October 20, 2022

VIA EMAIL: DPH.DON@massmail.state.ma.us

Determination of Need Program
Massachusetts Department of Public Health
250 Washington Street
Boston, MA 02108
Att: Elizabeth D. Kelley, MBA, MPH, Director, Bureau of Health Care Safety and Quality

RE: Determination of Need ("DoN") Application #UMMHC-22042514-HE
Substantial Capital Expenditure
Substantial Change in Service
UMass Memorial Medical Center ("UMMMC") by UMass Memorial Health Care, Inc. ("Applicant")
(the "Application")

Dear Ms. Kelley,

The Saint Vincent Hospital Ten Taxpayer Group is in receipt of the Department of Public Health's ("Department") Staff Report to the Public Health Council for a Determination of Need ("Staff Report") in connection with the Application, which proposes the following: (1) the renovation of a 6-story building adjacent to UMMMC's University Campus, located at 378 Plantation Street, Worcester, MA 01605, that will contain 72 additional medical/surgical beds, one additional computed tomography unit, and shell space for future build out to accommodate clinical services; (2) 19 additional medical/surgical beds on UMMMC's Memorial Campus; and (3) other renovation projects to improve the existing services and facilities at UMMMC's Memorial Campus (the "Proposed Project").

The Department Staff recommended that the Department approve the Application (subject to certain conditions). Pursuant to 105 CMR 100.510(C), we are writing to submit written comments with respect to the Staff Report and the recommendation therein (and as follow-up and supplement to the comments we submitted August 3, 2022 ("August Comments") and September 2, 2022 ("September Comments", together with August Comments, "Our Comments")).[1]

Executive Summary

As detailed below in Section I, the Department acted inconsistently with its prior practice in failing to require an Independent Cost Analysis ("ICA"). If the Department had applied the same criteria it advised legislators who requested an ICA that it used in recent cases, the Department—**using the data provided in the Staff Report**—would have required an ICA. Such inconsistency demonstrates that the Department acted arbitrarily and capriciously in declining to require the Applicant to provide an ICA.

[1] See Exhibit A for the Application, Our Comments, Ten Taxpayer Group registrations, Mass General Brigham comments, and the Staff Report.

Absent an ICA, the Department Staff recommendation is based on incomplete, insufficient information. Approval of the Application therefore would be premature and unjustifiable.

As detailed below in Section II, the Staff Report is flawed because the Department failed to consider: (1) the diagnoses the Applicant identified in its Application for the 91 proposed beds do not require tertiary care and can be provided at community hospitals; (2) the UMMH community hospitals have 37 available beds that could be used to provide local, lower cost care if the Applicant properly staffed them with specialists (for instance gastroenterologists and urologists); and (3) Saint Vincent Hospital ("SVH") has 63 available beds, which when coupled with the UMMH community hospital available beds, **exceed** the 91 beds identified in the Proposed Project. Consideration of these factors would support the obvious conclusion that there is no need for the Proposed Project. In addition, notwithstanding the Department's acknowledgement that implementation of the Proposed Project has the potential for diversion of patients from lower cost, local care to the highest-cost provider in Central Massachusetts, the Department determined, without requiring an ICA and without explanation, that the Proposed Project complied with the "Commonwealth's goals for cost containment."[2]

Based on the foregoing, we request in Section III postponement of consideration of the Application until the next meeting of the Department.

We urge the Public Health Council to require the Applicant to cause an ICA to be prepared or, in the alternative, disapprove the Application.

I. Independent Cost Analysis

A. Background

The Staff Report commented that the Department chose not to require an ICA,[3] notwithstanding multiple third-party requests for an ICA[4]. Although the Staff Report acknowledges the two Ten-Taxpayer Groups registered in connection with the Application requested an ICA, the Staff Report fails to acknowledge the following nine additional organizations/individuals that submitted written requests to the Department for an ICA: Associated Industries of Massachusetts (AIM), Health Care For All (HCFA), Massachusetts Association of Health Plans (MAHP), and a number of Elected Officials, all of whom were signatories to an August 22, 2022 letter to the Department (State Representative James J. O'Day, State Senator Michael O. Moore, State Senator Harriette L. Chandler, Worcester City Councilor Sean M. Rose, State Representative Michael Soter, and State Representative Susannah Whipps).[5] All of these additional requests were made by organizations/individuals that are not a Ten-Taxpayer Group and do not compete

[2] 105 CMR § 100.210(A)(2)(a).
[3] Staff Report, page 30.
[4] The purpose of an ICA is to demonstrate that the Application is "consistent with the [C]ommonwealth's efforts to meet the health care cost-containment goals established by the [Massachusetts Health Policy Commission ("HPC")]". M.G.L. c. 111, § 25C(h); M.G.L. c. 6D, §5.
[5] These additional requests for an ICA are attached as Exhibit 1.

with the Applicant. Their sole interest was to ensure that the Department's goal of cost containment is achieved in connection with the Application.

