Tellica Imaging - Massachusetts, LLC
DON # TIM-25041809-RE

APPLICANT QUESTIONS 2

Responses should be sent to DoN staff at DPH.DON@mass.gov

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- We accept answers on a rolling basis however, when providing the answer to the final question, submit all questions and answers in order in one final document.
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. **Whenever possible, include a table in data format (NOT pdf or picture) with the response.**

1. **Please provide the number of unique patients for BMC overall from FY22-FY24.**

Overall, Boston Medical Center ("BMC") had the following unique patients from fiscal year ("FY") 2022 – FY2024:

Table 1: Unique Patients at BMC from FY2022-2024			
	FY2022	FY2023	FY2024
Unique Patients	272,253	250,200	260,519

2. **Does the Applicant anticipate a continuation of the high public payer mix at the new facility?**

The Applicant does not know what the final payer mix may be for the Proposed Project Site in Bedford. However, the Applicant will be accepting all forms of insurance including public and commercial payers.

3. **Does the Applicant anticipate that BMC will have trouble absorbing the projected volume increases?**

The Applicant, Tellica Imaging – Massachusetts LLC, is a joint venture between Tellica Imaging, LLC ("Tellica Imaging") and BMC Health System, Inc. ("BMC Health System" or "BMCHS"). Consequently, BMC will not be absorbing project volume, rather the Applicant will be providing services to patients. The Applicant is basing resources for the Proposed Project Site on its patient and scan projections, as well as Tellica Imaging's experience with other imaging sites in various states.

4. **Please provide data on current wait times for CT and MRI services at BMC and the projected impact on wait times once the new facility is operational.**

Currently, wait times for CT and MRI services are not a challenge at BMC. However, given that additional scanning capacity will be available via the Applicant at the Proposed Project Site, wait times may be reduced for certain of BMC's patients, especially those individuals living in or around the primary service area ("PSA") leading to more timely care.

5. **In regards to the projected volume increases: does the Applicant anticipate that the FY2025 CT/ MRI Utilization Data for BMC will basically look the same as the prior years, or do they think there will be some attrition to the Brighton location?**

Tellica Imaging – Massachusetts LLC does not want to speculate about the FY25 or FY26 CT/MRI utilization at BMC's main campus. The Applicant has projected that some of BMC's patients may seek services at the Applicant's Proposed Project Site, as well as other residents within the PSA in need of imaging services.

6. **The Volume Projections are anticipating a very significant increase that doesn't seem as though it can be fully attributed to 65+ population growth. Please provide an explanation for what would drive such a huge jump in volume.**

As noted in the Applicant's initial responses to questions on the Determination of Need application, the Applicant worked with a consulting group to provide a market assessment of the PSA, and found that based upon rates of population growth over the next five years, especially among the 65+ age cohort and the growth of certain clinical procedures, there will be an increased need for diagnostic imaging services in the PSA.

The Applicant notes that continued growth among its patient panel is supported by population growth estimates from the University of Massachusetts – Donahue Institute ("UMDI") and provided in prior responses. As the number of patients across the state and Middlesex County continues to age, the Applicant anticipates that the need for outpatient diagnostic imaging services will rise. To this end, the Applicant specifically highlights literature on CT and MRI trends, which indicate that imaging rates tend to be higher among older adults as these imaging modalities are beneficial in diagnosing and treating a variety of age-related conditions (provided in early responses). The historical data for imaging services within the patient panel appear consistent with such literature and with the trends projected by UMDI (see Table 2).

