

FRANKLIN MRI CENTER, LLC

**DON APPLICATION # 19102412-HS
SUBSTANTIAL CHANGE IN SERVICE
DON REQUIRED EQUIPMENT
MOBILE MRI AT BAYSTATE WING HOSPITAL**

OCTOBER 24, 2019

BY

**FRANKLIN MRI CENTER, LLC
700 CONGRESS STREET, SUITE 204
QUINCY, MA 02169**

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ATTACHMENT 1: APPLICATION FORM



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	Hospital/Clinic Substantial Change in Service	Application Date:	10/24/2019 12:44 pm
Applicant Name:	Franklin MRI Center, LLC		
Mailing Address:	700 Congress Street, Suite 204		
City:	Quincy	State:	Massachusetts
		Zip Code:	02169
Contact Person:	Andrew Levine	Title:	Attorney, Barrett & Singal, PC
Mailing Address:	One Beacon Street, Suite 1320		
City:	Boston	State:	Massachusetts
		Zip Code:	02108
Phone:	6175986700	Ext:	
E-mail:	alevine@barrettsingal.com		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Franklin MRI Center, LLC at Baystate Wing Hospital		
Facility Address:	40 Wright Street		
City:	Palmer	State:	Massachusetts
		Zip Code:	01069
Facility type:	MRI Clinic	CMS Number:	0010942
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	for profit
1.2 Applicant's Business Type:	<input type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input checked="" type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5.a If yes, what is the legal name of that entity?	Baycare Health Partners, Inc., inclusive of Pioneer Valley Accountable Care, LLC and Baystate Health Care Alliance, LLC
1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ☐ Yes ☒ No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

See Attached Narrative.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ☒ Yes ☐ No

3.1.a If yes, under what section? Certified ACO/DoN-Required Service or Equipment

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☒ Yes ☐ No

5.2 If yes, is Applicant or any affiliated entity thereof a HPC-certified ACO? ☒ Yes ☐ No

5.2.a If yes, Please provide the date of approval and attach the approval letter:

12/29/2017

5.3 See section on DoN-Required Services and DoN-Required Equipment in the Application Instructions

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

11. Emergency Application

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Hospital/Clinic Substantial Change in Service

12.1 Total Value of this project:	<div>\$804,429.00</div>
12.2 Total CHI commitment expressed in dollars: (calculated)	<div>\$40,221.45</div>
12.3 Filing Fee: (calculated)	<div>\$1,608.86</div>
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	<div>\$1,625,219.00</div>
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	<div></div>

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

See Attached Narrative.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

See Attached Narrative.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

See Attached Narrative.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

See Attached Narrative.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

See Attached Narrative.

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

See Attached Narrative.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

See Attached Narrative.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

See Attached Narrative.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

See Attached Narrative.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

See Attached Narrative.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

See Attached Narrative.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

See Attached Narrative.

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

See Attached Narrative.

F2.c **Delivery System Transformation:**



Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

See Attached Narrative.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
 				

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

F4.a.i Capital Costs Chart:

For each Functional Area document the square footage and costs for New Construction and/or Renovations.

		Present Square Footage		Square Footage Involved in Project				Resulting Square Footage		Total Cost		Cost/Square Footage	
				New Construction		Renovation							
Add/Del Rows	Functional Areas	Net	Gross	Net	Gross	Net	Gross	Net	Gross	New Construction	Renovation	New Construction	Renovation
<div>+ -</div>	Mobile MRI Clinic	0	0	0	0	0	1,440	0	1,440	\$0.00	\$195,000.00	\$0.00	\$135.42
<div>+ -</div>													
<div>+ -</div>													
<div>+ -</div>													
<div>+ -</div>													
<div>+ -</div>													
<div>+ -</div>													
	Total: (calculated)	0	0	0	0	0	1,440	0	1,440	\$0.00	\$195,000.00	\$0.00	\$135.42

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
Land Costs				
	Land Acquisition Cost	\$0.	\$0.	\$0.
	Site Survey and Soil Investigation	\$0.	\$0.	\$0.
	Other Non-Depreciable Land Development	\$0.	\$0.	\$0.
	Total Land Costs	\$0.	\$0.	\$0.
Construction Contract (including bonding cost)				
	Depreciable Land Development Cost	\$0.	\$0.	\$0.
	Building Acquisition Cost	\$0.	\$0.	\$0.
	Construction Contract (including bonding cost)	\$0.	\$170000.	\$170000.
	Fixed Equipment Not in Contract	\$0.	\$0.	\$0.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost	\$0.	\$25000.	\$25000.
	Pre-filing Planning and Development Costs	\$0.	\$1500.	\$1500.
	Post-filing Planning and Development Costs	\$0.	\$1500.	\$1500.
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Net Interest Expensed During Construction	\$0.	\$0.	\$0.
	Major Movable Equipment	\$0.	\$606429.	\$606429.
	Total Construction Costs	\$0.	\$804429.	\$804429.
Financing Costs:				
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc	\$0.	\$0.	\$0.
	Bond Discount	\$0.	\$0.	\$0.
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Total Financing Costs	\$0.	\$0.	\$0.
	Estimated Total Capital Expenditure	\$0.	\$804429.	\$804429.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

See Attached Narrative.

Quality:

See Attached Narrative.

Efficiency:

See Attached Narrative.

Capital Expense:

See Attached Narrative.

Operating Costs:

See Attached Narrative.

List alternative options for the Proposed Project:

Alternative Proposal:

See Attached Narrative.

Alternative Quality:

See Attached Narrative.

Alternative Efficiency:

See Attached Narrative.

Alternative Capital Expense:

See Attached Narrative.

Alternative Operating Costs:

See Attached Narrative.

Add additional Alternative Project

Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

See Attached Narrative.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☐ Notification of Material Change
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit

Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 10/24/2019 12:44 pm

E-mail submission to
Determination of Need

Application Number: -19102412-HS

Use this number on all communications regarding this application.

☐ Community Engagement-Self Assessment form

ATTACHMENT 2: NARRATIVE

2. Project Description

Franklin MRI Center, LLC (“Applicant”) is a joint venture between Baystate Franklin Medical Center (“BFMC”) and Shields Family Equity II, LLC (“Shields”) that was formed in 2006 to establish a licensed clinic to provide magnetic resonance imaging (“MRI”) services. Currently, the Applicant is authorized to provide fixed MRI services seven days per week at BFMC located at 164 High Street in Greenfield. To meet demand, and for access, quality, health equity and cost efficiency purposes, the Applicant is filing a Notice of Determination of Need (“Application”) with the Massachusetts Department of Public Health (“Department” or “DPH”) for a change in service to add a part-time mobile MRI to its MRI clinic license. Specifically, the mobile unit will operate five days per week as a satellite location at Baystate Wing Hospital (“BWH”), another Baystate Health, Inc. (“BH System”) hospital located at 40 Wright Street in Palmer (“Proposed Project”).

The need for the Proposed Project is based on the need of BWH to provide accessible MRI services to its patients. BWH currently arranges for on-site MRI services for its patients through a contractual agreement with the UMass Memorial Imaging Center (“UMMIC”). UMMIC is a licensed MRI clinic partly owned by UMass Memorial Medical Center that provides part-time mobile MRI services at BWH. This arrangement was instituted while BWH was a member of the UMass Memorial Health Care System (“UMMHC”). However, as BWH is now a member of the BH System, BWH determined that it would no longer contract with UMMIC for MRI services and seeks to have the Applicant, of which BH System (as the parent of BFMC) is a part owner, fulfill the continued need for access to MRI services at BWH.

With regard to patient panel, the Applicant and BWH conducted an evaluation of the imaging needs of BWH’s patients. Based on this analysis, the Applicant and BWH determined that continued access to on-site MRI services is necessary to provide a full complement of services at BWH. Specifically, historical utilization and future volume projections support the need for part-time on-site MRI services at BWH to allow continued ready access to imaging services and continuity of care. Moreover, data shows that BWH’s 65+ age cohort comprises close to 25% of its patient panel with this number projected to substantially increase by 2035. Given this increase in older patients, BWH anticipates a greater need to diagnosis and treat patients’ various medical conditions with MRI imaging services. Through the Proposed Project, the Applicant will be able to sustain BWH’s ability to provide timely access to MRI services now and into the future.

Additional factors contributing to the need for the Proposed Project are social determinant of health (“SDoH”) factors faced by the patient panel, as well as the geographic isolation of the panel. Some of the communities within BWH’s service area, such as Warren, have high levels of poverty with many individuals (40%) living at or below the poverty line. Moreover, the population faces additional barriers to care, such as high levels of unemployment, low levels of education attainment and an overall lack of public transportation. The Proposed Project will enable BWH to continue to offer on-site, co-located MRI services, alleviating the need for patients to travel to alternative locations for imaging services. The continued provision of MRI services at BWH will ensure equitable care for all patients by reducing barriers to accessing these vital diagnostic services in a timely manner. Furthermore, a variety of benefits of co-location are identified in the literature, including improved access, greater convenience and satisfaction, greater opportunities for provider collaboration, faster diagnosis and timely implementation of accurate treatment regimes. The availability of co-located services will allow for the continuation of a “health home” for patients, so they receive necessary services at one location, allowing for better care continuity, and in turn, higher quality health outcomes.

Finally, the Proposed Project will compete on the basis of provider price, costs and total medical

expenses (“TME”). MRI services currently are available at BWH as provided by UMMIC and will undergo a delivery shift as it becomes a service of the Applicant; however, costs are not projected to increase as a result of this shift. Similar to the current UMMIC arrangement, the MRI services offered by the Applicant at BWH will be independent diagnostic testing facility (“IDTF”) services and, therefore, will be reimbursed at rates that are lower than hospital-based rates. Moreover, the Applicant’s proposed MRI service at BWH will help address current out-of-network challenges faced by individuals, including BWH’s employees, covered by Health New England (“HNE”) because the existing UMMIC MRI clinic is out-of-network. Accordingly, the Proposed Project will provide patients in need with continued access to high-quality MRI services while also meaningfully contributing to Massachusetts’ goals for cost containment.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

A. Overview of Patient Panel Selection

As discussed above, the Applicant is a joint venture between BFMC and Shields that is currently authorized to provide fixed MRI services in Greenfield and that seeks to provide part-time mobile MRI services at BWH. The Applicant notes that although BFMC and BWH are hospital members of the BH System, because the MRI service at BWH is to be licensed to the existing Franklin MRI Center, LLC joint venture, provision of the BH System panel is not required. Moreover, given the broad geographic span of the BH System, the varying services and physician availability in the different BH System regions, and the localized nature of each BH System hospital's specific patient population, the Applicant notes that even if it were required to provide system-wide data, such data would not be particularly helpful to an evaluation of the Proposed Project, which affects a discreet component of services, specifically, MRI services at BWH.

In further consideration of the fact that the patient population for services is highly localized among the BH System hospitals and being that the part-time mobile MRI service proposed for implementation pursuant to this Application will be sited fifty-four miles from the existing Greenfield location, the Applicant relies on BWH’s patient panel, rather than the patient panel served by the existing MRI service at BFMC in Greenfield, to determine the need for the Proposed Project. Accordingly, the Applicant provides below the demographic data for the patient panel at BWH. Historical utilization data for the current MR imaging services at BWH is also provided to establish the need for the Proposed Project.

B. BWH Patient Panel

BWH is located in Palmer, Massachusetts. As the only hospital in its area, BWH serves Palmer and the surrounding communities by providing community-based acute hospital services. It is licensed by the Department to operate seventy-four beds. BWH offers a broad array of services, including Emergency Department (“ED”), primary care and specialty care, including surgery, oncology, orthopedics, neurology, cardiopulmonary, and other inpatient and outpatient services. BWH also has an outpatient center located in Ware (formerly, Baystate Mary Lane Hospital

("BMLH") and now, Baystate Mary Lane Outpatient Center ("BMLOC")) that offers a satellite emergency facility as well as primary care, specialty care, day surgery, cancer center (a Baystate Medical Center ("BMC") satellite), and other ancillary services. BWH currently arranges for on-site MRI services for its patients through a contractual agreement with the UMMIC but seeks, through this Application, to have the Applicant fulfill the need for access to MRI services at BWH.

Demographic Profile

BWH provides care primarily to patients in the greater Palmer community at multiple hospital satellites. With regard to gender, from fiscal year ("FY") 2016-2018, 45% of the patient panel identified as male and 55% identified as female. During this same period, BWH's top twenty patient origin communities (as determined by the Applicant and BWH) served were: Ware; Palmer; Springfield; Belchertown; Monson; Ludlow; Wilbraham; Three Rivers; Warren; West Brookfield; Chicopee; Brimfield; Bondsville; West Warren; Gilbertville; Hampden; Wales; Thorndike; East Longmeadow; and Granby. Over 85% of BWH's patients are from these communities. Preliminary data for the first two quarters of FY19 shows similar trends. The following chart provides a further breakdown of the FY16-18 numbers and demonstrates the percentage of patients from each of these twenty cities and towns in BWH's service area. The remaining patients in the panel are either from other cities and towns in Massachusetts or do not reside in the state.

City/Town	FY 2016	FY 2017	FY 2018
Ware	9,182 (14.8%)	8,830 (13.6%)	7,390 (14.5%)
Palmer	6,646 (10.7%)	7,868 (12.1%)	5,365 (10.5%)
Springfield	5,676 (9.1%)	5,372 (8.2%)	4,833 (9.5%)
Belchertown	5,550 (8.9%)	5,290 (8.1%)	4,168 (8.2%)
Monson	5,387 (8.7%)	6,757 (10.4%)	4,567 (9.0%)
Ludlow	4,736 (7.6%)	4,933 (7.6%)	3,912 (7.7%)
Wilbraham	3,175 (5.1%)	3,432 (5.3%)	2,595 (5.1%)
Three Rivers	1,884 (3.0%)	2,216 (3.4%)	1,582 (3.1%)
Warren	1,740 (2.8%)	1,724 (2.6%)	1,364 (2.7%)
West Brookfield	1,621 (2.6%)	1,708 (2.6%)	1,501 (2.9%)
Chicopee	1,451 (2.3%)	1,334 (2.0%)	1,047 (2.1%)
Brimfield	1,351 (2.2%)	1,607 (2.5%)	1,096 (2.2%)
Bondsville	966 (1.6%)	1,065 (1.6%)	751 (1.5%)
West Warren	917 (1.5%)	944 (1.5%)	717 (1.4%)
Gilbertville	840 (1.4%)	824 (1.3%)	646 (1.3%)
Hampden	741 (1.2%)	892 (1.4%)	688 (1.4%)
Wales	690 (1.1%)	782 (1.2%)	541 (1.1%)
Thorndike	640 (1.0%)	784 (1.2%)	543 (1.1%)
East Longmeadow	570 (0.9%)	577 (0.9%)	524 (1.0%)
Granby	472 (0.8%)	426 (0.7%)	383 (0.8%)

The demographic profile for patients receiving care at BWH for the period from FY16 to FY18 shows that the majority of patients within BWH's patient population are between the ages of 19-64. However, there are a significant number of patients that are 51 years of age and older. From FY16 to FY18, patients in the 51+ age cohort grew from 46.2% to 47.7% of BWH's patient panel. Moreover, there is a meaningful portion of patients that are 65 and older. Specifically, the

percentage of BWH's total patient population in the 65+ age cohort increased from 21.2% in FY16 to 22.9% in FY18. Based on these data, as well as preliminary data for FY19 and population projections provided by the University of Massachusetts Donahue Institute ("UMDI") which predict that the principal cities and towns where the majority of BWH's patients reside will experience increases in their aging populations in coming years, the Applicant expects to see continued increases in the number of older adults receiving services at BWH into the future.

