

Baystate Health, Inc.

DoN # -20121611-

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%

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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:

3. 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:
 - a. What is the baseline data on the percentage of CDSM adhering to AUC for the existing CT service?
 - b. Does the Applicant project any change in CDSM outcomes with the addition of a second unit?
 - c. 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.