Massachusetts Department of Public Health
Determination of Need
Application Form

Version: 11-8-17

Application Type: Hospital/Clinic Substantial Capital Expenditure

Application Date: 02/22/2018 10:45 am

Applicant Name: Partners HealthCare System, Inc.

Mailing Address: 800 Boylston Street, Suite 1150

City: Boston State: Massachusetts Zip Code: 02199

Contact Person: Andrew Levine, Esq. Title: Attorney

Mailing Address: One Beacon Street, Suite 1320

City: Boston State: Massachusetts Zip Code: 02108

Phone: 6175986700 Ext: E-mail: alevine@barrettsingal.com

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name: Massachusetts General - Waltham (MG Waltham)

Facility Address: 40 Second Avenue

City: Waltham State: Massachusetts Zip Code: 02451

Facility type: Hospital CMS Number: 220071

Add additional Facility Delete this Facility

1. About the Applicant

1.1 Type of organization (of the Applicant): nonprofit

1.2 Applicant's Business Type: (•) Corporation ( ) Limited Partnership ( ) Partnership ( ) Trust ( ) LLC ( ) Other

1.3 What is the acronym used by the Applicant's Organization? PHS

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? (•) Yes ( ) No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? ( ) Yes (•) No

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)? ( ) Yes (•) No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ( ) Yes (•) No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ○ Yes ◉ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

Partners HealthCare System, Inc. ("Applicant") located at 800 Boylston Street, Suite 1150, Boston, MA 02199 is filing a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health ("Department") for a substantial capital expenditure by The General Hospital Corporation d/b/a Massachusetts General Hospital ("MGH") for its licensed satellite located at 40 Second Avenue, Waltham, MA 02451 ("MG Waltham"). MG Waltham is an ambulatory facility that provides a broad array of comprehensive physician and hospital services. Currently, the following physician services are provided at MG Waltham by Massachusetts General Physicians Organization: advanced imaging, primary care and specialty physician services, such as cardiology, OB/GYN, allergy and pediatrics. As a licensed satellite of MGH, MG Waltham also provides outpatient hospital services including: oncology/infusion, laboratory, pharmacy, rheumatology, vascular, physical and occupational therapy and ambulatory surgery services. MG Waltham currently has four operating rooms ("ORs") providing surgical services that are limited to orthopedics, plastic surgery and pain management.

The proposed project is for the expansion of ambulatory surgical services at MG Waltham through construction of six (6) additional ORs, twenty-one perioperative bays and associated support spaces and shell space for future build-out as demand warrants ("Project"). This Project will enable MGH to provide at the MG Waltham location, 750 specific types of lower-acuity procedures in the following specialties: gynecology, urology, general surgery, orthopedics, surgical oncology and interventional radiology.

The Project will satisfy existing and future needs of the Applicant's patient panel by providing increased access to high-quality surgical services in a cost-effective community setting that is more convenient for many patients. Aggregated zip code data by Health Service Area ("HSA") for the last three fiscal years demonstrate that nearly 50% of lower-acuity gynecology, urology, general surgery, orthopedic, and surgical oncology patients presenting at the MGH main campus in Boston reside in HSA 4, which comprises the cities and towns of Greater Boston, including Waltham. Historical volume trends for these lower-acuity surgeries at MGH's main campus suggest that the number of procedures performed each year will continue to increase into the future. With nearly 50% of the growing demand for these surgeries originating in HSA 4, the Applicant determined that patients within the Applicant's panel who reside in the MG Waltham service area will benefit from the expansion of ambulatory surgery within their community. This convenient access to high-quality surgical services in a cost-effective community setting will allow patients to schedule surgeries in a timely manner and avoid unnecessary travel barriers to obtaining care (e.g., driving to Boston, expensive parking, etc.).

High quality surgical services are currently available at MG Waltham and the proposed expanded surgical program at MG Waltham will follow similar care models. As a fully integrated outpatient service of MGH, MG Waltham's expanded surgery services will be identical to those a patient can access at the main campus, will be under the same leadership and will participate in the same quality program that is utilized at the main campus. The expanded MG Waltham surgical services will have the same technologies and advanced surgical tools as the main campus location, as well as highly specialized, focused, and trained physicians and nursing staff.

Finally, the Project will meaningfully contribute to Massachusetts' goals for cost containment by providing high quality surgical services for clinically appropriate patients in a more cost-effective setting. This expansion is subject to the billing limitations of Medicare site-neutrality requirements, and as a result the services provided in the new MG Waltham ORs will not be billed to Medicare under the its hospital outpatient fee schedule, but instead under the generally lower rates found in the Medicare ambulatory surgery center fee schedule. Accordingly, the Project will provide a lower cost alternative, contributing positively to the Commonwealth's goals of containing the rate of growth of total medical expenses and total healthcare expenditures.

