1. **Based on the anticipated demographics of the proposed service, please complete the table below <u>in the format provided</u> for:**

   a. **Total MRI imaging at Franklin MRI**

Please refer to the table below (Table 1) for the APM contract percentages and payer mix percentages for the total MRI imaging at Franklin MRI Center, LLC ("the Applicant" or "Franklin MRI") for Fiscal Year ("FY") 2018. Please note that the data provided in the table below is bundled data that includes both the Applicant's current Baystate Franklin Medical Center ("BFMC") location and the Applicant's proposed new Baystate Wing Hospital ("BWH") location. The BWH data captures the anticipated demographics of the Applicant's proposed MRI service at BWH and is based on data from the current UMass Memorial Imaging Center ("UMMIC")-run MRI clinic at BWH.

Table 1: Franklin MRI APM / Payer Mix Percentages			
APM Contract Percentages (For any system-affiliated Primary Care Physicians)		**Payer Mix-List Percentages (Must = 100%)**	
ACO and APM Contracts	1.71%	Commercial	39.9%
		MassHealth	10.2%
		Managed Medicaid	4.3%
Non-ACO and Non-APM Contracts	98.29%	Commercial Medicare	6.2%
		Medicare FFS	26.3%
		All other	13.1%

Please note that although the Applicant's ACO/APM contract percentages listed in the table above are low, the Applicant accepts patients regardless of a patient's ACO/APM status. This is true at the Applicant's current BFMC location and will also be true at the Applicant's new BWH location upon approval and implementation of the Proposed Project. The Applicant itself does not maintain APM contracts, as these contracts are between the physician/system and the payer. Therefore, in most instances, the Applicant is blind to and unable to track ACO/APM participation. The Applicant likely has been seeing patients managed under ACO/APM contracts without being able to track such participation.

   b. **BWH overall**

Please refer to the table below (Table 2) for the APM contract percentages and payer mix percentages for the BWH patient panel for FY 2018:

Table 2: BWH APM / Payer Mix Percentages			
APM Contract Percentages (For any system-affiliated Primary Care Physicians)		**Payer Mix-List Percentages (Must = 100%)[1]**	
ACO and APM Contracts	20.4%	Commercial	44.8%
		PPO/Indemnity	*28.9%*
		HMO/POS	*15.9%*
		MassHealth	12.4%
Non-ACO and Non-APM Contracts	79.6%	Managed Medicaid	9.4%
		Commercial Medicare	7.0%
		Medicare FFS	20.8%
		All other	5.7%

2. In order to assess need, we require more information about current MRI capacity.

a. What is the capacity now and how is it determined?

As discussed in the DoN narrative and outlined in the patient panel data submitted with the DoN application, demand for MRI services at the current UMMIC-run MRI clinic at BWH increased overall between FY 2016 – 2018. Moreover, as evidenced by the following chart (Table 3), newly-available data demonstrates that demand continued to increase through FY 2019.[2]

Table 3: Demand for MRI Services	
Fiscal Year	**Scans**
FY 2016	1,691
FY 2017	1,445
FY 2018	1,846
FY 2019	2,121

The current UMMIC-run MRI clinic at BWH operates three 12-hour days per week. The clinic has an average scan time of approximately 45 minutes per MRI scan, including room-turnover and administrative functions. The clinic schedules 7 days of closure to accommodate preventative maintenance and quality assurance activities, as well as holidays. As outlined in the table below (Table 4), current capacity based on FY19 data is approximately 89%.

[1] Please note that any changes to the mix that was previously provided with the DoN application are the result of having to map the old Meditech payor codes into the requested groupings.
[2] Please note that 2019 scan volume was higher than 2018 and trend, which is what the Year 1 – 5 projections are based on.

Table 4: Current Operating Capacity	
A. Actual Number of Scans	2,121
B. Average Hour per Scan	0.75
C. Annual Scan Hours **(A x B)**	1,591
D. Average Available Hours per Year	1,788*
E. % Operating Capacity **(C / D)**	89%

* Based on a 12-hour day. 36 hours of operation per week times 52 weeks = 1,872 hours, reduced by 84 hours for holidays and maintenance = 1,788 available hours.

b. What are wait times for appointments?

The average wait time for an MRI appointment at the current UMMIC-run MRI clinic at BWH is 4.1 days. This is based on aggregate 2019 data.

c. How will capacity be changed with the new operating contract?

The Applicant reiterates, as discussed in the DoN narrative, that the Proposed Project will effectively result in a one-to-one replacement of the existing UMMIC-run MRI service at BWH, as the current UMMIC-run MRI operates three 12-hour days per week and the Applicant's proposed MRI at BWH will operate five days per week with 8 hours of operation each day. The switch from three 12-hour days to five 8-hour days per week will improve prime time accessibility and allow patients to enjoy more options for scheduling appointments during normal hours. Demonstrated in the table below is the projected operating capacity for years 1 and 5 of operation, based on the projected increase in demand over the first 5 years of operation at BWH.

Table 5: Projected Operating Capacity		
	Year 1	**Year 5**
A. Actual Number of Scans	1,988	2,363
B. Average Hour per Scan	0.75	0.75
C. Annual Scan Hours **(A x B)**	1,491	1,772
D. Average Available Hours per Year	2,024*	2,024*
E. % Operating Capacity **(C / D)**	74%	88%

*Based on an 8-hour day. 40 hours of operation per week times 52 weeks = 2,080 hours, reduced by 56 hours for holidays and maintenance = 2,024 available hours.