The Applicant also reviewed race data based on patient self-reporting. Data collected in FY18 indicate that BWH's patient panel is largely reflective of a Caucasian/White population (86.7%). The next largest cohort of patients self-identify as Hispanic or Latino (6.4%), followed by African American or Black (3.3%), Asian (0.7%), and American Indian or Alaska Native (0.2%). A portion of patients (2.8%) either did not report their race or identified as a race that was not among the surveyed categories. Thus, it is important to note that the racial composition of BWH's patient panel may be understated.

Finally, BWH's payer mix shows the breakdown by the following categories: Medicare, Medicare Advantage, Medicaid, Commercial, and "Other." In FY18, BWH's public payer mix included nearly 50% of all patients, including Medicare beneficiaries, who represented 19.01% of the patient panel; Medicare Advantage beneficiaries who represented 6.89% of the patient panel; and Medicaid beneficiaries, who represented 22.94% of the patient panel. Additionally, commercially insured patients represented 44.12% of BWH's patient panel. The remainder of patients (7.04%) were covered by some other form of insurance or were designated as self-pay. Preliminary data for the first two quarters of FY19 shows similar trends.

Historical MRI Utilization

A review of BWH's patients who had undergone MRI scanning defines the most common areas of the body scanned. In FY18, BWH's patients underwent MRI scans as follows:

Area of Body Scanned	Percentage of Patients
Brain	31.3%
Lumbar	19.6%
Lower Extremities	17.7%
Upper Extremities	9.7%
Cervical	9.2%
Abdomen	5.0%
Thoracic Spine	2.9%
Head/Neck	1.4%
Pelvis	1.2%
Arthrogram	0.7%
Chest	0.4%
Sacrum	0.4%
Other	0.5%

BWH's MRI patient panel also can be broken down into the following categories: neurology (63.8%); orthopedic (29.6%); body (5.0%); angio (0.5%); chest (0.4%); and other (0.5%). These data demonstrate that over 90% of BWH's patients receiving MRI services underwent scanning related to neurological or orthopedic conditions.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

As BWH is no longer a member of UMMHC, through the Proposed Project, the Applicant seeks approval to operate its own mobile MRI service at BWH. In effect, this will result in a one-to-one replacement of the existing MRI service, as the current UMMIC-run MRI operates three 12-16-hour days per week and the Applicant's proposed MRI at BWH will operate five days per week with 8 hours of operation each day. As a one-to-one replacement, capacity for MRI will not be increased in the Commonwealth and continued on-site access to MRI services at BWH will be ensured. Volume trends indicate there will be increased demand for MRI services at BWH, particularly as the population ages. Other factors will also result in increased demand for an on-campus MRI service, including BWH's ongoing physician recruitment efforts to satisfy the needs of its patient panel in the geographic area. Accordingly, the Applicant seeks the Department's approval to operate a part-time clinic-based mobile MRI service five days per week at BWH in place of the current UMMIC-run MRI clinic on BWH's campus.

A. Historical Demand for MRI Services at BWH

Historical volume for MRI services at BWH via the UMMIC-run clinic has changed over the past several years. In FY16, 1,691 MRI scans were performed for BWH patients, 1,445 scans in FY17, and 1,846 scans in FY18. Although there was a decrease in volume from FY16 to FY17, these data reflect an overall growth in volume over the last three fiscal years. The Applicant notes that the decreased MRI volume at BWH in FY17 may be attributed to BWH's transition to the BH System's information technology system in mid-2017. Technical issues around integrating the various hospital technology systems resulted in patients being diverted to locations within the BH System other than BWH for MRI services. This diversion of patients to various sites for MRI services created uncertainty among patients as to whether MRI services were still being provided at BWH. In addition, BH System physicians were not always aware that MRI services were available through UMMIC at BWH, were unsure of how to access medical record information, and instead referred to other MRI services operated by the BH System.

To address these issues, the BH System and BWH have worked to inform patients about the availability of MR imaging services on BWH's campus and to educate clinical staff on accessing the associated records within the electronic medical record data systems. These efforts, aimed at ensuring patients are able to access conveniently located MRI services at BWH and mitigating the need to travel for this service, have been successful as evidenced by the increase in scan volume from FY17 to FY18. Moreover, preliminary data for the first quarter of FY19 suggests continued growth in MRI volume at BWH (491 MRI scans were performed in the first quarter of FY19 at BWH).

B. Projected Demand for MRI Services at BWH

Based on numerous factors, the Applicant has developed modest volume projections for the first

five years of operation of the Proposed Project. It is projected that in Year 1 the Applicant will provide 1,988 scans at BWH; in Year 2, 2,113 scans; in Year 3, 2,238 scans; in Year 4, 2,363 scans; and in Year 5, 2,363 scans. This reflects an expected increase of roughly 19% over the first five years of operation.

Changes in Patient Panel

The expected growth in the number of projected MRI scans into the future is based in part on the expected changes within BWH's patient panel. First, there has been an increase in the number of outpatient providers in the BWH service area, including specialists in surgery, orthopedics, plastic surgery, and sports medicine. Primary care providers also are being added. These are referral sources that ultimately will contribute additional MRI volume to BWH. For instance, additional MRI volume is expected to result from the new wound care center that is set to open at BWH's BMLOC satellite in Ware, as well as from the expansion of cancer services offered at the Ware campus by BMC and Baystate Medical Practices, Inc. Many of the oncologists associated with the cancer program did not previously refer patients to the MRI service at BWH due to technical issues with electronic health information systems. However, the Applicant and BWH are working with these providers to ensure they have full access to all electronic health information for their patients. Consequently, the Applicant anticipates that it will receive increased MRI volume at BWH from providers working at these institutions.

Additionally, BWH has recently opened a new, expanded ED. While patients seeking treatment at the ED may not need emergency MRI services, these patients may require MRI to diagnose and treat other non-emergent conditions. Through the Proposed Project, patients will have convenient access to the Applicant's BWH-based MRI service for follow-up, which may result in increased MRI service utilization.

Finally, the MRI clinic at BWH is currently out-of-network for the BH System affiliate. As a result, individual, including BWH's own employees, who are covered by HNE must pay out-of-network co-insurance for MRI services through the existing UMMIC-run MRI clinic. As a service of the Applicant, MRI at BWH will be an in-network benefit, thus improving access. This will further meet the needs of the patient panel and increase access to MRI services.

Older Adults

The Applicant notes that the need for MRI is also expected to increase as the number of BWH's patients that are within the 65+ age cohort continues to grow. Statewide population projections provided by UMDI suggest that total population growth in Massachusetts is expected to increase through 2035.¹ While initial projections suggested a consistent statewide population growth rate of 3.2%, updated projections anticipate that the Massachusetts population will grow by 11.8% from 2010 to 2035.² Analysis of these projections suggest that certain age cohorts will account for a greater share of the population than others. Specifically, within the next 15-20 years, the largest part of the Commonwealth's population growth will be attributable to residents within the

¹ UNIVERSITY OF MASSACHUSETTS DONAHUE INSTITUTE, LONG-TERM POPULATION PROJECTIONS FOR MASSACHUSETTS REGIONS AND MUNICIPALITIES 11 (Mar. 2015), *available at* http://pep.donahue-institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_2015%2004%20_29.pdf. The Massachusetts Secretary of the Commonwealth contracted with the University of Massachusetts Donahue Institute ("UMDI") to produce population projections by age and sex for all 351 municipalities.

² *Id.* Updated projections account for rapid growth experienced through 2014.

50+ age cohort, and the 65+ cohort will increase at a rate higher than all other age cohorts.³ By 2035, residents that are 65+ will represent roughly a quarter of the state's population.⁴

The growth trend is similar in the Lower Pioneer Valley region where BWH is located and where many patients in BWH's patient panel reside. By 2035, there will be a notable increase in the number of individuals 65+ in the Lower Pioneer Valley region, growing from 14% in 2010 to 23% by 2035.⁵ Like the state, older adults will comprise almost a quarter of the population in the Lower Pioneer Valley region by 2035 and will contribute to the changing demographics of health care needs. Assuming that the demographic trends within BWH's patient population mirror those of the surrounding region, which it projected based on data trends from FY16 through FY18 and FY19 preliminary data (BWH's 65+ population increased from 21.2% in FY16 to 22.9% in FY18, and preliminary FY19 data for the first two quarters indicates that 65+ patients account for 26.9% of BWH's total patient population), it is expected that BWH will continue to see growth in the 65+ age cohort that it serves into the future.

This increase in older adult patients is significant as MRI – as further discussed at Factor F1.b.i – is extremely beneficial in connection with a variety of neurological disorders, musculoskeletal conditions, cardiovascular diseases, and cancers that have higher incidence rates related to aging.⁶ Common principal and secondary diagnoses for older patients within these categories include stroke and dementia; osteoarthritis, hip fracture, and intervertebral disc disorders; congestive heart failure and coronary atherosclerosis; and oncology.⁷ To this point, in FY18, the main MRI procedures that the UMMIC mobile unit performed at BWH were neurologic and orthopedic, which accounted for more than 90% of all MRI cases. Body, angiographic, chest, and other MRI scans accounted for the remaining MRI scans during the same period.

Based on this data, the Applicant notes that the anticipated continued growth among the older adult age segment of the population will contribute to increases in patients within this cohort who will utilize MRI for diagnosis and treatment. The large number of age-related medical conditions for which MRI is key in providing diagnosis, management, and treatment information makes access to MRI services integral in the care of a patient. Accordingly, the continued on-site availability of MRI services at BWH is necessary to benefit older individuals who present to BWH with age-related diseases and illnesses, and the Applicant seeks to meet this need through the Proposed Project.

C. SDoH Factors and the Need for Co-Located Care at BWH

SDoH faced by the patient panel are an additional factor contributing to the need the Proposed Project. As noted, BWH is located in Palmer, a small community in western Massachusetts. As a

³ *Massachusetts Population Projections – EXCEL Age/Sex Details*, UNIVERSITY OF MASSACHUSETTS DONAHUE INSTITUTE (2015), http://pep.donahue-institute.org/downloads/2015/Age_Sex_Details_UMDI_V2015.xls; see also UNIVERSITY OF MASSACHUSETTS DONAHUE INSTITUTE, *supra* note 3. Figure 2.5 in the University of Massachusetts Donahue Institute's Long-Term Populations Projection report demonstrates that while all other cohorts are predicted to decrease, the 65+ cohort increases from 2015 to 2035. UNIVERSITY OF MASSACHUSETTS DONAHUE INSTITUTE, *supra* note 1, at 14.

⁴ UNIVERSITY OF MASSACHUSETTS DONAHUE INSTITUTE, *supra* note 1, at 14.

⁵ *Id.* at 45.

⁶ WORLD HEALTH ORGANIZATION, *WORLD REPORT ON AGEING AND HEALTH* (2015), available at http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf.

⁷ Lauren Wier et al., *Healthcare Cost and Utilization Project Statistical Brief #103: Hospital Utilization among Oldest Adults, 2008*, AGENCY FOR HEALTHCARE RESEARCH & QUALITY 2010, available at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb103.pdf>; Rebecca Anhang Price et al., *Healthcare Cost and Utilization Project Statistical Brief #125: Cancer Hospitalizations for Adults, 2009*, AGENCY FOR HEALTHCARE RESEARCH & QUALITY 2012, available at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb125.pdf>.

geographically isolated hospital, BWH faces the challenge of providing a broad spectrum of services in its community setting to underserved residents. Specifically, many of the communities within BWH's service area have high levels of poverty with many individuals (e.g., nearly 40% in Warren) living at or below the poverty line.⁸ Moreover, the population faces high levels of unemployment, low levels of educational attainment and an overall lack of public transportation in the region that makes accessing certain healthcare services challenging to many underserved residents. These SDoH factors coupled with the geographic isolation of the patient panel create barriers to accessing care, including MRI services.

Given that BWH is no longer a member of UMMHC, BWH explored ways to separate its MRI service from UMMHC but continue to make on-site MRI services available at its campus in order to ensure continuity of care for its patients and address barriers to care. As further discussed at Factor F5.a.i, after careful consideration and analysis of alternative options, BWH and the Applicant determined that the Applicant's proposed establishment of a part-time mobile MRI service at BWH is the best option for meeting the patient panel's SDoH needs. The Proposed Project will facilitate improved alignment with the BH System, and the continued co-location of MRI services on-site at BWH will ensure timely access to care, alleviate the need for patients to travel to alternative locations or outside of the region for imaging services, and allow BWH to continue to provide a full complement of diagnosis and treatment services to its patient panel. Overall, the continued provision of MRI imaging services at BWH will ensure equitable care for all patients by reducing barriers to accessing these vital services and will allow for the continuation of a "health home" for patients, so they receive necessary services at one location, allowing for better care continuity, and in turn, higher quality health outcomes. Accordingly, the Applicant seeks approval for the Proposed Project.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The Proposed Project will not have an adverse effect on competition in the Massachusetts healthcare market based on price, TME, provider costs or other recognized measures of health care spending. First, the Applicant is seeking to establish a part-time mobile MRI service at BWH to meet demand for MRI services. As noted in Factor F1.a.ii, data from FY16-FY18 demonstrate that the volume of scans on the existing UMMHC-run MRI unit at BWH has increased by 9.2% over the last three fiscal years. Moreover, volume trends for the first quarter of FY19 and projected changes in the patient panel indicate there will be increased demand for MRI services at BWH into the future, particularly as the population ages. Through the Proposed Project, a part-time MRI service will be sustained at BWH, thereby ensuring timely access to MRI services and allowing for improved patient care and patient experience.

This is particularly significant in recognition of the fact that BWH is a high quality, lower cost provider as evidenced by its Community Hospital Acceleration, Revitalization, & Transformation ("CHART") designation by the Health Policy Commission ("HPC").⁹ This designation is provided to non-teaching, non-profit hospitals within the Commonwealth whose "relative prices are lower

⁸ BAYSTATE WING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2019.

⁹ *CHART Phase 2 Hospital Eligibility*, MASSACHUSETTS HEALTH POLICY COMMISSION, <https://www.mass.gov/files/documents/2017/12/06/chart-phase-2-rfp-eligibility.pdf> (last visited Jun. 14, 2019).

than the statewide median relative price.”¹⁰ Given BWH's current market position as a CHART hospital, the sustainment of MRI services at BWH will ensure that the growing population has access to a full complement of co-located services at a lower cost provider, and therefore will not adversely impact TME.

Second, an evaluation of the costs associated with the volume projections for the Proposed Project provides that the Applicant's new mobile MRI service at BWH will represent an immaterial amount of costs to the Massachusetts healthcare market, especially when compared to the overall costs for other healthcare providers and when viewed in the larger context of the Commonwealth's healthcare market. Specifically, upon implementation of the Proposed Project, the Applicant will be reimbursed IDTF rates for the MRI mobile clinic serving BWH, similar to those rates currently received by the UMMIC-run service. As detailed in issue seven of the HPC's DataPoints series *Variation in Imaging Spending*, imaging spending in the state is driven by site of service, with imaging tests performed in hospital outpatient departments costing substantially more than the same tests performed in non-facility settings, such as IDTFs. For example, in 2015, if Medicare beneficiaries in Massachusetts had received specific high-cost imaging procedures in non-facility settings rather than facility settings, Medicare spending would have been reduced by \$27 million (6%) for these imaging procedures.¹¹ Given that the MRI service provided by the Applicant at BWH will be provided at substantially lower IDTF rates, the Proposed Project is a more cost-effective way to meet demand than implementing a hospital-based service and will have a negligible to positive impact on competition in the Massachusetts health care marketplace.

