

Anthem Centers of Medical Excellence Ventricular Assist Device"VAD" Facility Listing

State	Facility Name	City
CA	Sutter Medical Center Sacramento Program Types Ventricular Assist Device"VAD"-Adult	Sacramento
CO	University of Colorado Hospital Program Types Ventricular Assist Device"VAD"-Adult	Aurora
CT	Yale New Haven Hospital Program Types Ventricular Assist Device"VAD"-Adult	New Haven
IN	Ascension St. Vincent Hospital Program Types Ventricular Assist Device"VAD"-Adult	Indianapolis
IN	Indiana University Health Methodist Hospital Program Types Ventricular Assist Device"VAD"-Adult	Indianapolis
KY	UK Healthcare Hospitals Program Types Ventricular Assist Device"VAD"-Adult	Lexington
NY	Montefiore Medical Center Program Types Ventricular Assist Device"VAD"-Adult	Bronx
NY	Mount Sinai Hospital Program Types Ventricular Assist Device"VAD"-Adult	New York
NY	Westchester Medical Center Valhalla Campus Program Types Ventricular Assist Device"VAD"-Adult	Valhalla
OH	Cleveland Clinic Program Types Ventricular Assist Device"VAD"-Adult	Cleveland
OH	Ohio State University Hospital Program Types Ventricular Assist Device"VAD"-Adult	Columbus
VA	Inova Fairfax Hospital Program Types Ventricular Assist Device"VAD"-Adult	Falls Church
VA	UVA Health University Hospital Program Types Ventricular Assist Device"VAD"-Adult	Charlottesville
VA	VCU Medical Center Main Hospital Program Types Ventricular Assist Device"VAD"-Adult	Richmond

CME = Anthem Centers of Medical Excellence. The CME designation is awarded by Anthem to those programs meeting the participation requirements for Anthem's Ventricular Assist Device"VAD" network and all other future specialty networks developed by Anthem. Each Center has been selected through a rigorous evaluation of clinical data that provides insight into the facility's structures, processes, and outcomes of care

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State	Facility Name	City
WI	UW Health University Hospital Program Types Ventricular Assist Device"VAD"-Adult	Madison

Anthem Centers of Medical Excellence (CME) Ventricular Assist Device (VAD) Program

Minimum Participation Requirements

Core/Absolute Criteria Requirements:

- Facility, Medical Group and all hospital-based physicians located at the facility who provide covered VAD services to Covered Members must be participating providers in Anthem's commercial provider networks and have corresponding agreements, including reimbursement rates, in place with Anthem.
- Facility and Medical Group must meet biannual quality criteria, as stated within this document, with formal program approval and notification from Anthem.
- Facility and Medical Group must meet/continue to meet Network participation requirements as stated herein, including but not limited to the requirement to provide notice to Anthem within twenty-four (24) hours of a Working Day or seventy-two (72) hours of a weekend day of any material changes in its team or program structure, changes in federal rating status (such as loss of Medicare certification) or any adverse event that could result in failure to continue to satisfy any of the criteria for participation in the network as stated herein.
- Facility must have and maintain CMS VAD certification.
- Facility must meet one of the following:
 - Facility is an United Network for Organ Sharing (UNOS) certified heart transplant center, meeting all applicable UNOS membership criteria at all times during the term of this agreement; OR
 - Facility has a relationship with a UNOS certified heart transplant center that provides heart transplant evaluation and/or support in case of emergency heart transplant.
- Facility must have been actively performing VAD implantation over the course of the most recent 3 years.
- Facility must have performed a minimum volume average of 20 VAD implants over the most recent consecutive 3 years.

General Review Criteria Requirements:

- Team composition: VAD recipients are managed by an explicitly identified multidisciplinary team of medical professionals with the appropriate qualifications, training, and experience. Optimal patient-centered care is supported by a dedicated team that collaborates across medical specialties. The VAD multidisciplinary team must be based at the facility and includes the following:
 1. One or more cardiologists is board certified or board-eligible in advanced heart failure and transplant cardiology or with documented equivalent contemporary experience in the care of device-based management or heart transplants.
 2. One or more physicians with cardiothoracic surgery privileges and individual experience (as the primary surgeon implanting at least 12 durable, intracorporeal, VADs as bridge to transplant (BTT) or destination therapy (DT) over the course of the previous 36 months with activity in the last year.
 3. A VAD program coordinator with experience and expertise in the complete treatment course of a VAD recipient.
 4. A registered nurse with experience and expertise providing care for a VAD recipient and family.
 5. A social worker
 6. A palliative care representative
 7. A nutrition services representative
 8. A psychological services representative (i.e., psychologist or psychiatrist)
 9. A rehabilitative services representative
 10. A financial support representative

- When there has been a change in the VAD primary physician and/or surgeon during the most recent 36-month period, the program must provide verification of CMS or Joint Commission approval.
- The team ensures that VAD recipients and caregivers have the knowledge and support necessary to participate in shared decision making and to provide appropriate informed consent.
- The team ensures advanced care planning is in place.
- The program must provide support 24 hours a day, 7 days a week for a VAD recipient and family to handle emergency and urgent care after discharge from the hospital.
- Coordination of care is conducted prior to discharge and includes contact information for the practitioner in the community that will provide ongoing VAD care.
- The program provides education and resources to practitioners responsible for the VAD recipient's care (within the vicinity of the VAD recipient's residence) as needed.
- Patient data for every FDA-approved device are entered into a nationally audited registry to evaluate outcomes.

Adult Overall Survival Rates:

- Using the latest The Society for Thoracic Surgeons (STS) Interagency Registry for Mechanically Assisted Circulatory Support Center-Specific Report:
At each time point, 1 month, 3 months, 6 months, 1 year, 2 years and 3 years, the program's overall patient survival should not be lower than 10% from the corresponding standard (mean) reported survival based on the national INTERMACS data.

Adverse Outcomes Measures:

- Using the latest STS Interagency Registry for Mechanically Assisted Circulatory Support Center-Specific Report:
The program's subsequent device count (exhibit "Primary and Subsequent Device Counts") does not exceed 2% deviation when compared to the corresponding national INTERMACS data.
- Using the latest STS Interagency Registry for Mechanically Assisted Circulatory Support Center-Specific Report:
The program's adverse event rates do not exceed 2% deviation when compared to the corresponding INTERMACS data for the following:
 - A. Bleeding
 - B. Device Malfunction
 - C. Infection
 - D. Stroke
 - E. Readmission

Additional information used to evaluate VAD programs:

- Patient data are tracked to evaluate outcomes.
- Quality Improvement Plan for the VAD program
- Quality of Life Indicators
- Functional Capacity data
- Patient Safety initiatives

NOTE: Satisfaction of the program quality criteria is not a guarantee of designation.