As shown in the table, the Applicant's service will be at 74% capacity starting with its first full year of operation, which is a decrease from the UMMIC-run service's current 89% capacity. By year 5 of operation, the Applicant anticipates that its service will be at 88% capacity based on increased demand. The Applicant notes that the increased demand through the first 5 years of operation is due to a number of factors, as discussed in the DoN narrative, including changes in the patient panel and an increase in older adults needing scans for age-related conditions. These factors are specific to the BWH patient panel and would impact demand for MRI services at the BWH location regardless of which entity runs the MRI clinic. However, compared to the

current UMMIC-run service, the Proposed Project will allow for greater flexibility in extending hours if needed in the future to meet demand and patient satisfaction (i.e., as a 5-day service, the Applicant will have greater flexibility in extending hours but still keeping the hours convenient for patients).

3. **The Health Policy Commission describes in their 2018 Cost Trends Report that "Massachusetts ranks 4th in the nation in Medicare spending for imaging, reflecting both higher utilization and greater use of higher-priced hospital outpatient departments…. Common diagnostic imaging includes X-rays, CT scans, and MRIs. Many of these imaging services have been shown to have no diagnostic value for certain conditions.[3]"**

   Given the data cited above, explain:

   a. **Which protocols, systems and/or decision support tools are in place currently to ensure that MRI imaging is ordered appropriately.**

Clinical Decision Support Tools

Currently, the Applicant provides the ordering physician with access to the American College of Radiology's ("ACR") "CareSelect Imaging" tool through an online ordering portal. The ACR is a professional society at the forefront of radiology evolution, representing nearly 40,000 diagnostic radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians and medical physicists. Today, the ACR is considered the premier source of radiology information and resources and is responsible, among other things, for guiding radiology reimbursement and coding issues. The CareSelect Imaging tool is a digital representation of the ACR Appropriate Use Criteria ("AUC") for diagnostic imaging. Specifically, it is a comprehensive, national standards-based, clinical decision support mechanism ("CDSM") that uses evidence-based decision support for the appropriate utilization of all medical imaging. The tool can be integrated with all major computerized ordering/electronic health record ("EHR") systems to guide providers to the right exam and reduce the number of exams needed to reach a diagnosis.

While the ordering physician is responsible for ensuring compliance with utilization of the CDSM, the online ordering portal allows the Applicant the ability to ingest and report on all acceptable use data elements. Specifically, each exam order is reviewed for medical appropriateness based off the clinical diagnosis. Moreover, the Applicant's radiologists review and confirm each exam type, including a review of the patient's history and cross-reference of symptoms.

Pre-Authorization

In addition, the Applicant notes that pre-authorization – the process of obtaining advance approval of a treatment plan proposed by a medical professional – is a regular part of private health insurance. In imaging, pre-authorization is most often required for high-cost imaging exams, such as MRI. The purpose of pre-authorization is to confirm appropriateness of the imaging exam, control costs, and prevent unnecessary utilization. The Applicant has systems in place to ensure that each MRI exam has authorization approval prior to performing the exam.

[3] Massachusetts Health Policy Commission. 2018 Annual Health Care Cost Trends Report available: https://www.mass.gov/files/documents/2019/02/20/2018%20Cost%20Trends%20Report.pdf

b. How any other "quality assurance programs and mechanisms"[4] work and how they will be operationalized to include expansion of the MR service, since it is not located in proximity to the existing Franklin site.

Applicability at Both Sites

The Applicant notes that all quality assurance mechanisms and processes, including those discussed above and those related to the Protecting Access to Medicare Act ("PAMA") mandate discussed below, apply to both clinic locations. These mechanisms and processes are currently in place at the BFMC location and will also be in place at the proposed new BWH satellite location, if approved.

PAMA Mandate – Full Effect in 2021

As of January 1, 2020, the PAMA requires referring providers to consult AUC via a Centers for Medicare and Medicaid Services ("CMS")-qualified CDSM prior to ordering Medicare Part B advanced diagnostic imaging, such as MRI exams, for Medicare patients. As discussed above, CDSMs are electronic portals through which AUC is accessed that provide a determination of whether the order adheres to AUC, or if the AUC consulted was not applicable (e.g., no AUC is available to address the patient's clinical condition). Per the mandate, a consultation must take place at the time of the order for imaging services that will be furnished in a physician's office, hospital outpatient department (including the emergency department), an ambulatory surgical center or an independent diagnostic testing facility ("IDTF") and whose claims are paid under the physician fee schedule, hospital outpatient prospective payment system or ambulatory surgical center payment system. As an IDTF, the Applicant highlights this requirement as it is another new requirement applicable to both the BFMC and the proposed new BWH clinic location.

Initially, the program requires physicians to report a code on their claims for advanced diagnostic imaging services covered by the program. In addition to checking a CDSM to help make appropriate treatment decisions for the specific clinical condition, ordering professionals will also need to provide the information to furnishing professionals and facilities, as they must report an AUC consultation code on their Medicare claims. The furnishing professional and facility will need to append a new HCPHC modifier to the CPT code on the claim to denote AUC consultation occurred. According to CMS, 2020 is a one-year "Educational and Operations Testing Period" with no Medicare payment penalties to rendering physicians for failure to report or incorrect reporting of AUC consultation information on claims for advanced diagnostic imaging services. However, beginning in 2021, a claim without a code will be rejected, and ultimately, practitioners whose ordering patterns are considered outliers will be subject to prior authorization. Accordingly, this mandate will function as an additional quality assurance program/mechanism that will protect against unnecessary MRI utilization.