Finally, the Applicant highlights that the proposed MRI service at BWH will help address current out-of-network challenges faced by individuals, including BWH's employees, covered by HNE because the existing UMMIC MRI clinic is out-of-network. The Proposed Project will address these out-of-network challenges by allowing individuals covered under HNE to access the Applicant's MRI service at BWH as an in-network service and at reduced out-of-pocket costs. As a result, these individuals will have increased access to high-quality, cost-effective, local MRI services that are co-located and integrated with BWH's complement of hospital services. Accordingly, the Applicant asserts that the Proposed Project will provide patients with continued access to high-quality MRI services while also meaningfully contributing to Massachusetts' goals for cost containment.

**F1.b.i Public Health Value/Evidence-Based:
Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.**

Factor F1.a.ii outlines the Proposed Project will meet patient panel need. As described below, the Proposed Project is also supported by evidence-based literature related to the utility of MRI technology and the benefits associated with receiving timely, co-located, fully integrated health care services. In summary, this review touches on clinical applicability, as well as access, convenience and quality. Cost-savings and health equity advancements are also associated with the Proposed Project; however, these benefits are addressed in Factors F1.a.iii and F2.a and Factors F1.b.iii, F1.b.iv and F2.c, respectively.

¹⁰ *Id.*

¹¹ *HPC Data Points, Issue 7: Variation in Imaging Spending*, MASSACHUSETTS HEALTH POLICY COMMISSION, <https://www.mass.gov/service-details/hpc-datapoints-issue-7-variation-in-imaging-spending> (last visited Jun. 14, 2019).

A. MRI as an Imaging Modality

MRI is a well-established, non-invasive imaging system that uses a magnetic field combined with pulses of radio waves to produce detailed images of organs, tissues, and structures within the human body.¹² MR images are valuable in that they are obtained without using any ionizing radiation, so patients are not exposed to the harmful effects that are associated with x-ray, computed tomography ("CT"), and positron emission tomography ("PET") imaging.¹³ To obtain bodily images and information via MRI, patients are placed at the center of an extremely strong magnetic field and measurements related to how atoms respond to pulses of radiofrequency energy are collected and analyzed.¹⁴ The function of MRI is to provide clinicians access to anatomical and functional information that is important in diagnosing, planning treatment for, and monitoring a variety of conditions.¹⁵

B. Clinical Applications of MRI, Particularly for Older Adults

Clinical applications of MRI are extensive. As discussed in further detail below, some of these clinical applications include conditions that fall within the categories of neurology, orthopedics, oncology, and the cardiovascular system. Significant with regard to the Proposed Project, the main categories of MRI procedures performed at BWH from FY16 to FY18 (neurologic, orthopedic, body, chest, and angiographic MRI scans) were routinely performed to diagnose, evaluate, and monitor treatment for various brain/neurologic, orthopedic/musculoskeletal, cancer, and heart and blood vessel conditions. Moreover, the demand for these types of scans increases with age as many of the conditions associated with such scans are tied to aging, and the Applicant projects demand for MRI services for these specific clinical categories at BWH will increase in the future as the patient panel ages. Accordingly, the Applicant seeks to operate an on-campus mobile MRI service at BWH as a one-to-one replacement for the current contracted MRI services.

Neurology

The first clinical application of MRI is in the field of neurology. Structural MRI has become the accepted standard for examination of the brain, offering exquisite anatomical detail related to the shape, size, and integrity of gray and white matter structures in the brain, as well as high sensitivity to pathology changes.¹⁶ Moreover, functional MRI offers information regarding brain activity and how normal function is disrupted in disease.¹⁷ The combination of structural and functional MRI has shown great utility in determining which parts of the brain are handling critical functions; identifying the anatomic location corresponding with specific motor, somatosensory, language and cognitive processes; assessing the effects of trauma on brain function; caring for and treating epilepsy; and diagnosing and managing stroke and degenerative disease (e.g., Alzheimer's), the

¹² *Magnetic Resonance Imaging (MRI)*, NAT'L INST. OF BIOMEDICAL IMAGING & BIOENGINEERING, <https://www.nibib.nih.gov/science-education/science-topics/magnetic-resonance-imaging-mri> (last visited Jun. 14, 2019).

¹³ *(MRI) Magnetic Resonance Imaging: Benefits and Risks*, U.S. FOOD & DRUG ADMIN., <https://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MRI/ucm482765.htm> (last updated Dec. 9, 2017).

¹⁴ *Magnetic Resonance Imaging (MRI)*, *supra* note 12.

¹⁵ *Id.*; *(MRI) Magnetic Resonance Imaging: Benefits and Risks*, *supra* note 13.

¹⁶ M. Symms et al., *A review of structural magnetic resonance neuroimaging*, 75 J. NEUROLOGY, NEUROSURGERY & PSYCHIATRY 1235 (2004), available at <http://jnnp.bmj.com/content/jnnp/75/9/1235.full.pdf>; *What is fMRI?*, UC SAN DIEGO CTR. FOR FUNCTIONAL MRI, <http://fmri.ucsd.edu/Research/whatisfmri.html> (last visited Jun. 14, 2019).

¹⁷ *What is fMRI?*, *supra* note 16.

risks of which increase with age.¹⁸

Orthopedics/Musculoskeletal System

While orthopedic MRIs demonstrate clinical utility across all age groups to diagnose a wide spectrum of musculoskeletal conditions, they are particularly important in the diagnosis and treatment of older adults age 65+, who are affected by orthopedic/musculoskeletal issues at high rates.¹⁹ Research indicates that with older age comes bone fragility, loss of cartilage resilience, reduced ligament elasticity, loss of muscular strength, and fat redistribution that decreases the ability of the tissues to carry out their normal functions.²⁰ Loss of mobility and physical independence resulting from age-related orthopedic/musculoskeletal issues, such as osteoarthritis, degenerative disc disorders, fractures and fall-related injuries, are particularly devastating in this population and lead to increased ED use and hospitalization.²¹ Special attention is required in this older adult population, as an early diagnosis can avoid delays in treatment, which are associated with increased morbidity and mortality.²² MRI holds great potential for diagnosing and helping to treat these conditions, due to its ability to noninvasively display high-definition images of the musculoskeletal system, including bones, cartilage, muscles, tendons, ligaments, and joints.²³

Oncology

MRI also plays a role in cancer diagnosis, staging, and treatment planning.²⁴ MRI's superior soft tissue resolution allows clinicians to distinguish between normal and diseased tissue to precisely pinpoint and monitor treatment of cancerous tumors and metastases within certain parts of the body.²⁵ Specifically, orthopedic MRIs are increasingly used for tumor screening and staging within

¹⁸ Symms et al., *supra* note 16; Prashanthi Vemuri & Clifford R. Jack Jr., *Role of structural MRI in Alzheimer's disease*, 2 ALZHEIMER'S RESEARCH & THERAPY 1 (2010), available at <https://alzres.biomedcentral.com/track/pdf/10.1186/alzrt47>; *What is fMRI?*, *supra* note 16; Daniel Orringer et al., *Clinical Applications and Future Directions of Functional MRI*, 32 SEMINARS IN NEUROLOGY 466 (2012), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3787513/>; Bum Joon Kim et al., *Magnetic Resonance Imaging in Acute Ischemic Stroke Treatment*, 16 J. STROKE 131 (2014), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4200598/>; *Stroke Statistics*, THE INTERNET STROKE CENTER, <http://www.strokecenter.org/patients/about-stroke/stroke-statistics/> (last visited Jun. 14, 2019); Rita Guerreiro & Jose Bras, *The age factor in Alzheimer's disease*, 7 GENOME MED. 1 (2015), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4617238/>.

¹⁹ Apostolos H. Karantanas, *What's new in the use of MRI in the orthopaedic trauma patient?*, 45 INT'L J. CARE OF THE INJURED 923 (2014); Ramon Gheno et al., *Musculoskeletal Disorders in the Elderly*, 2 J. CLINICAL IMAGING SCI. 1 (2012), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3424705/>.

²⁰ Gheno et al., *supra* note 19; AJ Freemont & JA Hoyland, *Morphology, mechanisms and pathology of musculoskeletal ageing*, 211 J. PATHOLOGY 252 (2007).

²¹ Gheno et al., *supra* note 19; Faranak Aminzadeh & William Burd Dalziel, *Older Adults in the Emergency Department: A Systematic Review of Patterns of Use, Adverse Outcomes, and Effectiveness of Interventions*, 39 ANNALS EMERGENCY MED. 238 (2002), available at <https://pdfs.semanticscholar.org/e64f/9f138604121ed5fb7b176d92fbd9e61fbb90.pdf>; Wier et al., *supra* note 7.

²² Gheno et al., *supra* note 19.

²³ Poornima Maravi et al., *Role of MRI in Orthopaedics*, 21 ORTHOPAEDIC J. M.P. CHAPTER 74 (2015), available at https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=2ahUKEwiS093T19PaAhWEiOAKHcgUA_UQFjABegQIABA8&url=http%3A%2F%2Fwww.ojmpc.com%2Findex.php%2FOJMPc%2Farticle%2Fdownload%2F31%2F25&usq=AOVaw3hriKb3xbWliXUT_yczE1K; Gail Dean Deyle, *The role of MRI in musculoskeletal practice: a clinical perspective*, 19 J. MANUAL & MANIPULATIVE THERAPY 152 (2011), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3143009/>.

²⁴ *MRI for Cancer*, AMERICAN CANCER SOCIETY, <https://www.cancer.org/treatment/understanding-your-diagnosis/tests/mri-for-cancer.html> (last updated May 16, 2019).

²⁵ J Lu et al., *Cancer diagnosis and treatment guidance: role of MRI and MRI probes in the era of molecular imaging*, 14 CURRENT PHARMACEUTICAL BIOTECHNOLOGY 714 (2013); *MRI for Cancer*, *supra* note 24.

the musculoskeletal system, neurologic MRIs are often used to monitor the growth and function of brain tumors, and body and chest MRIs are useful tools in the diagnosis, staging, surgical planning, and treatment response evaluation of cancer patients with thoracic lesions, including involvement of the chest wall, lungs, esophagus, and heart.²⁶ This capability is particularly important for older adults, as advancing age is the most important risk factor for cancer overall.²⁷

Cardiovascular System

Finally, MRI has become widely available as a valuable tool for the diagnosis and management of a wide spectrum of cardiovascular conditions.²⁸ Chest and angiographic MRIs provide accurate data representative of cardiac structure, function, and perfusion, and are designed to assess cardiovascular morphology, ventricular volumes and function, myocardial perfusion, tissue characterization, and flow quantification.²⁹ Age-related indications within the clinical cardiovascular setting include assessment of myocardial viability and perfusion; evaluation of congenital heart disease, pericardial disease, aortic disease, and cardiac masses; detection of atherosclerosis; and diagnosis of coronary artery disease.³⁰

C. Value of Continued Access to On-Campus MRI Imaging

As outlined above, access to MRI is critical for a wide spectrum of patients seeking care at BWH given its applicability to diagnose, plan treatment for, and monitor a variety of conditions. While patients currently have access to MR imaging at BWH through a contractual agreement with UMMIC, BWH has determined that it will terminate such agreement as it is no longer a member of UMMHC. In replacement of the UMMIC-run MRI service, and to ensure continued availability of on-campus MRI services for its patient panel, BWH seeks to have the Applicant fulfill the continued need for access to MRI services at BWH. As detailed below, continued availability of an on-campus MRI service at BWH is significant with regard to patient satisfaction, convenience, and access to integrated care – all of which contribute to quality and health outcomes.

Patient Satisfaction and Convenience

First, the continued availability of MRI services at BWH will contribute to patient satisfaction, which

²⁶ *MRI for Cancer*, *supra* note 24; Orringer et al., *supra* note 18; Shanti Parmar & Nirali Gondaliya, *A Survey on Detection and Classification of Brain Tumor from MRI Brain Images using Image Processing Techniques*, 5 INT'L RESEARCH J. ENGINEERING & TECHNOLOGY 162 (2018), available at <https://www.irjet.net/archives/V5/i2/IRJET-V5I239.pdf>; Deyle, *supra* note 23; Marcos Duarte Guimaraes et al., *Magnetic resonance imaging of the chest in the evaluation of cancer patients: state of the art*, 48 RADIOLOGIA BRASILEIRA 33 (2015), available at <http://www.scielo.br/pdf/rb/v48n1/0100-3984-rb-48-01-0033.pdf>.

²⁷ *Age and Cancer Risk*, NAT'L CANCER INSTITUTE, <https://www.cancer.gov/about-cancer/causes-prevention/risk/age> (last updated Apr. 29, 2015).

²⁸ Constantin B. Marcu et al., *Clinical applications of cardiovascular magnetic resonance imaging*, 175 CMAJ 911 (2006), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1586078/>.

²⁹ *Id.*; F. Alfayoumi, *Evolving clinical application of cardiac MRI*, 8 REVIEWS IN CARDIOVASCULAR MED. 135 (2007), available at <https://www.ncbi.nlm.nih.gov/pubmed/17938613>; Wen-Yih Isaac Tseng et al., *Introduction to Cardiovascular Magnetic Resonance: Technical Principles and Clinical Applications*, 32 ACTA CARDIOLOGICA SINICA 129 (2016), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4816912/>.

³⁰ Marcu et al., *supra* note 28; Tseng et al., *supra* note 29; W.P. Bandettini & A.E. Arai, *Advances in clinical applications of cardiovascular magnetic resonance imaging*, 94 HEART 1485 (2008), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2582334/>; Justin D. Anderson & Christopher M. Kramer, *MRI of Atherosclerosis: Diagnosis and Monitoring Therapy*, 5 EXPERT REVIEW OF CARDIOVASCULAR THERAPY 69 (2007), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3938864/>.

is an important indicator used for measuring quality in health care.³¹ Patient satisfaction affects clinical outcomes, patient retention, medical malpractice claims, as well as the timely, efficient, and patient-centered delivery of quality health care, and is a very effective indicator to measure the success of doctors and hospitals.³² Thus, its importance cannot be overstated. Patient satisfaction will be sustained through the Proposed Project by ensuring that patients continue to enjoy access to on-campus MRI services and do not need to travel elsewhere for imaging care. Moreover, the switch from three 12-16-hour days to five 8-hour days per week will improve prime time accessibility and allow patients to enjoy more options for scheduling appointments during normal hours. In sum, the Applicant anticipates that the Proposed Project will positively impact patient satisfaction and convenience, and, in turn, quality.

Access to Integrated Care

Another advantage of the Proposed Project is that it will facilitate patients receiving a full complement of comprehensive, integrated care at BWH. When health care delivery is spread out across a number of separately located and operated providers, often the result is fragmented care.³³ Care fragmentation is considered an important source of inefficiency in the US health care system and a large concern for patients.³⁴ The termination of the contractual agreement with UMMIC leaves open the potential for fragmented care as it leads BWH patients to have to travel elsewhere to receive MR imaging services.

Co-location is one way to address fragmented care. The benefits associated with co-location include: improved access for patients; more patient/family satisfaction because services are provided in a setting familiar to patients; increased collaboration among providers and better coordination of care; increased efficiency; and overall improved health outcomes.³⁵ By replacing the existing UMMIC-run MRI service, the Applicant will be able to reduce the need for patients seeking medical care at BWH to travel elsewhere for MR imaging services, and thereby, will be able to facilitate greater access to integrated care and improved health outcomes.

F1.b.ii Public Health Value/Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

A. Improving Health Outcomes and Quality of Life

The Applicant expects that the Proposed Project will provide BWH's patient panel with continued access to imaging services that will directly impact health outcomes and quality of life. Studies indicate that delayed access to healthcare services results in decreased patient satisfaction, as well as negative health outcomes due to delays in diagnosis and treatment.³⁶ Through the

³¹ Bhanu Prakash, *Patient Satisfaction*, 3 J. CUTANEOUS & AESTHETIC SURGERY 151 (2010), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3047732/>.

