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January 7, 2019

Via E-mail and first class mail

Andrew M. Fuqua
Senior Vice President and General Counsel
Cambridge Health Alliance
1493 Cambridge Street
Cambridge, MA 02139

RE: Notice of Final Action
Project No. CHA-18090915-RE
Cambridge Public Health Commission, d/b/a Cambridge Health Alliance

Dear Mr. Fuqua:

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.725 (DoN Required Services and DoN Required Equipment), and 105 CMR 100.630(7), I hereby approve the application for Determination of Need ("DoN") filed by Cambridge Public Health Commission, d/b/a Cambridge Health Alliance (Applicant) to add a second 64-slice CT scanner at its CHA Cambridge Hospital campus in Cambridge. The capital expenditure for the Proposed Project is \$2,000,150.00.

This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

Sincerely,

A handwritten signature in cursive script, appearing to read "MBH", written in dark ink.

Monica Bharel, MD, MPH
Commissioner

cc: Sherman Lohnes, Director, Division of Health Care Facility Licensure and Certification
Rebecca Rodman, Deputy General Counsel
Daniel Gent, Health Care Facility Licensure and Certification
Mary Byrnes, Center for Health Information and Analysis
Stephen Sauter, MassHealth
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General

Memorandum to the Commissioner

APPLICANT: Cambridge Public Health Commission, d/b/a Cambridge Health Alliance
1493 Cambridge Street
Cambridge, MA 02139

PROJECT NUMBER: CHA-18090915-RE

PROJECT TYPE: DoN Required Equipment

DATE OF APPLICATION: September 9, 2018

Introduction

This memorandum presents, for the Commissioner's action, the Determination of Need (DoN) Program's recommendation in connection with a request by the Cambridge Public Health Commission (Applicant) to acquire one 64-slice CT scanner. The Applicant currently operates one CT scanner at its CHA Cambridge Hospital campus located at 1493 Cambridge Street, Cambridge, MA. The Applicant is proposing the addition of a second CT scanner to be located within the existing radiology suite at its CHA Cambridge Hospital campus. The total value of the Project is \$2,000,150.00. This is Tier 1 project with a CHI commitment of \$100,007.50.

This request falls within the definition of DoN-Required Equipment and Services which are reviewed under the DoN regulation 105 CMR 100.000. This memorandum addresses each of the six factors set forth in the regulation. Pursuant to 105 CMR 100.630, this Application has been delegated by the Department for review and Final Action by the Commissioner.

Background

Cambridge Public Health Commission, d/b/a Cambridge Health Alliance (CHA) (Applicant) is an academic community healthcare system that includes two inpatient community-level hospital campuses (Cambridge Hospital and Everett Hospital) and 17 licensed outpatient satellite locations.^{1,2} Cambridge Health Alliance, the only municipality-owned hospital in Massachusetts, cares for more than 140,000 patients each year and serves as a safety net provider to a large number of diverse and vulnerable populations.^{3,4} With a public payer mix of 70.9%, CHA

¹ *Massachusetts Hospital Profiles* (Rep.). (2018, January). Retrieved September, 2018, from CHIA website: <http://www.chiamass.gov/assets/docs/r/hospital-profiles/2016/Massachusetts-Hospitals-Profiles-Compendium-2016.pdf>

² There are a total of 351 licensed beds: CHA Cambridge (189 beds), CHA Everett (162 beds). CHA Somerville Hospital is a Satellite Emergency Facility (SEF).

³ *Massachusetts Hospital Profiles* (Rep.). (2018, January). Retrieved September, 2018, from CHIA website: <http://www.chiamass.gov/assets/docs/r/hospital-profiles/2016/Massachusetts-Hospitals-Profiles-Compendium-2016.pdf>

qualifies as a high public payer mix (HPP) hospital.^{5,6} CHA is an HPC-certified ACO and together with Tufts Public Health Plans, participates as a MassHealth ACO, with 26,500 assigned members. Cambridge Health Alliance's primary service area is Cambridge, Somerville, Malden, Everett, Chelsea and Revere. Cambridge Health Alliance is a Harvard Medical School, Harvard School of Public Health, Harvard School of Dental Medicine, and Tufts University School of Medicine teaching hospital.⁷ CHA operates the Cambridge Public Health Department.

