**Shields Signature Imaging, LLC Determination of Need**

**Application for a Determination of Need for Transfer of Site/Change in Designated Location**

Application# 23022314-TS

February 27, 2023

Shields Healthcare of Cambridge, Inc.

700 Congress Street, Suite 204

Quincy, Massachusetts 02169

**Shields Signature Imaging, LLC Determination of Need Application**

##### Table of Contents Exhibits

1. Determination of Need Application
2. Determination of Need Attachments
	1. Determination of Need Narrative
	2. Affidavit of Truthfulness Form
	3. Filing Fee - Scanned copy of Application Filing Fee
	4. Limited Liability Company- Certificate of Organization
	5. Schematic of the PET-CT Unit and Docking Area
	6. Copy of Current License

Exhibit A Determination of Need Application

 Version: 7-10-2020 mi. corr.

Massachusetts Department of Public Health
Determination of Need
Application Form

Application Type: Transfer of Site/Change in Designated Location

Application Date: 02/27/2023 5:41 pm

Applicant Name: Shields Signature Imaging, LLC

Mailing Address: 700 Congress Street - Suite 204

City: Quincy State: Massachusetts Zip Code: 02169

Contact Person: Courtney Pasay Vaughan

Title: Attorney

Mailing Address: One State Street - 15th Floor

City: Boston State: Massachusetts Zip Code: 02109

Phone: 9789982464 Ext: none

Email: cpvaughan@publicpolicylaw.com

**Facility Information**

**List each facility affected and or included in Proposed Project**

1. Facility Name: Shields MRI at Brockton

Facility Address: 265 Westgate Drive

City: Brockton State: Massachusetts Zip Code: 02301

Facility type: clinic CMS Number: PTAN S300291877 (Applicant)

2. Facility Name: Signature Healthcare Brockton Hospital

Facility Address: 680 Centre Street

City: Brockton State: Massachusetts Zip Code: 02302

Facility type: Hospital CMS Number: [blank]

**1. About the Applicant**

1.1 Type of organization (of the Applicant): for profit

1.2 Applicant’s Business Type: LLC

1.3 What is the acronym used by the Applicant’s Organization? [blank]

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? No

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? No

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

1.9 Complete the Affiliated Parties Form

**2. Project Description**

2.1 Provide a brief description of the scope of the project.: Shields Signature Imaging, LLC ("Applicant" or "Shields") respectfully requests permission to temporarily relocate its mobile PET-CT from its DoN licensed clinic (#4EFI) currently located at the Signature Healthcare Brockton Hospital ("Brockton Hospital") campus to Shields MRI at Brockton, which is located in the same primary service area ("PSA"). The fire emergency at Brockton Hospital on February 7, 2023 precludes operation of the PET-CT at this location at this time. The destination site is fully equipped to receive the mobile PET-CT and there is no cost associated with this request. PET-CT is used to stage patients awaiting treatment planning, treatment, and success of treatment for patients with cancer and similar diagnoses. Shields and its joint venture partner, Brockton Hospital, would like to continue to provide this essential service to its patients at the Shields MRI at Brockton location, while Brockton Hospital mobilizes to address community health care and access needs after the unfortunate events earlier this month.

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

3.1.a If yes, under what section? Transfer of Site or change of a designated Location

**4. Conservation Project**

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

**6. Transfer of Ownership**

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

**7. Ambulatory Surgery**

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

**8. Transfer of Site**

8.1 Is this an application filed pursuant to 105 CMR 100.745? Yes

8.2 Current Location of Site

 Facility Name: Signature Healthcare Brockton Hospital

 Physical Address: 680 Center Street

 City: Brockton

 State: Massachusetts

 Zip Code: 02302

 Facility Type: Hospital

8.3 Location of Proposed Site

 Facility Name: Shields MRI at Brockton

 Physical Address: 265 Westgate Drive

 City: Brockton

 State: Massachusetts

 Zip Code: 02301

 Facility Type: Clinic

8.4 Compare the scope of the project for each element below:

|  | Current Site | Proposed Site |
| --- | --- | --- |
| Gross Square Feet | See attached Narrative. | See attached Narrative. |
| Primary Service Area Towns served | See attached Narrative. | See attached Narrative. |
| Patient Population (Demographics) | See attached Narrative. | See attached Narrative. |
| Patient Access  | See attached Narrative. | See attached Narrative. |
| Impact on Price | See attached Narrative. | See attached Narrative. |
| Total Medical Expenditure | See attached Narrative. | See attached Narrative. |
| Provider Costs | See attached Narrative. | See attached Narrative. |
| Description | See attached Narrative. | See attached Narrative. |

8.5 Detail all Anticipated Capital Expenditures to be incurred as a result of the proposed Transfer of Site.

| Add/Del Row | Anticipated Capital Expenditure | Cost |
| --- | --- | --- |
| +/- | No capital costs associated with this proposed project | $0.00 |
| +/- |  |  |
| +/- |  |  |
| +/- |  |  |
|  | Total Cost | $0.00 |

**9. Research Exemption**

9.1 Is this an application for a Research Exemption? No

**10. Significant Amendment**

10.1 Is this an application for a Significant Amendment Change? No

**11. Emergency Application**

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? No

**13. Factors**

Required Information and supporting documentation consistent with 105 CMR 100.210

Describe supporting data in your responses below, in addition, submit numeric data and charts in an Excel attachment.

