

Attachment 4:  
Notice of Intent

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Friday, March 21, 2025

**Notice Content**

Public Announcement Concerning a Proposed Health Care Project Baystate MRI and Imaging Center, LLC ("Applicant") located at 700 Congress Street, Suite 204, Quincy, MA 02169 intends to file a Notice of Determination of Need for a Significant Change ("Application") with respect to DON Project #4-4886, to add four additional days of PET/CT services at Baystate MRI and Imaging Center, LLC located at 80 Wason Avenue, Springfield, MA 01107. There is no cost associated with this Application and therefore no change to the total value of the Project based on the approved maximum capital expenditure. The Applicant does not anticipate any price or service impacts on the Applicant's existing Patient Panel as a result of the Proposed Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application by no later than April 20, 2025 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health, Determination of Need Program, 250 Washington Street, 6th Floor, Boston, MA 02108. (March 21)

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Attachment 5:

Previous DoN Approval



JANE SWIFT  
GOVERNOR

ROBERT P. GITTENS  
SECRETARY

HOWARD K. KOH MD, MPH  
COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Determination of Need Program  
250 Washington Street, Boston, MA 02108-4619  
(617) 624-5002

February 5, 2002

CERTIFIED MAIL  
RETURNED RECEIPT REQUESTED

NOTICE OF DETERMINATION OF NEED

Project Number 4-4886

Shields Imaging of Massachusetts, LLC  
(Establish Mobile PET Service)

Andrew Levine, Esq.  
Donoghue, Barrett & Singal, P.C.  
One Beacon Street  
Boston, MA 02108

Dear Mr. Levine:

At their meeting of January 22, 2002 the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, s25C and the Regulations adopted thereunder, to approve with conditions, the application filed by Shields Imaging of Massachusetts, LLC for a Determination of Need. The application, as approved, provides for provision of Positron Emission Tomography (PET) services through acquisition of a mobile PET body scanner and related equipment. The services will be provided at three host sites: South Shore Hospital in Weymouth, UMass Memorial Medical Center in Worcester, and Baystate Medical Center in Springfield. This Notice of Determination of Need incorporates by reference the attached Staff Summary and the Public Health Council proceedings concerning this application.

The approved maximum capital expenditure of \$2,564,000 (February 2001 dollars) is itemized below:

Major Movable Equipment	\$2,504,000
Other: Fair Market Value of Shared Space at Host Sites	60,000
Total Construction Costs	\$2,564,000
Total Maximum Capital Expenditure	\$2,564,000

The approved MCE of \$2,564,000 (February 2001 dollars) will be funded with a 23.4% equity contribution (\$600,000 in February 2001 dollars), whereby Shields Imaging of Massachusetts, UMass Memorial Medical Center, and Baystate Medical Center's hospital affiliate, Baystate Radiology Imaging, LLC will contribute proportional equity shares that are yet to be determined. The remaining MCE of \$1,964,000 (February 2001 dollars) will be financed through the vendor, Siemens Medical Systems, Inc., at an interest rate of 9% for a sixty (60) month term.

**Shields Imaging of Massachusetts**

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Project No. 4-4886

The approved operating costs of \$3,135,291 (February 2001 dollars) for the project's first full year of operation (FY 2003), are based on a projected volume of 1,500 PET scans in that year, and are itemized as follows:

Salaries, Wages, Fringe Benefits	\$ 495,000
Supplies and Other Expenses	1,685,300
Purchased Services	315,200
Depreciation	506,800
Interest	<u>132,991</u>
Total Operating Costs	\$3,135,291

The reasons for this approval with conditions are as follows:

