Part 1: Provider Survey

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<td>Ocular Gene Therapy Program Information</td>
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Part 2: Team Table

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PART 1: PROVIDER SURVEY

This Provider Survey supports the quality based evaluation process for the Blue Distinction Centers for Gene Therapy designation for ocular disorders. All information in this application pertains to your current and active ocular gene therapy (OGT) program, referred to as your ‘program’. Please be sure that your application is complete before submitting.

Facilities must submit an electronic version of Part 1: Provider Survey AND Part 2: Team Table in BD Portal for a complete submission.

Additional program materials for the Blue Distinction Centers for Gene Therapy designation are available at: www.bcbs.com

PROVIDER INFORMATION

PROVIDER ADDRESS AND IDENTIFIERS WILL BE PRE-POPULATED IN THE ONLINE VERSION OF THIS SURVEY.
If any of the Provider information shown above is incorrect, please email BDCAdmins@bcbsa.com or contact your local Blue Cross and/or Blue Shield Plan directly to have the information corrected.

Also, please review your National Provider Identifier (NPI), Federal Tax Identification Number (FEIN), and CMS Certification Number (CMS ID) on your Provider Record in BD Portal to confirm accuracy. To access your Provider Record, click on your provider name on the Survey Actions tab in BD Portal.

If any of the provider identifiers shown on the Details sub-tab are incorrect, please email BDCAdmins@bcbsa.com or contact your local Blue Cross and/or Blue Shield Plan directly to have the information corrected.

1. Please provide the following information for the person responsible for completing and submitting this Provider Survey:

   **Primary Contact**
   Name:
   Title:
   Phone:
   Email:

2. Please provide your facility’s legal contact. This individual may be contacted in the event there are questions related to potential brand conflicts that need to be addressed.

   **Legal Counsel/Representative Contact:**
   Name:
   Title:
   Phone:
   Email:

**OCULAR DISORDERS PROGRAM INFORMATION**

Questions in this section that refer to “my,” “your,” “my program’s” or “your program” all refer to your Facility’s own ocular gene therapy (OGT) program (not the Blue Distinction Centers for Gene Therapy Program and its designation for ocular disorders).

“Ocular Gene Therapy (OGT) Episode of Care,” as used herein, pertains to ocular gene therapy using an FDA-approved product (i.e., Luxturna), and includes: (1) pre-OGT evaluation, including genetic testing for RPE65 mutation status and testing to confirm eligibility (e.g., optical coherence tomography, ophthalmoscopy, and visual field testing); (2) OGT preparation, injection of one or both eyes, acute phase recovery, monitoring, and management; and (3) monitoring outcomes, managing any complications, and providing ongoing support during later phase follow up.
Program Structure/Process Information

3. Does your program deliver efficient, appropriate, and effective flow of necessary patient care information to providers and patients (e.g., use of EHR and patient portal)?
   □ YES □ NO

4. Does your program deliver care planning, by managing patients throughout all stages of treatment during the OGT Episode of Care?
   □ YES □ NO

5. Does your program facilitate multidisciplinary care (either within an integrated delivery system or through coordination within a virtually organized ‘medical neighborhood’ delivery system), to ensure that the patient has access to all of the following disciplines: ophthalmology (including retinal surgery); and genetic counseling for inherited retinal diseases?
   □ YES □ NO

6. Does your program ensure enhanced care access (e.g., open access scheduling; expanded hours; and new options for communication between patient and practice) to support urgent needs for patients under treatment at your facility?
   □ YES □ NO (Skip to question 8)

7. If ‘YES’, please describe your program’s enhanced care access, including information on whether there is a direct line or responsible provider for urgent patient access.

8. Has your program implemented patient-centered care, by including patient/family in planning and goal setting, as well as managing symptoms, with the goal to improve quality of life for both the patient and the family?
   □ YES □ NO (Skip to question 10)

9. If ‘YES’, please describe how your program implements patient-centered care.

10. Does your program follow standard practices and monitoring for safe administration of ocular gene therapy?
    □ YES □ NO
11. Does your program commit to system-wide monitoring and reporting of outcomes for ocular gene therapy patients through a registry, and to report requested quality measures to BCBSA to support designation evaluation?

☐ YES ☐ NO

12. Does your program incorporate measurement results into feedback and improvement of the ocular gene therapy system of care?

☐ YES ☐ NO (Skip to question 14)

13. If ‘YES’, please describe your program’s quality improvement program and the measures included in it.

14. Does your program engage patient/family in a Shared Decision Making process (defined below) for goal setting and treatment planning that provides information on realistic expectations and impacts of treatment options, through use of appropriate tools, so that care delivers utility to the patient?

**Shared Decision Making**

- Shared Decision Making is an approach where clinicians and patients consistently discuss all reasonable treatment options, the benefits and harms of those options, and which benefits and harms matter most to the patient, in order to jointly make treatment decisions that are consistent with both the best medical evidence and the patient’s preferences.
- Patient-Centered Shared Decision Making aids (e.g. booklet, video) are tools that help people become involved in decision making by providing information about the options and outcomes and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health care professional.
- One key to success lies in training physicians to help them understand how to facilitate the Shared Decision Making process and to ensure that they appreciate the importance of respecting patient’s values, preferences, and expressed needs.  

