



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

**MAURA T. HEALEY**  
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Lieutenant Governor

**KATHLEEN E. WALSH**  
Secretary

**ROBERT GOLDSTEIN, MD, PhD**  
Commissioner

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September 13, 2024

Kathleen G. Healy  
Legal Counsel  
Robinson and Cole  
One Boston Place, 25<sup>th</sup> floor  
Boston, MA 02108

VIA Email: [khealy@rc.com](mailto:khealy@rc.com)

Notice of Final Action: Southcoast Health System Inc. SHS-24050109-TO

Dear Attorney Healy,

At their meeting of September 11, 2024, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, §25C and the regulations adopted thereunder, to approve the Determination of Need (DoN) application filed by Southcoast Health Systems, Inc., located at 101 Page Street, Boston, MA 02740, for the Transfer of Ownership of Same Day Surgicare of New England, Inc., located at 272 Stanley Street, Fall River, MA 02720. This Notice of Final Action incorporates by reference the Staff Report and the Public Health Council proceedings concerning this application.

This application was reviewed pursuant to M.G.L. c. 111, §25C and the regulatory provisions of 105 CMR 100.000 et seq. Based upon a review of the materials submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application subject to all applicable standard conditions (105 CMR 100.310), and pursuant to 105 CMR 100.360, subject to Other Conditions listed below. The Total Value for the Proposed Project is \$5,300,000.00.

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 applicable factors.

Please notify the DoN Program at [DPH.DON@mass.gov](mailto:DPH.DON@mass.gov) confirming the Project's completion (closure of transaction and licensure/approval date) to determine the annual DoN reporting timeline.

### **Other Conditions to the DoN**

1. In addition to the measures provided in Appendix 1, commencing with the approval of this DoN, and continuing for a period of five years after the Proposed Project is complete, the Holder shall provide the following information as part of the annual report required by 105 CMR 100.310(A)(12):
  - a. Annually, for both SHS (outpatient) and SDS, the applicant will report the following:
    - i. Surgical volume by specialty
    - ii. Surgical payer-mix
    - iii. Surgical Patients by race and ethnicity
    - iv. Surgical Volume by Age
  - b. In addition to SDS's obligation to participate in MassHealth, pursuant to 105 CMR 100.310(A)(11), the Holder must certify annually that all physicians and health professionals who practice at SDS are enrolled as participating providers of MassHealth to support equitable access to all clinicians at the facility regardless of payer.

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,

*Dennis Renaud*

Dennis Renaud  
Director, Determination of Need Program

cc:

Antonio Sousa, Acting Director, Bureau of Health Care Safety and Quality  
Rebecca Kaye, General Counsel's Office  
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification  
Judy Bernice, Division of Health Care Facility Licensure and Certification  
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Samuel Louis, Office of Health Equity  
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