



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

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

April 28, 2023

VIA electronic mail

Jessica Miller
275 Grove Street, Suite 2-300
Newton, MA 02466

Email: jessica_miller@atriushealth.org

Notice of Final Action: Atrius Health, Inc.
DON Application # Atrius Health -22101711-RE

Dear Jessica Miller,

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulatory provisions of 105 CMR 100.000 et seq, including 105 CMR 100.715, and 105 CMR 100.630, I hereby approve the application for Determination of Need (DoN) filed by Atrius Health, Inc. (Applicant) for a Substantial Change in Service to provide mobile magnetic resonance imaging (MRI) service two days per week, and a fixed Computerized Tomography (CT) unit at a new satellite clinic located at 36 Shops at 5 Way, Plymouth, MA 02360. The capital expenditure for the Proposed Project is \$978,000.00 (April 2023 dollars); the Community Health Initiatives (CHI) contribution is \$48,900.00. This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

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

Oher Conditions to the DoN

In compliance with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$48,900.00 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).

- a. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
- b. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.

Payment should be sent to:
Health Resources in Action, Inc., (HRiA)
2 Boylston Street, 4th Floor
Boston, MA 02116
Attn: Ms. Bora Toro

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,



Robert Goldstein, MD, PhD
Commissioner, MA Department of Public Health

cc:

Dennis Renaud, Director Determination of Need Program
Elizabeth Kelley, Director Bureau of Health Care Safety and Quality
Rebecca Rodman, General Counsel
Stephen Davis, Director, Division of Health Care Facility Licensure and Certification
Judy Bernice, Division of Health Care Facility Licensure and Certification
Daniel Gent, Health Care Facility Licensure and Certification
Samuel Louis, Office of Health Equity
Jennica Allen, Division of Community Health Planning and Engagement
Elizabeth Maffei, Division of Community Health Planning and Engagement
Katelyn Teague, Division of Community Health Planning and Engagement
Elizabeth Almanzor, Center for Health Information Analysis
Katherine Mills, Health Policy Commission
Eric Gold, Office of the Attorney General
Tomaso Calicchio, Executive Office of Health and Human Services
Hai Nguyen, Executive Office of Health and Human Services
Karina Mejias, Executive Office of Health and Human Services

Priscilla Portis, Executive Office of Health and Human Services