Although Staff failed to provide any explanation in its report as to why an ICA was not required in connection with the Application, the Department explained its rationale in a letter from the Department to the Elected Officials ("Department Letter"), dated September 19, 2022, responding to their request for an ICA.[6] In that letter, the Department concluded that it was not requiring the Applicant to produce an ICA because it viewed the Application differently than the four applications for which the Department recently required an ICA. The Department Letter states: "Only in rare occasions is the ICA needed. The two ICAs required in the last couple of years were for projects with a projected capital expenditure of $433m (Boston Children's Hospital) and an aggregate of $2B for three simultaneously filed projects (MGB). These are also two providers with some of the highest relative prices in the state.". Thus, the two factors the Department identified as critical in determining whether to require an ICA are: (a) the amount of the capital expenditure of the project; and (b) the applicant's prices relative to those of other providers in the state. Consideration of these two factors relative to the Application demonstrates that in failing to require an ICA, the Department acted inconsistently with its prior practice, and thus arbitrarily in declining to require an ICA.

With respect to the capital expenditure of the prior projects, the Department conflated the three MGB projects in stating their aggregate capital expenditure when, during Department review of those projects, the Department properly treated each MGB project separately. One of the MGB projects—one where the Department required MGB to produce an ICA—has approximately the same capital expenditure as the Proposed Project, and the Proposed Project's operating expenses are significantly higher than the same MGB project. With respect to the Applicant's prices relative to that of other providers in the region and state, the Staff Report demonstrates that the Applicant is the highest cost provider in Central Massachusetts and the fourth highest state-wide.[7]

To promote consistency and fairness in the regulatory review process, and to conduct the thorough review of the Application warranted by the Applicant's proposed significant capital expenditure, the Department should require the Applicant to undergo an ICA; it should defer action on the Application until after that ICA is completed and reviewed.

B. *The Department Required an ICA for a Recent Project with Approximately the Same Total Capital Expenditure and Significantly Lower Maximum Incremental Operating Expense than that Proposed by the Applicant.*

[6] The Department Letter is attached as Exhibit 2.

[7] See Staff Report, Table 33 and page 29 ("UMMMC has higher inpatient RPs compared to hospitals in the Central MA region and UMMMC is the only hospital with an inpatient RP above the network average"); See also page 49 of the Massachusetts Health Policy Commission, Meeting of the Market Oversight and Transparency Committee, October 12, 2022 presentation materials ("HPC Materials"), attached as Exhibit 3. In addition, on page 29 of the Staff Report, the Department acknowledges that "UMMMC's inpatient RP is fourth highest among AMCs in the state. Inpatient RPs for all AMCs are above the network average."

Although the Department Letter references "*two* ICAs required in the last couple of years" (emphasis added), the Department actually required *four* ICAs during that time – one for BCH, and one each for the three MGB projects. The Department's conflation of the three MGB projects for purposes of the Department Letter and rationale relating to its decision not to require an ICA was inconsistent with how the Department treated these projects while they were pending before the Department. The public record shows that the Department treated and reviewed the three projects independently of one another, each with its own application, project number, letter requiring an ICA, decision letter, etc.[8]

When the MGB projects are evaluated as the Department did when the projects were pending before it, i.e., as three separate projects, it is clear that one of those projects had a Total Capital Expenditure ("TCE") of $150,098,582, an amount not even $7M more than the $143,242,167 TCE for the Proposed Project (an insignificant difference of less than 5%).[9] Furthermore, the Maximum Incremental Operating Expense ("MIOE") for that same MGB project was $107M *less* than the MIOE for the Proposed Project (a significant difference that makes the MIOE for the Proposed Project almost *ten times greater* than the MIOE for the MGB project). The Department required an ICA for each MGB project, including the one with a similar TCE and significantly lower MIOE, but did not require one for the Proposed Project. The Department's inconsistent treatment of similarly situated applications is arbitrary and capricious.

