

APPENDIX 6

NOTICE OF INTENT

Originally published at telegram.com on 02/27/2025

Public Announcement Concerning a Proposed Health Care Project

UMass Memorial Health Care Inc. ("Applicant") located at One Biotech Park, 365 Plantation Street, Worcester, Massachusetts 01605, intends to file a Notice of Determination of Need with the Massachusetts Department of Public Health for the Transfer of Ownership of Marlborough Hospital, located at 157 Union Street, Marlborough, MA 01752 to UMass Memorial Medical Center, Inc., a licensed hospital. Following the proposed transfer, Marlborough Hospital will become a licensed campus of UMass Memorial Medical Center. The total value of the Project based on net patient service revenue is \$122,294,056.00. The Applicant does not anticipate any material price or service impacts on 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 by no later than March 1, 2025, or 30 days from the filing date, whichever is later by contacting the Department of Health, Determination of Need Program, 67 Forest Street, Marlboro, MA 01752.

METROWEST DAILY NEWS

Originally published at metrowestdailynews.com on 02/27/2025

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APPENDIX 7

ARTICLES OF INCORPORATION

UMass Memorial Medical Center, Inc.:

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2013/1008/000486333/0030/020502817260_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2009/0713/000291523/0008/020503061638_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2019/1212/000000000/1760/201945425600_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2020/0611/000000000/9121/202093556910_1.pdf

Marlborough Hospital:

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2011/0729/000355215/0079/020500210867_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2012/0417/000413857/0019/020503058618_1.pdf

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchRedirector.aspx?Action=PDF&Path=CORP_DRIVE1/2005/0927/000145190/0001/200524228070_1.pdf

APPENDIX 9

AFFIDAVIT



**Massachusetts Department of Public Health
Determination of Need
Affidavit of Truthfulness and Compliance
with Law and Disclosure Form 100.40S(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: IUMMHC-25012116-TO _____

Original Application Date: 2/13/2025

Applicant Name: UMass Memorial Health Care, Inc.

Application Type: Transfer of Ownership

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 CM 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(8);
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(8);
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(0, 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; will be made if applicable
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 100.70S(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.

Corporation:

Attach a copy of Articles of Organization/Incorporation, as amended:

Eric W. Dickson, MD
CEO for Corporation Name:

Signature:

2/11/2025
Date

Lynda Young
Board Chair for Corporation Name

Signature:

2/11/2025
Date

*been informed of the contents of
**have been informed that
***issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017 and amended December 28, 2018

This document is ready to print:

Date/time Stamp:

APPENDIX 10

FILING FEE