Table 2: Number of Scans for BMC's Diagnostic Imaging Patients who reside in the PSA. and are 65+

	FY22	FY23	FY24	FY25 Year-to-Date
Scans	701	634	786	471
Visits	444	435	563	310
Unique Patients	245	266	314	192

Moreover, with aging comes greater incidence of conditions (degenerative musculoskeletal disease, vascular disease, oncology surveillance, etc.) that often require imaging (MRI, CT, and serial follow-ups). Massachusetts also has growing rates of chronic diseases (e.g., cancer, heart disease, chronic lower respiratory disease, and stroke) which are drivers of healthcare utilization.[1] As these conditions increase (or are managed longer), imaging volumes rise – for diagnosis, staging, monitoring, and surveillance. The data listed in Table 2 show the initial patients who may seek services at the Proposed Project Site. Over time, others within the PSA may choose to access imaging services at the Applicant's Proposed

[1] Massachusetts Department of Public Health. (n.d.). SHIP – Chronic disease. Mass.gov. Retrieved November 24, 2025, from https://www.mass.gov/info-details/ship-chronic-disease

Project Site. Accordingly, all of these factors will impact the number of individuals seeking imaging services at the Proposed Project Site.

7. **The Applicant stated that they are adopting a five-point equity strategy, which includes the phrase, "Because growth has a place in healing, the Applicant has dedicated funding to support equity opportunities." Please provide more detail on this point.**

As noted in the Determination of Need, the Applicant has adopted Intermountain Healthcare's equity strategy, and the parent company supports equity opportunities. Intermountain Health's equity strategy focuses on creating fair access to opportunities and services through its Place Based Investing program, which uses dedicated funding to support community well-being in areas like affordable housing, financial inclusion, and education. Funding is allocated through a portion of its investment pool, channeled into direct loans to local organizations and investments in financial intermediaries, like Community Development Financial Institutions (CDFIs). These investments aim to address the social determinants of health ("SDoH") by improving economic and social outcomes in the communities it serves.

For Tellica Imaging, a key aspect of equity is price transparency. Consequently, the Applicant will provide diagnostic scans at a flat rate for those patients paying cash and provide pricing via its website, allowing potential patients to understand the cost of care and inquire about pricing. The Applicant also offers 6-month, interest-free payment plans to patients in need of financial assistance.

8. **Given that these are imaging services only, not collocated with anything else, please provide detail on how the Applicant will pursue coordination of care related to the referring/treating provider and timeliness of notification to providers?**

The Applicant will pursue coordination of care through electronic medical record ("EMR") and Picture Archiving and Communication System ("PACS") integration with BMC and other potential treating providers. Moreover, scans will be read within thirty (30) minutes for STAT cases, two (2) hours for urgent cases, and approximately one (1) business day for routine cases. For critical test values/urgent findings, radiologists will escalate the results to the referring/treating provider. Tellica Imaging also accepts orders via fax and secure portal for affiliated groups in the community.

9. **Please provide information on the specific diseases prevalent within their anticipated Patient Panel and why the new facility might promote better health outcomes for their anticipated patients.**

The Applicant worked with BMC to evaluate the ten most common CPT codes for CT Services at the hospital from FY2023-2024. Table 3 outlines information about these codes.

Table 3: Ten Most Common CPT Codes for CT Services at BMC in FY2023-FY2024	
1	74177 - CT ABDOMEN AND PELVIS W-CONTRAST MATERIAL
2	70450 - CT HEAD-BRAIN W-O CONTRAST MATERIAL
3	77014 - CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT
4	71260 - DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W-CONTRAST
5	72125 - CT CERVICAL SPINE W-O CONTRAST MATERIAL

6	71275 - CT ANGIOGRAPHY CHEST W-CONTRAST-NONCONTRAST
7	71250 - DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W-O CNTRST
8	70496 - CT ANGIOGRAPHY HEAD W-CONTRAST-NONCONTRAST
9	70498 - CT ANGIOGRAPHY NECK W-CONTRAST-NONCONTRAST
10	71271 - COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-

Table 4 provides the ten most common CPT codes for MRI Services at BMC for FY2023-FY2024.

