 Version: 11-8-17

Massachusetts Department of Public Health
Determination of Need
Application Form

Application Type: Transfer of Site/Change in Designated Location

Application Date: 03/02/2022 11:27 AM

Applicant Name: Boston Eye Surgery and Laser Center Trust

Mailing Address: 50 Staniford Street, Lobby Level

City: Boston State: Massachusetts Zip Code: 02114

Contact Person: Jonathan Herlihy

Title: Administrator

Mailing Address: 50 Staniford Street

City: Boston State: Massachusetts Zip Code: 02114

Phone: 6177232015 Ext: none

Email: JHERLIHY@eyeboston.com

**Facility Information**

**List each facility affected and or included in Proposed Project**

1. Facility Name: Boston Eye Surgery and Laser Center – West

Facility Address: 52 Second Avenue, Suite 2500

City: Waltham State: Massachusetts Zip Code: 02451

Facility type: Freestanding Ambulatory Surgery Facility CMS Number: NPI 1639215502

**1. About the Applicant**

1.1 Type of organization (of the Applicant): for profit

1.2 Applicant’s Business Type: Trust

1.3 What is the acronym used by the Applicant’s Organization: BESLC

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? No

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission? No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D § 9 and is thus, pursuant to M.G.L. c. 6D § 10 required to file a performance improvement plan with CHIA? No

1.9 Complete the Affiliated Parties Form

**2. Project Description**

2.1 Provide a brief description of the scope of the project.: BESLC-West currently is located at 52 Second Avenue, Suite 2200, Waltham, MA 02451. The landlord of the current space notified BESLC- West that the space no longer will be available, the lease cannot be renewed, and the lease will terminate on 10.31.2022. BESLC-West identified new space in Waltham, approximately 1-mile from the existing space. The new space is located at 195 West Street, 2nd Floor, Waltham, MA 02451. BESLC-West anticipates relocating to the new space, effective as of 5.1.22.

2.2 and 2.3 Complete the Change in Service Form

**3. Delegated Review**

3.1 Do you assert that this Application is eligible for Delegated Review? Yes

3.1.a If yes, under what section? Transfer of Site or change of a designated Location

**4. Conservation Project**

4.1 Are you submitting this Application as a Conservation Project? No

**5. DoN-Required Services and DoN-Required Equipment**

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? No

**6. Transfer of Ownership**

6.1 Is this an application filed pursuant to 105 CMR 100.735? No

**7. Ambulatory Surgery**

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? Yes

7.2 If yes, is Applicant or any affiliate thereof a HPC-certified ACO OR in the process of becoming a Certified ACO? No

7.3 Does the Proposed Project constitute: (Check all that apply)

 Ambulatory Surgery capacity located on the main campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(i);** unchecked

 An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for Ambulatory Surgery capacity located on a satellite campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(ii);** unchecked

 A Freestanding Ambulatory Surgery Center within the Primary Service Area of an independent community hospital (Refer to a list that we update regularly with support from HPC) **105 CMR 100.740(A)(1)(a)(iii**); or: unchecked

 An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for a Freestanding Ambulatory Surgery Center that received an Original License as a Clinic on or before January 1, 2017 **105 CMR 100.740(A)(1)(a)(iv).:** Checked

**7.4 See section on Ambulatory Surgery in the Application Instructions**

**8. Transfer of Site**

8.1 Is this an application filed pursuant to 105 CMR 100.745? Yes

8.2 Current location of Site

 Facility Name: Boston Eye Surgery and Laser Center – West

Physical Address: 52 Second Avenue, Suite 2500

City: Waltham State: Massachusetts Zip Code: 02451

Facility type: Freestanding Ambulatory Surgery capacity

8.3 Location of Proposed Site

 Facility Name: Boston Eye Surgery and Laser Center – West

Physical Address: 195 West Street, 2nd Floor

City: Waltham State: Massachusetts Zip Code: 02451

Facility type: Freestanding Ambulatory Surgery capacity

8.4 Compare the scope of the project for each element below:

|  | Current Site | Proposed Site |
| --- | --- | --- |
| Gross Square Feet | 4,700 | 7,389 |
| Primary ServiceArea Towns served | See Attachment 1 – Narrative | See Attachment 1 – Narrative |
| Patient Population(Demographics) | See Attachment 1 – Narrative | See Attachment 1 – Narrative |
| Patient Access | See Attachment 1 – Narrative | See Attachment 1 – Narrative |
| Impact on Price | See Attachment 1 – Narrative | See Attachment 1 - Narrative |
| Total MedicalExpenditure | See Attachment 1 – Narrative | See Attachment 1 - Narrative |
| Provider Costs | See Attachment 1 – Narrative | See Attachment 1 - Narrative |
| Description | See Attachment 1 – Narrative | See Attachment 1 - Narrative |

8.5 Detail all Anticipated Capital Expenditures to be incurred as a result of the proposed Transfer of Site.

|  |  |  |
| --- | --- | --- |
| Add Del Row | Anticipated Capital Expenditure | Cost |
| +/- | See Attachment 1 - Narrative |  |
|  | Total Cost |  |

**9. Research Exemption**

9.1 Is this an application for a Research Exemption? No

**10. Amendment**

10.1 Is this an application for a Amendment? No

**11. Emergency Application**

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? No

**12. Total Value and Filing Fee**

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Conservation Long Term Care Project

12.1 Total Value of This project: $$1,940,191.80

12.2 Total CHI commitment expressed in dollars: (calculated) $0.00

12.3 Filing Fee: (calculated) $0.00

12.4 Maximum Incremental Operating Expense resulting from the Proposed Project: $129,071.00

12.5 Total proposed Construction costs, specifically related to the Proposed Project, if any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars. $0.00

**13. Factors**

Required Information and supporting documentation consistent with 105 CMR 100.210

Some factors will not appear depending upon the type of license you are applying for. Text fields will expand to fit your response.

**Documentation Check List**

The Check List below will assist you in keeping track of additional documentation needed for your application.

Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

Affidavit of Truthfulness Form: check

**Documentation Ready for Filing**

When document is complete click on “document is ready to file”. This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the “document is ready to file” box. Edit document then lock file and submit

Keep a copy for your records. Click on the “Save” button at the bottom of the page.

To submit the application electronically, click on the “E-mail submission to Determination of Need” button.

This document is ready to file? Yes Date/time Stamp: 03/02/2022 11:27 AM

E-mail submission to Determination of Need

**Application Number: BESLC-20032516-TS**

**Use this number on all communications regarding this application.**