

Exhibit B.b

Copy of Notice of Intent

Courtney Pasay Vaughan

From: legals@bostonherald.com
Sent: Thursday, November 3, 2022 10:55 AM
To: Courtney Pasay Vaughan
Cc: cpasay@gmail.com
Subject: Thank you for placing your order with us.

THANK YOU for your ad submission!

This is your confirmation that your order has been submitted. Below are the details of your transaction. Please save this confirmation for your records.

Job Details

Order Number:

NY0064186

Classification:

Legal Notices

Package:

Legals MA

Order Cost:

\$204.30

Payment Type:

Amex

Account Details

Jessica Trenouth

One State Street 15th Floor

Boston, MA 02109

617-523-0600

cpvaughan@publicpolicylaw.com

Smith, Costello, & Crawford Credit

Card - Amex *

Schedule for ad number NY00641860

Fri Nov 4, 2022

Boston Herald Legals

All Zones

Public Announcement Concerning a Proposed Health Care Project

UMass Memorial MRI & Imaging Center, LLC ("Applicant") located at 700 Congress Street, Suite 204, Quincy, Massachusetts 02169 intends to file a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health ("DPH") for the addition of a Positron Emission Tomography - Computed Tomography (PET/CT) mobile unit to be located at UMass Memorial Health - Harrington Hospital, Inc. (@ Southbridge), 100 South St, Southbridge, Massachusetts 01550. The total value of the Project is \$700,687.00. The Applicant does not anticipate any price or service impacts to the Applicant's existing patient panel as a result of the Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application no later than December 1, 2022 or 30 days of 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 or dph.don@state.ma.us.

#NY0064186

11/4/2022

Title:

Public Announcement Concerning a Proposed Health Care Project

Body:

UMass Memorial MRI & Imaging Center, LLC ("Applicant") located at 700 Congress Street, Suite 204, Quincy, Massachusetts 02169 intends to file a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health ("DPH") for the addition of a Positron Emission Tomography - Computed Tomography (PET/CT) mobile unit to be located at UMass Memorial Health – Harrington Hospital, Inc. (@ Southbridge), 100 South St, Southbridge, Massachusetts 01550. The total value of the Project is \$700,687.00. The Applicant does not anticipate any price or service impacts to the Applicant's existing patient panel as a result of the Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application no later than December 1, 2022 or 30 days of 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 or dph.don@state.ma.us.

Exhibit B.c

Affidavit of Truthfulness Form



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: UMMIC-22103111-RE

Original Application Date: 12/01/2022

Applicant Name: UMass Memorial MRI & Imaging Center, LLC

Application Type: DoN-Required Equipment

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 submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B);
6. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(B);
7. 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.;
8. I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00;
9. 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);
10. 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;
11. 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;
12. 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;
13. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
14. 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

Name:

Signature: 

Date: 11/30/22

This document is ready to print: ☒

Date/time Stamp: 11/28/2022 11:33 am

Exhibit B.d

Scanned Copy of Application Filing Fee Check

Print As: Commonwealth of Massachusetts - DPH / DON Program

Commonwealth of Massachusetts - DPH / DON Program

Date	BN #	Reference Number	Amount Due	Date: 11/09/2022	Amount Paid/Applied
11/08/2022	NOV 08 2022	Harrington...Filing Fee	\$1,401.37		\$1,401.37
Net Amount:					\$1,401.37

Page 1 of 1

THIS CHECK IS VOID WITHOUT A BLUE & RED BACKGROUND AND A WATERMARK. HOLD UP TO THE LIGHT TO VERIFY.

