Massachusetts Department of Public Health
Determination of Need
Change in Service

Version: DRAFT 6-14-17

DRAFT

Application Number: WE-24062414-AS Original Application Date: 06/24/2024

Applicant Information

Applicant Name: Weymouth Endoscopy, LLC

Contact Person: Jennifer Gallop, Esquire Title: Attorney

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Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Weymouth Endoscopy, LLC CMS Number: Ccn22c0001049 Facility type: Freestanding Ambulatory Surgery capacity

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds Existing	Operating Beds Existing	Change in Number of Beds (+/-) Licensed	Change in Number of Beds (+/-) Operating	Number of Beds After Project Completion (calculated) Licensed	Number of Beds After Project Completion (calculated) Operating	Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds Current Beds	Occupancy rate for Operating Beds Projected	Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
+ -										0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
+ -										0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds Existing	Operating Beds Existing	Change in Number of Beds (+/-) Licensed	Operating	Number of Beds After Project Completion (calculated) Licensed	Operating	Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds Current Beds	Projected	Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
+ -										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
+ -										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
+ -										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
+ -										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del Rows	**List other services** if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume	
+ -	Procedure room	3	3	6	8,083	10,805	*
+ -	Pre and Post Procedure beds	11	18	29	8,083	10,805	**

*This chart includes projected proposed volume for 2025.

**For the purposes of this Form, the Applicant is not including the hospital volume in patient panel because they will continue to be the hospital volume.

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