In sum, the proposed expansion of surgical services at MG Waltham through construction of additional ORs and associated support areas and of shell space for future build-out will allow patients in need of lower-acuity surgical services to receive care in a community setting. This expanded surgical capacity will provide patients with an alternative convenient point of access with equally high quality at a lower-cost, and therefore will improve public health outcomes and patient experience in a cost-effective manner. Accordingly, the Applicant believes that the proposed Project meets the factors of review for Determination of Need approval.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ○ Yes ◉ No

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ○ Yes ◉ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ○ Yes ◉ No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ○ Yes ◉ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ◉ Yes ○ No

7.2 If yes, is Applicant or any affiliate thereof a HPC-certified ACO OR in the process of becoming a Certified ACO? ◉ Yes ○ No

7.2.a If yes, Please provide the date of approval and attach the approval letter:

7.3 Does the Proposed Project constitute: (Check all that apply)

- ☐ Ambulatory Surgery capacity located on the main campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(i)**;
- ☒ An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for Ambulatory Surgery capacity located on a satellite campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(ii)**;
- ☐ A Freestanding Ambulatory Surgery Center within the Primary Service Area of an independent community hospital (Refer to a list that we update regularly with support from HPC) **105 CMR 100.740(A)(1)(a)(iii)**; or
- ☐ An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for a Freestanding Ambulatory Surgery Center that received an Original License as a Clinic on or before January 1, 2017 **105 CMR 100.740(A)(1)(a)(iv)**.

7.4 **See section on Ambulatory Surgery in the Application Instructions**

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ○ Yes ◉ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ○ Yes ◉ No

10. Amendment

10.1 Is this an application for a Amendment? ○ Yes ◉ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ○ Yes ◉ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Hospital/Clinic Substantial Capital Expenditure

12.1 Total Value of this project:	$30,504,587.00
12.2 Total CHI commitment expressed in dollars: (calculated)	$1,525,229.35
12.3 Filing Fee: (calculated)	$61,009.17
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	$27,690,732.00
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210
Some Factors will not appear depending upon the type of license you are applying for.
Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i **Patient Panel:**
Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

See Attached Narrative

F1.a.ii **Need by Patient Panel:**
Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

See Attached Narrative

F1.a.iii **Competition:**
Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

See Attached Narrative

F1.b.i **Public Health Value /Evidence-Based:**
Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

See Attached Narrative

F1.b.ii **Public Health Value /Outcome-Oriented:**
Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

See Attached Narrative

F1.b.iii **Public Health Value /Health Equity-Focused:**
For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

See Attached Narrative

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

See Attached Narrative

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

See Attached Narrative

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

See Attached Narrative

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline.* With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

See Attached Narrative

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

See Attached Narrative

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**
Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

See Attached Narrative

F2.b **Public Health Outcomes:**
Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

See Attached Narrative

F2.c **Delivery System Transformation:**
Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

See Attached Narrative

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
+ -	PHS-17071716-TO	02/14/2018	Transfer of Ownership	Massachusetts Eye and Ear Infirmary

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

F4.a.i **Capital Costs Chart:**
For each Functional Area document the square footage and costs for New Construction and/or Renovations.

		Present Square Footage		Square Footage Involved in Project				Resulting Square Footage		Total Cost		Cost/Square Footage	
				New Construction		Renovation							
Add/Del Rows	Functional Areas	Net	Gross	Net	Gross	Net	Gross	Net	Gross	New Construction	Renovation	New Construction	Renovation
+ -	MG Waltham: Floor 4 - Ambulatory Surgery			0	0	32,632	34,205	32,632	34,205	$0.00	$26,194,412.00	$0.00	$765.80
+ -	MG Waltham: Floor 4 - Shell Space			0	0	9,787	9,881	9,787	9,881	$0.00	$3,952,400.00	$0.00	$400.00
+ -	MG Waltham: P-1 Parking Level - New Medical Gas Room			0	0	335	370	335	370	$0.00	$64,750.00	$0.00	$175.00
+ -	MG Waltham: P-2 Parking Level - New Fuel Storage Room			0	0	251	291	251	291	$0.00	$50,925.00	$0.00	$175.00
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F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
	Land Costs			
	Land Acquisition Cost			
	Site Survey and Soil Investigation			
	Other Non-Depreciable Land Development			
	Total Land Costs			
	Construction Contract (including bonding cost)			
	Depreciable Land Development Cost			
	Building Acquisition Cost			
	Construction Contract (including bonding cost)		$23879635.	$23879635.
	Fixed Equipment Not in Contract		$3557255.	$3557255.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost		$1767745.	$1767745.
	Pre-filing Planning and Development Costs		$311827.	$311827.
	Post-filing Planning and Development Costs		$68025.	$68025.
Add/Del Rows	Other (specify)			
+ -	Furniture, Fixtures and Other Equipment		$678000.	$678000.
	Net Interest Expensed During Construction			
	Major Movable Equipment			
	Total Construction Costs		$30262487.	$30262487.
	Financing Costs:			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc		$242100.	$242100.
	Bond Discount			
Add/Del Rows	Other (specify			
+ -				
	Total Financing Costs		$242100.	$242100.
	Estimated Total Capital Expenditure		$30504587.	$30504587.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

See Attached Narrative

Quality:

See Attached Narrative

Efficiency:

See Attached Narrative

Capital Expense:

See Attached Narrative

Operating Costs:

See Attached Narrative

List alternative options for the Proposed Project:

Alternative Proposal:

See Attached Narrative

Alternative Quality:

See Attached Narrative

Alternative Efficiency:

See Attached Narrative

Alternative Capital Expense:

See Attached Narrative

Alternative Operating Costs:

See Attached Narrative

Add additional Alternative Project | Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

See Attached Narrative

Factor 6: Community Based Health Initiatives

F6 Does your existing CHNA/CHIP meet the minimum standards outlined in the Community Engagement Standards for Community health Planning Guideline? (●) Yes ( ) No

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application.

Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

This document is ready to file: ☒ Date/time Stamp: 02/22/2018 10:45 am

E-mail submission to Determination of Need

Application Number: PHS-18022210-HE

Use this number on all communications regarding this application.

☒ Community Engagement-Self Assessment form