³² *Id.*

³³ Kurt C. Stange, *The Problem of Fragmentation and the Need for Integrative Solutions*, 7 ANNALS FAMILY MED. 100 (2009), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2653966/>.

³⁴ *Id.*

³⁵ SUSANNA GINSBURG, ISSUE BRIEF: COLOCATING HEALTH SERVICES: A WAY TO IMPROVE COORDINATION OF CHILDREN'S HEALTH CARE? (The Commonwealth Fund 2008), available at <https://www.commonwealthfund.org/publications/issue-briefs/2008/jul/colocating-health-services-way-improve-coordination-childrens>.

³⁶ Julia C. Prentice & Steven D. Pizer, *Delayed Access to Health Care and Mortality*, 42 HEALTH SERVICES RESEARCH 644 (2007), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955366/>.

continued operation of an on-site MRI service at BWH, the Applicant aims to provide timely access to imaging services, thereby reducing barriers to accessing care and improving health outcomes and quality of life for all BWH patients.

The Applicant expects that the Proposed Project will result in continued access to integrated hospital, ED and imaging services. The MRI will be available on-site at BWH, allowing patients to continue to receive a full complement of services in one setting, ensuring care continuity for all patients, including many patients who are underserved and have numerous barriers to accessing care. As noted above, timely access to high quality, integrated care directly impacts quality outcomes. This is especially true for inpatients and ED patients, who require urgent and emergent access to imaging services to diagnose and treat acute conditions. As more fully discussed in Factors F.1.b.i. and F.2.a., continued access to on-site MRI services for BWH patients allows for access to high-quality, low-cost imaging care, which will improve health outcomes and quality of life for BWH patients.

The continued availability of MRI services at BWH will also address the aging patient panel's need for MRI services. As the number of patients 65+ continues to increase, so too will the demand for MRI services to detect and treat age-related conditions for which older adults require care, including neurological disorders (e.g., stroke and Alzheimer's disease), orthopedic and musculoskeletal conditions (e.g., arthritis, degenerative disk disease, and fractures), cancer, and cardiovascular disease (e.g., coronary heart disease and atherosclerosis).³⁷ Continued on-campus access to MRI services for these high-acuity older patients with neurology orthopedic, oncology, and cardiovascular conditions is crucial as it allows clinicians to determine appropriate treatment options in a timely manner, which impacts overall health outcomes.

Finally, given that the Applicant is a joint venture with a BH System hospital (i.e., BFMC), all imaging results at BWH will be part of a fully integrated medical record. This integrated medical record will not only be available to primary care and specialty physicians across the BH System, but, given that the Applicant will participate alongside the BH System in the Pioneer Valley Information Exchange ("PVIX"), patients will also be able to authorize providers outside of the BH System to access their imaging information. Studies show that having access to integrated health information technology systems, including integrated picture archiving and communication systems ("PACS") information, has a direct impact on health outcomes as access to a single medical record for patients leads to enhanced care coordination by care teams.³⁸ Additionally, an integrated medical record allows primary care physicians and specialists to have access to the same patient information, allowing for real-time care decisions, thereby reducing duplication of services and unnecessary testing. The availability of these integrated record services for all of the Applicant's and BWH's patients will facilitate quick and easy access to patient images and reports, which will in turn effect timely care, improved outcomes, and better quality of life.

B. Assessing the Impact of the Proposed Project

To assess the impact of the Proposed Project, the Applicant has developed the following quality metrics and reporting schematic, as well as metric projections for quality indicators that will measure patient satisfaction, access and quality of care. The measures are discussed below:

³⁷ Maravi et al., *supra* note 23; Deyle, *supra* note 23; Orringer et al., *supra* note 18; Kim et al., *supra* note 18; Guimaraes et al., *supra* note 26; Parmar & Gondaliya, *supra* note 26; Marcu et al., *supra* note 28; Anderson & Kramer, *supra* note 30.

³⁸ Isla M. Hains et al., *The impact of PACS on clinician work practices in the intensive care unit: a systematic review of the literature*, 19 J. AMERICAN MED. INFORMATION ASS'N 506 (2012), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3384105/>.

1. **Patient Satisfaction:** Patients that are satisfied with care are more likely to seek additional treatment when necessary. The Applicant will review patient satisfaction levels with the MRI service.

Measure: To ensure a service-excellence approach, patient satisfaction surveys will be distributed to all patients receiving MRI services with specific questions around: (a) satisfaction with the wait time for services; (b) satisfaction around the comfort of procedures; (c) satisfaction levels with pre- and post-appointment communication; and (d) satisfaction with staff and facility environment.

Projections: Baseline: 90% Year 1: 90% Year 2: 91% Year 3: 92%

Monitoring: Any category receiving a less than exceptional rating (satisfactory level) will be evaluated and policy changes instituted.

2. **Quality of Care – Critical Value Reporting:** When critical values or abnormal test results are registered within an electronic health record for a patient, the referring physician is notified via electronic communication. A benefit of having an integrated electronic health record and PACS system is the ability to send these messages to a referring physician, so that clinical decisions may be expedited.

Measure: Number of contracted radiologists conducting critical value reporting on cases being interpreted.

Projections: Baseline: 100% Year 1: 100% Year 2: 100% Year 3: 100%

Monitoring: MRI scans will be forwarded to the BWH film library and follow-up will be conducted with the referring physician. The radiologist will be made available to answer any questions.

3. **Quality of Care – Quality of MRI Scan:** The quality of an MRI scan is imperative to its interpretation. Accordingly, the Applicant will evaluate the number of scans that need to be repeated within a 48-hour period from the date of the original scan to ensure radiology technicians are performing appropriate scans.

Measure: The number of repeat MRI scans performed on patients within a 48-hour period from the date of the original scan.

Projections: Baseline: <1% Year 1: <1% Year 2: <1% Year 3: <1%

Monitoring: MRI technologists will track the number of scans that are repeated and scheduled for the next scan day. Technologists will document each case and conduct a monthly comparison to total volume to meet or exceed the metric.

4. **Quality of Care – Peer Review Over Read Correlation:** To evaluate the accuracy of scan interpretations, the Applicant will conduct peer review readings to ensure quality outcomes for patients.

Measure: The Applicant will have its contracted radiologists conduct peer review readings on a random basis (one case per scan day) based on the American College of Radiology

("ACR") Peer to Peer criteria and will follow-up on all discrepancies with the original reading radiologist.

Projections: Baseline: 95% Year 1: 95% Year 2: 96% Year 3: 97%

Monitoring: A random selection of cases based on ACR Peer to Peer criteria will be reviewed. Radiologists will evaluate scans documenting any inconsistencies and discuss outstanding issues with the original reading radiologist.

5. **Access – Backlog Reporting:** The Proposed Project seeks to ensure access to MRI services. Accordingly, the Applicant will track any backlogs associated with the service.

Measure: The number of times scanning day utilization is greater than 90% and adjustments need to be made to the schedule.

Projections: Baseline: <10% Year 1: <10% Year 2: <10% Year 3: <8%

Monitoring: The Applicant's staff will assess daily hours of service and implement adjustments if necessary.

6. **Provider Satisfaction – Value Assessment:** Ensuring provider satisfaction with MRI scans and their overall value when treating patients is necessary to access the impact on care for patients. The Applicant will survey referring physicians to validate scan utility.

Measure: Confirmation with referral physician about the utility of MRI scans.

Projections: Baseline: 95% Year 1: 95% Year 2: 96% Year 3: 97%

Monitoring: MRI referral physician population will be queried to validate scan utility via surveys.

F1.b.iii Public Health Value/Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

One of the dominant themes from BWH's 2019 Community Health Needs Assessment ("CHNA") is the impact that the underlying SDoH have on the service area.³⁹ Generally speaking, SDoH such as poverty, lack of employment opportunities, limited transportation, limited health literacy, linguistic barriers, lack of social support and domestic violence limit many people's ability to care for their own and their family's health.⁴⁰ This is also true in BWH's service area, where the population experiences a number of barriers that make it difficult to access affordable, quality

³⁹ BAYSTATE WING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2019, *supra* note 8.

⁴⁰ *Id.*

care.⁴¹ Specifically, social and economic challenges experienced by the population affect access to needed health services and contribute to disparities in health outcomes observed among vulnerable populations, including low-income, racially/ethnically diverse, and older adult cohorts.⁴² As detailed below, to prioritize the identified community needs and promote health equity, the Applicant will take specific actions to ensure equal access to the health benefits created by the Proposed Project.

A. Non-Discrimination

Many of the cities and towns in BWH's service area struggle with high poverty rates. The service area includes towns in Hampshire, Hampden, and Worcester counties that have poverty rates⁴³ above 15%.⁴⁴ Notably, the town of Warren has a poverty rate close to 40%.⁴⁵ Low education levels and high unemployment rates are also associated with these communities.⁴⁶ Given these demographics, residents often face difficulties meeting their basic food, clothing, and healthcare needs.⁴⁷ Moreover, as part of BWH's 2019 CHNA, focus group participants and key informant interviewees identified multiple barriers imposed by the health insurance system that directly impact the treatment of health concerns, including a limited number of providers that accept patients with public insurance (e.g., Medicaid).

To ensure health equity to all populations in BWH's service area, including those deemed underserved, the Proposed Project will not affect accessibility of the Applicant's services for poor, medically indigent, and/or Medicaid eligible individuals. The Applicant does not discriminate based on ability to pay or payor source and will continue this practice following implementation of the Proposed Project at BWH. Accordingly, as further detailed throughout this narrative, the Proposed Project will ensure access to MRI services for all of BWH's and the Applicant's patients.

B. Culturally-Appropriate Care and Language Access

Additionally, the Applicant will provide effective, understandable, and respectful care with an understanding of patients' cultural health beliefs and practices and preferred languages. The Applicant has also developed arrangements to offer ongoing education and training in culturally and linguistically appropriate areas for staff. These steps will promote health equity and ensure equal access to MR imaging services.

The diversity of BWH's patient panel necessitates that BWH and the Applicant provide inclusive services that address the unique needs of its patients. This is further evidenced by data from focus groups that were engaged as part of BWH's 2019 CHNA, which indicate the need for need for health information to be understandable and accessible, increased health literacy, provider education about how to communicate with patients about medical information, and training in cultural humility as a means to deliver culturally sensitive care.⁴⁸ Accordingly, there are a number of systems in place at BWH to access culturally competent staff and interpreter services, including

⁴¹ *Id.*

⁴² *Id.*

⁴³ Poverty rates are defined by the Applicant as at or below 200% of the poverty rate.

⁴⁴ BAYSTATE WING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2019, *supra* note 8.

⁴⁵ *Id.*

⁴⁶ *Id.* In addition, more than a third of residents in these communities pay more than 30% toward housing.

⁴⁷ BAYSTATE WING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2019, *supra* note 8. Poverty was identified as a factor that impacts overall health, access to health care, and access to program and services that promote health, and interviewees also identified the high poverty and unemployment rates in BWH's service area as the underlying root cause of poor health.

⁴⁸ BAYSTATE WING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT 2019, *supra* note 8.

access to certified/qualified interpreters and translators at no cost to patients at all points of clinical contact; additional translation services in less frequently encountered languages are available at all times through video remote interpreting and phone interpreting lines. Through the Proposed Project, the identified interpreter and translation programs will be fully integrated into the Applicant's MR imaging service at BWH and patients will have access to these robust services that alleviate barriers to care and further health equity.

C. Transportation and Integrated Care

Finally, the Proposed Project will ensure that patients have access to co-located MRI services, which is particularly important for older adults, low-income individuals and those living in rural areas, and will lead to improved care experiences and quality outcomes. Public transportation options in the BWH service area are sparse and non-existent in some places.⁴⁹ In fact, BWH's 2019 CHNA identifies transportation as a barrier to care in the region, explaining that individuals who do not own a vehicle face difficulty accessing healthcare and that lack of accessible transportation has an impact on health for low-income or elderly populations living in rural areas where public transportation may have limited routes and frequency of service.⁵⁰ Patients may not obtain the care they need given the difficulty associated with getting to or from medical appointments, especially when medical appointments require travel to multiple locations.

Accordingly, the Applicant is committed to ensuring that the Proposed Project addresses identified health inequities, by allowing all patients continued access to necessary MRI services. Specifically, the Proposed Project will address barriers to care and health inequities by co-locating necessary MRI services at BWH. Moreover, operation of the MRI clinic five days per week will better allow the Applicant to ensure that patients seeking care at BWH receive access to MR imaging services convenient with their other hospital appointments. By providing part-time MRI services at BWH five days per week, all patients – including older adults, low-income individuals, and those living in rural areas – will have immediate access to imaging services that are co-located and integrated with BWH's other hospital services. Such co-location and integration will help to eliminate the need to travel to multiple, geographically separate providers to receive a full continuum of care and, thereby, will help to eliminate transportation barriers to care. This is beneficial to patients both from a cost standpoint and from a care experience standpoint, as transportation to multiple providers is not only costly but can also cause confusion, frustration, and lead to adverse health outcomes as a result of missed appointments.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

The Proposed Project will result in high quality health outcomes and quality of life for BWH's patient panel by allowing for continued access to fully integrated care at one location. Through the Proposed Project, patients will have continued on-site access to MRI services at BWH. The continued operation of an on-site MRI service promotes health equity by ensuring all patients have access to MRI services at BWH. As previously indicated, patients may not receive necessary imaging services if they are not available on-site due to transportation issues and comfort level with the site of care. In addition, individuals, including BWH's employees, who are covered by HNE cannot access MRI services at BWH without high co-insurance as UMMIC is not an in-

⁴⁹ *Id.*

⁵⁰ *Id.*

network provider. The Proposed Project will achieve health equity goals by ensuring patients have equal access to MRI services.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

The Proposed Project will ensure continuity of care, improved health outcomes and enhanced quality of life by allowing continued delivery of a full complement of clinical services at BWH and facilitating provision of coordinated care to the BWH patient panel. As noted above, a growing body of evidence suggests that care fragmentation is an important source of inefficiency in the US healthcare system and that co-location is an established way to combat fragmented care.⁵¹ Benefits associated with co-location include: improved access, increased collaboration among providers, better coordination of care, increased efficiency, and overall improved health outcomes.⁵² The Applicant's provision of on-site MRI services five days per week will allow patients to schedule and attend multiple appointments at BWH on the same day to minimize transportation needs. In doing so, patients also will have access to the BWH's system-wide support services, including culturally competent staff and translation services. On-site imaging services also are important to the large population of low-income and 65+ patients in BWH's rural service area, for whom it is critical to make access as simple as possible. These patients are more likely to receive the care that they need, including imaging services, when they can be accessed at one site that is situated within the community. Accordingly, by co-locating MRI services at BWH with all other hospital services, the Applicant will be able to facilitate greater continuity of care, improved health outcomes, and enhanced quality of life for BWH patients.

In addition, given that the Applicant is a joint venture with a BH System hospital, all imaging results at the Applicant's new BWH location will be part of a fully integrated medical record. This integrated medical record be available to primary care and specialty physicians across the BH System and, given the BH System and the Applicant's participation in the PVIX, patients will also be able to authorize providers outside of the BH System to access their imaging information. Thus, through the Proposed Project, providers will have seamless access to a patient's electronic medical records and scan results, increasing care team collaboration, which leads to higher quality outcomes for patients.