1. Shields Imaging of Massachusetts, LLC proposes to provide Positron Emission Tomography (PET) services through acquisition of a mobile PET body scanner and ancillary equipment, including a trailer. The services will be provided at three host sites: South Shore Hospital in Weymouth, UMass Memorial Medical Center in Worcester, and Baystate Medical Center in Springfield.
2. The Department found that the project meets the requirements of the health planning process consistent with the Guidelines for Positron Emission Tomography (Guidelines).
3. The Department found that Shields Imaging of Massachusetts, LLC has demonstrated demand for a mobile PET unit to serve South Shore Hospital, UMass Memorial Medical Center, and Baystate Medical Center, as discussed under the Health Care Requirements factor of the Staff Summary.
4. The Department found that the project, with adherence to a certain condition, meets the operational objectives factor of the DoN Regulations.
5. The Department found that the project meets the standards compliance factor of the DoN Regulations.
6. The Department found the recommended maximum capital expenditure of \$2,564,000 (February 2001 dollars) reasonable, based on the price quote from the PET equipment vendor, which, when the trailer is excluded, is similar to comparable projects.
7. The Department found the recommended incremental operating costs of \$3,135,291 (February 2001 dollars) are reasonable for a freestanding mobile PET service.
8. The Department found the project financially feasible and within the financial capability of the applicant.
9. The Department found the project meets the relative merit requirements of the DoN Regulations.
10. The Department found the project, with adherence to a certain condition, meets the community health service initiatives of the DoN Regulations.
11. The Mark R. Taylor, Mary T. Sweeney, and Stephen M. Weiner Ten Taxpayer Groups (TTGs)

Shields Imaging of Massachusetts

3.

Project No. 4-4886

registered in connection with the proposed project. The Brockton Ten Taxpayer Group originally registered as well and requested a public hearing, but subsequently rescinded its request on August 6, 2001, and withdrew as a TTG on August 7, 2001. The Taylor TTG submitted written comments, which indicated that there was excess capacity at New England PET Imaging System in Methuen, a DoN exempt physician practice. The Department found that this excess capacity has not eliminated demand for existing PET services at Massachusetts General Hospital and Dana Farber Cancer Institute, as indicated by patient waiting times at these facilities.

12. The Department found that this project is one of four comparable applications filed by Shields Imaging of Massachusetts, LLC, Children's Hospital Medical Center, Brigham and Women's Hospital, and Beth Israel Deaconess Medical Center. When considered alone, all of the applications are capable of being approved, since each has demonstrated demand for PET services. A detailed comparability analysis was not undertaken since each of the four applications meets all the review factors of the PET Guidelines.

This Determination is effective twenty (20) days after receipt of this Notice. The Determination is subject to the conditions set forth in Determination of Need Regulation 105 CMR 100.551, including sections 100.551 (C) and (D) which read in part:

- (C) ...such determination shall be valid authorization only for the project for which made and only for the total capital expenditure approved.
- (D) The determination...shall be valid authorization for three (3) years. If substantial and continuing progress toward completion is not made during the three (3) year authorization period, the authorization shall expire if not extended by the Department for good cause shown (see 105 CMR 100.756)... Within the period of authorization, the holder shall make a substantial and continuing progress toward completion; however, no construction may begin until the holder has received final plan approval in writing from the Division of Health Care Quality.

This Determination is subject to the following conditions, in addition to the terms and conditions set forth in 105 CMR 100.551. Failure of the applicant to comply with the conditions may result in Department sanctions, including possible fines and/or revocation of the DoN.

1. Shields Imaging of Massachusetts, LLC shall accept the approved maximum capital expenditure of \$2,564,000 (February 2001 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and 752.
2. Shields Imaging of Massachusetts, LLC shall contribute 23.4% in equity (\$600,000 in February 2001 dollars) toward the final approved MCE.
3. Prior to implementation of the mobile PET service, Shields Imaging of Massachusetts, LLC will obtain a certificate of registration from the Department's Radiation Control Program.
4. Prior to implementation of the mobile PET service, Shields Imaging of Massachusetts, LLC shall secure a written agreement with a provider of radiopharmaceuticals to ensure that a reliable supply will be available for the service.

Shields Imaging of Massachusetts

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Project No. 4-4886

5. Shields Imaging of Massachusetts, LLC shall not consider ability to pay or insurance status in selecting or scheduling patients for PET services.

