rehabilitation services		

<u>Dedicated Care Teams and Facility Components</u>	<u>Specialty Training</u> (Please check those that apply to at least one staff physician.)	<u>Additional Comments</u> (Please provide if clarification is needed.)
<b>13. Dedicated Team Specializing in <u>Ocular Melanoma</u></b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Plastic Surgeon	<input type="checkbox"/> American Board of Plastic Surgery	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> American Board of Ophthalmology <input type="checkbox"/> Fellowship in Neuro-Ophthalmology <input type="checkbox"/> Fellowship in Ocular Pathology	
<b>14. Dedicated Team Specializing in <u>Acute Leukemia</u></b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Hematologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Hematology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Hematopathologist	<input type="checkbox"/> American Board of Pathology <input type="checkbox"/> Fellowship in Hematopathology	
<input type="checkbox"/> Clinical trial available		
<b>15. Dedicated Team Specializing in <u>Anal Cancer</u></b>		
<input type="checkbox"/> This cancer type is not routinely treated at the facility. Cases are referred to:		
<input type="checkbox"/> Colorectal Surgeon <b>OR</b> <input type="checkbox"/> Surgical Oncologist	<input type="checkbox"/> American Board of Colon and Rectal Surgery <input type="checkbox"/> American Board of Surgery <input type="checkbox"/> Fellowship in Surgical Oncology	
<input type="checkbox"/> Medical Oncologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Medical Oncology	
<input type="checkbox"/> Radiation Oncologist	<input type="checkbox"/> American Board of Radiology <input type="checkbox"/> Fellowship in Radiation Oncology	
<input type="checkbox"/> Ostomy and Wound Management Nurse	<input type="checkbox"/> Certified by the Wound, Ostomy, Contenance Board <input type="checkbox"/> Other - please comment	
<input type="checkbox"/> Gastroenterologist	<input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> Subspecialty certificate in Gastroenterology	

2. Are there regularly scheduled multidisciplinary specific disease-directed tumor boards that include prospective case review with discussion of diagnosis, treatment, symptom management, follow-up, rehabilitation, and supportive care for the following complex and rare cancers?

Cancer Types or Groups	Active Tumor Board	How often does this board meet?
Bone Tumors and Sarcomas	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
GI Cancers – Esophageal, Gastric, Anal, Rectal	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Hepatobiliary – Pancreas, Liver	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Bladder Cancer	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Testicular Cancer	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Brain Tumors	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Head and Neck, Thyroid Cancers	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Lung Cancers-Pancoast Tumors and Mesothelioma	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Ocular Melanoma	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
Acute Leukemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other

**IF your facility does not use specific tumor boards, please explain here:**

3. Please provide the surgical volume (unless otherwise indicated) of adult patients undergoing removal of primary malignant tumors for the following cancers from **1/1/2003 through 12/31/2006**. **Please reference the accompanying guide for applicable procedures and/or codes to include.** Enter (N/A) not applicable in the table below for those procedures NOT performed at your facility.

<b>Complex and Rare Cancer Type</b>	<b><u>Surgical Case Volume</u></b>	<b>Number of Surgical Patients <u>Alive</u> at Discharge</b>	<b>Average Length of Stay (LOS)</b>
Primary Bone Tumors			
Soft Tissue Sarcomas			
Esophageal Cancer			
Pancreatic Cancer			
Gastric Cancer			
Rectal Cancer			
Liver Cancer			
Bladder Cancer			
Testicular Cancer			
Brain Tumors			
Head and Neck Cancer			
Thyroid Cancer – medullary and anaplastic			
Rare Lung – Pancoast and Mesothelioma			
Ocular Melanoma			
<b>Cancer Type</b>	<b><u>Multimodal Treatment Case Volume</u></b>	<b>Number of Patients <u>Alive</u> at Discharge</b>	<b>Average Length of Stay (LOS)</b>
Anal Cancer			
Acute Leukemia			

4. For the cancers listed above, does your facility utilize minimally-invasive surgical procedures when appropriate?  
 Yes     No

4a. IF YES, please list the applicable procedure types below:

<b>Section III. Additional Program Questions</b>
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The following facilities **DO NOT** have to complete this section and should **proceed directly to Section IV**:

- **NCCN Member Institutions,**
- **NCI Comprehensive Cancer Centers,**
- **NCI Clinical Cancer Centers,**
- **ACOS CoC - NCIP, THCP, and COMP programs with three-year full approval.**

1. Is your facility an inpatient acute care hospital including an Emergency Room, Intensive Care services, and a full range of services?

YES     NO

2. Does your facility possess the following accreditations (mark all that apply):

- CLIA (Clinical Laboratory Improvement Amendments Accreditation)  
 CAP (College of American Pathologists Accreditation)

3. Is there a dedicated inpatient oncology unit designed to meet the complex needs of cancer patients?

YES     NO

4. Is there a separate outpatient oncology unit to provide ongoing care?

YES     NO

5. Does your facility have an on site or very near by Radiation Oncology Unit and Equipment staffed by a team of board certified radiation oncologists?