C. *The Department Required an ICA for Highest Cost Providers*

The Department Letter further justifies the Department's decision to require an ICA for the BCH and MGB projects by noting that both providers have some of the highest relative prices in the state. According to the Staff Report, UMMMC has the highest relative prices in the region (see pages 29 and 50-51 of the Staff Report), and by far the highest prices in Central Massachusetts. The following data comes from the Staff Report:

Hospital	UMMMC's Prices are Higher than the Community Hospital's Prices by this Amount[10]		
	Blue Cross Blue Shield	Harvard Pilgrim Health Care	Tufts Health Plan
Athol Hospital	61%	166%	194%
Harrington Memorial Hospital	48%	393%	171%
HealthAlliance-Clinton Hospital	30%	87%	117%
Heywood Hospital	61%	156%	143%
Marlborough Hospital	25%	108%	124%
Saint Vincent Hospital	18%	14%	-6%

[8] See materials for MGB Project # BWFH-MGB-20121716-HE at Exhibit 4; See materials for MGB Project # MGB-20121612-HE at Exhibit 5; See materials for MGB Project # Multisite-21012113-AS at Exhibit 6.

[9] See materials for MGB Project # BWFH-MGB-20121716-HE at Exhibit 4.

[10] See Staff Report, Table 33 and Appendix E.

Further, as follow-up to Our Comments and in support of UMMMC's status as a highest-cost provider, we are attaching the Massachusetts Center for Health Information and Analysis ("CHIA") 2022 Annual Report, the CHIA Relative Price and Provider Price Variation (CY2020) Report, and additional materials.[11]

The Staff Report also notes that UMMMC's and MGB's Inpatient Relative Prices ("IRPs") are similar to one another and, with respect to at least one commercial payor, UMMMC's IRP is **higher** than MGB's IRP:

Hospital	Inpatient Relative Price (IRP)[12]		
	Blue Cross Blue Shield	**Harvard Pilgrim Health Care**	**Tufts Health Plan**
MGB	1.33	1.24	1.48
UMMMC	1.14	1.33	1.41
	UMMMC IRP is Less than MGB IRP by only **14%**	UMMMC IRP is ***Greater*** than MGB IRP by **7%**	UMMMC IRP is Less than MGB IRP by only **5%**

Just as the Department required an ICA for the BCH and three MGB projects, in part, due to those hospitals' status as highest-cost providers, the Department should require an ICA for the Proposed Project, because UMMMC is the highest-cost provider in Central Massachusetts and one of the highest-cost providers in the State. The Department's failure to do so rendered its actions inconsistent with the Department's prior recent practice.

As a related matter, the Staff Report notes that "inpatient RP at UMMMC is higher than its community hospitals and increasing capacity at UMMMC has the potential for patients to shift from lower cost settings to UMMMC".[13] The Massachusetts Health Policy Commission ("HPC")[14] confirmed this concern when it noted that "[c]onstruction of additional beds [in connection with the Proposed Project] would likely divert patients to UMass . . . from other local providers".[15] As noted above, those other local providers are lower cost providers. While the adverse impact on lower cost providers is indisputable, the magnitude of the impact of the "shift" cannot be fully anticipated without an ICA. Yet,

[11] See CHIA Reports and additional materials at Exhibit 7.
[12] See Staff Report, Table 33 and Appendix E for IRP values. Percentage differences are calculated as follows: UMMMC IRP minus MGB IRP, divided by MGB IRP, multiplied by 100.
[13] See Staff Report, page 31.
[14] The HPC is "an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC's mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC's goal is better health and better care – at a lower cost – for all residents across the Commonwealth.". See the HPC's website at: https://www.mass.gov/orgs/massachusetts-health-policy-commission,
[15] See HPC Materials, page 48, at Exhibit 3.

the Department has not required the Applicant to undergo an ICA. Rather, the Department merely is requiring the Applicant to "report" to the Department on occupancy rates at UMMMC and UMMH community hospitals once the Proposed Project has been implemented.[16] We anticipate that such reporting will, post-hoc, demonstrate the Proposed Project's failure to further the Department's goal of cost-containment. Unfortunately, by then it will be too late because once the Proposed Project has been implemented, it cannot be undone.

D. Request for an ICA Historically Leads to Requiring an ICA.

During the last five years, each time a Ten Taxpayer Group requested an ICA in connection with a proposed project involving a substantial capital expenditure, the Department required the applicant to undergo an ICA.[17] The Department required an extensive and rigorous ICA for each of the three MGB projects. Furthermore, the Department required an ICA for the BCH project, even though there was no recorded opposition or any request for an ICA.[18] Finally, with one exception, none of the requests for an ICA were supported by any demonstrative data or evidence to support the request. Yet, in all four cases the Department required an ICA. With respect to the Application and Proposed Project, a broad range of persons and organizations have made multiple requests for an ICA, with at least one that was accompanied by supporting data, as discussed in our September Comments.