6. Shields Imaging of Massachusetts, LLC shall provide a total of \$130,000 (February 2001 dollars) over five years at \$26,000 per year to fund grant-based prevention programs that support the Healthy People 2010 leading indicators, particularly cancer and heart disease prevention. Each Community Health Network Area (CHNA) associated with the three host sites, including South Shore Hospital (CHNA #20), UMass Memorial Medical Center (CHNA #8), and Baystate Medical Center (CHNA #4), will award its share of the funding through community grants to community based health and wellness organizations, based upon recommendations by the Grant Review Committees of each CHNA. Specific details of the grant award process will be determined through further consultation with the Department and each CHNA. Shields will file reports, as specified by the Department, detailing the frequency, content, and formalities of programming resulting from the grants and evaluations of the programming's effect on the health of service area residents. Such reports shall be filed annually or more frequently if so determined by the DoN Program Director. Funding for this initiative will begin upon project implementation, and notification to the Department's Office of Healthy Communities.

Please note that any party wishing to appeal the Department's action stated above must file a claim of appeal with the Health Facilities Appeals Board, Attention of: William Kaleva, Administrator, Boston University School of Law, 765 Commonwealth Avenue, Boston, MA 02215, within fourteen (14) days of receipt of this Notice. Each Appellant must include a statement that the appeal is not knowingly interposed for delay and must comply with the Board's "Rules of Procedure" available upon request from the Board. A copy of any claim of appeal filed with the Board must be served upon this Department through its Office of General Counsel, 250 Washington Street, Second Floor, Boston, MA 02108.

FOR THE PUBLIC HEALTH COUNCIL

*Linda M. Hopkins*

Linda M. Hopkins  
Secretary to the Council

LMH/JJ/jp

cc: Jean Pontikas, Division of Health Care Quality  
Kathleen Coyle, Division of Health Care Quality  
Steve McCabe, Division of Health Care Finance and Policy  
Elizabeth Pressman, Division of Medical Assistance  
Decision Letter File  
Public File  
MIS  
Jere Page, Program Analyst



B



**The Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Department of Public Health**  
**Determination of Need Program**  
**2 Boylston Street, Boston, MA 02116**  
**(617) 753-7340**  
**FAX (617) 753-7349**

**MICHAEL T. ROMNEY**  
**Governor**

**KEVIN RYHEALEY**  
**Lieutenant Governor**

**TIMOTHY R. MURPHY**  
**Secretary**

**PAUL J. COTE, JR.**  
**Commissioner**

August 9, 2006

Andrew S. Levine  
Donoghue Barrett and Singal, PC  
One Beacon Street, Suite 1320  
Boston, MA 02108

Re: Approved DoN Project No. 4-4886  
Establish Mobile PET Service  
Request for Minor Change

Dear Mr. Levine:

This is in response to your letter dated July 12, 2006, requesting a minor change to the approved DoN Project No. 4-4886 referenced above. Shields Imaging of Massachusetts, LLC, (Shields Imaging) a consortium comprised of Shields Imaging of Eastern Massachusetts, LLC, Shields Imaging of Worcester, LLC and Shields Imaging of Springfield, LLC was approved on February 5, 2002 to provide PET services through acquisition of a mobile PET scanner and related equipment. As stated in the DoN decision letter, the services were to be provided at three host sites: Baystate Medical Center, UMass Memorial Medical Center and South Shore Hospital. These sites were subsequently licensed as three separate clinics, one for each of the consortium members and the current licensees are: Baystate MRI and Imaging Center, LLC, UMass Memorial MRI and Imaging Center, LLC and Shields Imaging of Eastern Mass, LLC.

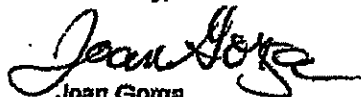
The minor change requested in your letter of July 12 involves the deletion of Shields Imaging of Massachusetts, LLC as the provider of service for this project in order to correctly specify the individual consortium members currently licensed to provide the mobile PET services. The reason given for the minor change is that the deletion of Shields Imaging will correctly reflect the three clinics, Baystate MRI and Imaging Center, LLC, UMass Memorial MRI and Imaging Center, LLC and Shields Imaging of Eastern Mass, LLC, as the providers of services under the DoN and all subsequent amendments.