[4] In the section *Public Health Value/Outcome Oriented,* you state that "Presently, high-quality patient outcomes are achieved through utilization of multi-focused quality assurance programs and mechanisms that assess the clinical appropriateness, safety and quality of all services…"

4. **Factor 1 requires an Applicant demonstrate how a Proposed Project will provide reasonable assurances of health equity. We require more information about this issue.**

   a. **With respect to health equity, we understand that Franklin MRI and BWH provide language access. Describe what else the Applicant and BWH are doing around CLAS. Refer to the guide on CLAS https://www.mass.gov/lists/making-clas-happen-six-areas-for-action if needed.**

Both the Applicant and BWH are committed to the Culturally and Linguistically Appropriate Services ("CLAS") standards as well as cultural, linguistic, and health equity. Accordingly, the Applicant will support the adoption of the CLAS standards at its new BWH MRI clinic location in the following ways, as divided into the six categories provided in the Department of Public Health's ("Department" or "DPH") guide to CLAS, "*Making CLAS Happen: Six Areas for Action*":

1. Foster Cultural Competence

The Applicant requires all employees to complete CLAS training and testing. Employees working at the Applicant's BFMC location currently receive this training on an annual basis. Upon approval and implementation of the Proposed Project, employees working at the Applicant's new BWH satellite location will also be required to complete this training annually. As an overview, the training covers the following topics:

- What is CLAS and Why it is Important;
- CLAS 15 National Standards Definitions;
- Patient Rights – Interpretation Services;
- Employee Role in Delivering Language Services;
- Types of Interpreter Services Available; and
- CLAS Program Benefits.

Beginning in 2020, the Applicant will also require all employees to complete a Diversity in the Workplace training course. Further information on this course is provided below. Finally, Regulatory Compliance training supplements the above-noted training programs and helps to promote health equity and the provision of understandable and respectful care. This training covers compliance laws and regulations for health care; quality assurance and performance improvement; and patient rights, including confidentiality, HIPAA, participation in treatment decisions, patient visitation rights, grievances, and respect, safety and nondiscrimination.

2. Build Community Partnerships

Given the Applicant's narrow focus on providing MRI services, many of the activities related to continuity and community partnerships occur outside of the Applicant's imaging clinic. However, given that the Applicant is a joint venture with a Baystate Health, Inc. ("BH System") hospital (i.e. BFMC) and will be sited at another BH System hospital (i.e. BWH), the Applicant anticipates that the Proposed Project will promote coordination of care and partnership between the Applicant and the community. First, all imaging results at the Applicant's BWH clinic location will be part of a fully integrated medical record. This medical record will not only be available to physicians across the BH System, but, given that the Applicant will participate alongside the BH System in the Pioneer Valley Information Exchange ("PVIX"), patients will also be able to

authorize providers outside of the BH System to access their information. The availability of these integrated record services for patients will facilitate quick and easy access to patient images and reports, which will in turn effect timely care, improved outcomes, and better quality of life. Additionally, the Applicant will be able to leverage the community resources that BWH currently partners with, as described in BWH's 2019 Community Health Needs Assessment ("CHNA") (e.g., Center for Human Development, Food Bank of Western Massachusetts: Mobile Food Pantry Healthy Hampshire, Quaboag Connector, Quaboag Hills Community Coalition, Ware River Valley and Palmer Domestic Violence Task Forces, etc.).

3. Collect and Share Diversity Data

The Applicant collects patient demographic data, including but not limited to gender, age, patient origin, and language data. This data is centrally collected and tracked. Additionally, the Applicant performs monthly site-specific data collection on performed language services. Data collected includes top languages engaged; ASL services performed; and any service issues reported, including details of the event, investigation and resolution. Both the patient demographic data and the monthly language data is used to inform service offerings and promote health equity and culturally competent care.

Being that the Applicant's new MRI clinic satellite location will be sited at BWH and that BWH's Patient Panel was relied upon for the DoN application, the Applicant notes that BWH, like all BH System hospitals, also collects detailed patient demographic data, including, but is not limited to gender, age, race/ethnicity, geographic origin, and insurance mix. Moreover, BWH conducts a CHNA every 3 years, with the most recent being completed in 2019. The goals of the CHNA include: improve understanding of the health needs of the community; serve as a resource for community organizations for data that is not readily available in other ways; and, ultimately, help remove the obstacles to health, including poverty, discrimination, systemic racism, and unequal access to jobs, education, housing, safe environments and health care. As discussed further in Question #5, information from the CHNA is used to inform the development of BWH's Community Benefits Implementation Strategy, regional efforts to improve health and address barriers, and Community Health Improvement Plans ("CHIPs") in all service area communities.

4. Benchmark: Plan and Evaluate

As discussed in the DoN narrative, the Applicant is a joint venture between BFMC and Shields Family Equity II, LLC, which is a Shields Healthcare Group entity. Shields Healthcare Group conducts assessments of its CLAS-related activities and integrates CLAS-related measures into improvement activities. Specifically, Shields Healthcare Group maintains an active annual CLAS Project Gant Chart with ongoing improvement projects and completed accomplishments for annual reporting to the Department. As a joint venture with a Shields Healthcare Group entity, the Applicant will be involved in this annual review, reporting, and improvement process for its new BWH clinic satellite location.

In addition, the Applicant will utilize other evaluation mechanisms at the BWH clinic satellite location. These will include the following:

- Internal patient surveys provided to all patients, with information reviewed for improvement needs;
- Encouraging patients to also communicate service feedback by phone;

- Utilization of vendor rating systems to provide feedback on services provided; and
- Asking staff to rate each service used as well.