As noted above and in Our Comments, the issuance of a DoN would be premature and based on insufficient information without an ICA. The following factors demonstrate conclusively that the Proposed Project likely will not be "consistent with the [C]ommonwealth's efforts to meet the health care cost-containment goals established by the [HPC]"[19]: (1) the Applicant's status as highest cost provider in Central Massachusetts (and fourth-highest in the State), (2) the Department's acknowledgement that implementation of the Proposed Project "has the potential for patients to shift from lower cost settings to [higher cost] UMMMC", (3) the HPC's conclusion that implementation of the Proposed Project "would likely divert patients" to the Applicant from other local, lower cost providers, (4) the HPC's estimation that implementation of the Proposed Project will increase annual commercial spending up to $6 million[20], and (5) the total spending in connection with the Proposed Project exceeds that of an MGB project for which the Department required an ICA. We are troubled and concerned that the Department is swiftly ushering the Application through the approval process without requiring the information it has required

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[16] See Staff Report, page 31.

[17] As noted in our September Comments, there has been only one DoN application since 2017 with respect to which a request for an ICA was made but where the Department did not require an ICA. In that case, the application pertained to DoN-required equipment (an MRI) - that is, a discrete project pertaining to a single MRI unit. The application did not pertain to a substantial capital expenditure DoN application. The initial capital expenditure for the proposed MRI was $2,292,401 and the annual operating costs to support the proposed MRI was $552,168. Such proposed project clearly is not comparable to the Applicant's Proposed Project, as they are substantially different in scope and cost. The application materials for the DoN-required equipment are attached as Exhibit 8.

[18] See materials for Boston Children's Hospital Project # BCH-21071411-HE at Exhibit 9.

[19] See M.G.L. c. 111, § 25C(h) and M.G.L. c. 6D, §5.

[20] See HPC Materials, page 49, at Exhibit 3.

in the past to confirm that the Commonwealth's health care cost-containment goals are met. The additional time it would take to undergo such an analysis would be relatively insignificant.

II. Additional Considerations

A. *Assessment of Need: Patient Acuity and Beds*

The Staff Report states that "UMMMC is the only AMC serving the Central MA region and provides a level of care that cannot be provided by UMMH's community hospitals and in some cases, other hospitals in the region.".[21] While this statement is true with respect to certain specialized services, those specialized services bear no relation to the 91 new beds requested by the Applicant. Rather, the Applicant intends to utilize those 91 new beds for the treatment of lower-acuity patients and anticipates that the most prevalent diagnoses of patients admitted to the new inpatient building will be Septicemia/Severe Sepsis, Chronic Obstructive Pulmonary Disease, respiratory infection, pneumonia, heart failure, and pulmonary edema. Such diagnoses do not require a highest-cost, tertiary care provider; they can be treated effectively at a community hospital. The HPC agrees with this position, as it states that "[a]lthough UMass and BMC offer many specialized services, most patients who would receive inpatient care in new beds would likely otherwise receive care at other hospitals."[22] While the Staff Report notes the Applicant's statement that the 72 beds in the new inpatient building will provide additional capacity to focus on "tertiary" patients with certain exclusions[23], the Applicant is requesting ordinary medical/surgical beds, not ICU or other tertiary care beds.

The Staff Report summarizes the analysis the Applicant conducted to determine the number of beds needed to address its capacity constraints.[24] Essentially, the Applicant compared the number of beds per 1,000 residents in each region of Massachusetts, calculated that Eastern Massachusetts has 318 more beds per resident than does Central Massachusetts, and concluded that the UMMH system needs 318 additional beds. While 318 more beds might make the number of beds in Central Massachusetts equal to the number of beds per 1,000 residents in Eastern Massachusetts, the analysis does not address the issue of "need." There is no explanation as to why those beds are needed, other than to make Central and Eastern Massachusetts equal. The analysis also fails to consider that at 1.17 beds per 1,000 residents, Central Massachusetts has 9% more beds than the national average and 4% more beds than the Massachusetts average.[25] This higher than average ratio, coupled with the fact that the available beds at SVH and the UMMH community hospitals beds exceed the 91 new beds the Applicant is seeking to add, demonstrates that there is no need to increase further the number of beds per resident in Central Massachusetts, particularly without an ICA.