Finally, the Proposed Project will improve continuity and coordination of care for the patient panel by addressing current out-of-network challenges faced by individuals covered by HNE. As noted above, the UMMIC-run MRI clinic at BWH is currently out-of-network for the BH System affiliate. As a result, individuals who are covered by HNE, including BWH's own employees covered by HNE, cannot access MRI services at BWH without paying high out-of-network co-insurance. The Proposed Project will address these out-of-network challenges by allowing individuals covered under HNE to access the Applicant's MRI service at BWH as an in-network service and at reduced out-of-pocket costs. Consequently, these individuals will have increased access to high-quality local MRI services that are co-located and integrated with BWH's complement of hospital services.

⁵¹ Stange, *supra* note 33; GINSBURG, *supra* note 35.

⁵² GINSBURG, *supra* note 35.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

The Applicant sought input from a variety of stakeholders in planning the Proposed Project. The Applicant conducted a formal consultative process with individuals at various regulatory agencies regarding the Proposed Project. The following individuals are some of those consulted with regard to the Proposed Project:

- Margo Michaels, Director, Determination of Need Program, Department of Public Health
- Rebecca Rodman, Esq., Deputy General Counsel, Department of Public Health
- Ben Wood, Director, Office of Community Health Planning and Engagement, Department of Public Health

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

As outlined in Factors F1.a.i and F1.a.ii, the need for the Proposed Project has been established by utilization of the current UMMIC-run MRI service at BWH, as well as by the SDoH factors and future projections that support the continued provision of co-located MRI services at BWH into the future. However, to inform and consult the community about the Proposed Project, BWH and the Applicant sought to engage the patient panel, family members, and community members and local stakeholders that may be impacted by the Proposed Project. Engagement occurred through various initiatives, as are outlined below.

As a first step in the engagement process, the Applicant sought to engage the Baystate Health Eastern Region ("BHER") Patient and Family Advisory Council ("PFAC") on October 9, 2018. The BHER PFAC was formed in 2016 following the merger of BWH and BMLH, by combining by combining the BWH and BMLH (now the BMLOC) PFACs. The PFAC is an important forum for creating partnerships among patients, families and staff dedicated to ensuring the delivery of high quality, safe and positive memorable health care experiences at BWH and the BMLOC. The Applicant chose to present to the BHER PFAC on this Proposed Project as the PFAC's goals include ensuring the delivery of high quality, safe and positive memorable health care experiences at BH System locations with a specific focus on the following: (1) Strengthening decision-making by drawing upon the diverse experiences and viewpoints of the people who look to BH System hospitals and primary care locations for care; (2) Offering insight and recommendations for improving quality, service, safety, access, education and patient/family satisfaction and loyalty; (3) Serving as a coordinating group to receive and respond to patient and community input, channeling information, needs and concerns to staff and administration; (4) Enhancing relationships between BH System patients and families and the community; (5) Reflecting the unique culture of each BH System hospital and primary care location and reflect the socio-demographics of the facility's patient service area; and (6) Ensuring that the interests of the BH System affiliated ACO patients, and their families, are met. During the PFAC meeting, Leah Bradley, BWH's Director of Diagnostic Services and Behavioral Health, informed PFAC members of the need for the Proposed Project and the MRI services that will be offered by the Applicant at BWH. Feedback from the meeting was positive with PFAC members supportive of the Proposed Project.

In addition, the Proposed Project was presented to BHER Community Benefits Advisory Council ("CBAC"). Similar to the BHER PFAC, the BHER CBAC was formed in 2016 following the merger of BWH and BMLH. Today, the BHER CBAC brings a community lens and filter for BWH and BMLOC's health priorities, with participants on the BHER CBAC representative of the employees, community benefit program managers, constituencies and communities served by BWH and the BMLOC. The BHER CBAC provides a community perspective on how to increase wellness and resilience opportunities for optimal health for an entire population; guidance in matching BHER resources to community resources, thus making the most of what is possible with the goal to improve health status and quality of life; and policy advocacy to assure and restore health equity by targeting resources for residents. BHER CBAC members meet monthly, are co-chaired by a hospital leader and a community representative, and are responsible for reviewing community needs assessment data and using this analysis as a foundation for providing BWH and BMLOC with input on its community health planning efforts and community benefits investments. In consideration of the BHER CBAC's goals and responsibilities, the Applicant sought to engage this group on the Proposed Project. Accordingly, on October 24, 2018, Leah Bradley, BWH's Director of Diagnostic Services and Behavioral Health, presented to the CBAC, with the goal of educating the group on the Proposed Project and the community benefit associated with it. The CBAC members did not express any concerns regarding the Proposed Project.

Finally, to ensure appropriate awareness within the community about the Proposed Project, BWH and Shields Healthcare Group posted the legal notice associated with the Proposed Project prominently on their websites. This was done to bring awareness of the Proposed Project to all patients, family members, local residents and resident groups, informing them of the continued availability of co-located MRI services at BWH via the Applicant. It also provides an opportunity for comment on the Proposed Project.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

To ensure sound community engagement throughout the development of the Proposed Project, the Applicant took the following actions:

- Presentation to the BHER PFAC on October 9, 2018;
- Presentation to the BHER CBAC on October 24, 2018; and
- Publication of legal notice to the BWH and Shields Healthcare Group websites.

For detailed information on these activities, see Appendix 3B.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a. Cost Containment:
Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The goals for cost containment in Massachusetts are focused on the provision of low-cost care alternatives without sacrificing high quality care. Specifically, the HPC, 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, has set the following goal for cost containment: Better health and better care – at a lower cost – across the Commonwealth. The Proposed Project seeks to align with these goals by providing continued access to high-quality MRI services in a cost-effective setting.

As previously discussed in Factor F1.a.iii, the price of MRI services at BWH will remain the same following implementation of the Proposed Project. Specifically, the contracted rates for the Applicant's MRI service will be the same as those rates currently utilized by the UMMIC-run service. Specifically, the services provided by the Applicant at BWH will be provided at IDTF rates. As outlined at Factor F1.a.iii, IDTF rates are substantially lower than hospital-based rates and IDTFs are a more cost-effective option for providing high-quality imaging services. Given that no change will be occurring to the price of MRI services and given that the services will continue be provided at lower IDTF rates, the Proposed Project will not negatively impact the overall cost growth benchmark set for the state.

Moreover, as a lower cost provider in the Commonwealth, BWH's current costs for healthcare services are below the median costs of other community hospitals within the same cohort. Given BWH's lower cost provider status, it is highly unlikely that the Proposed Project will have an adverse impact on provider costs, price or TME. Rather, the sustainment of MRI services at BWH is likely to have a positive impact on the Commonwealth's goals for cost containment, as it will allow the service area population to access a full complement of co-located services at a lower cost provider situated within the community.

Finally, the Applicant highlights the cost benefits associated with access to co-located, integrated health care services. Frequently, when patients delay treatment (typically because of the inconvenience of driving to a secondary location or due to a SDoH factor, such as a lack of transportation) conditions worsen, leading to critical events that are often more expensive.⁵³ Thus, one way to promote lower cost care is to provide patients with accessible, high quality co-located services to ensure that all patients receive necessary care in a timely manner. Accordingly, the Proposed Project seeks to eliminate barriers to care through the continued availability of a full complement of services at BWH and ensuring patients receive the care they need when they need it. Such co-location of services will create care efficiencies for patients, improve care coordination, promote faster diagnosis and intervention, improve quality and, thereby, reduce the overall costs of health care. Moreover, the Proposed Project also seeks to reduce overall operational inefficiencies, such as the need to transfer patients to off-site locations for MRI services, which will also contribute to savings for patients, the hospital and insurers, thereby reducing overall TME.

⁵³ Prentice & Pizer, *supra* note 36.

**F2.b. Public Health Outcomes:
Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.**

The need to offer on-site MRI services at BWH to improve public health outcomes is precipitated by historical trends hospital services in Massachusetts, which suggest that hospital utilization will remain high into the future. According to the HPC's 2018 Cost Report, the Commonwealth continues to have higher hospital utilization than the U.S. across inpatient, ED, and outpatient services.⁵⁴ As hospital utilization remains high, the demand for MRI services is expected to remain high as well, as these services are important for detecting, managing, and treating a variety of conditions across several fields.

In Massachusetts, cancer remains the leading cause of death. From 2011 through 2015, there were 183,661 newly diagnosed cases of cancer in Massachusetts, for an average annual age-adjusted incidence rate of 466.1 cases per 100,000 persons.⁵⁵ However, overall, cancer incidence in Massachusetts decreased slightly from 2011 to 2015.⁵⁶ These decreases in overall cancer rates are evidence that scientific discoveries, access to care and more timely care are important tools in reducing overall mortality rates. To continue this trend, it is imperative that Massachusetts' residents, especially elderly residents, have access to integrated cancer care and diagnostic imaging services. Through the Proposed Project, the Applicant will continue to provide vital imaging services for numerous conditions and diseases, including cancer. By expediting access to imaging services and providing all patients with necessary care, the Proposed Project will impact overall population health in the area, thereby impacting public health outcomes in the Commonwealth.

Furthermore, access to diagnostic testing for neurological disorders, orthopedic and musculoskeletal conditions, and cardiovascular disease testing, such as MRI, a clinician's understanding of the pathogenesis of a condition. MRI is also a powerful clinical tool when trying to determine current disease state and treatment options. Accordingly, access to MRI scans allows clinicians to make timely clinical decisions that impact overall health outcomes, such as mortality. Through local access to these services, patients will be evaluated in an expedited manner, allowing for improved health outcomes in the county and the state.

**F2.c. Delivery System Transformation:
Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.**

SDoH are the conditions and environments in which people are born, grow, live, eat, work, play and age, that affect access to the healthcare system and a wide range of health risks and outcomes.⁵⁷ Socioeconomic status, education, employment, housing, food security,

⁵⁴ MASSACHUSETTS HEALTH POLICY COMMISSION, 2018 ANNUAL HEALTH CARE COST TRENDS REPORT CHARTPACK (2019), available at <https://www.mass.gov/files/documents/2019/02/13/2018%20CTR%20Chartpack.pdf>.

⁵⁵ MASSACHUSETTS DEP'T PUBLIC HEALTH, CANCER INCIDENCE AND MORTALITY IN MASSACHUSETTS 2001-2015: STATEWIDE REPORT (July 2018), available at <https://www.mass.gov/files/documents/2018/07/27/Cancer-incidence-and-mortality-statewide-2011-2015.pdf>.

⁵⁶ *Id.*

⁵⁷ *Social Determinants of Health: Know What Affects Health*, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/socialdeterminants/> (last updated Jan. 29, 2018).

transportation, social protective factors, social support, and language/literacy are all examples of SDoH that have an impact on the physical and mental well-being of the population. BWH and the Applicant will employ numerous programs to address issues associated with the SDoH, ensure all patients have equal access to care, and ensure linkages to social service organizations.

The Applicant notes that the availability of an on-site MRI unit promotes access to health care services among the patient panel, including those categorized as underserved. As described in F1.b.iii, the population in BWH's service area has high poverty rates, high unemployment rates, and low education levels. These SDoH, in turn, impede access to care with the potential for patients forgoing necessary MRI testing if it requires travel outside of the BWH region. Moreover, BWH and the Applicant have found that patients who are not able to prioritize healthcare needs as a result of socioeconomic status are more likely to receive care if it is in a setting with which they are familiar and is conveniently located, such as a community hospital like BWH. As a result, continued operation of an on-site MRI unit increases the likelihood that patients in BWH's service area will access care and allows for seamless communication between providers and caregivers around a patient's diagnosis and treatment. Through the Proposed Project, patients will be able to schedule and attend multiple appointment on-site at BWH in one day, which will maximize patient satisfaction. This will also result in minimizing transportation needs, which can be a barrier to care if patients require services off-site from BWH. Accordingly, on-site provision of MRI services five days per week at BWH will reduce health inequities, thereby positively impacting quality outcomes for patients.

Additionally, patients of the Applicant's MRI service will further benefit from care coordination through access to BWH's system-wide support services. BWH provides access to translation services for patients for whom English is not a primary language. In addition, BWH employs fully-trained, culturally competent staff to care for patients. By providing access to interpreter services and culturally competent staffing, the Applicant is able to address SDoH that might otherwise impede patient access to care.

Factor 5: Relative Merit

F5.a.i **Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.**

Proposal: The Proposed Project is for the licensure of part-time mobile MRI unit that will operate five days per week as a satellite location of the Applicant at BWH. The mobile MRI unit will replace services currently provided under a legacy arrangement dating to BWH's prior membership in UMMHC.

Quality: The Proposed Project represents the superior alternative for quality MRI services and improved health outcomes as patients will have continued access to on-site imaging along with emergency, inpatient, and other hospital services at BWH. Historically, BWH has received MRI services through a contractual arrangement with UMMIC, which is affiliated with UMMHC. Given that BWH is now an affiliate of the BH System, the Applicant is seeking to continue the operation

of an on-site MRI service at BWH as a licensed hospital service. The provision of on-site MRI services at BWH via the Applicant will ensure continued access to co-located MRI services for all of BWH's patients. Furthermore, the Proposed Project will improve access to co-located services for patients covered by HNE, who currently face high out-of-network costs when accessing the UMMIC-run unit. Overall, the Proposed Project will result in the provision of quality MRI services and improved health outcomes as patients will have access to co-located, in-network imaging and hospital services at BWH.

Efficiency: The continued operation of an MRI service at BWH will improve efficiency of care as patients will have access to a full complement of services at one location. Consequently, patients will not have to travel off-campus to a provider of imaging services as part of their ED, inpatient, or outpatient care. Additionally, administrative efficiencies will be achieved through the Proposed Project through the integration of electronic medical records and the PACS system that may be accessed by BWH and the Applicant. Finally, individuals who are covered by HNE will now have access to in-network MRI services at BWH, which is not currently possible as UMMIC is not an in-network provider for these individuals.

Capital Expense: Through the Proposed Project, the Applicant will provide MRI services at BWH. The facilities and equipment related costs for this model are \$804,429.

Operating Costs: The operating costs associated with the Proposed Project are \$1,625,219.

List alternative options for the Proposed Project:

Option 1

Alternative Proposal: Continue to provide patients with access to MRI services through as the current arrangement with UMMIC.

Alternative Quality: As previously described, patients covered by HNE will have higher out-of-pocket expenses resulting from this arrangement and, therefore, may be forced to seek MRI services outside of BWH, which will lead to fragmented care, reduced care coordination, and lower quality outcomes.

Alternative Efficiency: This arrangement would not allow a separation from UMMHC and improved alignment with the BH System.

Alternative Capital Expenses: There are no capital expenses associated with continuing this arrangement. Such contracted services are considered operating expenses.

Alternative Operating Costs: Continuing in this arrangement does not result in changes in operating expense.

Option 2

Alternative Proposal: Purchase and operate a fixed MRI at BWH under the BWH hospital license. This option was not selected given the high costs to establish the service and lack of demand for a fixed unit at this time.

Alternative Quality: A fixed site, hospital-based MRI unit could be operated as a hospital department, integrating electronic health information and financial data. BWH would be

able to more easily offer additional hours each day and to conduct contrast studies at all times. Transfer of patients to other BH System hospitals would no longer be required as the MRI unit would be available every day. While this option meets quality goals, it is not a cost-effective means of meeting the patient panel need.

Alternative Efficiency: A fixed MRI unit at BWH would allow BWH to fully integrate the MRI service financially and would allow BWH to control the service. Scheduling would be improved as patients would have greater access to a full-time unit. However, this option is not viable as BWH does not have the volume to support the costs to establish a fixed site unit.

Alternative Capital Expenses: There would be significant capital expense associated with the establishment of a fixed-site MRI at BWH. Construction activities would be required to accommodate a unit. Additional capital would be required to purchase the equipment. At this time, BWH is unable to support the capital costs based on the historical volume for the MRI service.