The Applicant anticipates that all of these activities will help ensure that its clinical and language access services are meeting the needs of its patient population at the BWH clinic location.

5. Reflect and Respect Diversity

The Applicant strives to create a culture that makes diversity and inclusion a priority. With regard to patients, the Applicant does not discriminate based on ability to pay or payer source and will continue this practice following implementation of the Proposed Project at BWH. Additionally, as outlined throughout this response document and in the DoN narrative, the Applicant engages in efforts to foster cultural competence, ensure language access, and otherwise remove barriers to care in order to respect diversity and ensure health equity to all populations.

The Applicant is also committed to reflecting and respecting diversity among its workforce. The Applicant is an Equal Opportunity Employer and considers all applicants equally, regardless of race, gender, age, color, national origin, marital or veteran status, sexual orientation, religion, disability, or any other legally protected status. Moreover, as noted above, beginning in 2020, the Applicant will require all employees to complete an annual Diversity in the Workplace training course. Course content will include the following:

- Significance of workplace diversity, including defining diversity, valuing diversity, personal exploration and growth, increased productivity, and legal compliance;
- Diversity programs, including workplace culture, program goals, and program parts; and
- Doing your part, including supporting diversity, using the program, avoiding negative behaviors, and expanding horizons.

Finally, the Applicant notes that it maintains an online policy hub for employee-guided policies and procedures for services. The hub includes links to the CLAS standards, health and human services civil rights requirements, and the Department's guidelines.

6. Ensure Language Access

As discussed in the DoN narrative, the Applicant is committed to providing effective, understandable, and respectful care with an understanding of patients' cultural health beliefs and practices and preferred languages. To this end, the Applicant offers access to culturally competent staff and robust language services. The training programs related to cultural competence that the Applicant currently has in place at its BFMC clinic location and that the Applicant will implement at its BWH clinic location upon DoN approval are outlined above.

With regard to language service offerings, the Applicant maintains contracts with outside vendors and has detailed policies and procedures in place to ensure readily available services for language access needs. Services offered include interpretation services for patients that are limited English proficiency ("LEP"), as well as services for persons that are deaf or hard-of-hearing, including those that use American Sign Language ("ASL"). Through the use of contracted services – including on-site interpreters and translators, telephonic systems, and video systems – the Applicant assists patients speaking more than 200 languages in order to provide them with safe and appropriate access to health care services. These services are

available during all hours of operation, provided during all phases of a patient's encounter (including pre-appointment registration, during on site services, and for post-service-related inquiries), and are at no cost to the patient.

b. Describe how language assistance is offered and at which points of care, including initial appointment inquiry, throughout the MRI service provision, as well as reporting of results. Be sure to include:

i. How will interpreter and translation services be arranged for patients receiving same-day scans.

As discussed below, according to historical data from the current UMMIC-run MRI clinic at BWH, most patients receiving same-day scans request and utilize video interpretation services. On occasion, patients receiving same-day scans request telephonic interpretation services. Over the past 24 months, no live on-site interpreters were requested or utilized at the UMMIC-run MRI clinic at BWH.

Additionally, as noted above, the Applicant maintains contracts with outside vendors to ensure readily available services for interpreter and translation needs. The Applicant currently maintains these contracts for its BFMC location and will also maintain these contracts for the new BWH location upon approval and implementation of the Proposed Project. Specifically, the Applicant will utilize InDemand for video interpretation services and will utilize Language Line Services for telephonic interpretation services. These services can be arranged for patients receiving same-day scans.

Although no live on-site interpreters were requested or utilized over the past 24 months at the current UMMIC-run MRI clinic at BWH, the Applicant will nonetheless maintain agreements with the Massachusetts Commission for the Deaf and Hard of Hearing and with Partners Interpreting for the new BWH location. These agreements will help to ensure that patients receive the type of services that best suit each of their individual needs. These interpreters/translators are available to be contracted for same-day scans.

ii. How patients receiving scans are made aware of the interpretation and language access and assistive services that are offered.

Generally, the referring practice/provider will notify the Applicant of the need for interpreter services at the time of scheduling. Therefore, staff at the Applicant's BWH location will be aware of a patient's interpretation and language access and assistive services needs and will work to coordinate access to such services with the patient prior to the MRI appointment.

On occasion, a patient will call in and no history of interpretation and language access and assistive services needs will have been previously communicated. In these cases, staff at the Applicant's BWH location will confirm what language the patient speaks and then will connect the patient and themselves on a 3-way call with an interpreter to interpret the call. During the call, the staff member will work with the patient and the interpreter to confirm the patient's interpretation and language access and assistive services needs and will explain the services available. Staff will document the information in the patient's record and will coordinate access to future services accordingly. Finally, there will be signage posted at points of care informing

patients of their right to interpretation and language access and assistive services free of charge.

iii. Which languages are requested and percentage of live vs. video/telephone interpretation provided over the past 24 months.

Over the past 24 months, languages requested at the current UMMIC-run MRI clinic at BWH included: Russian, Spanish and Cantonese. During this same period, there were 2 requests for telephone interpretation services and 16 requests for video interpretation services, all of which were fulfilled. No live on-site interpreters were requested or utilized during this time.

iv. Provide protocols for interpretation when patient presents for, or makes an appointment for imaging services, such as when a live interpreter is needed.