Pursuant to 105 CMR 100.752 of the Determination of Need Regulations, I hereby approve the minor change to Project No. 4-4886 as requested for the following reasons:

1. All criteria set forth in 105 CMR 100.755 of the Determination of Need Regulations have been satisfied.
2. The minor change involves no change in the scope of the project or maximum capital expenditure.

Please note that all terms and conditions attached to the original approval of Determination of Need Project No.4-4886 shall remain in effect.

Sincerely,



Joan Gorga

Director

Determination of Need Program

JMG/jmg

cc: Sherman Lohnes, DHCQ  
Public File  
Compliance  
MIS





**The Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Department of Public Health**  
**Determination of Need Program**  
**250 Washington Street, Boston, MA 02108-4619**  
**(617) 624-5002**

**MITT ROMNEY**  
GOVERNOR

**KERRY HEALEY**  
LIEUTENANT GOVERNOR

**RONALD PRESTON**  
SECRETARY

**CHRISTINE C. FERGUSON**  
COMMISSIONER

April 10, 2003

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**NOTICE OF PUBLIC HEALTH COUNCIL**  
**ACTION**  
**PREVIOUSLY APPROVED PROJECT**  
**NUMBER 4-4886**  
**Shields Imaging of Massachusetts, LLC**  
**Request to Add a Fourth Host Site to the**  
**Mobile Positron Emission Tomography**  
**Service**

Andrew S. Levine  
Donoghue Barrett & Singal, P.C  
One Beacon Street  
Boston, MA 02108

Dear Mr. Levine:

At their meeting of April 3, 2003, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, s. 25C and the Regulations adopted thereunder to approve with condition a significant change to DoN Project No. 4-4886 filed by Shields Imaging of Massachusetts, LLC. The approval provides for the addition of Berkshire Medical Center located at 725 North Street, Pittsfield, MA as a fourth host site to the mobile Positron Emission Tomography service. One day of mobile service per month will be provided at the fourth site.

The reasons for the Public Health Council's action are as follows:

1. The Department found that pursuant to 105 CMR 100.753(A) of the Determination of Need Regulations, the significant change meets the Procedures for Significant Changes set forth at 105 CMR 100.756.
2. The Department found that after careful consideration, the comments submitted by Alliance Imaging, Inc. provided no basis for the recommendation of denial.



Shields Imaging of Massachusetts, Inc.

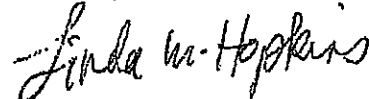
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Project No. 4-4886

The condition accompanying this approval is as follows:

All conditions attached to the original and amended approval of Project No. 4-4886 shall remain in effect.

Sincerely,



Linda Hopkins

Secretary for the Public Health Council

LH/jj

cc: Sherman Lohmes, DHCQ  
Donna Allen, DHCQ  
Steve McCabe, Division of Health Care Finance and Policy  
Elizabeth Pressman, Division of Medical Assistance  
Public File  
Decision Letter File  
MIS

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MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY  
SECRETARY

PAUL J. COYE, JR.  
COMMISSIONER

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Determination of Need Program

2 Boylston Street, Boston, MA 02116

(617) 753-7340

FAX (617) 753-7349

June 23, 2006

**CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED**

**PREVIOUSLY APPROVED**

**PROJECT NUMBER 4-4886**

**Shields Imaging of Massachusetts, LLC**

**Request to Add a Fifth Host Site to the**

**Mobile Positron Emission Tomography**

**Service**

Andrew S. Levine  
Donoghue Barrett & Singal, P.C.  
One Beacon Street  
Boston, MA 02108

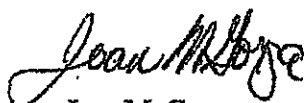
Dear Mr. Levine:

This letter serves as a clarification of the existing host site in Worcester presently served by the Mobile Positron Emission Tomography (PET) Service which was approved as part of the approval of Project Number 4-4886 and subsequently was the subject of an approved transfer of site. The original site was on the campus of UMass Memorial Medical Center, Worcester, MA. On February 24, 2004 the Director of the Determination of Need Program approved the transfer of the host site for the service to UMass Memorial MRI and Imaging Center, a licensed clinic located at 214 Shrewsbury Street, Worcester, MA.

