

Beth Israel Lahey Health, Inc
DON # BILH-24080714-HE

APPLICANT QUESTIONS 4

Responses should be sent to DoN staff at DPH.DON@mass.gov

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
- We accept answers on a rolling basis however, when providing the answer to the final question, submit all questions and answers in order in one final document.
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. **Whenever possible, include a table in data format (NOT pdf or picture) with the response.**

In order for us to review this project in a timely manner, please provide the responses by **April 22, 2025**.

1. BID-Plymouth: Infusion treatments are consistently fully booked and appointments may not be available for up to 9 weeks. Is the clinic currently fully staffed or does insufficient staffing play a role in the wait?

Applicant Response:

The BID-Plymouth cancer clinic is currently fully staffed.

2. In terms of the assertion that licensing under BIDMC provides for employment under the same operational and leadership structure thus eliminating the need for redundant expenditures: please explain why the price/expense goes down and how that compares with increased revenue from an AMC HOPD vs a community hospital.

Applicant Response:

With respect to expense reduction, BID Plymouth currently assumes a significant operating loss in connection with its cancer center due to the high costs of the pharmaceuticals used in infusion therapies. BIDMC can acquire these very expensive cancer treatment pharmaceuticals at a more sustainable cost than BID Plymouth. Accordingly, the Applicant's expenses would go down by BIDMC being able to acquire the pharmaceuticals at a lower cost than BID Plymouth.

BIDMC has existing clinical resources with capacity to be expanded into the Plymouth community, and doing so directly will provide additional access and care quality. As one example, rather than hiring additional nurse navigators to staff a BID Plymouth cancer center (or contracting them to BID-Plymouth, which would result in increased costs to BID Plymouth), BIDMC could instead use existing capacity within its centralized group of nurse navigators to provide these services directly. Additionally, BIDMC will be able to extend its cancer and

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ambulatory operational leadership, who are already overseeing other BIDMC sites, to the Quincy Satellite and the Cordage Park Satellite (aka the Plymouth Satellite). In doing so, BIDMC will realize economies of scale.

See the answer to #3 below relative to the impact on reimbursement.

3. The Applicant asserts that the Satellites will provide services in a lower cost outpatient setting. Please provide a narrative for why the licensing is better cost contained through BIDMC as opposed to licensure through a community hospital, clearly explaining how the current rates for services would be impacted by the licensing arrangement.

Applicant Response:

With respect to reimbursement rates, there will be a reduction from existing Medicare reimbursement rates, as the new BIDMC hospital outpatient departments would be “non-excepted” (i.e. reimbursed at the lower hospital off-campus outpatient rate), MassHealth reimbursement should not be different, and commercial payor reimbursement is governed by the terms of existing payor contracts (whose cost impacts are annually monitored by CHIA and the HPC).

For additional details on why the Applicant plans for BIDMC to operate the Quincy Satellite and the Cordage Park Satellite (aka the Plymouth Satellite), as opposed to having the Applicant’s community hospitals operate the Satellites, please see the Applicant’s prior responses to the Department’s “Applicant Questions 3” at Factor 2, 1.a., Factor 2, 2.a., Factor 2, 3, and Factor 2, 4.a.