

## 2010 CON Seminar



- MRI
- BMT
- Heart/Lung & Liver
- Pancreas



Sallie Flanders  
Reviewer Specialist

1

## CON Review Standards for MRI Services

- Section 1 – Applicability
- Section 2 – Definitions (Addition of MRI Simulator, cosmetic changes, MRI list clarification, etc.)
- Section 3 – Initiation
  - ✓ Fixed – 6000 AAPs
  - ✓ Mobile – 5500 AAPs
    - ❖ Urban Host – 600 AAPs (within 20-mile radius)
    - ❖ Rural Host – 400 AAPs (within 75-mile radius)
  - ✓ Conversion
    - ❖ 6000 APs (locate at host site or w/i relocation zone)
    - ❖ 4000 APs (locate at host site or w/i relocation zone)
    - ❖ 3000 APs (locate at host site only)

2

## CON Review Standards for MRI Services

- Section 4 – Replacement
  - ✓ Fixed – 6000 APs
    - ❖ 6000 APs if converted under 3(2)(b)(i) or initiation
    - ❖ 4000 APs if converted under 3(2)(b)(ii) & only 1 unit
    - ❖ 3000 APs if converted under 3(2)(b)(iii) & only 1 unit
  - ✓ Mobile - 5500 APs
  - ✓ Pediatric – 3500 APs

3

## CON Review Standards for MRI Services

- Section 5 – Expansion
  - ✓ Fixed – 11000 APs
  - ✓ Mobile – 9000 APs
  - ✓ Pediatric – 3500 APs
- Section 6 – Relocation (Fixed Units Only)
  - ✓ Service
    - ❖ 6000 APs/unit
    - ❖ Within relocation zone - 10 miles (urban and rural)
    - ❖ Operational 36-months
  - ✓ A la carte
    - ❖ 6000 APs/unit
    - ❖ Within relocation zone - 10 miles (urban and rural)
    - ❖ Operational 36-months

4

## CON Review Standards for MRI Services

- Section 7 – Acquisition
  - ✓ Service (Volume waived for 1<sup>st</sup> acquisition after July 1, 1997)
  - ✓ 2<sup>nd</sup> Acquisition
    - ❖ Fixed – 6000 APs
    - ❖ Mobile – 5500 APs
    - ❖ Pediatric – 3500 APs
  - ✓ Al a carte
    - ❖ No volume requirements
    - ❖ Must meet subsection 6(2) requirements or sections 3 or 4
- Section 8 – Research Units
- Section 9 – Dedicated Pediatric Unit
- Section 10 – IMRI
  - ✓ Pilot project ends 12/31/2010, an application must be submitted by 12/31/2010

5

## CON Review Standards for MRI Services

- Section 11 – Medicaid
  - ✓ Fixed – documentation for applicant
  - ✓ Mobile – documentation for each mobile host site
- Section 12 – Project Delivery Requirements
  - ✓ Subsection 1(d)(i) – minimum average annual utilization
    - ❖ 6000 APs if converted under 3(2)(b)(i) or initiation
    - ❖ 4000 APs if converted under 3(2)(b)(ii) & only 1 unit
    - ❖ 3000 APs if converted under 3(2)(b)(iii) & only 1 unit
  - ✓ Subsection 1(e) & (f) – notification of date of operation, addition, deletions or changes in host sites

6

## CON Review Standards for MRI Services

- Section 13 – MRI Procedures Adjustments
- Section 14 – Documentation of Actual Utilization
  - ✓ MRI Service Utilization List in effect on the date an application is deemed submitted

7

## CON Review Standards for MRI Services

- Section 15 – Methodology for Computing AAPs
- Section 16 - Commitment of AAPs
  - ✓ Use of AAPs from entire mobile route
  - ✓ Signed & dated data commitments submitted with application (forms 220 & 220-A)
  - ✓ 100% commitment from a service
  - ✓ No withdrawals during 120-day review cycle or after approval
  - ✓ Data is committed for 36 months
- Section 17 – MRI Lists (May 1 and November 1)
  - ✓ MRI Service Utilization List and Available MRI Adjusted Procedures List
- Section 18 - Prior CON Review Standards; Comparative Reviews
  - ✓ Not subject to comparative review
- Section 19 – Health Service Areas (HSA)