CT is designated, under the 2017 Determination of Need-Required Equipment and Services Guideline as equipment that warrants a case-by-case review based on DoN application-specific information due to its potential for clinically unnecessary utilization that in the aggregate, can result in a significant increase in health care spending without an associated benefit to the public in terms of better health outcomes, or access to needed care.⁸

The Applicant asserts that the competing demands for CT services within its patient panel and periods of downtime (including maintenance and use for interventional radiology) reduce access to convenient and lower-cost CT services for its patient panel. The Applicant states that CHA's existing 64-slice CT scanner serves hospital inpatients, emergency department (ED) patients, and outpatients and that the current arrangement results in delays and cancellation of appointments for each of those groups of patients.

During periods of downtime, inpatients and ED patients needing access to CT services wait at Cambridge Hospital for the CT scanner to become available. In some instances, urgent cases are transported off-campus to CHA's Everett Hospital campus ("CHA Everett") or to a non-CHA facility to receive a CT scan. The Applicant states transporting critically-ill patients off-campus to receive CT services poses a risk to the patient and increases the cost of care as patients may be transferred to a higher-cost provider and/or the cost of the transportation itself falls on CHA.

The Applicant maintains that the addition of a second CT scanner will provide the necessary back-up capacity to allow for more convenient and reliable access to CT services and reduce barriers to accessing care under the existing arrangement. Further, a second CT scanner will

⁴ Understanding CHA. (n.d.). Retrieved September, 2018, from

[https://www.challiance.org/Uploads/Public/Documents/About/About CHA 2017.pdf](https://www.challiance.org/Uploads/Public/Documents/About/About%20CHA%202017.pdf)

⁵ *Massachusetts Hospital Profiles* (Rep.). (2018, January). Retrieved September, 2018, from CHIA website:

<http://www.chiamass.gov/assets/docs/r/hospital-profiles/2016/Massachusetts-Hospitals-Profiles-Compendium-2016.pdf>

⁶ According to CHIA, Community - High Public Payer (HPP) hospitals are those that are disproportionately reliant on public revenues by virtue of a public payer mix of 63% or greater. Public payers include Medicare, Medicaid, and other government payers, including the Health Safety Net. High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers. See <http://www.chiamass.gov/assets/docs/r/hospital-profiles/2016/Massachusetts-Hospitals-Profiles-Technical-Appendix-FY16.pdf>

⁷ About Cambridge Health Alliance. (n.d.). Retrieved from <http://www.challiance.org/Resource.ashx?sn=CHA-Fact-Sheet>

⁸ *Determination of Need-Required Equipment and Services Guideline* (2017, January). Retrieved June, 2018, from Massachusetts Department of Public Health website:

<https://www.mass.gov/files/documents/2017/01/vr/guidelines-equipment-and-services.pdf>

reduce referrals to more expensive providers, and support coordination of CT services with the patient panel's other care needs. The Applicant argues that the Proposed Project will improve the quality of care for the patient panel, increase patient satisfaction and support greater access to lower-cost CT services, which will reduce healthcare expenditures.

Analysis

This analysis and recommendation reflect the purpose and objective of DoN which is "to encourage competition and the development of innovative health delivery methods and population health strategies within the health care delivery system to ensure that resources will be made reasonably and equitably available to every person within the Commonwealth at the lowest reasonable aggregate cost advancing the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation" 105 CMR 100.001.

All DoN factors are applicable in reviewing a DoN-Required Equipment proposed project. This Staff Report addresses each of these factors in turn.

Factors 1 and 2

Factor 1 of the DoN regulation asks that the Applicant address patient panel need, public health value, and operational objectives of the Proposed Project. Factor 2 considers how the Proposed Project will contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation. Under factor 1, the Applicant must provide evidence of consultation with government agencies with licensure, certification or other regulatory oversight which, in this case, has been done and so will not be addressed further in this staff report. This analysis will approach the remaining requirements of factors 1 and 2 by describing each element of the Proposed Project and how each element complies with those parts of the regulation.