As discussed above, the referring practice/provider will generally notify the Applicant of the need for interpreter services at the time of scheduling and the Applicant's staff at the BWH location will then work to coordinate access to such services with the patient prior to the MRI appointment. In some instances, no history of interpretation needs is communicated from the referring practice/provider. If there is no history of interpretation needs in the patient's record and a patient calls and expresses his/her needs prior to the appointment, staff at the Applicant's BWH location will confirm what language the patient speaks and then will connect the patient and themselves on a 3-way call with an interpreter to confirm the patient's needs and explain the services available. The staff member will document the information in the patient's record and will coordinate access to future services accordingly. To ensure that access is offered to all patients who may have interpreter needs, staff will also confirm with all patients whether access to interpretation services is required during the scheduling, pre-registration, and/or check-in processes. If a patient makes his/her interpretation needs known to the Applicant's staff during these processes, staff at the BWH location will assist the patient in accessing such services.

Staff will use the information garnered from each patient to ensure that the patient receives the type of service that is best suited to his/her individual needs. Specifically, the Applicant will coordinate the provision of either on-site, telephonic, or video interpretation services. The type of service provided depends on the patient's preferred language, the patient's preferred type of service, and the patient's needs. For instance, if it is determined that a live interpreter is best, the Applicant's staff will ensure that an interpreter from either the Massachusetts Commission for the Deaf and Hard of Hearing or an interpreter from Partners Interpreting is on-site the day of the MRI appointment.

5. We understand that generally PCPs hold responsibility for SDoH screening and referral. However, we require additional information on this:

i. Will staff at Franklin MRI be able to review the EHR for evidence of positive SDoH screenings and referrals made?

Currently, the Applicant does not anticipate that staff at Franklin MRI's BWH will be able to review the BH System EHR for social determinant of health ("SDoH") screenings and referrals. However, the Applicant notes that it pre-screens its MRI patients. This pre-screening process is currently in place at its BFMC location and upon project implementation will also be in place at

its new BWH location. Certain questions in the pre-screen relate to certain SDoH issues, namely those issues that are relevant to an imaging appointment. For example, transportation. If, during this pre-screen process or at any time during a patient's MRI appointment, the Applicant's staff is made aware of an SDoH issue, staff will confirm that a request for assistance is needed and either assist the patient directly (e.g., in the case of transportation) or refer the patient back to his/her primary care physician ("PCP") for linkage to community-based support (e.g., in the case of hunger and access to food).

Here are two examples that help illustrate our need to understand continuity of care to address SDoH needs:

- **A covered lives patient who has not been screened by her/his PCP for SDoH needs ends up being screened at Franklin MRI, when it appears s/he is hungry.**

As noted above, staff at the Applicant's BWH location will pre-screen MRI patients prior to the patient's appointment, a process that will include asking certain questions related to certain SDoH issues. If, however, a hunger issue has not been identified prior to appointment and the patient appears hungry on the day of his/her appointment, staff at Franklin MRI's BWH location will confirm with the patient that a request for assistance is needed. Upon confirmation, staff will assist the patient by reaching out and referring him/her back to his/her PCP for linkage to community supports.

- **A covered lives patient has been screened by a PCP for SDoH needs but clearly has ongoing needs, when s/he explains s/he has no way to get home from the scan.**

To reiterate, certain questions in Franklin MRI's pre-screen process at BWH will relate to certain SDoH issues, such as transportation needs. Therefore, in many instances, staff at Franklin MRI's BWH location will be made aware of a patient's transportation needs prior to the appointment and will coordinate with the patient accordingly. The Applicant provides transportation assistance via ride-share and cab vouchers when needed by a patient. If, on the day of the appointment, staff at Franklin MRI's BWH location learn for the first time that the patient has no way to get home from the scan, staff will confirm that transportation assistance is needed and, upon confirmation, provide the patient with the same benefit – transportation assistance via ride-share and/or cab voucher.

ii. Explain how any of these processes differ for patients in particular ACOs.

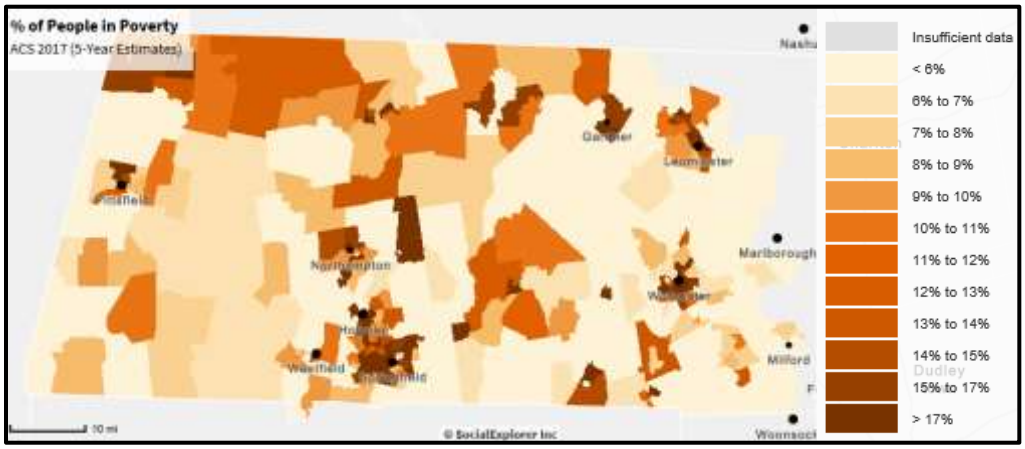
Processes at Franklin MRI's BWH location will not be different for patients in particular ACOs versus patients not in an ACO.

iii. You describe on page 1 of the Project Description the SDoH factors faced by the patient panel leading to barriers to care, but only describe SDoH related issues in one community (Warren), where about 2.5% of your patients reside.

