

**UMass MRI and Imaging Center, LLC  
UMMIC-22062409-RE**

**APPLICANT QUESTIONS**

*Responses should be sent to DoN staff at [DPH.DON@State.MA.US](mailto:DPH.DON@State.MA.US)*

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen
- **Whenever possible, include a table with the response**

**FACTOR 1**

1. The application provided payer mix for Marlborough Hospital. Please provide payer mix for UMMHC.

	FY2019	FY2020	FY2021
Commercial PPO/Indemnity	2.50%	3.30%	3.00%
Commercial HMO/POS	28.70%	27.10%	26.70%
MassHealth	17.40%	17.60%	17.50%
Managed Medicaid	5.40%	6.50%	6.4%
Commercial Medicare	12.70%	13.40%	14.80%
Medicare FFS	29.20%	28.70%	28.40%
All Other (eg. HSN, Self-pay, TriCare)	4.10%	3.50%	3.20%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

2. The application provided projections for Year 1 through Year 6 of project implementation (pg. 9-10). Does the Applicant anticipate any changes in the hours/days operation of the PET-CT unit during project implementation?

The Applicant does not anticipate any changes in the hours/days of operation of the PET-CT unit during project implementation. The Applicant further anticipates that the total volumes for each fiscal year will continue to reflect what was originally outlined in the application.

	Year 1 <sup>1</sup>	Year 2	Year 3	Year 3	Year 4	Year 5
Total Volume	165	185	207	228	251	264

\*Recited in the narrative on page 9 and in Veralon's financial pro forma

<sup>1</sup> The Applicant anticipates Year 1 to be 2023.

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3. The application states that currently, the Applicant provides PET-CT imaging services in Worcester and Fitchburg – consequently, Marlborough Hospital patients must travel to attain these services (pg.1).
- a. How many Marlborough Hospital patients received PET-CT services in Worcester and Fitchburg in the past year? You may use Calendar Year of Fiscal Year, whichever is more appropriate.

Eighty-eight (88) patients received PET-CT services in Worcester in the last calendar year.

Nine (9) patients received PET-CT services in Fitchburg in the last calendar year.

The above-referenced figures are based on referral volume from the top ten primary zip codes for Marlborough Hospital, multiplied by the market share per zip code as provided by AHD.com (the American Hospital Directory).

- b. What is the current wait time for a PET-CT scan at Worcester and at Fitchburg?

The current wait for a PET-CT scan at the Worcester and at Fitchburg sites is seven to fourteen (7-14) days.

- c. What is the projected wait time for a PET-CT scan at Marlborough Hospital?

The projected wait time for a PET-CT scan at Marlborough is seven to ten (7-10) days.

4. The tables below are data provided by the Applicant. To better understand disease burden and need for PET-CT services, please provide the following information:

- Table 1: What conditions comprise the percentage of non-oncologic related Visit Volume?

Only oncologic conditions are captured in Table 1. The difference in the numbers, reflects the total visit volume as compared to the unique visit volume. Visit volume percentage is therefore just the percentage of unique visits compared to the total visit volume.

- Table 2: Complete the table—provide the total # of patients from which unique cardiac patients were drawn (the Marlborough Hospital patient population was 37,326 in FY2019, 38,209 in FY2020, and 48,292 in FY21).

Please see table data inserted in blue below.

- Table 3: Data source for patients treated for oncological/cardiological-related conditions. Do these patients differ from those in Tables 1 and 2, and if so, explain how? Table 3 data reflects the total number of patients treated for oncologic-related conditions at the Marlborough Hospital Cancer Clinic & Marlborough Hospital Radiology Oncology department (FY2019; FY2020; and FY2021) plus the total number of patients treated for cardiac-related conditions (FY2019; FY2020; and FY2021).

FY2019: 1,665 (oncologic) + 2,071 (cardiac) = 3,736

FY2020: 1,702 (oncologic) + 1,583 (cardiac) = 3,285

FY2021: 2,465 (oncologic) + 1,602 (cardiac) = 4,067

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Feel free to modify the tables as needed.

**Table 1**

<b>Fiscal Year</b>	<b>Unique Patients treated for Oncological-related Condition</b>	<b>Total Visit Volume<sup>2</sup></b>	<b>% Visit Volume</b>
FY19	740	1,665	44
FY20	735	1,702	43
FY21	966	2,465	39

**Table 2**

<b>Fiscal Year</b>	<b>Unique Patients treated for Cardiac-related diagnosis</b>	<b>Total Visit Volume</b>	<b>% Visit Volume</b>
FY19	2,071	37,326	.06%
FY20	1,583	38,209	.04%
FY21	1,602	48,292	.03%

**Table 3**

<b>Fiscal Year</b>	<b># Total Marlborough Hospital patients treated for oncological/cardiological-related conditions</b>
FY19	3,736
FY20	3,285
FY21	4,067
Change (FY19-FY21)	8.1%

5. Proposed Measures (pg. 20-21)

a. Provide a description of numerators and denominators where applicable.

