



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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Lieutenant Governor

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MARGRET R. COOKE
Commissioner

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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
 - a. \$179,991.20 will be directed to the CHI Statewide Initiative
 - b. \$539,973.60 will be dedicated to local approaches to the DoN Health Priorities
 - c. \$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).
 - i. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
 - ii. 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,



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 Almanzor, Center for Health Information Analysis

Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General