On September 27, 2005, the Commissioner and the Public Health Council approved a significant change to Project Number 4-4886 which provided for the addition of an additional host site for the mobile PET service. The fifth host site will utilize one day of the original three days of service allocated to the Worcester host site. Unfortunately the decision letter issued as a result of the host site approval did not make clear that the Worcester host site under discussion was the UMass Memorial MRI and Imaging Center located at 214 Shrewsbury Street, Worcester. One of the three days of service allocated to the PET service on the campus of UMass Memorial Medical Center and later transferred to UMass Memorial MRI and Imaging Center will be used to provide service to the Burbank

campus of HealthAlliance Hospital located at 275 Nichols Road, Fitchburg, MA, which will serve as the fifth site of the mobile PET project. The addition of a fifth service location does not constitute a transfer of site as defined by the DoN regulations. Pursuant to 105 CMR 100.720, holders of DoN approvals may request a transfer of site of a project from one location to another. This request is not seeking to move the project from an approved service location to a new service location. Instead it is seeking to serve a fifth location in addition to the four existing, approved service locations in Springfield, Worcester, Weymouth and Pittsfield.

Very truly yours,



Joan M. Gorga  
Acting Director  
Determination of Need Program

cc. Sherman Lohnes, DHCQ  
Jill Mazzola, DHCQ  
Steve McCabe, Division of Health Care Finance and Policy  
Elizabeth Pressman, Division of Medical Assistance  
Public File  
Decision Letter File  
MIS

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MITT ROMNEY,  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY  
SECRETARY

PAUL J. COTE, JR.  
COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Determination of Need Program  
2 Boylston Street, Boston, MA 02116  
(617) 753-7340  
FAX (617) 753-7349

November 17, 2005

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

NOTICE OF PUBLIC HEALTH COUNCIL  
ACTION  
PREVIOUSLY APPROVED PROJECT  
NUMBER 4-4886  
Shields Imaging of Massachusetts, LLC  
Request to Add a Fifth Host Site to the  
Mobile Positron Emission Tomography  
Service

Andrew S. Levine  
Donoghue Barrett & Singal, P.C.  
One Beacon Street  
Boston, MA 02108

Dear Mr. Levine:

At their meeting of September 27, 2005, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, s. 25C and the Regulations adopted thereunder to approve with condition a significant change to DoN Project No. 4-4886 filed by Shields Imaging of Massachusetts, LLC. The approval provides for the addition of the Burbank campus of HealthAlliance Hospital located at 275 Nichols Road, Fitchburg, MA as a fifth host site to the mobile Positron Emission Tomography service. One day of mobile service per week of the three days per week currently allocated to UMass Memorial Medical Center in Worcester month will be provided at the fifth site.

The reason for the Public Health Council's action is as follows:

- The Department found that pursuant to 105 CMR 100.753(A) of the Determination of Need Regulations, the significant change meets the Procedures for Significant Changes set forth at 105 CMR 100.756.

The condition accompanying this approval is as follows:

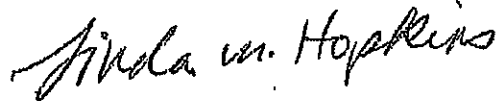
Shields Imaging of Massachusetts, Inc.

- 2 -

Project No. 44886

All conditions attached to the original and amended approval of Project No. 4-4886 shall remain in effect.

Sincerely,



Linda Hopkins

Secretary for the Public Health Council

LH/jj

cc: Sherman Lohmes, DHCQ  
Jill Mazzola, DHCQ  
Steve McCabe, Division of Health Care Finance and Policy  
Elizabeth Pressman, Division of Medical Assistance  
Public File  
Decision Letter File  
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DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN AUERBACH  
COMMISSIONER

**The Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Department of Public Health**  
**Determination of Need Program**  
99 Chauncy Street, 2<sup>nd</sup> Floor, Boston, MA 02111  
(617) 753-7340  
FAX (617) 753-7349

December 14, 2009

Andrew S. Levine  
Donoghue Barrett & Singal  
One Beacon Street, Suite 1320  
Boston, MA 02108

