

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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

October 25, 2019

Andrew Levine, Esq.
Barrett & Singal
One Beacon Street, Suite 1320
Boston, MA 02108-3106

VIA EMAIL

RE: Notice of Final Action DoN # PHS-19040915-HE

Dear Mr. Levine:

At their meeting of October 16, 2019, 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 Partners HealthCare System, Inc. for a proposed project at Massachusetts General Hospital consisting of four component parts: expansion of the Emergency Department, expansion of Endoscopy service and Electrophysiology lab, addition of PET-MRI, and limited additional renovations. This Notice of Final Action incorporates by reference the Staff Report, the Addendum to the Staff Report, and the Public Health Council proceedings concerning this application, all of which are incorporated herein by reference.

This 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 submitted, the Department found that the Applicant has met each DoN factor and approves this Determination of Need application for a substantial capital expenditure for the Proposed Project of \$102,204,696 (April, 2019 dollars) and a substantial change in service subject to all standard conditions (105 CMR 100.310) and pursuant to 105 CMR 100.360, subject to other conditions listed below. The total required CHI contribution is \$5,110,234.80; \$1,252,007.52 will be directed to the CHI Statewide Initiative and \$3,756,022.58 will be dedicated to local approaches to the DoN Health Priorities.

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 also include a written attestation of participation or intent to participate in MassHealth.

In compliance with the provisions of 105 CMR 100.310 A (12), which require 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 Additional Conditions:

In order to demonstrate that Proposed Project will add measurable public health value in terms of improved health outcomes and quality of life of the Applicant's Patient Panel, the Holder shall, on a yearly basis:

1. Report on improvement of the measures outlined in Attachment 1.
2. In order to demonstrate efficient, effective and appropriate use of the PET-MR, the Holder shall provide, in its annual report to the Department, report on its protocols to ensure that:
 - a. the use of PET/MR is not duplicative of either PET-CT or MRI
 - b. patients are informed of the cost if their scan is not covered by their insurance, and how such information is provided
 - c. The volume of scans for each of the three specified uses for the PET-MR Unit (research, MRI, and combined PET-MR) to include:
 - i. Overall volume
 - ii. The number of research scans performed
 - iii. The number of MRIs performed
 - iv. The number of combined PET-MRs performed
 - v. The top 10 clinical indications for PET-MR scans, and whether covered by patient's insurance
3. If over any 6 month period, the clinical PET-MR scan volume increases more than 15% over the Applicant-provided volume projections in the table below, the Holder must notify the DoN program. At that time, if DoN program staff determines that the proposed increase in clinical use constitutes a Significant Change, the Holder must apply for an amendment to the Notice of Determination of Need.

Applicant Volume Projections for PET-MR Unit					
PET-MR Scans	Year 1	Year 2	Year 3	Year 4	Year 5
Clinical	356	416	462	462	462
Research	462	546	596	596	596
Total Projected PET/MR Volume	818	962	1058	1058	1058
Projected MRI only scans using PET/MR Unit	1500	1500	1500	1500	1500

CHI Conditions to the DoN

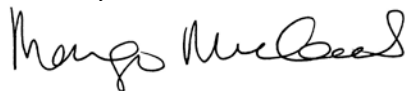
4. Of the total required CHI contribution of \$5,110,234.80
 - a. CHI Funding for Statewide Initiative: \$1,252,007.52 (25% of CHI contribution – less the Administrative Funds)
 - b. CHI Local Funding: \$3,756,022.58 (75% of CHI monies – less the Administrative Funds)

To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$1,252,007.52 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.
5. The Holder may use up to 20% of the total allowed Administrative Funds of \$102,204 upon DON approval in order to hire project staff and/or consultants for the purpose of assisting the Community Advisory Board's decisions related to developing strategies and funding priorities as well as mechanisms for a transparent implementation process.
6. In order to receive approval for use of the remaining Administrative Funds, the Holder shall provide DPH with a detailed Plan for use of these within three months of the Notice of Approval. This Plan must demonstrate appropriate stewardship of the funds, support capacity building, and meet the grant making process requirements of transparency and reducing barriers to public participation in the CHI process. Upon DPH approval of this Plan, the Holder will be able to use the remaining Administrative Funds (less the amount already spent for project staff and/or consultants).

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,



Margo Michaels MPH
Director
Determination of Need Program

cc: Sherman Lohnes, Director, Division of Health Care
Facility Licensure and Certification
Elizabeth Kelley, Director, Bureau of Health Care
Safety and Quality
Daniel Gent, Division of Health Care Facility
Licensure and Certification
Rebecca Rodman, Deputy General Counsel
Samuel Louis, Office of Health Equity

Mary Byrnes, Center for Health Information Analysis
Steven Sauter, MassHealth
Katherine Mills, Health Policy Commission
Ben Wood, Office of Community Health Planning
Elizabeth Maffei, Office of Community Health
Planning
Eric Gold, Attorney General's Office

**Acknowledgment of Receipt of Determination of Need and
Attestation Regarding Participation in MassHealth**

Pursuant to 105 C.M.R. § 100.310(A)(2) we, the undersigned chief executive officer and board chair of _____ (the "Holder"), hereby acknowledge that the Holder is in receipt of the Determination of Need Notice of Final Action, dated _____, issued by the Massachusetts Department of Public Health (the "Department") with respect to Application No. _____. This attestation is being provided to the Department and to all Parties of Record within thirty (30) days of the Determination of Need Notice of Final Action.

In addition, pursuant to 105 CMR 100.310(A)(11), we hereby attest that _____ (the Health Care Facility or Facilities for which the Notice of Determination has been issued) [participates, or intends to participate] in MassHealth pursuant to 130 CMR 400.000 through 499.000.

IN WITNESS WHEREOF, the undersigned have duly executed this Attestation on this _____ (date)

By its Chief Executive Officer

By its Board Chair