Applicant’s Responses

Factor 1a - Patient Panel

**Question:**

1. The Narrative p. 5 notes that “BNH’s primary service area includes Westfield, Southwick, West Springfield, Agawam, Springfield, Chicopee, Granville, Russell, Holyoke, Huntington, Blandford, Southampton, Longmeadow, Chester, Ludlow, East Longmeadow, and Easthampton.” To better understand the percentage of patient volume from each of these towns/ cities, could you please complete the table below for inpatient discharges by town in FY21 and FY22 (you may combine headings with significantly low percentages):

|  |  |
| --- | --- |
| **Patient Origin** |  |
| Westfield  Southwick  West Springfield  Agawam  Springfield  Chicopee  Granville  Russell  Holyoke  Huntington  Blandford  Southampton  Longmeadow  Chester  Ludlow  East Longmeadow  Easthampton  All Other  **Total** | **100%** |

**Response:**

**FY22 was submitted in a prior response.**

**For FY21:**

|  |  |
| --- | --- |
| **Town/City** | **FY21 Inpatient Discharges** |
| WESTFIELD | 47.66% |
| SOUTHWICK | 9.35% |
| SPRINGFIELD | 8.75% |
| FEEDING HILLS | 4.81% |
| WEST SPRINGFIELD | 4.64% |
| AGAWAM | 3.12% |
| CHICOPEE | 2.52% |
| HUNTINGTON | 1.76% |
| RUSSELL | 1.49% |
| GRANVILLE | 1.26% |
| HOLYOKE | 1.16% |
| EASTHAMPTON | 0.99% |
| CHESTER | 0.96% |
| BLANDFORD | 0.93% |
| EAST LONGMEADOW | 0.60% |
| SOUTHAMPTON | 0.60% |
| INDIAN ORCHARD | 0.53% |
| All Other | 8.87% |
| **TOTAL** | **100.0%** |

**Question:**

**Factor 1b – Public Health Value/ Outcome Oriented**

**Question:**

1. Narrative p.14 states “BNH has an appropriate use criteria program (“AUC”) using the clinical decision support mechanism (“CDSM”) ... CMS implemented this tool to ensure the most appropriate tests are ordered for Medicare patients, and to decrease the number of inappropriate and unnecessary orders for advanced diagnostic imaging.” To clarify the current and anticipated outcomes of this tool with BNH’s CT service:
   1. What is the baseline data on the percentage of CDSM adhering to AUC for the existing CT service?
   2. Does the Applicant project any change in CDSM outcomes with the addition of a second unit?
   3. Does the Applicant have a procedure in place to monitor and address outliers to the Acceptable Use determination?

**Response:**

The Centers for Medicare & Medicaid Services (CMS) has delayed the mandate for referring providers to use appropriate use criteria (AUC) and clinical decision support (CDS) tools. Once the mandate goes into effect, BNH will have the capability to report: 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 provided by CDS tools; and d) Analysis of data and policy changes instituted as a result of these data.