Patient Panel and Need

Patient Panel Demographics

CHA's patient panel consisted of 425,548 patients from FY15 to FY17.⁹ The number of patients served by CHA increased 4.3% from FY15 to FY17. The gender mix of the CHA patient panel is 54% female and 46% male. The Applicant provided a breakdown of ethnicities represented in the patient panel which include 32% who self-identify as American, 13% as Brazilian, 7% as Haitian, and 6% as Salvadoran.¹⁰ Twenty-one percent of the CHA patient panel are age 18 and under, 68% are between the ages of 19 to 64, and 11% are age 65 and over. More than one-half

⁹ CHA's FY17 was from July 1, 2016 to June 30, 2017.

¹⁰ Additional ethnicities represented in the patient panel: African-American (3%), Italian (3%), Irish (3%), Puerto Rican (3%), Asian Indian (2%), Portuguese (2%), Bangladeshi (1%), Chinese (1%), Columbian (1%), Dominican (1%), Ethiopian (1%), Nepalese (1%), Guatemalan (1%), Honduran (1%), Spanish (1%), African (1%), Vietnamese (1%), English (1%), Moroccan (1%), Cape Verdean (1%), Other Ethnicity (1%), Unknown/Not Specified (2%), Blank (3%).

of the CHA patient panel originates from Somerville (16%), Cambridge (14%), Everett (13%), and Malden (10%). The payer mix of the patient panel is Medicaid (26%), Commercial (21%), HMO (10%), Medicare (8%), Medicaid Managed Care (7%), Qualified Health Plan (QHP) (7%), CarePlus (6%), Self-pay (6%), Health Safety Net (4%), Medicare Managed Care (3%), and Industrial (1%).

Patient Panel Need

The Applicant states that CHA currently operates a 64-slice CT scanner at its Cambridge Hospital campus that services hospital inpatients, ED patients, and outpatients. The scanner is available to the emergency department (ED) and inpatient services 24 hours a day, seven days a week. Outpatients are scheduled during the day when two technicians are on duty. Capacity for outpatients is limited to 16 to 18 scans per day. In FY18, a total of 8,924 scans were performed on the existing scanner - Inpatient (8%), Outpatient (36%), and Emergency (55%).

The Applicant states that the existing machine can be unavailable to patients due to periods of downtime resulting from planned preventive maintenance, unscheduled servicing, as well as periods of time when the unit is being used for Interventional Radiology (IR) procedures. The Applicant provided the following estimates of downtime on the existing scanner, over the past 12 months:

- Scheduled downtime: 4.5 days
- Unexpected servicing: 4 to 40 hours per month
- Interventional Radiology: 10 to 30 hours per month

The Applicant states that CHA is growing its interventional radiology practice and asserts that the gradual growth in the interventional radiology cases that CHA has experienced over the past 18 months will continue. When the CT scanner is unavailable for longer than 45 minutes, the ED informs ambulances that CHA Cambridge cannot accept potential stroke patients and these patients are directed to non-CHA facilities.

When the existing CT scanner is taken offline, most inpatient and ED cases wait until the scanner is available. When a patient case cannot wait, the provider consults with radiologists for an alternative exam or transports the patient to CHA's Everett Hospital Campus or to another non-CHA facility to receive a CT scan. CHA absorbs the expenses associated with transferring patients off campus for CT services, which include the ambulance ride and a health care provider to accompany the patient. Scans performed at non-CHA facilities may result in higher out-of-pocket costs to patients if they have a higher billing rate than CHA Everett.

The Applicant asserts that transporting critically ill patients to another location for scans poses a risk to the patient and inconveniences the patient and their caregiver. The Applicant also argues that transferring patients off-campus for CT services separates them from their other services, which disrupts the continuity of care. Further, the needs of inpatients and emergency patients are prioritized, which results in delays for outpatient scans. For example, an estimated 35% of outpatients requiring scans are rescheduled due to CT capacity issues.

Public Health Value

The DoN regulation requires the Applicant to demonstrate that the Proposed Project will add measurable public health value in terms of improved health outcomes and quality of life for the existing patient panel, while providing reasonable assurances of health equity.

Increasing CT capacity should decrease transport of urgent cases off campus, thus reducing associated risks to patients and additional costs to CHA and to patients. The Applicant argues that the addition of a second CT scanner will allow for more predictable patient scheduling and more efficient staffing patterns. The addition of a second CT scanner will ensure more reliable access to CT services for outpatients and improve quality of care for all patients by improving timely access to on-campus CT services.