1. Describe in greater depth project-related SDoH issues in additional communities within the service area.

The 2019 CHNA focused on the primary geographic service area of BWH. This service area is comprised of numerous small, rural towns (including but not limited to Belchertown, Brimfield, Hampden, Ludlow, Monson, Palmer, Wales, Ware, Warren, West Brookfield, and Wilbraham) across Hampden, Hampshire, and Worcester Counties. The Applicant notes that the SDoH issues outlined in the DoN narrative are issues that impact the population in BWH's entire service area and that the reference to Warren was meant only as an example. Nonetheless, the Applicant outlines below in greater depth the SDoH issues identified in the BWH 2019 CHNA that are faced by the patient panel in the communities within BWH's service area and continue to impact access to health care and the health of this population:

- Lack of resources to meet basic needs, including insurance and health care related challenges – Many residents in the BWH service area struggle with poverty and low levels of income. The median household income of $73,092 in the BWH service area is below the statewide median income of $77,385. Moreover, an estimated 20% of the service area residents have incomes at or below 200% of the poverty level. For example, parts of Ware, Palmer, and Ludlow have poverty rates greater than 15%, and in Warren, nearly 40% of the population lives in households at or below 200% of the federal poverty level, a measure which offers a better glimpse of individuals who are low-income and may lack resources to meet basic needs. The map below from the 2019 CHNA shows pockets of high poverty in the BWH service area, generally represented between Springfield and Worcester:



Additionally, low education levels and high unemployment rates are also associated with several communities in BWH's service area. Education levels in BWH's service area are lower than Massachusetts' levels (only 31% of service area residents have a bachelor's degree or higher, compared to the Massachusetts average of 42%). Lower levels of education contribute to unemployment and the ability to earn a livable wage. Nearly 6% of the service area population is unemployed.

Finally, the ability to navigate both what health insurance will cover and medical care systems was raised by multiple community stakeholders and interviewees, especially young adults in two focus groups. High costs of co-pays and deductibles, the difficulty of knowing what is covered or not, constant changes in coverage, and barriers of bureaucracy were cited as examples. For many, insurance related challenges are so overwhelming that they often just forgo health care and wait until they need urgent or

emergency room care. Moreover, focus group participants and key informant interviewees identified multiple barriers imposed by the health insurance system that directly impact the treatment of health concerns, including a limited number of providers that accept patients with public insurance (e.g., MassHealth).

- Transportation – Transportation continues to be a prioritized need for BWH's rural service area. Nearly every 2019 CHNA focus group and set of key informants mentioned transportation as a need. It is seen as a significant barrier to care and continues to be a major obstacle to good health.

- Limited availability of providers – BWH service area residents continue to experience challenges accessing care due to the shortage of providers. Lack of primary care providers and specialty care providers pose a significant challenge to individuals needing health care services. Community location (rural or urban) and/or insurance restrictions can impact accessibility to an already limited number of providers.

- Lack of care coordination – Increased care coordination continues to be a need in the communities within BWH's service area. Areas identified in focus group and interviews include the need for coordinated care between providers in general, "one-stop shopping", consolidation of services that already exist, and reduction of the duplication of services.

- Health literacy, language barriers, and the need for cultural humility – The need for health information to be understandable and accessible was identified in the 2019 CHNA. In the BWH service area, about 8% of the population speaks a language other than English at home and 3% speak English "less than very well." Focus group participants and key informant interviewees noted the need for bilingual providers, translators, and health materials translated in a range of languages. Along these same lines, public health leaders, focus group participants, and other interviewees called for increased training, experience, and sensitivity for health care and social service providers to a variety of different cultures.

- Miscellaneous – Other non-project-related SDoH issues faced by the patient panel in the communities within BWH's service area include housing, access to healthy food, social environment, and violence and trauma.

2. Describe efforts that the Applicant and its members intend to take to address barriers as well as other SDoH issues.

The Applicant and its members anticipate that the Proposed Project itself will help to address some of the SDoH issues outlined above and promote health equity in the following ways:

- Lack of resources to meet basic needs, including insurance and health care related challenges – The Proposed Project will not affect accessibility of the Applicant's services for poor, medically indigent, and/or Medicaid eligible individuals. The Applicant does not discriminate based on ability to pay or payer source and will continue this practice following implementation of the Proposed Project at BWH. Accordingly, the Proposed Project will ensure access to MRI services for all of BWH's and the Applicant's patients.

- Transportation – The Proposed Project will enable BWH to continue to offer on-site, co-located MRI services, alleviating the need for patients to travel to multiple, geographically separate providers for imaging services. This is beneficial to patients in this area, as transportation to multiple providers is not only costly but can also cause confusion, frustration, and lead to adverse health outcomes as a result of missed appointments.

- Limited availability of providers – The Proposed Project will ensure the continued availability of MRI services at BWH. The continued provision of MRI services at BWH will alleviate the need for patients to travel to alternative locations or outside of the region for imaging services and will ensure equitable care for all patients by reducing barriers to accessing these vital diagnostic services in a timely manner.

- Lack of care coordination – The Proposed Project will address the identified need for care coordination, promote "one-stop shopping", and reduce the duplication of services. Specifically, the Applicant anticipates that the Proposed Project will facilitate improved alignment with the BH System, and that the continued co-location of MRI services on-site at BWH will allow BWH to continue to provide a full complement of diagnosis and treatment services to its patient panel. Overall, the continued provision of MRI imaging services at BWH will ensure equitable care for all patients by reducing barriers to accessing these vital services and will allow for the continuation of a "health home" for patients, so they receive necessary services at one location.

