Massachusetts Department of Public Health
Determination of Need
Application Form

Version: 11-8-17

Application Type: Transfer of Site/Change in Designated Location

Application Date: 08/12/2019 7:31 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: Mass General/North Shore Center for Outpatient Care

Facility Address: 102 Endicott Street, 1st and 2nd Floors

City: Danvers State: Massachusetts Zip Code: 01923

Facility type: Hospital Satellite CMS Number: 220071

Add additional Facility Delete this Facility

2 Facility Name: MGH Radiation Oncology at Newton-Wellesley Hospital

Facility Address: 2014 Washington Street, South Wing, Basement Level

City: Newton State: Massachusetts Zip Code: 02462

Facility type: Hospital Satellite 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

1.5.a If yes, what is the legal name of that entity? Partners HealthCare System, Inc., inclusive of Partners HealthCare Accountable Care Organization, LLC

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.

See Attached Narrative.

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

3.1.a If yes, under what section? Transfer of Site or change of a designated Location

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

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? (●) Yes ( ) No

8.2 Current location of Site

Facility Name: Mass General/North Shore Center for Outpatient Care

Physical Address: 102 Endicott Street, 1st and 2nd Floors

City: Danvers | State: Massachusetts | Zip Code: 01923

Facility type: Hospital Satellite

8.3 Location of Proposed Site

Facility Name: MGH Radiation Oncology at Newton-Wellesley Hospital

Physical Address: 2014 Washington Street, South Wing, Basement Level

City: Newton | State: Massachusetts | Zip Code: 02462

Facility type: Hospital Satellite

8.4 Compare the scope of the project for each element below:

	Current Site	Proposed Site
Gross Square Feet	See Attached Narrative.	See Attached Narrative.
Primary Service Area Towns served	See Attached Narrative.	See Attached Narrative.
Patient Population (Demographics)	See Attached Narrative.	See Attached Narrative.
Patient Access	See Attached Narrative.	See Attached Narrative.
Impact on Price	See Attached Narrative.	See Attached Narrative.
Total Medical Expenditure	See Attached Narrative.	See Attached Narrative.
Provider Costs	See Attached Narrative.	See Attached Narrative.
Description	See Attached Narrative.	See Attached Narrative.

8.5 Detail all Anticipated Capital Expenditures to be incurred as a result of the proposed Transfer of Site.

Add Del Row	Anticipated Capital Expenditure	Cost
+ -	Construction cost associated with expanded space to accommodate second Linear Accelerator vault at MGH Radiation Oncology at Newton-Wellesley Hospital	$2,100,000.00
+ -	Associated renovations to existing space to accommodate second Linear Accelerator unit	$4,170,000.00
+ -		
	Total Cost	$6,270,000.00

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: Transfer of Site/Change in Designated Location

12.1 Total Value of this project:	$6,270,000.00
12.2 Total CHI commitment expressed in dollars: (calculated)	$0.00
12.3 Filing Fee: (calculated)	$0.00
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	
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.

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

- [x] Affidavit of Truthfulness Form
- [ ] Notification of Material Change
- [x] Articles of Organization / Trust Agreement

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: 08/12/2019 7:31 am

E-mail submission to Determination of Need

Application Number: PHS-19070815-TS

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form