Equity

CHA suggests that adding this CT will improve access to on-campus CT services which will, in turn, support the delivery of on-site care to a diverse patient panel who receive on-site access to interpreter services and care from staff trained in cultural and linguistically appropriate service provision. In FY17, 50,351 patients or 12% of the patient panel received interpreter services. The CHA Multicultural Affairs and Patient Services (MAPS) Department provides medical interpretation services via face –to-face, telephonic and video conference in more than 60 languages in all of CHA’s sites, including American Sign Language (ASL) and Certified Deaf Interpreter (CDI) services. The Applicant states that cultural and linguistic training is provided to clinical and non-clinical staff and language proficiency testing for bilingual providers. CHA also screens all of its patients for housing status and stability, food insecurity, transportation limitations, employment status, utility security, and general financial security and those patients are assigned to a complex care manager or patient resource coordinator to connect them with appropriate community resources to meet the identified needs.

Competition

The Applicant affirms that the Proposed Project will increase access to lower-cost CT services on the Cambridge Hospital Campus. This will result in a decrease of patient transfers off-campus to more expensive, non-CHA providers of CT services and a reduction in ambulance costs, which are absorbed by CHA. Based on reporting from the Center for Health Information and Analysis (CHIA), CHA’s commercial reimbursement rates are the sixth lowest in the state.^{11,12} The addition of one CT-scanner on campus will allow for more care to be kept in the lowest-cost setting, thus resulting in reductions in total medical expense (TME). The Proposed Project will not result in provider or staffing increases and the Applicant expects increased operational efficiency within the radiology service at CHA.

¹¹ 2018 Pre-Filed Testimony Hospitals and Provider Organizations (Rep.). (2018). Retrieved October, 2018, from HPC website: [https://www.mass.gov/files/documents/2018/09/17/Cambridge Health Alliance - 2018 Pre-Filed Testimony Questions - Providers and Hospitals.pdf](https://www.mass.gov/files/documents/2018/09/17/Cambridge_Health_Alliance_-_2018_Pre-Filed_Testimony_Questions_-_Providers_and_Hospitals.pdf)

¹² Relative Price: Provider Price Variation in the Massachusetts Commercial Market (Rep.). (2018, April). Retrieved October, 2018, from CHIA website: <http://www.chiamass.gov/assets/docs/r/pubs/18/Relative-Price-Report-2018.pdf>

Measurement

The Applicant provided measures (Attachment 1) to assess the impact of the Proposed Project. These measures will become part of the annual reporting on the DoN Project.

Community Engagement

Prior to submitting a DoN application, the DoN Regulation requires Applicants to have engaged and consulted with the community.^{13,14} The Applicant posted the legal notice for the Proposed Project on its website to increase community awareness and gather community input. CHA's Patient and Family Advisory Council (PFAC), comprised of volunteer patients and family members, and CHA staff, supports this project. The Applicant states that CHA's Chief Quality Officer presented the Proposed Project at the July 19, 2018 CHA PFAC meeting and the Applicant provided a copy of the presentation. Seven patients/members and eight CHA Staff members were in attendance.

Factor 3

The Applicant has certified that it is in compliance and in good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein.

Factor 4

Under factor 4, the Applicant must demonstrate that it has sufficient funds available for capital and operating costs necessary to support the Proposed Project without negative effects or consequences to the existing patient panel. Documentation sufficient to make such finding must be supported by an analysis by an independent CPA.

The Applicant submitted such an analysis performed by BDO USA, LLP dated August 30, 2018 (CPA Report). The CPA Report reflects a review and analysis of the financial projections for Cambridge Public Health Commission d/b/a Cambridge Health Alliance (Applicant) for the fiscal years (FY) ending 2019 through 2023 (Projection Period) and supporting documentation to assess the reasonableness of assumptions used, and the feasibility of the projections for the addition of one 64-slice CT scanner.

BDO determined that, "the Projections are reasonable and feasible and not likely to have a negative impact on the Applicant's patient panel or result in liquidation of assets of CHA."¹⁵ In

¹³ The Community Engagement Guide describes community engagement processes on a continuum from "Inform" and "Consult" through "Community driven-led."¹³ For the purposes of factor 1, engagement defines "community" as the Patient Panel, and requires that the minimum level of engagement for this step is "Consult."