  Additionally, given that the Applicant is a joint venture with a BH System hospital (i.e., BFMC), all imaging results at BWH will be part of a fully integrated medical record. This integrated medical record will not only be available to primary care and specialty physicians across the BH System, but, given that the Applicant will participate alongside the BH System in PVIX, patients will also be able to authorize providers outside of the BH System to access their imaging information. Such access to integrated health information technology systems, including integrated picture archiving and communication systems ("PACS") information, is anticipated to lead to enhanced care coordination, allow for real-time care decisions, and reduce duplication of services and unnecessary testing.

- Health literacy, language barriers, and the need for cultural humility – As discussed in the DoN narrative and in Question #4, the Applicant will provide effective, understandable, and respectful care with an understanding of patients' cultural health beliefs and practices and preferred languages. The Applicant has developed arrangements to offer ongoing education and training in culturally and linguistically appropriate areas for staff, as well as diversity training and regulatory compliance training. Moreover, the Applicant will offer access to robust language services at its BWH location.

In addition, to prioritize the identified SDoH issues, promote health equity, and address barriers, BWH in partnership with its Community Benefits Advisory Council ("CBAC") is currently in the process of developing its Community Benefit Implementation Strategy and Work Plan. In

consideration of the SDoH findings identified in the CHNA, the CBAC has decided to focus in on the following areas over the next 3 years:

- Lack of resources to address basic needs (including food access, transportation, etc.) – The Baystate Health Eastern Region ("BHER") CBAC will continue to partner with the Food Bank of Western Massachusetts Mobile Pantry and Hillside Village once a month to distribute food to the service area's most vulnerable community members. The Mobile Food Bank provides an additional source of food to families and individuals facing hunger. The program reaches the underserved populations that don't otherwise have access to fresh, healthy foods. This is largely due to a lack of transportation and access to grocery stores, farmers' markets and other healthy food providers. Area providers and agencies partner with BHER and Hillside Village to volunteer at the monthly mobile pantry and provide families, children and seniors with information about access to services including WIC, SNAP, Health Insurance, Fuel Assistance and much more.

  The Brown Bag for Seniors Program is also important to highlight. This Program provides income qualified senior citizens with monthly supplemental bags of food. All types of food are included, from canned goods, pasta, and produce when available. Through the efforts of the BHER CBAC and Country Bank, the Brown Bag Program, sponsored by the Food Bank of Western Massachusetts continues to be available to over 130 low-income seniors in Ware.

  With regard to transportation, BWH will continue to support the Quaboag Connector, a transportation service operated by the Quaboag Valley Community Development Corporation for transportation to and from work, specifically for the Work Force Training program in Ware offered by Holyoke Community College. In addition to providing transportation to employment and the college site, community members have access to the Quaboag Connector for transportation to and from medical visits and cultural activities.

  Finally, BWH employee donation drives help to collect school supplies to benefit the Ware and Palmer public schools and holiday toys for children and families served by the Ware and Palmer Domestic Violence Task Forces.

- Social environment – Specific strategies will be identified through a system-wide Baystate Health Request for Proposal process in early 2020. Multi-year grant(s) will be awarded to local organizations serving the BWH service area. Proposal review and award decisions will be made by a review committee of the CBAC. Funding for these grants is made possible by Community Health Initiative ("CHI") funding.

- Domestic violence – The Ware and Palmer Domestic Violence Task Forces are partnering to review the history and current practice of each Task Force in addressing domestic and sexual violence; review the health needs of domestic and sexual violence survivors from the Ware and Palmer regions, including needs that are being met and gaps in service; discuss best practices and pending new state mandates and state recommendations related to domestic and sexual violence; and develop a joint vision for how the health needs of domestic and sexual assault survivors from the Ware and Palmer region would be best served. In addition, they are developing an action plan to

address the following: plan for on-going meetings/communication to continue to build on this partnership; develop a joint strategy to identify funding for service, training and collaborative efforts; joint plan to evaluate service, training and collaborative efforts for BWH staff; and develop a BWH Domestic Violence Response Team to support BWH staff. BWH has committed to nursing representation at both the Ware and Palmer Domestic Violence Task Forces to ensure that the needs of sexual and domestic violence survivors are met throughout the region with a trauma informed approach that uses best practices and is integrated with local community-based services.

- Mental health and substance use – BWH provides in-kind office and meeting space for the staff of the Quaboag Hills Community Coalition ("QHCC") Substance Use Task Force ("SUFT") and its Drug Free Communities project at Baystate Mary Lane Outpatient Center ("BMLOC"). BWH awarded funding to the QHCC to address the high rates of alcohol and drug use in the Quaboag Hills region by helping communities build the infrastructure necessary for effective and enduring alcohol and drug abuse prevention across the region. The QHCC applied the grant funds to support coordination to engage the membership of its sub-group, the QHCC SUFT.

  Finally, it is important to highlight the implementation of the FY2020 $20,000 DPH legislative earmark for opioid disorders. This will allow BWH to train staff on topics such as treating patients/residents with substance use disorder with dignity and respect; Screening, Brief Intervention and Referral to Treatment ("SBIRT"); resources available to those with substance use disorders; and/or or other trainings identified by the community. In addition, BWH will collaborate with Quaboag Hills Substance Use Task Force Alliance and the Hampshire Heroin Opiate Prevention and Education ("HOPE") Coalition to host a community event with a focus on anti-stigma.