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[21] See Staff Report, page 31.
[22] See HPC Materials, page 48, at Exhibit 3.
[23] See Staff Report, page 7.
[24] See Staff Report, page 22.
[25] See Exhibit 10. American Hospital Association at: https://www.ahadata.com/aha-annual-survey-databasedata (Tabs AHA 2012 – 2020 and Inpatient beds AHA); CMS LDS data (Medicare FFS) at www.cms.gov.

B. Assessment of the Proposed Project's Relative Merit

The Staff Report summarizes the Applicant's consideration of four potential alternatives to the Proposed Project, one of which is to not implement the Proposed Project at all, and two of which relate to new construction rather than renovation.[26] The Applicant's option of not proceeding with the Proposed Project as a true alternative is a red herring and self-serving, and the consideration of new construction rather than renovation misses the point in that it does not offer a different approach to solving supposed capacity constraints.

With respect to capacity at the UMMH community hospitals, the Staff Report summarizes the Applicant's efforts to expand capacity there. The Staff Report sets forth the FY22 occupancy rates at each community hospital.[27] However, the Staff Report fails to acknowledge that despite the growth change rates from FY21 to FY22, three of the four community hospital locations still have additional available capacity, even taking into consideration the industry standard of 85%[28].

UMMH Community Hospital	**Additional Capacity (difference between 85% and FY22 capacity)**	**Additional Beds[29]**
Harrington	19.4%	25
HealthAlliance Clinton	3.7%	5
Marlborough	9.5%	7
		Total Additional Beds: 37

In that same summary, the Staff Report notes that the Applicant, through the UMass Memorial Medical Group, provides coverage at most UMMH community hospitals for emergency medicine, e-ICU, Hospital Medicine, and Anesthesia. The Staff Report fails to note that such coverage does not include any specialists, such as gastroenterology or urology, and erroneously states that "the addition of inpatient capacity at UMMH community hospitals would not serve to alleviate the existing capacity constraints at UMMMC".[30] If these community hospital locations were adequately staffed with appropriate specialists, the UMMH system could utilize the 37 additional beds noted above, which is nearly 41% of the new beds requested by the Applicant. With this approach, many of the requests for transfer from a UMMH community hospital to UMMMC would be eliminated.

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[26] See Staff Report, pages 36-37.
[27] See Staff Report, pages 14-15.
[28] Staff Report, page 10.
[29] Additional beds are calculated as follows: 85% (the industry standard of occupancy as noted on page 10 of the Staff Report), minus UMMH community hospital occupancy for FY 22 (as stated in Table 18, page 15 of the Staff Report, multiplied by the number of Licensed Bed Counts for each of the UMMH community hospitals (as stated in Table 1, page 3 of the Staff Report).
[30] See Staff Report, page 22.

The Staff Report also fails to consider the availability of 63 beds at SVH, as described in Our Comments. Those SVH beds account for just under 70% of the new beds requested by the Applicant. Together, the beds available at the UMMH community hospitals and SVH account for more than 100% of the new beds requested by the Applicant. Utilization of these beds would result in the provision of care in a local, lower cost provider setting. **This** would meet the Commonwealth's goals of cost-containment, unlike the Proposed Project.

Because the Staff Report is conspicuously silent on these potential alternatives to the Proposed Project, any conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs, is inherently flawed.

C. *Public Comments on the Application*

With respect to comments received in opposition to the Proposed Project, the Staff Report states that "Staff balanced the cost concerns associated with the Proposed Project against the potential for diminished access to care that could result from not doing the Proposed Project.".[31] Staff could not conceivably have balanced cost concerns absent an ICA. In addition, Staff did not balance cost concerns associated with the Proposed Project against the potential for access to care that could result from utilizing available beds at the UMMH community hospitals and at SVH.

The Staff Report notes that "staff considered comments that were focused on UMMMC's role as the only AMC in the region".[32] It is unclear from the Staff Report why Staff chose to focus on such comments, when the AMC status of UMMMC is irrelevant to the request for ordinary medical/surgical beds. The types of beds the Applicant seeks to add do not require AMC care. Rather, care for those patients could be provided by UMMH's community hospitals and other providers in the community, and at a lower cost. Appropriately staffing UMMH's community hospitals and utilizing additional beds in the service area would ease capacity constraints at UMMMC, which then could provide the AMC level services that it is uniquely positioned to provide in existing tertiary beds.