Alternative Operating Costs: Operating a fixed-site MRI unit would result in additional costs to BWH. Employees would need to be hired to staff the unit as well as to provide certain administrative and support functions. Maintenance of the unit could also result in operating costs to BWH. Finally, the difference in IDTF and hospital fees would drive operating costs up. At the present time, the operating costs to support a fixed MRI unit are not a cost-effective means of ensuring access to this service. Accordingly, this option will have higher operating costs than the Proposed Project that cannot be supported by the volume that the MRI will serve.

ATTACHMENT 3: FACTOR 1 SUPPLEMENTAL INFORMATION

ATTACHMENT 3A: PATIENT PANEL INFORMATION

Baystate Wing Hospital - Patient Panel

1. Number of Patients

Year	# Patients
FY16	62,064
FY17	65,138
FY18	50,999
FY19 March YTD	30,912

2. Gender

Gender	FY16		FY17		FY18		FY19 March YTD	
	Count	%	Count	%	Count	%	Count	%
Female	34,261	55.2%	36,262	55.7%	28,251	55.4%	17,590	56.9%
Male	27,802	44.8%	28,876	44.3%	22,748	44.6%	13,322	43.1%
Unknown	1	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	62,064	100%	65,138	100%	50,999	100%	30,912	100%

3. Age

Age Range	FY16		FY17		FY18		FY19 March YTD	
	Count	%	Count	%	Count	%	Count	%
0-18	9,169	14.8%	8,337	12.8%	6,854	13.4%	3,425	11.1%
19-30	8,606	13.9%	8,185	12.6%	7,192	14.1%	3,800	12.3%
31-40	7,076	11.4%	7,126	10.9%	5,990	11.7%	3,395	11.0%
41-50	8,564	13.8%	8,492	13.0%	6,615	13.0%	3,942	12.8%
51-64	15,480	24.9%	16,926	26.0%	12,686	24.9%	8,026	26.0%
65+	13,169	21.2%	16,072	24.7%	11,662	22.9%	8,324	26.9%
Total	62,064	100%	65,138	100%	50,999	100%	30,912	100%

4. Race

Race	FY16		FY17		FY18		FY19 March YTD	
	Count	%	Count	%	Count	%	Count	%
American Indian/Alaska Native	36	0.1%	37	0.1%	76	0.2%	38	0.1%
Asian	315	0.5%	371	0.6%	358	0.7%	222	0.7%
Black/African American	1,995	3.2%	2,026	3.1%	1,666	3.3%	905	2.9%
Hispanic/Latino	547	0.9%	242	0.4%	3,250	6.4%	1,892	6.1%
Native Hawaiian/Pacific Islander	51	0.1%	65	0.1%	0	0.0%	0	0.0%
White/Caucasian	56,708	91.4%	59,699	91.7%	44,226	86.7%	27,000	87.3%
Other/Unknown	2,412	3.9%	2,698	4.1%	1,423	2.8%	855	2.8%
Total	62,064	100%	65,138	100%	50,999	100%	30,912	100%

5. Top 20 Patient Origin Cities

City	FY16		FY17		FY18		FY19 March YTD	
	Count	%	Count	%	Count	%	Count	%
Ware	9,182	14.8%	8,830	13.6%	7,390	14.5%	4,131	13.4%
Palmer	6,646	10.7%	7,868	12.1%	5,365	10.5%	3,595	11.6%
Springfield	5,676	9.1%	5,372	8.2%	4,833	9.5%	2,797	9.0%
Belchertown	5,550	8.9%	5,290	8.1%	4,168	8.2%	2,608	8.4%
Monson	5,387	8.7%	6,757	10.4%	4,567	9.0%	3,122	10.1%
Ludlow	4,736	7.6%	4,933	7.6%	3,912	7.7%	2,628	8.5%
Wilbraham	3,175	5.1%	3,432	5.3%	2,595	5.1%	1,774	5.7%
Three Rivers	1,884	3.0%	2,216	3.4%	1,582	3.1%	996	3.2%
Warren	1,740	2.8%	1,724	2.6%	1,364	2.7%	792	2.6%
West Brookfield	1,621	2.6%	1,708	2.6%	1,501	2.9%	790	2.6%
Chicopee	1,451	2.3%	1,334	2.0%	1,047	2.1%	615	2.0%
Brimfield	1,351	2.2%	1,607	2.5%	1,096	2.1%	687	2.2%
Bondsville	966	1.6%	1,065	1.6%	751	1.5%	461	1.5%
West Warren	917	1.5%	944	1.4%	717	1.4%	408	1.3%
Gilbertville	840	1.4%	824	1.3%	646	1.3%	382	1.2%
Hampden	741	1.2%	892	1.4%	688	1.3%	486	1.6%
Wales	690	1.1%	782	1.2%	541	1.1%	325	1.1%
Thorndike	640	1.0%	784	1.2%	543	1.1%	375	1.2%
East Longmeadow	570	0.9%	577	0.9%	524	1.0%	334	1.1%
Granby	472	0.8%	426	0.7%	383	0.8%	216	0.7%
Other	7,829	12.6%	7,773	11.9%	6,786	13.3%	3,390	11.0%
Total	62,064	100%	65,138	100%	50,999	100%	30,912	100%

6. Insurance Mix

Insurance	FY16	FY17	FY18	FY19 March YTD
Medicare	18.79%	21.61%	19.01%	22.29%
Medicare Advantage	5.72%	7.01%	6.89%	8.09%
Medicaid	22.46%	21.16%	22.94%	20.38%
Commercial	46.34%	44.24%	44.12%	42.62%
Other	6.69%	5.98%	7.04%	6.62%
Total	100%	100%	100%	100%

Notes

Change in patient accounting system (May 2017 transition) created new medical record numbers for some patients who previously received services at BWH's Palmer campus. Therefore, the number of patients reported in 2017 is overstated. In 2018, the transition was complete and there were no duplicate medical record numbers, leading to more accurate patient counts.

Baystate Wing Hospital - MRI Utilization

1. By Category

Category	FY16		FY17		FY18		Q1 FY19 YTD	
	Count	%	Count	%	Count	%	Count	%
Neuro	1,022	60.4%	941	65.1%	1,178	63.8%	305	62.1%
Ortho	586	34.7%	421	29.1%	547	29.6%	152	31.0%
Body	51	3.0%	76	5.3%	93	5.0%	29	5.9%
Chest	16	0.9%	5	0.3%	8	0.4%	1	0.2%
Angio	16	0.9%	1	0.1%	10	0.5%	2	0.4%
Other	0	0.0%	1	0.1%	10	0.5%	2	0.4%
Total	1,691	100%	1,445	100%	1,846	100%	491	100%

2. By Procedure

Category	FY16		FY17		FY18		Q1 FY19 YTD	
	Count	%	Count	%	Count	%	Count	%
Brain	486	28.7%	477	33.0%	577	31.3%	128	26.1%
Lower Extremity	366	21.6%	288	19.9%	327	17.7%	86	17.5%
Lumbar	290	17.1%	258	17.9%	362	19.6%	95	19.3%
Upper Extremity	194	11.5%	118	8.2%	179	9.7%	51	10.4%
Cervical	190	11.2%	140	9.7%	170	9.2%	52	10.6%
Abdomen	47	2.8%	67	4.6%	93	5.0%	29	5.9%
Thoracic Spine	44	2.6%	51	3.5%	54	2.9%	25	5.1%
Head/Neck	26	1.5%	19	1.3%	25	1.4%	7	1.4%
Arthogram	18	1.1%	8	0.6%	12	0.7%	2	0.4%
Breast	10	0.6%	0	0.0%	0	0.0%	0	0.0%
Pelvis	9	0.5%	16	1.1%	23	1.2%	13	2.6%
Chest	6	0.4%	1	0.1%	8	0.4%	1	0.2%
Sacrum	5	0.3%	1	0.1%	7	0.4%	0	0.0%
Other	0	0.0%	1	0.1%	10	0.5%	2	0.4%
Total	1,691	100%	1,445	100%	1,846	100%	491	100%

ATTACHMENT 3B: EVIDENCE OF COMMUNITY ENGAGEMENT FOR FACTOR 1

BHER PATIENT & FAMILY ADVISORY COUNCIL MINUTES
Baystate Wing Hospital
October 9, 2018

PRESENT: Michelle Holmgren (facilitator), Dr. Kahnbabai (co-chairperson), Ellen Noonan (co-chairperson), Teresa Grove, BH Foundation, Charlotte Swienton, Jane Saletnik, Joanne McDiarmid, Julie Jarvis, Jackie Korzec, Dr. Vilaire Bayard, Lana Harper, Bruce Prestwood-Taylor, Nancy Melanson (recorder)

Guest: Molly Gray, MS, RN, NE-BC, Leah Bradley, Director of Diagnostic Services and Behavioral Health.

TOPICS	DISCUSSION	FACILIATOR
Approval of Minutes	The September 11, 2018 minutes were approved as written.	M. Holmgren
Call to Order/Welcome	<div style="background-color: black; width: 100%; height: 100%; min-height: 300px;"></div> <ul style="list-style-type: none"> Leah Bradley reported that Baystate is in the process of changing the MRI Service contract from UMASS to Baystate Health. This will make no differences in patients care. 	<div style="background-color: black; width: 100%; height: 100%; min-height: 300px;"></div>
<div style="background-color: black; width: 100%; height: 100%; min-height: 50px;"></div>	<ul style="list-style-type: none"> <div style="background-color: black; width: 100%; height: 100%; min-height: 50px;"></div> 	<div style="background-color: black; width: 100%; height: 100%; min-height: 50px;"></div>

<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Adjournment	<ul style="list-style-type: none"> The meeting adjourned at 6:45 p.m. 	
Next Meeting	The next meeting will be November 13, 2018 at Baystate Wing Hospital 5:30-7:00pm.	

BAYSTATE HEALTH EASTERN REGION

COMMUNITY BENEFITS ADVISORY COUNCIL • MINUTES

DATE	October 24, 2018	TIME 9:30-11:00AM
LOCATION	Baystate Mary Lane – Main Conference Room	
CO-CHAIRS	Michelle Holmgren and Gail Gramarossa, MPH, CHES	
ATTENDEES	Mike Moran, Mike Knapik, Teresa Grove, Jennifer Raiche, John Zienowicz, Edie Kirk, Leah Bradley, Rev. Mary Rosendale, Stuart Beckley, Dr Marlene DiLeo, Shelia Cuddy, Nancy Melanson-Minutes	
GUESTS	PURCH Medical Students	

DISCUSSION OR ACTION ITEM	RESPONSIBLE/NEXT ACTION INFORMATION
Approval of minutes: The minutes of August 10, 2018 were approved	All
Welcome Announcements/Updates Michelle welcomed everyone.	All
[REDACTED]	
Announcements from members follow: [REDACTED]	All

ATTACHMENT 4: FACTOR 4 INDEPENDENT CPA ANALYSIS

Franklin MRI Center, LLC

**Analysis of the Reasonableness of Assumptions Used For and the
Feasibility of Projected Financials associated with the license of its own part-time mobile on-site magnetic
imaging center (“MRI”) services at a satellite location at Baystate Wing Hospital**

For the Years Ending December 31, 2020 Through December 31, 2024

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MeyersBrothersKalicka, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS STRATEGISTS

September 25, 2019

Mr. Jeff Ronner
Chief Financial Officer
Shields Health Care Group
700 Congress Street, Suite 204
Quincy, MA 02169

Dear Jeff:

We have performed an analysis of the financial projections for Franklin MRI Center, LLC (the "Applicant"), in connection with the expansion of its magnetic resonance imaging ("MRI") license through the addition of an on-site part-time mobile service at a satellite location at Baystate Wing Hospital ("BWH"), a Baystate Health, Inc. ("BH") hospital located at 40 Wright Street in Palmer, Massachusetts and the capital needs associated with this service (the "Project"). This report details our analysis and findings with regards to the reasonableness of assumptions used in the preparation and feasibility of the projected financial information of the Project as prepared by the management of the Applicant ("Management"). This report is to be included by the Applicant in its Determination of Need ("DON") application, (see Factor 4(a) of the DON) and should not be distributed or relied upon for any other purpose.

I. Executive Summary

The scope of our analysis was limited to the five-year financial projections (the "Projections") for the Applicant prepared by Management. The purpose is to assess the reasonableness of assumptions used in the preparation, and feasibility of the projections related to the overall establishment of an on-site part-time mobile MRI service at BWH.

We determined that the projections were not likely to result in a scenario where there are insufficient funds available for the capital needs and ongoing operating costs required to support an on-site mobile MRI service at BWH. It is not anticipated that the Applicant will require any financing associated with this service. It is our conclusion that the projections are financially feasible and within the financial capability of the Applicant as detailed below.

II. Relevant Background Information

The Applicant is a joint venture between Baystate Franklin Medical Center ("BFMC") and Shields Family Equity II, LLC that was formed in 2006 to establish a licensed clinic to provide MRI services. The Applicant currently provides MRI services at BFMC and wishes to expand its MRI license in order to provide part-time mobile MRI services at BWH. Refer to Factor 1 of the DON application for a description of the scope of the Applicant, BWH and the Project, as well as the overall description and rationale of the patient need and logic surrounding the establishment of a part-time MRI service at BWH through the addition of an on-site mobile MRI service to be located at BWH in Palmer, Massachusetts.

III. Scope of Report

The scope of this report is limited to an analysis of the five-year financial projections prepared by Management for the Applicant and the supporting documentation in order to assess the reasonableness of assumptions used in the preparation and feasibility of the projections with regards to the Project. Our analysis of the projections and conclusions contained within this report are based upon our detailed review of relevant information (see section IV of this report). We have gained an understanding of the Applicant through our review of the information provided by Management, including existing results of the on-site MRI services BWH's patients currently receive through an existing contractual agreement with UMass Memorial Imaging Center ("UMMIC"), as well as a review of the DON application.

Reasonableness is defined within the context of this report as supportable and proper, given the underlying information. Feasibility is defined as based on the assumptions used, the Project is not likely to result in insufficient funds available for capital and ongoing operating costs necessary to support the proposed project without negative impacts or consequences to the Applicant or BWH's existing patient panel.

This report is based upon historical and prospective financial information provided to us by Management. If Meyers Brothers Kalicka, P.C. had audited the underlying data, matters may have come to our attention that would have resulted in our using amounts that differ from those provided. Accordingly, we do not express an opinion or any other assurances on the underlying data presented or relied upon in this report. We do not provide assurance on the achievability of the results forecasted by the Applicant because events and circumstances frequently do not occur as expected, and the achievement of the forecasted results is dependent on the actions, plans, and assumptions of Management. We reserve the right to update our analysis, if we are provided with additional information.

IV. Primary Sources of Information Utilized

In formulating our opinions and conclusions contained in this report, we obtained and reviewed various documents from Management. The documents and information we reviewed and relied on are noted below and/or referenced in this report:

- Historical revenue and expenses of the on-site MRI services BH's patients currently receive at BWH in Palmer, Massachusetts through a contractual agreement with Shields Health Care Group and UMMC for the fiscal years ended December 31, 2018 and 2017.
- 2019 year-to-date revenue and expenses (January 1, 2019 to June 30, 2019) of the on-site MRI services BH's patients currently receive at BWH in Palmer, Massachusetts.
- Historical revenue and expenses of the on-site MRI services BH's patients currently receive at BFMC in Greenfield, Massachusetts through a contractual agreement with the Applicant for the fiscal years ended December 31, 2018 and 2017.
- Projected pro-forma revenue and expenses for the Project for the five years ending December 31, 2020, 2021, 2022, 2023 and 2024.
- Projected statements of cash flows for the Project for the five years ending December 31, 2020, 2021, 2022, 2023 and 2024.
- Management Services Agreement applicable to the Project between Shields Management of Greenfield, LLC and the Applicant.
- Determination of Need Application Instructions dated March 2017.
- DON Narrative draft provided September 11, 2019.