¹⁴ *Community Engagement Standards for Community Health Planning Guideline* (Rep.). (2017, January). Retrieved May, 2018, from Massachusetts Department of Public Health website:

<https://www.mass.gov/files/documents/2017/01/vr/guidelines-community-engagement.pdf>

¹⁵ DoN Application CHA-18090915-RE, Application Attachments, CPA Analysis, at page 12.

making this determination, BDO analyzed projected revenue, operating expenses, reasonableness of the capital expenses, and financing for the project.

The Applicant projected an 8.8% increase in FY 2019 in Medicare, Medicaid and Commercial payers, half of which is related to growth in volume in outpatient services. Inpatient volume is expected to remain flat. BDO states CHA is expected to benefit from a case mix increase and expected specific payer rate adjustments in FY19. The Applicant projected a 3.0% increase in FY2020 and FY2021 and a 2.0% increase in FY2022 and 2023 for Medicare, Medicaid, and Commercial payers which BDO reports is slightly below their historical growth rates of 4.0% in FY17 and 4.6% in FY18. State and Federal support funding is expected to increase by almost 4.0% in FY17, with declines thereafter of 1.4% to 2.5% due to transitions in the waiver streams. BDO notes that the forecasted growth rates are within range of historical levels between FY16 and FY18. The Applicant projected a 10.5% decline in “other” revenue in FY 2019 and continued growth in “other” revenue thereafter due to growth in the elder service plan (ESP) and specialty retail pharmacy programs which will result in growth ranging from 1.0% to 5.0%, which are below historical growth in “other” operating revenue in FY17 and FY18.

BDO notes that the Proposed Project is intended to make access to CT services more reliable and overall volume is not projected to change, and therefore volume increases were not incorporated into the Projections. BDO reviewed the Applicant’s assumptions to determine the reasonableness of the projected revenue and found that a 1.7% five year annual compound growth rate falls below the range of CHA’s historical growth rate revenue. BDO finds that the Proposed Project is not anticipated to have any impact on projected revenue and that the projected revenue growth reflects a reasonable estimation of future revenue of CHA.

BDO reported projected operating expenses which includes “salary and wages,” supplies, purchased services, travel and training, other expenses (health safety net, depreciation, and amortization), and other operating expenses. The Applicant projected salary and wage increases between 2.0% and 2.5% annually, except for FY19 where the projected increase is 5.3%. The Applicant projected a 0.4% decrease in supplies in FY 2019 and increase of 0.5% for FY2020 to FY2023. Purchased services are projected to increase 7.5% in FY 2019 and then decline the rest of the projection period. BDO finds that the projected operating expenses represent a reasonable estimation of future expenses of the Applicant.

BDO reviewed the capital expenditure associated with the Proposed Project, which includes the cost of the CT scanner and renovations to existing space at CHA Cambridge where the scanner will be located. The capital expenditure represents 7.6% of CHA’s total capital spending in FY2019. BDO reviewed the proposed funding for the Project and states that the Applicant plans to fund the Project with existing cash. BDO noted positive cash from operations in the historical years and \$200 million in unrestricted net assets on the balance sheet as of FY18 and found it reasonable for the Applicant to finance the Project through cash.

BDO states that the Projections exhibit a cumulative operating EBITDA surplus of 1.9% of cumulative projected revenue for the years 2019 to 2023. BDO determined that the anticipated operating surplus is a reasonable expectation and based on feasible financial assumptions.

Factor 5

Factor 5 requires the Applicant to “describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs and addressing, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes.”

The Applicant considered two alternatives to the addition of one 64-slice CT scanner on the Cambridge Hospital campus. The Applicant analyzed the relative merit of offering outpatient CT services at an off-site location operated either solely by CHA or in partnership with a third party. This alternative was dismissed because it would not provide the back-up CT services on-campus, would be less efficient and would increase operating costs due to additional clinical, front-desk and support staff, and the capital costs associated with establishing an off-campus facility for CT services would exceed the costs of the Proposed Project.

