 The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER

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Commissioner

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[**www.mass.gov/dph**](http://www.mass.gov/dph)

August 3, 2022

*Via Email -* *william.kernii@baystatehealth.org*

Bill Kern

Senior Director, Finance
Baystate Health, Inc.

280 Chestnut Street
3rd Floor

Springfield, MA 01199

RE: Notice of Final Action DoN # BNEOS-21122916-AS

Dear Mr. Kern,

At their meeting of July 13, 2022, the Commissioner and the Public Health Council, acting

together as the Department, voted pursuant to M.G.L. c.111, §25(c) and the regulations adopted thereunder, to approve the Determination of Need application filed by Baystate New England Orthopedic Surgeons Alliance, LLC for a substantial change in service to establish an ambulatory surgery center at 50 Wason Avenue, Springfield. This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this application, all of which are incorporated herein by reference.

This Determination of Need Application was reviewed pursuant to M.G.L. c. 111, § 25(c), and the regulatory provisions of 105 CMR 100.000 et seq. Based upon a review of the materials, the Department found that the Applicant has met each DoN factor with conditions and approves this Determination of Need application for a substantial capital expenditure for the Proposed Project of $14,844,635 (February 2022 dollars). The total required Community Health Initiative (CHI) contribution is $742,231.75.

In compliance with the provisions of 105 CMR 100.310(A)(2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and include a written attestation of participation or intent to participate in MassHealth.

In compliance with 105 CMR 100.310(A)(12), which requires a report to the Department, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

**Other Conditions to the DoN**

1. Of the total required CHI contribution of $742,231.75
	1. $179,991.20 will be directed to the CHI Statewide Initiative
	2. $539,973.60 will be dedicated to local approaches to the DoN Health Priorities
	3. $22,266.95 will be designated as the administrative fee.
2. To comply with the Holder’s obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for $179,991.20 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
	1. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
	2. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.

Payment should be sent to:

Health Resources in Action, Inc., (HRiA)

2 Boylston Street, 4th Floor

Boston, MA 02116

Attn: Ms. Bora Toro

Ongoing compliance with the conditions and all terms of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,

[signature on file]

Elizabeth D. Kelley

Director, Bureau of Health Care Safety and Quality

cc:

Stephen Davis, Director, Division of Health Care Facility Licensure and Certification

Rebecca Rodman, General Counsel

Daniel Gent, Health Care Facility Licensure and Certification

Samuel Louis, Office of Health Equity

Jennica Allen, Division of Community Health Planning and Engagement

Elizabeth Maffei, Division of Community Health Planning and Engagement

Elizabeth Almanzar, Center for Health Information Analysis

Katherine Mills, Health Policy Commission

Eric Gold, Office of the Attorney General