 Version: 11-8-17

Massachusetts Department of Public Health
Determination of Need
Application Form

Application Type: Amendment

Application Date: 06/22/2022 9:40 am

Applicant Name: New England Surgery Center, LLC

Mailing Address: 900 Cummings Center, Suite 122U

City: Beverly State: Massachusetts Zip Code: 01915

Contact Person: Norma Bacon

Title: Administrator

Mailing Address: 900 Cummings Center, Suite 122U

City: Beverly State: Massachusetts Zip Code: 01915

Phone: 9789224670 Ext: none

Email: nbacon@ne-surgerycenter.org

**Facility Information**

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

1. Facility Name: New England Surgery Center, LLC

Facility Address: 900 Cummings Center, Suite 122U

City: Beverly State: Massachusetts Zip Code: 01915

Facility type: Freestanding Ambulatory Surgery Facility CMS Number: 22C0001079

**1. About the Applicant**

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

1.2 Applicant’s Business Type: LLC

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

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.: New England Surgery Center, LLC ("Applicant"), a multi-specialty freestanding ambulatory surgery center located at 900 Cummings Center, Suite 122U, Beverly, MA 01915 submits this request for amendment to previously issued Determination of Need ("DoN") Project #20072809-AS. The previously issued DoN approved renovation at 126R Cummings Center and 128V Cummings Center, space adjacent to the current location, for the addition of one (1) outpatient operating room as well as patient support and administrative areas. The proposed amendment is focused on securing approval for the increase in the capital cost. It does not seek to materially change the scope of the approved project, however additional replacements and repairs to HVAC and electric supply are required. The request does not change that scope and additional items/costs do not change any operational or design components of the project that were outlined in the original DoN submission.

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? No

**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)?** No

 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)?** No

 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**)? No

 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)?** Yes

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? No

**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? Yes

10.2 This Amendment is: Significant Change

10.3 Original Application number: 20072809-AS

10.3a Original Application Type: Ambulatory Surgery

10.3b Original Application filing date: 08/14/2020

10.3c Have there been any approved Amendments to the original Application? No

**For Significant Amendment Changes:**

10.5a Describe the proposed change.: Please see the attached narrative response

10.5b Describe the associated cost implications to the Holder. : Please see the attached narrative response

10.5c Describe the associated cost implications to the Holder’s existing Patient Panel. : Please see the attached narrative response

10.5d Provide a detailed narrative, comparing the approved project to the proposed Significant Change, and the rationale for such change. : Please see the attached narrative response

**The Holder hereby swears or affirms that the above statements with respect to the proposed Significant Change are True**.: Checked

**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: Significant Amendment**

**Filing Fee: $0**

12.1 Total Value of This project: $1,358,935.00

12.2 Total CHI commitment expressed in dollars: (calculated) $67,946.75

12.3 Filing Fee: (calculated) $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

Copy of Notice of Intent: check

Affidavit of Truthfulness Form: check

Electronic copy of Staff Summary for Approved DoN: check

Electronic copy of Original Decision Letter for Approved DoN: check

Change in Service Tables Questions 2.2 and 2.3: unchecked

Certification from an independent Certified Public Accountant: unchecked

**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: 06/22/2022 9:40 am

E-mail submission to Determination of Need

**Application Number: NESC-22060213-AM**

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