



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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KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
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Commissioner

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November 13, 2024

Jennifer Gallop, Esq.
Krokidas & Bluestein LLP
600 Atlantic Ave
19th Floor
Boston, MA 02210

Via email: jgallop@kb-law.com

Dear Attorney Gallop,

At their meeting of November 13th, 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 Weymouth Endoscopy, LLC (Applicant) for a Substantial Change in Service to transfer the site of its existing ambulatory surgery center (ASC), Weymouth Endoscopy, LLC (WE) from its current location at 1085 Main Street, Weymouth, MA to 97 Libbey Industrial Parkway, Weymouth, MA, and to increase the number of procedure rooms from three to six and increase the number of pre/post-procedure beds from 11 to 17 at the proposed site (Proposed Project). 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 at 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 for a Substantial Change in Service subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to the Other Conditions listed below. The total capital expenditure for the Proposed Project is \$5,346,983.00 (June 2024 dollars) and the required CHI contribution is \$267,349.15.

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 of the factors.

Please notify the DoN Program at DPH.DON@mass.gov of the anticipated completion date of all the components of the DoN-approved Project once it has been established. Additionally, please send an email confirming the Project's completion (licensure/ amended licensure approval date) and the first day of operations to determine the annual DoN reporting timeline.

Other Conditions to the DoN

1. The total required CHI contribution of \$267,349.15 will be directed to the Massachusetts Statewide CHHAF and will be paid by Weymouth Endoscopy, LLC in **one installment** of \$267,349.15. Payment should be made out to:

Health Resources in Action, Inc. (HRiA)
2 Boylston Street, 4th Floor
Boston, MA 02116 Attn: MACHHAF c/o Bora Toro
DoN project #: WE-24062414-AS

2. The payment of \$267,349.15 will be due to HRiA **within 30 days** from the date of the Notice of Approval. Please send a PDF image of the check or **confirmation of payment** to DONCHI@Mass.gov and dongrants@hria.org

If you should have any questions or concerns regarding the payment, please contact the CHI team at DONCHI@Mass.gov.

3. In addition to WE ASC's obligation to participate in MassHealth, pursuant to 105 CMR 100.310(11), the Holder must certify annually that all physicians and health professionals who practice at the facility are enrolled as participating providers of MassHealth to support equitable access to all clinicians at the facility regardless of payer.
4. In order to support equitable access to WE's services, the Holder will report on annual efforts to promote health equity at WE, including but not limited to efforts to identify and address disparities in access to WE's services, and efforts to advance the provision of culturally and linguistically appropriate services at WE. The annual report will discuss specific programs in place, efforts to improve linkages to referral partners, timeframe of implementation, patients served, and impact.
5. The Holder shall report on WE's screening and diagnostic endoscopy patients stratified by race and ethnicity, by patient origin (zip code), and by payer mix.
6. The Holder shall report on ongoing efforts to increase Medicaid in its payer mix, detailing the strategies being implemented to achieve this goal.

7. The Holder shall report on Procedure volume, and patient acuity at WE and South Shore Hospital (SSH). Reporting will include the percentage of Procedures performed at SSH due to medical necessity, and overflow.
8. The Holder shall report annually on the Adenoma Detection Rate stratified by race/ethnicity and by payer mix.
9. The Holder shall report on progress in reduction of wait times for scheduling surgical procedures. The Holder shall provide a description of how wait time is calculated.

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
Jaclyn K. Gagné, Chief Deputy General Counsel, Health Care Licensure
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification
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