III. Request for Postponement

Pursuant to 105 CMR 100.555, any Party of Record may request postponement of consideration of an Application for Determination of Need until the next meeting of the Department. We hereby request such postponement to: (i) allow the Department to reevaluate its decision not to require an ICA in light of the criteria set forth in the Department Letter as applied to the Application; and (ii) allow the Department to re-consider its denial of multiple requests for an ICA for the following reasons: (A) the Staff Report fails to set forth a rationale for declining to require an ICA; (B) the Department failed to apply the criteria described in the Department Letter to the Application; if it had, it would have required an ICA; (C) an ICA is critical to the decision to be made on the Application; and (D) the HPC's report that the Proposed Project is likely to increase annual commercial spending by $5M to $6M should be evaluated in more

[31] See Staff Report, page 41.
[32] See Staff Report, page 41.

detail. We respectfully request that the Commissioner determine that: (i) the foregoing request is for good cause, (ii) failure to grant the foregoing request will significantly prejudice the Saint Vincent Hospital Ten Taxpayer Group from having its position properly considered by the Department, and (iii) postponement will not prejudice any Party of Record, and grant our request for postponement.

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We reiterate our continued concern about the absence of an ICA for the Proposed Project, as well as our continued questions about the need for the Proposed Project and the negative impact on Massachusetts health care costs. For these reasons, we urge the Public Health Council to vote to require the Applicant to complete an ICA, or, in the alternative, disapprove the Application.

Thank you for your consideration of our comments. If you have any questions or would like to discuss our concerns further, please contact me at Carolyn.Jackson@stvincenthospital.com or 508-363-6504.

Sincerely,

Carolyn Jackson
Chief Executive Officer of Saint Vincent Hospital
Representative of the Saint Vincent Hospital Ten Taxpayer Group

Cross-Reference to Exhibits to SVH TTG Comments to Staff Report for DoN Application Number UMMHC-22042514-HE Submitted October 20, 2022

Exhibit A

Application

- Application (PDF) | (DOCX)
- Attachments (PDF) | (DOCX)
- CPA Report (PDF) | (DOCX)
- Affiliated Parties (PDF) | (DOCX)
- Change in Service (PDF) | (DOCX)
- Affidavit of Truthfulness and Compliance (PDF) | (DOCX)
- Applicant Responses 1 (PDF) | (DOCX)
- Applicant Responses 2 (PDF) | (DOCX)
- Applicant Responses 3 (PDF) | (DOCX)
- Applicant Responses Supplemental (XLSX)

Our Comments

- Public Comments – Ten Taxpayer Group Saint Vincent Hospital (PDF) | (DOCX)
    - Exhibits - Ten Taxpayer Group Saint Vincent Hospital (PDF) | (DOCX)
- Public Comments – Public Hearing- Batch 1 (PDF) | (DOCX)

Ten Taxpayer Group Registrations

- Mass General Brigham (PDF) | (DOCX)
- Saint Vincent Hospital (PDF) | (DOCX)

Mass General Brigham Comments

- Public Comments – Public Hearing- Batch 2 (PDF) | (DOCX)

Staff Report

- Staff Report (PDF) | (DOCX)

Exhibit 1 – Additional Requests for an ICA

- Public Comments – Public Hearing- Batch 1 (PDF) | (DOCX)
- Public Comments – Public Hearing- Batch 2 (PDF) | (DOCX)

Exhibit 2 – Department Letter

- Letter to Elected Officials (PDF) | (DOCX)

Exhibit 3 - Massachusetts Health Policy Commission, Meeting of the Market Oversight and Transparency Committee, October 12, 2022 presentation materials

- https://www.mass.gov/doc/presentation-10122022-moat-meeting/download

Exhibit 4 - MGB Project # BWFH-MGB-20121716-HE

- Mass General Brigham Incorporated – BWFH - Application Form and Attachments (PDF 9.92 MB)
- Mass General Brigham Incorporated – BWFH - Application Form and Attachments (DOCX 51.19 MB)
- Mass General Brigham Incorporated – BWFH – Responses to DoN Questions (PDF 754.04 KB)
- Mass General Brigham Incorporated – BWFH – Responses to DoN Questions (DOCX 257.73 KB)
- Mass General Brigham Incorporated – BWFH – Response Attachment 5.b (PDF 572.02 KB)
- Mass General Brigham Incorporated – BWFH – Response Attachment 5.b (DOCX 16.98 KB)
- Mass General Brigham Incorporated – Applicant Response Submission (PDF 299.04 KB)