V. Review of the Projections

This section of the report summarizes our review of the reasonableness of the assumptions used and feasibility of the projections. The tables that follow, summarize the historical results and projected results of on-site MRI services BH patients currently receive at BWH through a contractual agreement with UMMIC and the addition of an on-site part-time mobile MRI service operated by the Applicant to replace the current MRI for the years noted. Based on discussions with Management and a review of the information, there is an overall deficit of approximately \$290,000 for fiscal year ending September 30, 2020 which is reduced to approximately a \$255,000 deficit for the fiscal year ending September 30, 2024.

Revenues

We have reviewed and analyzed the net operating revenues in the historical and projected financial information. We reviewed the actual historical results of the existing on-site MRI services BH patients currently receive through a contractual agreement UMMIC.

The table below provides a summary of some of the key information for the historical and projected volume and revenues by year:

	Actual under current joint venture 2018	Projected/ pro-forma under new agreement 2020	Projected/ pro-forma under new agreement 2021	Projected/ pro-forma under new agreement 2022	Projected/ pro-forma under new agreement 2023	Projected/ pro-forma under new agreement 2024
Volume						
# of MRI cases – inpatient	213	234	249	264	279	279
# of MRI cases – outpatient	1,633	1,754	1,864	1,974	2,084	2,084
Total volume	1,846	1,988	2,113	2,238	2,363	2,363
Revenues						
	% increase in revenue compared to prior period					
Outpatient gross revenue	\$ 3,388,837	35%	6%	6%	6%	-%
Gross charge per scan	\$ 1,836	25%	-%	-%	-%	-%
Net outpatient charge per scan	\$ 456	25%	-%	-%	-%	-%
Outpatient revenue, net	\$ 841,258	35%	6%	6%	6%	-%

We analyzed the projected/pro-forma revenue for fiscal years 2020 through 2024 in relation to the historical results of an existing contractual agreement with UMMIC for fiscal years 2018 and 2017 and 2019 year-to-date results from January 1, 2019 to June 30, 2019 in order to assess the reasonableness of the pro-forma statements. Based on our analysis, the pro-forma operating revenues are reasonable.

V. Review of the Projections (continued)

Revenues (continued)

The projected increase in gross charge per scan and net outpatient charge per scan of 25% in 2020 are attributable to a change in billing structure. Currently, the UMMIC operated MRI clinic at BWH is a technical site only, and radiologists bill patients separately for the professional portion of the exam. However, the Applicant's new MRI clinic at BWH will be a global billing site, which will incorporate the professional portion of the MRI exam on behalf of the radiologists in its gross charge per scan. Accordingly, the increases are not attributed to patients or payors, and therefore, will not impact overall costs. In addition, the revenue growth projected by Management of approximately 6% for 2021 - 2023 and static for 2024 is a reasonable estimation based primarily upon historical volume of operations and other factors.

Expenses

We analyzed each of the categorized expenses for reasonableness and feasibility as it relates to the projected revenue. We reviewed the historical actual results of an existing contractual agreement with UMMIC for 2018 and 2017.

The table below provides a summary of some of the key information for the historical and projected expenses by year:

Expenses	Actual results under current joint venture 2018	Projected/ pro-forma under new agreement 2020	Projected/ pro-forma under new agreement 2021	Projected/ pro-forma under new agreement 2022	Projected/ pro-forma under new agreement 2023	Projected/ pro-forma under new agreement 2024
	As a % of total expenses					
Support and other operating expenses (1)	12.1%	11.4%	11.8%	12.4%	12.0%	12.0%
<u>Facilities and equipment</u>						
Rent of MRI equipment (2)	27.4%	31.4%	30.7%	30.5%	34.8%	34.8%
Pad fee (3)	9.2%	7.9%	7.8%	7.7%	8.2%	8.2%
Transportation fee (4)	9.0%	5.5%	5.4%	5.3%	-%	-%
Other	1.4%	.9%	.9%	.9%	.8%	.8%
Total facilities and equipment	47.0%	45.7%	44.8%	44.4%	43.8%	43.8%
Service related expenses	1.9%	1.3%	1.3%	1.4%	1.4%	1.4%
Salaries and benefits (5)	22.4%	26.3%	26.5%	26.9%	28.6%	28.6%
Selling, general and administrative expenses (6)	16.6%	13.6%	14.0%	14.6%	14.0%	14.0%
Other expenses (7)	-	1.7%	1.6%	.3%	.2%	.2%
Total Expenses	100%	100%	100%	100%	100%	100%
	% change in total expense compared to prior period					
Total Expenses	\$ 950,098	50.0%	2.2%	.8%	9.3%	-%

- (1) Consists of support and billing services provided by Shields Health Care Group. Also includes an estimate of bad debt expense of approximately 5% of outpatient revenue, net. Management anticipates these expenses to increase annually in congruence with anticipated scan volume growth.
- (2) Agreement between Shields Health Care Group and the Applicant for rental of mobile MRI equipment at \$2,150 per day (4 days per week = \$8,600 per week; 52 weeks = \$447,200 annual cost for years ending 2022 - 2022, 5 days per week = \$10,750 per week; 52 weeks = \$559,000 for the years ending 2023 - 2024). There is no formal agreement in place, however Management is currently working on finalizing an agreement.

V. Review of the Projections (continued)

Expenses (continued)

- (3) Consists of payments to BH, the landlord of BWH, of \$41,000 per year for 5 years, totaling \$205,000 for leasehold improvements to the worksite. In addition, \$72,000 of recurring annual fees to BH for the Applicant's share of space and utilities in the hospital for the years ending 2020 - 2022. The recurring annual fees increase from \$72,000 to \$90,000 for the years ending 2023 - 2024 for an additional day of service per week.
- (4) Consists of fees charged by a third-party transportation Company to transport MRI equipment to BWH. Management has estimated the cost at \$750 per trip (2 trips per week = \$1,500 per week; 52 weeks = \$78,000 annual cost for the years ending 2020 - 2022). Management anticipates eliminating the cost for the years ending 2023 - 2024 because the MRI equipment is expected to remain at BWH for the duration of the week as the Applicant expects to be open Monday through Friday beginning in 2023.
- (5) Consists of radiologist services at approximately \$159,000 per year (with projected annual increases of \$10,000), two technologists at approximately \$163,000 per year (\$81,500 per technologist) and one operations employee at approximately \$53,000 per year. The wages for the two technologists and operations employee are projected to increase for the years ending 2023 - 2024 as Management expects to add an additional day of service per week.
- (6) Consists of support services provided by Shields Health Care Group such as scheduling, credentialing, training, etc. (approximately \$76,000 for the year ending 2020). Also consists of approximately \$50,000 of marketing costs for the year ending 2020. In addition, Shields Health Care group charges the Applicant an annual management fee of 3% of outpatient revenue, net less bad debt expense (approximately \$32,000 for the year ending 2020). Management anticipates these expenses to increase annually in congruence with anticipated scan volume growth.
- (7) The Applicant is charged approximately \$20,000 for an annual fee to Commonwealth of Massachusetts which is eliminated for the year ending 2021.

We analyzed the projected/pro-forma expenses for fiscal years 2020 through 2024 in relation to the historical results of an existing contractual agreement with UMMIC for fiscal years 2017, 2018 and 2019 year-to-date results through June 2019 in order to assess the reasonableness of the pro-forma expenses. Based on our analysis, the pro-forma total expenses are reasonable. In addition, the overall expenses and per scan costs projected by Management are a reasonable estimation based primarily upon the proposed agreement between Shields Health Care Group and the Applicant for rental of mobile MRI equipment at \$2,150 per day as noted above and the overall staffing model noted.

Net Loss

The table below provides a summary of the net loss by year as a percentage of net revenue:

	Actual results under current joint venture 2018	Projected/ pro-forma under new agreement 2020	Projected/ pro-forma under new agreement 2021	Projected/ pro-forma under new agreement 2022	Projected/ pro-forma under new agreement 2023	Projected/ pro-forma under new agreement 2024
Outpatient revenue, net	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total expenses	112.9%	125.5%	120.7%	114.8%	118.9%	118.9%
Total net loss	(12.9%)	(25.5%)	(20.7%)	(14.8%)	(18.9%)	(18.9%)

V. Review of the Projections (continued)

Cash Flows and Capital Expenditures

Cash Flows

Based upon our discussions with management and our review of the information provided, the Project is anticipated to require and receive additional capital contributions of approximately \$1,340,000 throughout the years 2020 - 2024. The Project is projected to have approximately \$142,000 of cash at September 30, 2024. The capital contributions are anticipated to be contributed ratably in accordance with the Applicant's ownership percentages.

Capital Expenditures

Based upon our discussions with Management and our review of the information provided, including a budget provided by Management, the projected capital costs are \$804,429. The projected capital costs consist of \$205,000 of leasehold improvements to the worksite, \$596,429 of the fair market value usage of MRI equipment and \$3,000 of other costs.

- The \$205,000 of leasehold improvements are to be paid back to Baystate Health, Inc. over 5 years at \$41,000 annually through 2024 (see expenses note 3).
- The \$596,429 of MRI equipment related costs is an allocation by Shields Health Care Group for the Applicant's use of the MRI equipment for 5 days.
- The Applicant is required to pay a 5% fee to the Commonwealth of Massachusetts based on the total projected capital costs of \$804,429, which results in a fee of approximately \$40,000, payable over two years through 2021. The fee is included in selling, general and administrative expenses (see expenses note 6).

VI. Feasibility

We analyzed the projected operations, including MRI caseloads, revenue and expenses prepared by Management. In performing our analysis, we considered multiple sources of information including historical and projected financial information. It is important to note that the projections do not account for any anticipated changes in accounting and regulatory standards. These standards, which may have a material impact on individual future years, are not anticipated to have a material impact on the aggregate projections.

We determined that the projections were not likely to result in insufficient funds available for ongoing operating costs necessary to support the proposed Project except as discussed in Item V above. Based upon our review of the projections and relevant supporting documentation, we determined the Project and continued operating deficits are reasonable and based upon feasible financial assumptions. Therefore, the addition of a part-time mobile MRI service at BWH and the capital needs associated with this service is financially feasible and within the financial capability of the Applicant.

Myra Brothers Kalicka, P.C.

Holyoke, Massachusetts
September 25, 2019

ATTACHMENT 5:
FACTOR 6 COMMUNITY HEALTH INITIATIVE SUPPLEMENTAL INFORMATION

ATTACHMENT 5A: COMMUNITY HEALTH INITIATIVE NARRATIVE

Franklin MRI Center, LLC
Community Health Initiative Narrative

A. Community Health Initiative Monies

The breakdown of Community Health Initiative (“CHI”) monies for the proposed Project is as follows:

- Maximum Capital Expenditure: \$804,429.00
 - Community Health Initiative: \$40,221.45 (5% of Maximum Capital Expenditure)
 - CHI Administrative Fee to be retained: \$1,608.86 (4% of the CHI monies)
 - CHI Money – less the Administrative Fee: \$38,612.59
-

- CHI Funding for the Statewide Initiative: \$3,861.26 (10% of CHI monies – less the administrative fee)
- Initial CHI Local Funding: \$34,751.33 (90% of CHI monies – less the administrative fee)
- Evaluation Costs for the CHI: \$3,475.13 (10% of Initial CHI Local Funding)
- Final CHI Local Funding to be Distributed via the Existing BH System DoN – CHI Process: \$31,276.20 (Initial CHI Local Funding – less the evaluation costs)

B. Background Information

Franklin MRI Center, LLC (“Applicant”) is a joint venture between Baystate Franklin Medical Center (“BFMC”) and Shields Family Equity II, LLC (“Shields”) that was formed in 2006 to establish a licensed clinic to provide magnetic resonance imaging (“MRI”) services. Currently, the Applicant is authorized to provide fixed MRI services seven days per week at BFMC. To meet demand, and for access, quality, health equity and cost efficiency purposes, the Applicant is filing a Notice of Determination of Need (“Application”) with the Massachusetts Department of Public Health (“Department” or “DPH”) for a change in service to add a part-time mobile MRI to its MRI clinic license. Specifically, the mobile unit will operate five days per week as a satellite location at Baystate Wing Hospital (“BWH”), another Baystate Health, Inc. (“BH System”) hospital. Given the entities involved and their current geographies, BH System staff will be providing oversight and implementing the associated Determination of Need (“DoN”) – Community Health Initiative (“CHI”).

The CHI processes for the proposed DoN will be amalgamated into a larger BH System CHI process for its 2018 DoN Amendment # 1-3B36.7 (Significant Change – BH-18073108-AM). BH System staff began speaking with Mr. Ben Wood, Director of the Office of Community Health Planning and Engagement and Ms. Jennica Allen, Community Health Planning and Engagement Specialist at the Department about combining these two CHI processes in August 2018. Leaders at the BH System believe it is best to combine these two processes for the following reasons: 1) There is an ongoing CHI for this geographic area and combining the two CHIs will prevent the duplication of resources; and 2) Given that this CHI is a Tier 1, greater impact may occur if these monies are distributed through the existing CHI process.

C. Timeline for CHI Activities and Years of Funding

The noted CHI monies will be amalgamated to the BH System's ongoing CHI activities. Consequently, the timeline for the disbursement of these monies will follow the BH System's existing timeline and years of funding. Monies are to be distributed over three years.

D. Administrative and Evaluation Overview

The BH System is seeking the administrative and evaluation monies associated with this CHI. Administrative monies will be used to off-set the costs associated with conducting formal solicitation processes to distribute funding to grantee(s). As noted in the Department's sub-regulatory CHI guidelines, a DoN Applicant may request administrative monies for a Tier 1 CHI, if the Applicant is conducting a request for proposal ("RFP") process. Accordingly, given that the BH System is carrying out a formal RFP process to distribute these CHI monies, the system is requesting administrative funds to pay for associated staff time, supplies and other costs around conducting a formal solicitation process. Moreover, the BH System will utilize evaluation monies to assist in paying for third-party evaluation services. The Public Health Institute of Western MA has been selected as the BH System evaluator for this process.

E. Timing of CHI Forms and CHNA

The BH System will be submitting the CHNA/CHIP Self-Assessment Form and Stakeholder Forms for review by October 25, 2019. These Forms are based upon the completion of BWH's 2019 Community Health Needs Assessment ("CHNA") and associated processes. The BH System will submit BWH's 2019 CHNA by November 1, 2019.

ATTACHMENT 5B:
BAYSTATE WING HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT

Baystate Wing Hospital's Community Health Needs Assessment

Based on discussions between Baystate Health, Inc. staff and Ben Wood, Director of the Office of Community Health Planning and Engagement at the Department of Public Health, the Baystate Wing Hospital Community Health Needs Assessment will be submitted separately for review by November 1, 2019.

ATTACHMENT 5C: CHNA/CHIP SELF-ASSESSMENT FORM

CHNA/CHIP Self-Assessment Form

Based on discussions between Baystate Health, Inc. staff and Ben Wood, Director of the Office of Community Health Planning and Engagement at the Department of Public Health, the CHNA/CHIP Self-Assessment Form will be submitted separately for review by October 25, 2019.

ATTACHMENT 5D:
COMMUNITY ENGAGEMENT STAKEHOLDER ASSESSMENT FORMS

Community Engagement Stakeholder Assessment Forms

Based on discussions between Baystate Health, Inc. staff and Ben Wood, Director of the Office of Community Health Planning and Engagement at the Department of Public Health, the Community Engagement Stakeholder Assessment Forms will be submitted separately for review by October 25, 2019.