1, 2 It is also helpful to use a team approach to Shared Decision Making so that the physician’s time is used appropriately.


☐ YES ☐ NO (Skip to question 16)

15. If ‘YES’, please describe how your program implements Shared Decision Making.

16. Does your program participate in a standardized Patient Satisfaction and Experience Survey to evaluate and improve care delivery?

☐ YES ☐ NO (Skip to question 18)
17. If ‘YES’, please describe the Patient Satisfaction and Experience Survey used by your program.

Program Volume Information

18. Please report the volume of ocular gene therapies that your facility has performed, at all times to date, as part of the Spark Therapeutics program. [Web link for Luxturna]

*Note:* Only enter zero (0) if the reported volume is zero (0). If the program is unable to report or does not have the volume information requested for a specific timeframe, choose the radio button indicating that the program is ‘unable to report’ volumes.

<table>
<thead>
<tr>
<th>Indication for Treatment</th>
<th>Ocular Gene Therapy Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic retinal disorder: biallelic RPE65 mutation-associated retinal dystrophy</td>
<td>❌ Unable to report</td>
</tr>
<tr>
<td>Other investigational indication(s) that are part of a clinical trial for adult and/or pediatric patients</td>
<td>❌ Not Applicable</td>
</tr>
</tbody>
</table>

19. How many months are you using to report Ocular Gene Therapy volumes for your facility in the table above?

**NOTE:** In addition to Part 1: Provider Survey, each facility must also complete Part 2: Team Table via the Survey Actions tab in BD Portal to complete the application.
PART 2: TEAM TABLE

Physician Team Table

Please complete the Team Table for **ALL** Physicians who are currently providing ocular gene therapy care to patients at your facility.

- Exclude all Physicians who are not currently practicing at your facility at the time of this application’s submission, (i.e., retired, left employment).
- Exclude all Physicians who do not provide ocular gene therapy.
- Exclude locum tenant Physicians.
- Exclude Physician Assistants, Nurse Practitioners, or Medical/Surgical Residents in training.

There are **two options** to complete the requested information:

**Option 1** – Download an Excel template to enter Physician names and upload the template to automatically populate the Team Table

**OR**

**Option 2** – Manually enter each Physician name (one at a time) using the form below.

**Option 1 – Download and Upload Template**

**Step 1** - Click Download Template and open the file in Excel. Complete a row for each Physician; **make sure the "Type" column contains only the word "Physician"**. Save the completed Excel spreadsheet as a CSV file to your computer, as you will need to upload it into BD Portal in Step 2.

**Step 2** - Browse your computer to locate the saved Excel CSV file.

**Step 3** - Once you have located the saved Excel file on your computer, click the ‘**Upload Template**' button.

**Note:** Uploading a template will over-write existing information in the table below.

**Option 2 – Manually Enter Using Form**

**Step 1** - Manually enter Physician information into the form below.

**Step 2** - Click the ‘**Save**' button to update the Physician Team Table. Repeat as necessary until all Physicians are added to the Team Table below.
Physician Team Table

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>TYPE 1 NATIONAL PROVIDER IDENTIFIER (NPI)</th>
<th>SURGEON OR PHYSICIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>xxx</td>
<td>xxx</td>
<td>xxx</td>
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Terms & Conditions

Attestation for Provider Survey Participation
Blue Distinction® Centers for Specialty Care Program(s)

By submitting its response to this Provider Survey for consideration as a participant in this Blue Distinction Centers for Specialty Care® Program(s) (the “Program(s)”), and, if accepted by BCBSA, as a condition to any designation and participation in the Program(s), this provider (“Provider”) represents and agrees as follows:

1. All information that Provider provides in its response to BCBSA's Provider Survey for consideration as a participant in this Program(s) (including information provided in Provider's initial response, as well as any additional materials submitted throughout the evaluation and appeal process for this Provider Survey cycle) is and will be true and complete, as of the date Provider provides such information to BCBSA. Provider will advise BCBSA immediately of any material change in such information during this Provider Survey process, and if Provider is designated as a Blue Distinction Center under this Program(s), for the duration of such designation.

2. BCBSA may share Provider's individual Provider Survey responses (“Raw Data”) and results (“Scores”) with BCBSA's member Plans and, pursuant to a confidentiality agreement, member Plans' current and prospective accounts, for purposes of evaluation, care management, quality improvement, and member Plans' design of customized products and networks. BCBSA may combine Provider's Raw Data and Scores together with other Providers' data to create aggregate information for public dissemination, provided that such aggregate information will not identify Provider 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). Provider's Raw Data and Scores will not be publicly disseminated beyond the extent permitted above without Provider's prior written consent, unless required by law (e.g., subpoena).

3. Neither Provider nor any entity in which Provider holds a controlling interest uses or intends to 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 BLUE CROSS or BLUE SHIELD word or design trademarks, or any other trademarks owned by BCBSA.