

Community Based Care Transitions Program (CCTP)

Update

January 4, 2012



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Awarded CCTP

Seven successful applications:

Arizona, Georgia, Ohio (2), Maine, Massachusetts, Illinois

- Award amounts not disclosed.
- CMS is hoping to streamline the process and be timelier with communications to the applicants.
- Applications are logged in and reviewed as they are received.

What Do They Have in Common?

- Target population > 5,000 with AMI, HF, Pneum., and co-morbidities
- Four or more hospitals, comprised of 2 or more healthcare systems
- Large geographic areas, cross counties
- At least one high readmission hospital AoA most common CBO
- Utilizing CTI™ with enhancements
- Risk Stratification
- Alignment with other payers

What We Have Learned

- The same CBO is strongly discouraged from being on more than one application-the CBO will only be awarded once.
- Applications that are proposing to cover the same geographic area/beneficiaries as another will not be approved as is
 - ◆ Seeing multiple applications that overlap with others-worcester, Hampden, Hampshire counties
 - ◆ CMS wanting to see application combine that overlap as funds will not be awarded to applicants covering the same area

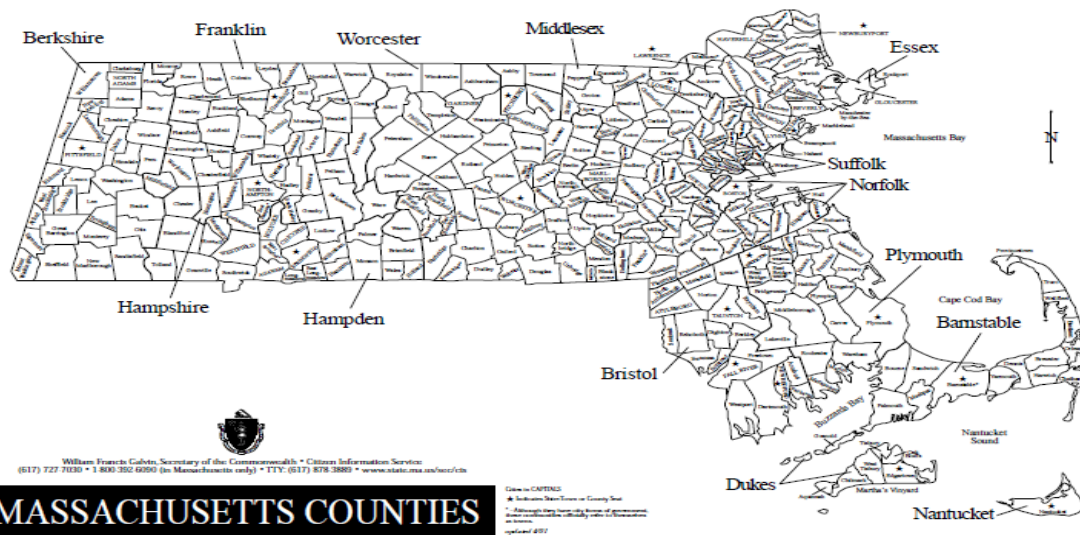
MA CCTP Applications

Approximately nine applications submitted

- ◆ One awarded
 - › Merrimack Valley
- ◆ Two not approved
 - › BIDC
 - › Tufts
- ◆ Six others in process
 - › Baystate
 - › Baypath/Vanguard
 - › U Mass
 - › Hallmark/CHA
 - › Berkshire
 - › Mount Auburn

The Community Approach

- Engagement of as many acute and post acute care providers as possible that “touch” the pool of beneficiaries identified
- Multiple hospitals, across systems



Common Application Errors

- No evidence of experience doing care transitions
- Not enough consumer representation on board
- Incomplete descriptions/roles of the board members
- Non covered costs are included in the budget (i.e. training, equipment, etc)
- CBO proposing > 20% reduction in readmissions over 2 years- CMS projects that 20% is a reasonable and attainable reduction
- Failure to provide a comprehensive budget narrative, breaking down how the per eligible rate was determined.
- Lack of community partnerships-only one or a few of the hospitals in the defined area are partners. CMS is looking that all providers that share the beneficiaries are engaged.

Upcoming Panel Review Dates

January 12, 2012	Applications must be received by 12/22/11
January 31, 2012	Applications must be received by 1/10/12
February 17, 2012	Applications must be received by 1/27/12
March 8, 2012	Applications must be received by 2/16/12
March 27, 2012	Applications must be received by 3/6/12

Community Based Care Transitions Program

<http://www.cms.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1239313>

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