- Mass General Brigham Incorporated – Applicant Response Submission (XLSX 131.25 KB)
- Mass General Brigham Incorporated – Bed Summary (PDF 165.07 KB)
- Mass General Brigham Incorporated – Bed Summary (DOCX 27.72 KB)
- Mass General Brigham Incorporated-BWFH-Responses to DoN Questions 2 (PDF 238.33 KB)
- Mass General Brigham Incorporated-BWFH-Responses to DoN Questions 2 (DOCX 33.67 KB)
- Shields Health Care Group - BWFH (PDF 564.34 KB)
- Wellforce – BWFH (PDF 206.68 KB)
- Center for Diagnostic Imaging (CDI) - BWFH (PDF 857.96 KB)
- Independent Cost Analysis Request Letter (PDF 59.5 KB)
- Independent Cost Analysis (PDF 842.7 KB)
- Independent Cost Analysis (DOCX 558.85 KB)
- Tables (PDF 5.05 MB)
- Tables (XLSX 12.47 MB)
- Maps (PDF 2.06 MB)
- Maps (DOCX 638.69 KB)
- Mass General Brigham, Incorporated – BWFH – Staff Report
- Decision Letter (PDF 595.48 KB)
- Decision Letter (DOCX 437.99 KB)

Exhibit 5 - MGB Project # MGB-20121612-HE

- Mass General Brigham Incorporated – MGH - Application Form and Attachments (PDF 26.09 MB)
- Mass General Brigham Incorporated – MGH - Application Form and Attachments (DOCX 34.49 MB)
- Mass General Brigham Incorporated – MGH – Responses to DoN Questions (PDF 636.59 KB)
- Mass General Brigham Incorporated – MGH – Responses to DoN Questions (DOCX 135 KB)
- Mass General Brigham Incorporated – MGH – Applicant Response Submission – Excel File (PDF 274.17 KB)
- Mass General Brigham Incorporated – MGH – Applicant Response Submission – Excel File (XLSX 33.12 KB)
- Mass General Brigham Incorporated – MGH – Bed Summary (PDF 279.69 KB)

- Mass General Brigham Incorporated – MGH – Bed Summary (DOCX 48.31 KB)
- Mass General Brigham Incorporated – MGH – Bed Capacity Update (PDF 166.74 KB)
- Mass General Brigham Incorporated – MGH – Bed Capacity Update (DOCX 83.01 KB)
- Mass General Brigham Incorporated – MGH – Responses to DoN Questions 2 (PDF 346.21 KB)
- Mass General Brigham Incorporated – MGH – Responses to DoN Questions 2 (DOCX 54.71 KB)
- Shields Health Care Group - MGH (PDF 556.81 KB)
- Wellforce – MGH (PDF 206.88 KB)
- Tam (PDF 1.3 MB)
- Leung (PDF 305.16 KB)
- Center for Diagnostic Imaging (CDI) - MGH (PDF 441.53 KB)
- Independent Cost Analysis Request Letter (PDF 194.28 KB)
- Independent Cost Analysis (PDF 1.11 MB)
- Independent Cost Analysis (DOCX 577.13 KB)
- Tables (PDF 11.29 MB)
- Tables (XLSX 25.37 MB)
- Maps (PDF 3.95 MB)
- Maps (DOCX 1.26 MB)
- Mass General Brigham, Incorporated – MGH – Staff Report (DOCX 746.95 KB)
- Decision Letter (PDF 470.58 KB)
- Decision Letter (DOCX 40.53 KB)

Exhibit 6 - MGB Project # Multisite-21012113-AS

- Mass General Brigham Incorporated – Multisite - Application (PDF 249.48 KB)
- Mass General Brigham Incorporated – Multisite - Application (DOCX 158.88 KB)
- Mass General Brigham Incorporated – Multisite - Application Attachments (PDF 43.78 MB)
- Mass General Brigham Incorporated – Multisite - Application Attachments (DOCX 53.02 MB)
- Mass General Brigham Incorporated – Multisite – Responses to DoN Questions (PDF 1.51 MB)