ATTACHMENT 6: AFFILIATED PARTIES FORM



Massachusetts Department of Public Health

Determination of Need

Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date: 10/24/2019 Application Number: 19102412-HS

Applicant Information

Applicant Name: Franklin MRI Center, LLC

Contact Person: Andrew Levine Title: Attorney, Barrett & Singal PC





Phone: 6175986700 Ext: E-mail: alevine@barrettsingal.com

Affiliated Parties

1.9 Affiliated Parties:

List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.

Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
<input type="checkbox"/> <input type="checkbox"/>	Chalke	Dennis	80 Jonquil Lane	Longmeadow	MA	Baystate Franklin Medical Center	Board of Representative Member		0%	No	Health New England; Baystate Health; Baystate Medical Center; Baystate Noble Hospital; Baystate Wing Hospital; Baystate Visiting Nurse Association & Hospice	No
<input type="checkbox"/> <input type="checkbox"/>	Newmark	Jason	40 Lawrence Drive	Longmeadow	MA	Baystate Franklin Medical Center	Board of Representative Member		0%	No		No
<input type="checkbox"/> <input type="checkbox"/>	Demianiuk	William	6 Kingsbury Way	Chatham	MA	Shields Family Equity II, LLC	Board of Representative Member		0%	No		No

Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
 	Shields	Thomas	45 Satuit Meadow Lane	Norwell	MA	Shields Family Equity II, LLC	Board of Representative Member		0%	No	Baystate Health Urgent Care, LLC; Baystate MRI & Imaging Center, LLC; Cape Cod PET-CT Services, LLC; Cape Cod Radiation Therapy, LLC; Fall River/New Bedford Regional MRI, LP; Healthcare Enterprises, LLC; Massachusetts Bay Regional MRI, LP; PET-CT Services by Tufts Medical Center and Shields, LLC; Radiation Therapy of Winchester, LLC; Shields Imaging of Portsmouth, LLC; Shields Healthcare of Cambridge, Inc.; Shields Imaging at Anna Jacques Hospital, LLC; Shields Imaging at York Hospital, LLC; Shields Imaging of Eastern Massachusetts, LLC; Shields Imaging of Lowell General Hospital, LLC; Shields Imaging With Central Maine Health, LLC; Shields MRI & Imaging Center of Cape Cod, LLC; Shields MRI of Framingham, LLC; Shields PET/CT at CMMC, LLC; Shields PET-CT at Berkshire Medical Center, LLC; Shields PET-CT at Cooley Dickinson Hospital, LLC; Shields Signature Imaging, LLC; Shields Sturdy PET-CT, LLC; South Shore Regional MRI, LP; Southeastern Massachusetts Regional MRI, LP; UMass Memorial Health Alliance MRI Center, LLC; UMass Memorial MRI & Imaging Center, LLC; UMass Memorial MRI - Marlborough, LLC; Winchester Hospital-Shields MRI, LLC	No
 					MA							

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box.
Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 10/24/2019 12:56 pm

E-mail submission to
Determination of Need

ATTACHMENT 7: CHANGE IN SERVICE FORM



Massachusetts Department of Public Health

Determination of Need

Change in Service

Version: DRAFT
6-14-17

DRAFT

Application Number: 19102412-HS

Original Application Date: 10/24/2019

Applicant Information

Applicant Name: Franklin MRI Center, LLC

Contact Person: Andrew Levine Title: Attorney, Barrett & Singal PC

Phone: 6175986700 Ext: E-mail: alevine@barrettsingal.com

Facility: Complete the tables below for each facility listed in the Application Form

1 Facility Name: Franklin MRI Center, LLC at Baystate Wing Hospital CMS Number: 0010942 Facility type: MRI Clinic

Change in Service

2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable.

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges	Number of Discharges
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected		Actual	Projected
	Acute													
	Medical/Surgical									0%	0%			
	Obstetrics (Maternity)									0%	0%			
	Pediatrics									0%	0%			
	Neonatal Intensive Care									0%	0%			
	ICU/CCU/SICU									0%	0%			
+	-									0%	0%			
	Total Acute									0%	0%			
	Acute Rehabilitation									0%	0%			
+	-									0%	0%			
	Total Rehabilitation									0%	0%			
	Acute Psychiatric													

Add/Del Rows		Licensed Beds	Operating Beds	Change in Number of Beds (+/-)		Number of Beds After Project Completion (calculated)		Patient Days (Current/ Actual)	Patient Days Projected	Occupancy rate for Operating Beds		Average Length of Stay (Days)	Number of Discharges Actual	Number of Discharges Projected
		Existing	Existing	Licensed	Operating	Licensed	Operating			Current Beds	Projected			
	Adult									0%	0%			
	Adolescent									0%	0%			
	Pediatric									0%	0%			
	Geriatric									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Acute Psychiatric									0%	0%			
	Chronic Disease									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Chronic Disease									0%	0%			
	Substance Abuse													
	detoxification									0%	0%			
	short-term intensive									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Substance Abuse									0%	0%			
	Skilled Nursing Facility													
	Level II									0%	0%			
	Level III									0%	0%			
	Level IV									0%	0%			
<input type="checkbox"/> + <input type="checkbox"/> -										0%	0%			
	Total Skilled Nursing									0%	0%			

2.3 Complete the chart below If there are changes other than those listed in table above.

Add/Del Rows	List other services if Changing e.g. OR, MRI, etc	Existing Number of Units	Change in Number +/-	Proposed Number of Units	Existing Volume	Proposed Volume
<input type="checkbox"/> + <input type="checkbox"/> -	Part-Time Mobile MRI Unit (to operate 5 days/week as a satellite location at Baystate Wing Hospital, 40 Wright Street, Palmer, MA 01069). Please note that the information provided herein relates only to the proposed new satellite location at Baystate Wing Hospital and does not include unit and volume information for the Applicant's current MRI unit that is operated at Baystate Franklin Medical Center, 164 High Street, Greenfield, MA 01301.	0	1	1	0	2,363

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box.
Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 10/24/2019 12:58 pm

E-mail submission to
Determination of Need

ATTACHMENT 8: NOTICE OF INTENT

RETURN OF PUBLICATION

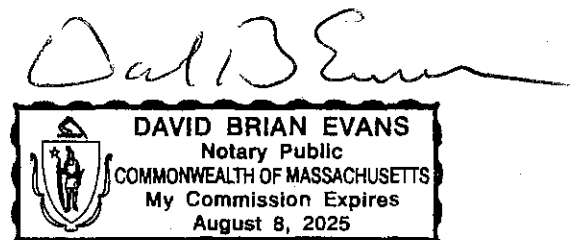
I, the undersigned, hereby certify under the pains and penalties of perjury, that I am employed by the publishers of the *Springfield Republican* and the following Public/Legal announcement was published in two sections of the newspaper on September 19, 2019 accordingly:

- 1) "Public Announcement Concerning a Proposed Health Care Project" page C6, Legal Notice Section.
- 2) "Public Announcement Concerning a Proposed Health Care Project" page A4, Main Section.

Kathy Portier
Signature

Kathy Portier
Name

Legal Rep.
Title



A4 | THURSDAY, SEPTEMBER 19, 2019

The new report illustrates that abortions are decreasing in all parts of the country — in Republican-controlled states seeking to restrict abortion access and in Democratic-run states protecting abortion rights. Between 2011 and 2017, abortion rates increased in only five states and the District of Columbia.

One reason for the decline in abortions is that fewer women are becoming pregnant. The Guttmacher Institute noted that the birth rate and the abortion rate declined during the years covered by the new report. A likely factor, the report said, is increased accessibility of

Public Announcement Concerning a Proposed Health Care Project

Franklin MRI Center, LLC ("Applicant") with a principal place of business at 700 Congress Street, Suite 204, Quincy, MA 02169 intends to file a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health for a change in service to add a part-time mobile MRI unit to its existing MRI clinic license. The mobile MRI unit will operate five days per week as a satellite location at Baystate Wing Hospital, 40 Wright Street, Palmer, MA 01069 ("Project"). The total value of the Project based on the maximum capital expenditure is \$804,429. The Applicant does not anticipate any price or service impacts on the Applicant's 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 November 2, 2019 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.

C6 | THURSDAY, SEPTEMBER 19, 2019

for air ambulance services will remain at the current level. The amended rate for wheelchair van services was established by applying applicable productivity and administrative efficiency standards to a unit cost calculated based on FY2017 provider-specific costs. The remaining wheelchair van rates will remain at the current level.

EOHHS is making these changes, subject to federal approval, to ensure that payments are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated facilities, and to ensure that payment rates are consistent with efficiency, economy, and quality of care. It is estimated that annual aggregate MassHealth expenditures will increase by \$7.9 million as a result of the amendments.

The amended regulation and rates are available at EOHHS or may be viewed at EOHHS's website at www.mass.gov/regulations/1143-CMR-270.

Interested parties may submit written comments on these amendments by emailing ehs-regulations@state.ma.us. Please submit comments as an attached Word document or as text within the body of the email with the name of the regulation in the subject line. All submissions must include the sender's full

Page 399.
TERMS OF SALE
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Pawtucket, RI 0286
Attorney for Citiz
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Corp.

Present Holder of
Mortgage
401-211-0761

(September 12, 2019)

Ludlow

NOTICE OF MORTGAGE

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Public Announcement Concerning a Proposed Health Care Project

Franklin MRI Center, LLC ("Applicant") with a principal place of business at 700 Congress Street, Suite 204, Quincy, MA 02169 intends to file a Notice of Determination of Need ("Application") with the Massachusetts Department of Public Health for a change in service to add a part-time mobile MRI unit to its existing MRI clinic license. The mobile MRI unit will operate five days per week as a satellite location at Baystate Wing Hospital, 40 Wright Street, Palmer, MA 01069 ("Project"). The total value of the Project based on the maximum capital expenditure is \$804,429. The Applicant does not anticipate any price or service impacts on the Applicant's 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 November 2, 2019 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.

(September 19)

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ATTACHMENT 9: HPC ACO CERTIFICATION APPROVAL LETTER



The Commonwealth of Massachusetts
HEALTH POLICY COMMISSION
50 MILK STREET, 8TH FLOOR
BOSTON, MASSACHUSETTS 02109
(617) 979-1400

STUART H. ALTMAN
CHAIR

DAVID M. SELTZ
EXECUTIVE DIRECTOR

December 29, 2017

Andréa Carey
Baycare Health Partners, Inc.
101 Wason Avenue, Suite 200
Springfield, MA 01107

RE: ACO Certification

Dear Ms. Carey:

Congratulations! The Health Policy Commission (HPC) is pleased to inform you that Baycare Health Partners, Inc. meets the requirements for ACO Certification. This certification is effective from the date of this letter through December 31, 2019.

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 including supporting patient-centered care and governance, using data to drive quality improvement, and investing in population health. 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. In addition, a logo is enclosed for your use in accordance with the attached Terms of Use. We hope you will use the logo to highlight the 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. In early 2018, HPC staff will contact you to discuss any updates to your submission and to plan a site visit for later in the year.

Thank you for your dedication to providing accountable, coordinated health care to your patients. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Catherine Harrison, Deputy Policy Director, at HPC-Certification@state.ma.us or (617) 757-1606.

Best wishes,

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

David Seltz
Executive Director

ATTACHMENT 10: CERTIFICATE OF ORGANIZATION

CERTIFICATE OF ORGANIZATION

OF

FRANKLIN MRI CENTER, LLC

FILED

MAY 15 2006

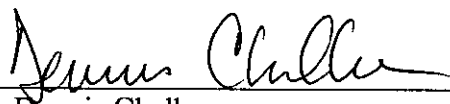
SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

Pursuant to Section 12 of the Massachusetts Limited Liability Company Act, the undersigned, intending to organize a limited liability company, certifies as follows:

1. The federal employer identification number of the LLC is applied for.
2. The name of the limited liability company is Franklin MRI Center, LLC (the "LLC").
3. The address of the principal office of the LLC is 164 High Street Greenfield, MA 01301.
4. The LLC is formed for the object and purpose of, and the nature of the business to be conducted and promoted by the LLC is, engaging in any lawful act or activity for which limited liability companies may be formed under the Massachusetts Limited Liability Company Act, as amended from time to time, including, but not limited to conducting high-end magnetic resonance imaging services.
5. The LLC has no specific date of dissolution.
6. The resident agent of the LLC is Carmel Shields, 164 High Street Greenfield, MA 01301.
7. Shields Management of Greenfield, LLC, 700 Congress Street, Suite 204, Quincy, MA 02169, will serve as Manager of the LLC.
8. Dennis Chalke is authorized on behalf of the LLC to execute any documents to be filed with the Secretary of the Commonwealth.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Organization as
of May 5, 2006.

FRANKLIN MRI CENTER, LLC

By: 
Name: Dennis Chalke
Title: Authorized Representative

Check/Voucher # 10293/10297

The Commonwealth of Massachusetts
Limited Liability Company
(General Laws, Chapter 156C)

980543

Filed this 15 day May, 2006

William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth

Name Bay State

Phone 617-742-8484

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COMMONWEALTH OF MASSACHUSETTS
SECRETARY OF THE COMMONWEALTH

D

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

**Limited Liability Company
Application For Reinstatement
Following Administrative Dissolution
(General Laws Chapter 156C, Section 71)**

- (1) Exact name of the limited liability company:

Franklin MRI Center, LLC

- (2) Resident agent office address:

700 Congress Street
Quincy, MA 02169

Name of the resident agent at registered office: Carmel Shields

- (3) Effective date of the limited liability company's administrative dissolution: 04-19-2011

(month, day, year)

- (4) The grounds for administrative dissolution (check appropriate box):

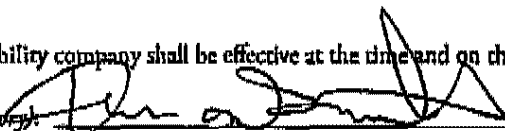
☐ did not exist.

☒ have been eliminated.

- (5) The limited liability company's name satisfies the requirements of G.L. Chapter 156C, Section 3 or the limited liability company shall simultaneously submit a certificate of amendment to change its name to a name that satisfies the requirements of G.L. Chapter 156C, Section 3.

- (6) The reinstatement of the limited liability company shall be effective at the time and on the date approved by the Division.

Signed by (signature of authorized signatory):



on this 11th day of September, 2014

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 11, 2014 03:55 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized 'G' at the end.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

ATTACHMENT 11: AFFIDAVIT OF TRUTHFULNESS AND 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: Original Application Date:

Applicant Name:

Application Type:

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; 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 100.705(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:

10/2/19

This document is ready to print: ☒

Date/time Stamp:

*been informed of the contents of
**have been informed that

ATTACHMENT 12: FILING FEE

Baystate MRI & Imaging Center LLC

2015446

VENDOR NO: 1875

NAME: Commonwealth of MA

CHECK DATE: 9/25/2019

REFERENCE	INV DATE	INV DESCRIPTION	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT PAID
SEP 25 2019	9/25/2019	Filing fee for Wing DON	1,608.86	0.00	1,608.86
TOTAL >			1,608.86	0.00	1,608.86

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

Baystate MRI & Imaging Center LLC

Santander Bank

2015446

55 Christy's Drive
Brockton, MA 02301
Fed ID# 04-3454301
75860002890

5-7515/0110

DATE 9/25/2019
AMOUNT ***1,608.86

PAY One Thousand Six Hundred Eight and 86/100*****

TO THE
ORDER
OF
Commonwealth of MA

[Signature]

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

Void if not Cashed After 90 Days

⑈ 2015446 ⑆ 011075150 ⑆ 75860002890 ⑈