Re: Baystate MRI & Imaging Center, LLC  
PET and MRI Imaging  
(Request for a Transfer of Site)

Dear Mr. Levine:

This is in response to your letter dated November 6, 2009, in which Baystate MRI & Imaging Center, LLC ("Baystate Imaging") or ("the Clinic"), is requesting a transfer of site of a licensed clinic providing PET and MRI services. The clinic consists of a part time mobile PET service and three MRI units. The part-time mobile PET service is the implementation of one portion of previously approved project No. 4-4886 and the three MRI units, two full time fixed 1.5T MRI's and one full time mobile 3T MRI, are the results of implementation of three physician exemption letters. Baystate Imaging is presently located at 3300 Main Street, Springfield, MA.

The Clinic is requesting approval to transfer its location to 80 Wason Avenue in Springfield which is 0.3 miles or one minute driving time from the existing Clinic. The existing location was designed and built for the operation of one fixed MRI and with the addition of a part-time PET unit and two other MRI's no longer meets the Clinic's operational requirements.

You have indicated that the relocation will involve 7,500 Gross Square Feet of renovation and will serve the same patient population as the old site since it is less than one mile away. You have also noted that one of the existing fixed MRI's will be replaced with a newer model and the mobile MRI will be replaced with a fixed MRI. As a result, after the move the Clinic will operate a part time PET and three fixed MRI's.

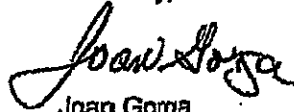
Pursuant to 105 CMR 100.720 of the Determination of Need Regulations, I hereby approve the transfer of site of Baystate MRI & Imaging Center, LLC as noted, for the following reasons:

1. All criteria set forth in 105 CMR 100.720 of the Determination of Need Regulations have been satisfied.

Baystate MRI & Imaging Center, LLC  
December 14, 2009  
Page 2

2. No comments or objections concerning this transfer of site have been filed.
3. The transfer of site involves no change in the scope of the project.

Sincerely,



Joan Gorga  
Director  
Determination of Need

JMG/mg

cc: Sherman Lohnes, DHCQ  
Public File  
Compliance File  
MIS



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**The Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Department of Public Health**  
**Determination of Need Program**  
**99 Chauncy Street, 2<sup>nd</sup> Floor, Boston, MA 02111**  
**617-753-7340**  
**FAX 617-753-7349**

**DEVAL L. PATRICK**  
GOVERNOR

**TIMOTHY P. MURRAY**  
LIEUTENANT GOVERNOR

**JUDYANN BIGBY, MD**  
SECRETARY

**JOHN AUERBACH**  
COMMISSIONER

October 13, 2011

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
**NOTICE OF PUBLIC HEALTH COUNCIL ACTION**  
**PREVIOUSLY APPROVED PROJECT NUMBER 4-4886**

Andrew S. Levine  
Donoghue Barrett & Singal, P.C  
One Beacon Street  
Boston, MA 02108

UMass Memorial MRI and Imaging Center, LLC  
Request to Add a Sixth Host Site to the  
Mobile Positron Emission Tomography Service

Dear Mr. Levine:

At their meeting of October 12, 2011, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, s. 25C and the Regulations adopted thereunder to approve with condition a significant change to DoN Project No. 4-4886 filed by UMass Memorial MRI and Imaging Center, LLC. The approval provides for the addition of the Wing Memorial Hospital and Medical Center located at 40 Wright Street, Palmer, MA as a sixth host site to the mobile Positron Emission Tomography service. One half-day of mobile service every two weeks will be provided at the sixth site.

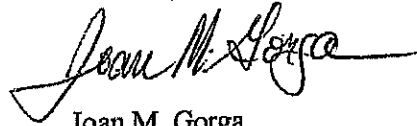
The reason for the Public Health Council's action is as follows:

The Department found that pursuant to 105 CMR 100.753(A) of the Determination of Need Regulations, the significant change meets the Procedures for Significant Changes set forth at 105 CMR 100.756.

The condition accompanying this approval is as follows:

All conditions attached to the original and amended approval of Project No. 4-4886 shall remain in effect.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joan M. Gorga".