- Mass General Brigham Incorporated – Multisite – Responses to DoN Questions (DOCX 190.43 KB)
- Mass General Brigham Incorporated – Multisite – Responses to DoN Questions 2 (PDF 238.56 KB)
- Mass General Brigham Incorporated – Multisite – Responses to DoN Questions 2 (DOCX 60.39 KB)
- Shields Health Care Group - Multisite (PDF 571.48 KB)
- City of Marlborough TTG (PDF 2.6 MB)
- Marlborough Economic Development Corporation (PDF 207.41 KB)
- Wellforce (PDF 206.62 KB)
- Worcester Regional Chamber of Commerce (PDF 856.93 KB)
- The Share TTG (PDF 518.7 KB)
- MelroseWakefield Healthcare (PDF 1.18 MB)
- The Surgery Center (PDF 1.7 MB)
- TTG UMass MD's (PDF 2.05 MB)
- https://www.mass.gov/doc/umass-memorial-health-care-multisite/download
- Center for Diagnostic Imaging (CDI) - Multisite (PDF 893.01 KB)
- ICA Request letter (PDF 188.92 KB)
- Independent Cost Analysis (PDF 822.14 KB)
- Independent Cost Analysis (DOCX 549.03 KB)
- Tables (PDF 4.82 MB)
- Tables (XLSX 13.22 MB)
- Maps (PDF 1.88 MB)
- Maps (DOCX 684.79 KB)

Exhibit 7 – CHIA Reports and Additional Materials

CHIA 2022 Annual Report

- https://www.chiamass.gov/annual-report/
- https://www.chiamass.gov/assets/2022-annual-report/2022-Annual-Report-Rev-2.pdf
- https://www.chiamass.gov/assets/2022-annual-report/2022-Annual-Report-Technical-Appendices.zip
- https://www.chiamass.gov/assets/2022-annual-report/2022-Annual-Report-Datasets-and-Databook.zip

CHIA Relative Price and Provider Price Variation (CY2020)

- https://www.chiamass.gov/relative-price-and-provider-price-variation/
- https://www.chiamass.gov/assets/docs/r/pubs/2022/Relative-Price-Executive-Summary-2020.pdf

- https://www.chiamass.gov/assets/docs/r/pubs/2022/Relative-Price-Technical-Appendix-2020.pdf
- https://www.chiamass.gov/assets/docs/r/pubs/2022/Relative-Price-Methodology-2020.pdf

Additional Supporting Materials

- https://www.chiamass.gov/assets/docs/r/pubs/2020/CMSR-HIDD-FY2019-Report.pdf
- See Attachment

Exhibit 8 – Shields Project # NONE-22020311-RE

- Application (PDF) | (DOC)
- Attachments (PDF) | (DOC)
- Affiliated Parties (PDF) | (DOC)
- Change in Service (PDF) | (DOC)
- Shields Healthcare of Cambridge, Inc. - Responses to DoN Questions
- ShieldsHealthcare of Cambridge, Inc. - Responses to DoN Questions
- Mass General Brigham Incorporated (PDF) | (DOCX)
- Staff Report (PDF) | (DOCX)
- Decision Letter (PDF) | (DOCX)

Exhibit 9 - Boston Children's Hospital Project # BCH-21071411-HE

- Application Form (PDF 1.85 MB)
- Application Form (DOCX 709.35 KB)
- Application Narrative (PDF 945.76 KB)
- Application Narrative (DOCX 1.43 MB)
- Factor 4 (PDF 597.29 KB)
- Factor 4 (DOCX 128.53 KB)
- Factor 6-990 (PDF 6.59 MB)
- Factor 6-990 (DOCX 4.74 MB)
- CHNA Final Report (PDF 3.11 MB)
- CHNA Final Report (DOCX 8.75 MB)
- Factor 6 Narrative (PDF 846.05 KB)
- Factor 6 Narrative (DOCX 321.71 KB)
- Notice of Intent (PDF 2.33 MB)

- Notice of Intent (DOCX 3.7 MB)
- Change of Service (PDF 383.8 KB)
- Change of Service (DOCX 142.36 KB)
- The Children's Medical Center Corporation – Hospital/Clinic Substantial Capital Expenditure – Responses (PDF 340.05 KB)
- The Children's Medical Center Corporation – Hospital/Clinic Substantial Capital Expenditure – Responses (DOCX 47.46 KB)
- The Children's Medical Center Corporation – Hospital/Clinic Substantial Capital Expenditure – Responses II (DOCX 1.28 MB)
- The Children's Medical Center Corporation – Patient Origin Data (XLSX 124.45 KB)
- ICA Report (DOCX 3.1 MB)
- ICA Report (PDF 1.94 MB)
- ICA Report Appendix (PDF 4.16 MB)
- ICA Report Appendix (DOCX 3.86 MB)
- ICA Request Letter (DOCX 29.1 KB)
- ICA Request Letter (PDF 176.54 KB)

Exhibit 10 – Beds Per 1,000 Residents

- See Attachment