The second alternative, contracting with a third party for CT services, was dismissed due to the need for back-up capacity on-campus and increased fragmentation of care with a third-party provider. The Applicant states that the Proposed Project is the superior alternative as it is not expected to increase operating expenses. The second CT scanner will be located in an existing Radiology suite at CHA Cambridge, and offers the safest, most convenient and reliable option for providing high-quality, lower cost CT services co-located with other care for the patient panel.

Factor 6

The Applicant is a public entity and does not file Community Health Needs Assessments or Community Health Improvement Plans (CHNA/CHIP) with the Internal Revenue Service (IRS) or the Massachusetts Attorney General’s Office (AGO). The Applicant does however conduct community health planning activities and led the development of community “Wellbeing” reports for the communities of Everett, Cambridge, Malden and Somerville.¹⁶ CHA also maintains a community health advisory committee that is similar in practice and function to community benefits committees at other hospitals. Because the Applicant has an existing community health planning infrastructure that generally meets DPH requirements for compliance with CHI planning, the Applicant can move forward with local CHI implementation for this Tier 1 project.

¹⁶ The Applicant is not required to conduct these assessments every three years.

Conditions

1. Of the total required CHI contribution of \$100,007, \$10,000 will be directed to the CHI Statewide Initiative and \$90,007 will be dedicated to local approaches to the CHI initiative. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$10,000 to Health Resources in Action (HRiA), the fiscal agent for the CHI Statewide Initiative. The Holder must submit the funds to HRiA within one month from the date of the Notice of Approval. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.
2. The Holder will work with the Community Health Advisory Committee (CHAC) to identify Health Priority strategies. As this is a Tier 1 project, the Holder does not need to submit the Health Priority Strategy Selection form to DPH. However, because the existing Wellbeing reports do not fully comply with DPH CHNA/CHIP requirements the Holder will review with DPH staff CHAC recommendations for funding to ensure compliance with DPH Health Priority Strategy requirements. The Holder will provide DPH with these recommendations within 30 days of the date of approval.
3. The Applicant will publicly post its funding plan or issue Request for Proposals within 90 days of the date of approval.

Finding and Recommendation

The DoN program is designed to "ensure that resources will be made reasonably and equitably available to every person within the Commonwealth at the lowest reasonable aggregate cost" 105 CMR 100.001. As required by factors 1 and 2, any DoN Applicant must show that the Project will add measurable public health value in terms of outcomes, quality of life, with a focus on health equity, and add to the Commonwealth's goals for cost containment, delivery system transformation and improved outcomes. The Applicant provided evidence to support its assertion that the addition of one CT scanner will increase access to high-quality, lower-cost CT services; support coordinated care; and enhance quality of care for the patient panel.

In addition, the Applicant is in compliance with Factor 3. Based upon the CPA analysis, the Proposed Project is financially feasible in the context of Factor 4. Addition of one CT scanner at Cambridge Hospital campus is, on balance, the superior alternative for meeting the existing Patient Panel needs from the perspective of quality, efficiency, and operating costs as required by Factor 5. Finally, the Applicant is in compliance with the requirements of the CHI planning process for the purposes of Factor 6, subject to the Conditions and pursuant to 105 CMR 100.310(J).

Based upon a review of the materials submitted, Staff finds that the Applicant has met each DoN factor and recommends that the Department approve this Determination of Need application for the addition of a second CT scanner (105 CMR 100.310).

In compliance with the provisions of 105 CMR 100.310(L) and (Q), which require a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Project, the Holder shall address its assertions with respect to the improved access and quality of care for the patient panel as well as the metrics provided in Attachment 1.

Attachment 1

Measures proposed by the Applicant

Measure 1. Availability of CT Services to Patient Panel

- Specific Measure: The relative proportion of CT-related services provided at CHA to CHA primary care patients broken out by patients enrolled in (1) the MassHealth ACO and other Medicaid or dual-eligible plans such as Senior Care Options, (2) Medicare Shared Savings Plan participants, and (3) patients enrolled with commercial insurance.

Measures 2a and 2b. Turnaround Time

Specific Measures:

- 2.a: Inpatient Turnaround: Average length of time from order being entered to performance of CT study.
- 2.b: Outpatient Turnaround: Average length of time from initial phone call or referral to actual appointment.

Measure 3. Rescheduled Appointments.

- Specific Measure: The number of rescheduled appointments per month.