Shields Health Care Group, Inc.
55 Christy's Drive
Brockton, MA 02301

Santander Bank
5-7515-0110

90262504
Date: 11/09/2022

Pay One Thousand Four Hundred One Dollars and 37 Cents

\$1,401.37

Pay to the Order of Commonwealth of Massachusetts - DPH / DON Program
250 Washington Street, 6th Floor
Boston, MA 02108
United States

CHECK IS PRINTED ON SECURITY PAPER WHICH INCLUDES A MICROPRINT BORDER & FLUORESCENT FIBERS



Void If Not Cashed After 90 Days



Exhibit B.h

Evidence of Community Engagement for Factor 1

UMass Memorial Health System

[Search Site](#)[COVID-19](#)[Current ER Wait Times →](#)[FIND A PROVIDER](#)[SERVICES](#)[LOCATIONS](#)[PATIENT & VISITOR RESOURCES](#)[NEWS & EVENTS](#)[CAREERS](#)[ABOUT US](#)

NOVEMBER 9, 2022

Public Announcement Concerning a Proposed Health Care Project

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High-Value Diagnostic Services Provided Locally

MOBILE PET/CT SERVICES AT HARRINGTON HOSPITAL

Our vision:

Welcome and thank you for your interest in this project

We are excited to share our plans to provide improved mobile PET/CT services at Harrington Hospital

This project will use a combination of inside space and a mobile PET/CT unit aligned with the building one day per week

PET/CT services will complement the cancer treatment and memory services currently provided at Harrington Hospital

The service will operate on an outpatient fee schedule which will lower the cost of services

Today's presentation is an opportunity to introduce you to some of the individuals involved, solicit your feedback & any answer questions

What is a mobile PET/CT?

PET/CT is a radiology based imaging tool which is valuable in staging cancer, evaluating Alzheimer's disease, and also has cardiac applications

With a growing demand for cancer care, timeliness to treatment is critical and is commonly referenced as a quality measure. Harrington Hospital and Shields Health will collectively focus on timeliness and quality outcomes with this new service

Providing PET/CT in a mobile environment allows community hospitals with less demand provide this care locally in a shared use model

A Joint Venture between UMASS Memorial Healthcare and Shields Health has current services located in Worcester and Fitchburg

Patients would enter the hospital and then would enter the mobile environment that is temporarily attached to the building, enclosed from the outside elements

Benefits of a mobile PET/CT service

01

High Value

- Outpatient reimbursement with a high value service creates high patient satisfaction with lower out of pocket responsibility

02

Provides greater patient experience

- greater scheduling flexibility
- Highly experienced technical staff
- State of the art equipment

03

Keeps care to the community

- easy, convenient location
- Transportation assistance
- provides local option for physicians and patients

04

Increases accessibility of care

- Efficient weekly offered care minimizes time to treatment
- shifts appropriate care from inpatient to outpatient

Summary: Mobile PET/CT Services at Harrington Hospital



Services

- PET/CT Service one midweek day per week
- Cancer staging, Alzheimer's disease evaluation, cardiac applications

Facility

- Located at Harrington Hospital
- Mobile PET/CT with weather tight connector– lower cost of care

Next Steps

WE WANT YOUR INPUT
on the concept of mobile PET/CT

WE WILL KEEP YOU INFORMED
as project progresses with DPH

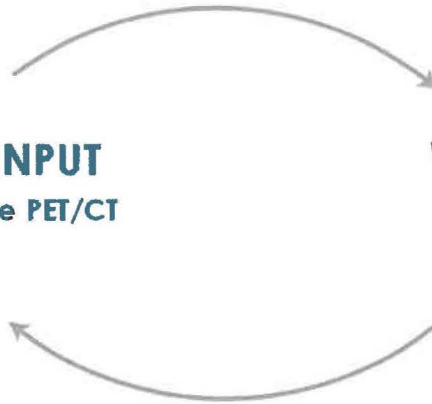


Exhibit B.i

Limited Liability Company Documents & Document Accessibility Statement

Corporate Document Accessibility Statement

Per instruction from the Department of Public Health, UMass Memorial MRI & Imaging Center, LLC ("Applicant") is providing a link to its corporate documents on the Massachusetts Secretary of State's website for accessibility purposes. Please use the following link to access the Applicant's Articles of Organization and three (3) Certificates of Amendment on the Secretary of State's website:

<https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=uyDGbk61ALuXbZIDiRgKKzyV36rR2zR0GWWfWITL9Cs->