6. **Factor 1 requires us to consider "evidence of sound community engagement and consultation throughout the development of the Proposed Project, including documentation of the Applicant's efforts to ensure engagement of community coalitions statistically representative of the Applicant's Patient Panel."[5] We require additional information on this issue:**

   a. **Describe how members of the Patient and Family Advisory Council (PFAC) are selected and how you determined the degree to which they are reflective of the Patient Population.**

The BHER Patient and Family Advisory Council ("PFAC" or "Council") meets the requirements set forth in DPH's Hospital Licensure regulations at 105 CMR 130.1800 and 130.1801. These regulations require the following: "At least 50% of the Council members shall be current or former patients and/or family members and should be representative of the community served by the hospital." Between July 1, 2018 – June 30, 2019, BHER's PFAC consisted of 2 staff members and 12 patient or family member advisors.

BHER's PFAC strives to attract members that reflect the communities served by BWH and the BMLOC. Members are recruited through community-based organizations, promotional efforts,

[5] https://www.mass.gov/files/documents/2018/12/31/jud-lib-105cmr100.pdf

and word of mouth/through existing members. The following incentives are provided for PFAC members to encourage participation: annual gifts of appreciation; assistive services for those with disabilities; meetings outside 9am-5pm office hours; parking, mileage, and meals; payment for attendance at other conferences or trainings; and translator or interpreter services. Preferential treatment is given to individuals who have used the wide array of services at BWH/BMLOC, such as MRI, or have family members who have used these services. PFAC leadership reaches out to patients who can provide a consumer perspective to BWH's initiatives and plans as a hospital, specifically approaching members based on their history of providing valuable feedback about BWH's services. Many members have been serving on the PFAC for several years and have a thorough understanding of the services BWH provides and the impact to patients, and PFAC leadership encourages patient and family advisory members' input on new services, gaps in services, and changes in services.

b. List how many PFAC members of the total attended the October meeting and any others attending, other than staff or clinicians employed by or working at BWH or Franklin MRI.

At the October 9, 2018 meeting, there were 13 PFAC members and 4 guests (of whom 3 were staff members and 1 was a potential new PFAC member), including the Director of Diagnostics and the Vice President of Patient Care Services for the BHER who provided the information on the MRI project to the Council.

c. Further list how many employees attended the October Community Benefits Advisory Council Meeting (since you state that CBAC provides a community perspective on how to increase wellness for the entire population).

In total, 18 total members attended the October 24, 2018 CBAC meeting. Of the 18 members who attended the CBAC meeting, 4 were employees, including the President of the BHER and the Director of Diagnostics, and 4 were University of Massachusetts Medical School – Baystate PURCH medical students (who are listed as guests on the meeting minutes but are considered ad-hoc CBAC members). The CBAC has broad representation of a number of groups, including substance use disorders, low-income, youth, parents, clergy, area business representatives, community members, seniors, and a representative from the Quaboag Connector (a local transportation service serving seven towns in the BHER). Each of these populations uses the services of the BHER.

d. You state that it was important to engage patients because they will benefit from the project. How else will patients be engaged and consulted?

The Applicant notes that it met the requirement of sound community engagement and consultation throughout the development of the Proposed Project; specifically, through engagement and consultation of the PFAC and CBAC. Nonetheless, upon approval and implementation of the Proposed Project, the Applicant plans to continue its engagement efforts. First, the Applicant will solicit feedback from patients through an automated process where patients can anonymously give feedback in real time using an electronic system. BWH also rounds on patients in both the inpatient and outpatient areas to elicit real time feedback from patients. This includes a member of the leadership team speaking directly with patients using the service to determine their experience in the moment and make any immediate changes or

long-term changes. In addition, BWH's radiology department uses Press Ganey which includes patient comments. Although this survey is not specific to MRI, BWH will monitor the comments to identify any areas for improvement.

e. Have there been any comments or feedback on your websites following the posting of the project, and if so, what are they?

To-date, no comments or feedback have been received in connection with the website postings. The general "contact us" form on BWH's website will continue to be monitored by the PR team and feedback will be processed accordingly. However, the Applicant emphasizes, as noted in the DoN narrative, that feedback from both the PFAC and CBAC meetings was positive. Both PFAC and CBAC members expressed support for the Proposed Project and did not express any concerns.

7. The Regulation requires that the CPA report be for the Applicant, which is Franklin MRI. ***"Said independent CPA's analysis shall include, but not be limited to: (lettering and emphasis added by Staff)***

a. a review of the Applicant's and where appropriate, as a matter of standard accounting practices, its Affiliates, past and present operating and capital budgets;
b. balance sheets;
c. projected cash flow statements;
d. proposed levels of financing for the Proposed Project, including a compilation of prospective financial information, such as a forecast or a projection, for the subsequent five-year period prepared in accordance with the attestation standards established by the American Institute of Certified Public Accountants, and
e. any other relevant information required for the independent CPA to provide reasonable assurances to the Department that the Proposed Project is financially feasible and within the financial capability of the Applicant, and where appropriate, as a matter of standard accounting practice, its Affiliates; …"

Given that the site is projected to operate at a loss and need cash infusions years 2020-2024, based on the shares of ownership, and since the CPA report is for the proposed site, we will need additional information:

a. For the Applicant, addressing at a minimum, *a, b* and *c* above.

Please see attached letter from Meyers Brothers Kalicka, P.C. at Exhibit A, which addresses at a minimum, a, b, and c above for the Applicant.

b. Additional assurances as to how the members will make up this shortfall.

Please see attached letter from Meyers Brothers Kalicka, P.C. at Exhibit A, which includes additional assurances as to how the members will make up the shortfall.