Joan M. Gorga  
Director, Determination of Need

cc: Sherman Lohnes, DHCQ  
Paul DiNatale, DHCQ  
Steve McCabe, Division of Health Care Finance and Policy  
Terri Yannetti, Division of Medical Assistance  
Public File  
Decision Letter File

Attachment 6:  
Certificate of Organization

## **ARTICLES OF ORGANIZATION**

**Baystate MRI and Imaging Center, LLC**

Articles of Organization (1999):

[https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=k\\_kK5h1Rwai01PHuH9.WoxGDyVF4QVK2t2AWirxgD1g-](https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=k_kK5h1Rwai01PHuH9.WoxGDyVF4QVK2t2AWirxgD1g-)



Attachment 7:

Affidavit of Truthfulness &  
Compliance



**Massachusetts Department of Public Health**  
**Determination of Need**  
**Affidavit of Truthfulness and Compliance**  
**with Law and Disclosure Form 100.405(B)**

Version: 7-6-17

**Instructions:** Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: **dph.don@state.ma.us** Include all attachments as requested.

Application Number: **BMIC-25012212-AM**

Original Application Date: **02/05/2002**

Applicant Name: **Baystate MRI and Imaging Center, LLC**

Application Type: **Amendment Significant**

Applicant's Business Type: ☐ Corporation ☐ Limited Partnership ☐ Partnership ☐ Trust ☒ LLC ☐ Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? ☒ Yes ☐ No

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application;
2. I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation;
3. I understand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800;
4. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the information contained herein is accurate and true;
5. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.405(C), et seq.;
6. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC - in accordance with 105 CMR 100.405(G);
7. Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all previously issued Notices of Determination of Need and the terms and Conditions attached therein;
8. I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of Determination of Need as established in 105 CMR 100.415;
9. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 105 CMR 100.360;
10. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
11. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
  - a. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,
  - b. The Proposed Project is exempt from zoning by-laws or ordinances.

**LLC**

All parties must sign. Add additional names as needed.

Thomas A. Shields

01/23/2025

Name:

Signature:

Date

This document is ready to print: ☐

Date/time Stamp: **4/22/25**

Attachment 8:

ACO Certification Letter



DEBORAH DEVAUX  
CHAIR

# The Commonwealth of Massachusetts

## HEALTH POLICY COMMISSION

50 MILK STREET, 8TH FLOOR  
BOSTON, MASSACHUSETTS 02109  
(617) 979-1400

DAVID M. SELTZ  
EXECUTIVE DIRECTOR

December 27, 2023

Carlos Martins  
Baycare Health Partners, Inc.  
101 Wason Avenue, Suite 200  
Springfield, MA 01107

RE: ACO LEAP Re-Certification

Dear Mr. Martins:

Congratulations! The Health Policy Commission (HPC) is pleased to inform you that Baycare Health Partners, Inc. meets the requirements for ACO Certification under our Learning, Equity, and Patient-Centeredness (LEAP) standards. This certification is effective from January 1, 2024, through December 31, 2025.

The ACO Certification program, in alignment with other state agencies including MassHealth, is designed to accelerate care delivery transformation in Massachusetts and promote a high quality, efficient health system. ACOs participating in the program have met a set of objective criteria focused on core ACO capabilities demonstrating dedication to patient-centered care, use of evidence-based and data-driven strategies to improve care delivery, and commitment to addressing long-standing health inequities. Baycare Health Partners, Inc. meets those criteria.

The HPC will promote Baycare Health Partners, Inc. as a Certified ACO on our website and in our marketing and public materials. Enclosed you will find an ACO Certification logo for your organization to use in accordance with the attached Terms of Use. We hope you will use the logo on promotional materials when you highlight your ACO Certification to your patients, payers, and others.

The HPC looks forward to your continued engagement in the ACO Certification program over the next two years.

Thank you for your dedication to providing accountable, coordinated health care to your patients, and to continued learning and improvement over time. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Mike Stanek, Associate Director, at [HPC-Certification@mass.gov](mailto:HPC-Certification@mass.gov) or (617) 757-1649.

Best wishes,

A handwritten signature in blue ink, appearing to read "David Seltz".

David Seltz  
Executive Director