8

## CON Review Standards for BMT Services

- Section 1 – Applicability (cosmetic changes/consistency with other standards)
- Section 2 – Definitions (streamlined/moved under relevant sections, added Tumor Registry, re-defined planning areas)
- Section 3 – Initiate Bone Marrow Transplantation Service
  - ✓ Requires specialty services
  - ✓ Limited to 3 adult BMT services in Planning Area 1 and 1 adult BMT in Planning Area 2
  - ✓ Limited to 2 pediatric BMT services in Planning Area 1 and 1 pediatric BMT in Planning Area 2
  - ✓ Project minimum 30 adult BMT procedures/at least 10 allogeneic by 3<sup>rd</sup> year
  - ✓ Project minimum 10 pediatric BMT procedures/at least 5 allogeneic 3<sup>rd</sup> year
  - ✓ Cannot initiate BMT service with autologous only
  - ✓ Consulting agreement with in or out-of-state BMT program

9

## CON Review Standards for BMT Services

- Section 4 – Acquisition of BMT Service by a Cancer Hospital
  - ✓ Not subject to comparative review
- Section 5 – Comparative Reviews
  - ✓ Changes in scoring factors
    - ❖ Points awarded based on distance from nearest existing BMT service
    - ❖ Points awarded for existing medical and support services at the proposed BMT site
    - ❖ Points deducted for inconsistent information
- Section 6 – Medicaid
  - ✓ Documentation for applicant
- Section 7 – Project Delivery Requirements

10

## CON Review Standards for BMT Services

- Section 8 – Documentation of Projections
  - ✓ Identifies Statewide Tumor Registry for verification of projections
- Section 9 – Health Service Areas (HSA)
- Section 10 – Department Inventory of BMT Services
- Section 11 - Comparative Reviews/Prior Planning Policies
  - ✓ Subject to comparative review

11

## CON Review Standards for Heart/Lung & Liver Transplantation Services

- Section 1 – Applicability (cosmetic changes/consistency with other standards)
- Section 2 – Definitions (streamlined/moved under relevant sections)
- Section 3 – Requirements for all Applicants - Initiation
  - ✓ Requires specialty services
  - ✓ Joint sharing arrangements for unrelated parties for Heart/Lung and Liver (added new)
  - ✓ Medicaid
    - ❖ Documentation for applicant

12

## CON Review Standards for Heart/Lung & Liver Transplantation Services

- Section 4 – Additional Requirements for Heart/Lung
  - ✓ Limited to 3 services in the planning area (State)
  - ✓ Projected 12 transplants per year by 2<sup>nd</sup> year of operation
  - ✓ Renal transplant program required (onsite or offsite-w/i hospital subarea)
  - ✓ Exemption for joint sharing
- Section 5 – Additional Requirements for Liver
  - ✓ Limited to 3 services in the planning area (State)
  - ✓ Projected 12 transplants per year by 2<sup>nd</sup> year of operation
  - ✓ Renal transplant program required (onsite or offsite-w/i hospital subarea)
  - ✓ Specialty services required

13

## CON Review Standards for Heart/Lung & Liver Transplantation Services

- Section 6 - Requirements for Comparative Reviews
- Section 7 – Project Delivery Requirements
  - ✓ CMS/Medicare approval required w/n 5 years of service implementation
  - ✓ Written agreement w/Federally approved organ procurement organization
- Section 8 – Documentation of Projections
- Section 9 – Health Service Areas (HSA)
- Section 10 - Comparative Reviews/Prior Planning Policies
  - ✓ Subject to comparative review

14

## CON Review Standards for Heart/Lung & Liver Transplantation Services

- Section 12 – Health Service Areas (HSA)
- Section 13 - Comparative Reviews/Prior Planning Policies
  - ✓ Subject to comparative review

15

## CON Review Standards for Pancreas Transplantation Services

- Section 1 – Applicability (cosmetic changes/consistency with other standards)
- Section 2 – Definitions (streamlined/moved under relevant sections)
- Section 3 – Requirements for Approval – Initiation
  - ✓ Requires specialty services
  - ✓ Projected 2 transplants per year by 2<sup>nd</sup> year of operation
  - ✓ Perform 80 renal transplants over most recent 24-month period on-site
  - ✓ Medicaid
    - ❖ Documentation for applicant

16

## CON Review Standards for Pancreas Transplantation Services

- Section 4 – Project Delivery Requirements
  - ✓ Requires 80 on-site transplants over last 24 months and biennially thereafter (at least 4 pancreas and balance renal transplants)
- Section 5 – Documentation of Projections
- Section 6 - Comparative Reviews/Prior Planning Policies
  - ✓ Not subject to comparative review

17