Table 4: Ten Most Common CPT Codes for MRI Services at BMC in FY2023-FY2024	
1	70553 - MRI BRAIN BRAIN STEM W-O W-CONTRAST MATERIAL
2	70551 - MRI BRAIN BRAIN STEM W-O CONTRAST MATERIAL
3	72148 - MRI SPINAL CANAL LUMBAR W-O CONTRAST MATERIAL
4	74183 - MRI ABDOMEN W-O AND W-CONTRAST MATERIAL
5	72141 - MRI SPINAL CANAL CERVICAL W-O CONTRAST MATRL
6	73721 - MRI ANY JT LOWER EXTREM W-O CONTRAST MATRL
7	70544 - MRA HEAD W-O CONTRST MATERIAL
8	72197 - MRI PELVIS W-O AND W-CONTRAST MATERIAL
9	73221 - MRI ANY JT UPPER EXTREMITY W-O CONTRAST MATRL
10	70547 - MRA NECK W-O CONTRST MATERIAL

Given the growing number of individuals who will be in the 65+ age cohort in the PSA, the Applicant hypothesizes that orthopedic and neurological conditions may be prevalent in local residents and the reason for certain scans. High quality outcomes are anticipated given the timeliness of care, appropriate modalities, and operational processes used by the Applicant.

10. **If Tellica Imaging MA doesn't conduct SDoH screenings, please explain how the Applicant would be able to recognize a SDoH need and connect the patient to resources without placing the onus on the patient to verbalize their needs.**

When a patient contacts the Applicant to make an appointment, staff inquire if translation or any other services are necessary or helpful. At this time, a patient may disclose a SDoH need, and the Applicant will work with the patient to ensure he/she/they receive(s) necessary screenings (through BMC or other providers) and are linked to SDoH resources. Signage will also be posted at the Proposed Project Site that directs patients to inquire with front desk staff or a technologist if they have SDoH challenges and need assistance. If a patient seeks assistance from the Applicant's staff, they will be referred to a local hospital (including BMC) for screening and support.

11. **Please propose outcome measures with baseline and projections for the following areas:**
    a. **Utilization**
    b. **Patient Satisfaction**
    c. **Quality of Care: Repeat scans**

In addition to the outcomes outlined in the Determination of Need, the Applicant proposes the following measures:

a. Utilization

1. The number of scans completed by modality:

Table 5: Projected Number of Scans per Year at the Proposed Project Site					
Modality	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
CT	1,273	2,590	5,270	7,560	7,560
MRI	848	1727	3,515	5,040	5,040
Total	2,121	4,317	8,785	12,600	12,600

b. Patient Satisfaction

1. The number of patient reviews that prompt follow-up by the Applicant's staff, based on a challenging experience or less than outstanding experience.

   Measure: Patient reviews receiving less than outstanding or note a challenge during the visit.

   For Reviews by MRI Patients: Baseline: 5%; Year 1: 4% Year 2: 4%; and Year 3: 4%.

   For Reviews by CT Patients: Baseline: 5%; Year 1: 4% Year 2: 4%; and Year 3: 4%.

   Monitoring: The Applicant will collect and provide data to the Department of Public Health ("DPH") on an annual basis beginning one (1) year following implementation of the Proposed Project.

c. Quality of Care – repeat scans are typically an outlier for the Applicant. Accordingly, the following measure is proposed in the Determination of Need and outlined below:

1. **Timeliness of Scan Interpretation:** The Proposed Project seeks to ensure timely access to high-quality diagnostic imaging services for the identified patient panel. The Applicant will review the amount of time between when a routine scan is completed to the time when review and interpretation are completed.

   Measure: This measure will collect data based on the following calculation: Time from completion of a routine scan to time of completed review and interpretation by a radiologist.

   MRI Projections: Baseline: 2-3 business days; Year 1: 1-2 business days; Year 2: 1-2 business days; and Year 3: 1 business days.

   Monitoring: The Applicant will collect and provide data to DPH on an annual basis beginning one (1) year following implementation of the Proposed Project.

12. The time to scheduling/ exam measure is defined as "Time an order is indexed (is sent for scheduling) to time the exam is scheduled." Is this the time to when the call is made or when the appointment is actually scheduled in the system?

This measure is defined as the time in which an order is ready for a patient to be contacted (including prior authorization if needed) to the first attempt to call the patient.