- Patient Satisfaction

- Shields employs a digital platform called Podium<sup>3</sup> to evaluate patient satisfaction. Shields became a subscriber to Podium in February of 2022. Patients who supplied a cellular phone number receive a text request to participate in a survey to share their experience. Patient responses indicate overall satisfaction with the patient experience. The patient can also send an open text response related to his/her satisfaction. Shields leverages the responses from this tool to evaluate the effectiveness of site operations.
- Response rate:
  - The numerator is the number of surveys returned.
  - The denominator is the total number of surveys sent.
  - Net result is a percentage of responses compared to total sent surveys

<sup>2</sup> The number of patients treated at the Marlborough Hospital Cancer Clinic & Marlborough Hospital Radiology Oncology department, not all patients treated across Marlborough Hospital.

<sup>3</sup> <https://www.podium.com/article/5-important-patient-experience-strategies-for-health-systems/>

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- Podium provides Shields with a Net Promoter Score (“NPS”) that is translated as a patient satisfaction score.
    - The calculation of a Net Promoter Score is a simple subtraction of the percent of detractors from the percent of promoters.
  - Quality of Care – Critical Value Reporting
    - No numerator or denominator calculation.
  - Quality of Care – Quality of PET-CT scan
    - Repeat scanning is monitored through radiology feedback and reported in our patient scheduling system, eRAD.<sup>4</sup>
      - Numerator: number of scans repeated per given period
      - Denominator: total patient scans
      - Percent repeat = Numerator/Denominator x 100
  - Quality of Care – Peer Review Over Read Correlation
    - At least one scan a day is used for Peer Review.<sup>5</sup> This application is for 1 day per week of service:
      - Numerator: reporting of 1 scan per service day + peer review
      - Denominator: total number of days of service in the given period
      - Result: Percent completion of Peer to Peer reporting
  - Provider Satisfaction – Value Assessment
    - Provider satisfaction follows the methodology used in the Podium platform (cited above). The provider response indicates overall satisfaction with the referring physician’s experience. The provider can send an open text response related to his/her satisfaction. Shields leverages the responses from this tool to evaluate the effectiveness of the provider’s experience.
    - Response rate:
      - The numerator is the number of surveys returned
      - The denominator is the total number of surveys sent
      - Net result is a percentage of responses compared to total sent
    - Shields calculates a Net Promoter Score that is translated as a provider satisfaction score.
- b. Please explain the Projections for measure 3. Quality of Care – Quality of PET-CT scan. In particular, the increase from Year 1 to Year 2? to followed by a decrease between Year 2 and Year 3.

Please see below in blue.

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<sup>4</sup> <https://erad.com/>

<sup>5</sup> The number of scans per day is not relevant.

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**Quality of Care – Quality of PET-CT scan:** The quality of a PET-CT scan is imperative to its interpretation. Accordingly, the Applicant will evaluate the number of scans that need to be repeated over the course of a week to ensure radiology technicians are performing appropriate scans. Given that the PET-CT equipment will only be available one-day per week, the next opportunity for a scan would be seven days later.

**Measure:** The number of repeat PET-CT scans performed on patients within a seven-day period (day of scan to next day of scan)

**Projections:** Baseline: 0% Year 1: 1% Year 2: 8% Year 3: 5%

The baseline, year 2, and year 3 figures outlined above were recited in error in the narrative. Below, please find the correct projections.

**Correct Projections:** Baseline: 1.5% Year 1: 1% Year 2: 1% Year 3: .08%

**Monitoring:** PET-CT technologists will track the number of scans that are repeated and scheduled for the next scan day. Technologists will document each case and conduct a monthly comparison to total volume to meet or exceed the metric.

6. Describe existing Clinical Decision Support Tools for curbing overuse of imaging.

The Centers for Medicare & Medicaid Services (CMS) announced it has delayed the mandate for referring providers to use appropriate use criteria (AUC) and clinical decision support (CDS) tools. Once the mandate for referring providers to use AUC goes into effect, Shields will have the capability of reporting: a.) The percent of ordering physicians using the mechanism b.) Data showing yearly changes in “low utility” or “marginal utility” c.) Percent of ordering providers’ response to alerts provider by CDS tools d.) Analysis of data and policy changes instituted as a result of these data.

**FACTOR 2 Delivery System Transformation**

7. The Application states that the Applicant plans to implement numerous amenities, including patient access tools including but not limited to a preregistration functionality and a cost transparency application (pg.23).
- a. Given that technology may not be accessible to all patients (e.g., due to tech literacy, limited internet access), how is the Applicant working to ensure equitable access to these amenities (and/or alternative option for those experiencing barriers)?

Shields offers Language Line Solutions, which is a phone or video-based interpreting service, offering linguists in two-hundred and forty (240) languages, twenty-four (24) hours a day and seven (7) days a week. This is in addition to the In Demand tool. The onsite staff are trained to provide operational assistance to patients.

At the referral stage of the scheduling process, Shields works directly with the referring office to coordinate care and ensure that proper communication channels are coordinated for patients that have identified a need for translation or other services.

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- b. Describe support services available to patients who may not be comfortable or able to use this technology, if any?

Shields has an individualized model of care. Should a patient be unable or uncomfortable using technology we are able to work with them through our customer care department to help them understand the out-of-pocket costs or arrange necessary transportation.