YES     NO

6. Does the cancer program at your facility have an administrative structure in place including an Oncology Medical Director?

YES     NO

7. Is there a multidisciplinary committee with the oversight for cancer programs involved in the development, approval, and implementation of strategic program objectives, plans, and goals?

YES     NO

7a. If YES, then specify the members of this multidisciplinary committee (mark all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Medical oncologist          | <input type="checkbox"/> Cancer program administrator |
| <input type="checkbox"/> Surgical Oncologist/Surgeon | <input type="checkbox"/> Oncology nurse               |
| <input type="checkbox"/> Pathologist                 | <input type="checkbox"/> Social worker                |
| <input type="checkbox"/> Diagnostic radiologist      | <input type="checkbox"/> Tumor registrar/data manager |
| <input type="checkbox"/> Radiation oncologist        | <input type="checkbox"/> QI manager                   |

8. Check the following specialty services available to inpatient/outpatient cancer patients at your facility during all phases of disease and treatment (mark all that apply):

- Nursing Care provided by nurses with specialized knowledge in oncology patient care
- Diagnostic Imaging minimally including MRI and CT capabilities
- Pharmacy Services
- Psychosocial Oncology/ Psychosocial Services
- Nutrition Services
- Rehabilitative Service
- Pastoral Care

9. Does your facility have oncology home care services available to all cancer patients either through a direct relationship with your facility or through a referral process?

- YES     NO

10. Are cancer education resources provided to the oncology patient?

- YES     NO

10a. IF YES, please describe the education resources available to all oncology patients treated at your facility.

11. Are standardized oncology patient care guidelines utilized to guide the care of cancer patients?

- YES     NO

IF YES, please attach a list/ table of contents for the standardized oncology patient care guidelines utilized at your facility and label Section III, Question 11.

12. Which of the following are standard practice for case management and discharge planning when cancer patients are admitted/discharged from inpatient care:

- Evaluation for discharge needs occur early in the hospital admission
- Written criteria for hospital discharge and re-admission
- Coordination of post-discharge needs (e.g. oxygen, home care services)
- Written protocol for emergency evaluation and treatment

13. Are all oncology dedicated clinical staff required to participate in at least one cancer related educational activity annually?

- YES     NO

**Section IV. Attestation for Participation**

**Please include scanned copy of signed attestation with RFI materials submitted for review.**

**Hospital's Attestation for Participation  
in the**

**Blue Distinction Centers for Complex and Rare Cancers<sup>SM</sup> Program**

By submitting its response to this RFI for consideration as a participant in BCBSA's Blue Distinction Centers for Complex and Rare Cancers<sup>SM</sup> Program (this "Program"), and, if accepted by BCBSA, as a condition to any such designation and continued participation in the Program, Hospital represents and agrees as follows:

1. All information that Hospital provides in its response to BCBSA's Request for Information ("RFI") for its designation and participation in this Program (including information provided in Hospital's initial response, as well as any additional materials submitted through the conclusion of this RFI cycle) is and will be true and complete, as of the corresponding date of Hospital's response.
2. If selected for participation in this Program, Hospital consents to being designated as a Blue Distinction Center for Complex and Rare Cancers<sup>SM</sup> in provider directories, Web site listings, and marketing and other materials.
3. BCBSA may share Hospital's individual RFI responses and results with each of their respective employees and agents, and with BCBSA's member Plans, for purposes of evaluation and quality improvement activities. Hospital's individual RFI responses and results will not be publicly disseminated without Hospital's prior written consent, unless required by law (e.g., subpoena).
4. Additionally, BCBSA may combine Hospital's RFI responses and results together with RFI responses and results of other hospitals, to create aggregate information for public dissemination. Such aggregate information will not identify any particular hospital's responses, 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), without Hospital's prior written consent.
5. If selected for participation in this Program, Hospital 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: (a) updating Hospital's RFI responses on a regular basis, not to exceed annually, and (b) providing additional information to BCBSA and/or to data registries designated by BCBSA.
6. Hospital must provide notice to BCBSA within thirty (30) days after staffing changes with regard to key personnel in Hospital's Complex and Rare Cancers program.
7. If selected for participation in this Program, the corresponding Agreement for Participation may be terminated by BCBSA at any time in the event Hospital ceases to meet the criteria for participation in this Program and all periodic recertification processes, as determined by BCBSA in its sole discretion.

**HOSPITAL** confirms that the statements above are accurate, by the signature below of its duly authorized representative.

**HOSPITAL:**

**Print Hospital Name:** \_\_\_\_\_

By its duly authorized representative:

\_\_\_\_\_

Date: \_\_\_\_\_

Print Name:

Print Title:

**END of 2007 Request for Information.**

**Please submit completed application, scanned copy of signed attestation, and any additional documentation to [Oncology@bcbsa.com](mailto:Oncology@bcbsa.com).**