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

Text fields will expand to fit your response.

**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

A Copy of Current License: Check

**Documentation 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? Yes Date/time Stamp: 02/27/2023 5:41 pm

E-mail submission to Determination of Need

**Application Number: -23022314-TS**

**Use this number on all communications regarding this application.**

Exhibit B Determination of Need Application

Attachments

**§8.4 Compare the Scope of the Project for each element below**

The proposed temporary transfer of the mobile PET-CT unit from Signature Healthcare Brockton Hospital (“Brockton Hospital”) to Shields MRI at Brockton (Shields Brockton) involves a physical move within the same Primary Service Area (“PSA”). Therefore, the data in this application is limited to the PSA served.

**Gross Square Feet**

* Please see Exhibit B.e for a schematic of the mobile PET-CT and docking station at Shields MRI at Brockton site located at 265 Westgate Drive, Brockton.

**Primary Service Area – Towns Served**

| **Brockton Hospital PET PSA** |
| --- |
| **ZIP** | **Town**  |
| **02301** | Brockton |
| **02302** | Brockton |
| **02324** | Bridgewater |
| **02333** | East Bridgewater |
| **02382** | Whitman |
| **02351** | Abington |
| **02072** | Stoughton |
| **02379** | West Bridgewater |
| **02343** | Holbrook |
| **02767** | Raynham |

**Patient Population Demographics**[[1]](#footnote-1)

Top 25 zip codes / towns served – FY2022

| **FY 2022** |
| --- |
| **Top 25 Zip Codes** | **Top 25 Patient Towns** | **Vol** | **% of Vol.** |
| **02301** | **Brockton** | 105 | 14% |
| **02302** | **Brockton** | 76 | 10% |
| **02324** | **Bridgewater** | 51 | 7% |
| **02072** | **Stoughton** | 29 | 4% |
| **02333** | **East Bridgewater** | 29 | 4% |
| **02346** | **Middleboro** | 26 | 3% |
| **02780** | **Taunton** | 22 | 3% |
| **02382** | **Whitman** | 18 | 2% |
| **02375** | **South Easton** | 18 | 2% |
| **02048** | **Mansfield** | 17 | 2% |
| **02379** | **West Bridgewater** | 16 | 2% |
| **02368** | **Randolph** | 16 | 2% |
| **02766** | **Norton** | 13 | 2% |
| **02351** | **Abington** | 13 | 2% |
| **02338** | **Halifax** | 12 | 2% |
| **02370** | **Rockland** | 12 | 2% |
| **02356** | **North Easton** | 12 | 2% |
| **02021** | **Canton** | <11[[2]](#footnote-2) | 1% |
| **02767** | **Raynham** | <11 | 1% |
| **02703** | **Attleboro** | <11 | 1% |
| **02364** | **Kingston** | <11 | 1% |
| **02062** | **Norwood** | <11 | 1% |
| **02343** | **Holbrook** | <11 | 1% |
| **02720** | **Fall River** | <11 | 1% |
| **02341** | **Hanson** | <11 | 1% |
| **Other** | **All Remaining Towns** | 209 | 27% |
| **Total** | **764** | **100%** |

Patient Age – FY2022

| **FY 2022** |
| --- |
| **Age** | **Vol.** | **% of Vol.** |
| **0-18** | <11 | 0.0% |
| **19-30** | <11 | 0.8% |
| **31-40** | 17 | 2.2% |
| **41-50** | <11 | 1.0% |
| **51-64** | 175 | 22.9% |
| **65+** | 558 | 73.0% |
| **Total** | **764** | **100%** |

Patient Gender – FY2022

| **FY 2022** |
| --- |
| **Sex** | **Vol.** | **% of Vol** |
| **Male** | 439 | 57.5% |
| **Female** | 325 | 42.5% |
| **Total** | **764** | **100%** |

Patient Payer Mix – FY2022

| **FY 2022** |
| --- |
| **Payer Type** | **Vol** | **% of Vol.** |
| **Commercial Medicare (Private Medicare/Medicare Advantage)** | 166 | 21.7% |
| **Medicare FFS** | 350 | 45.8% |
| **Managed Medicaid (Private Medicaid/Medicaid MCOs)** | 66 | 8.6% |
| **MassHealth** | 30 | 3.9% |
| **Commercial (PPO/Indemnity and HMO/POS)** | 135 | 17.7% |
| **Other** | 17 | 2.2% |
| **Total** | **764** | **100%** |

Patient Access

* Physical Space
	+ The proposed temporary transfer of the mobile PET-CT unit from Signature Healthcare Brockton Hospital (“Brockton Hospital”) to Shields MRI at Brockton (Shields Brockton) will provide essential access to the patient population, as the PET-CT is no longer serviceable on the hospital campus due to the fire on February 7, 2023. Action to temporarily transfer the PET-CT unit is emergently needed to service the oncological imaging needs of the patients in the primary service area (PSA), because there is no alternative, local, diagnostic imagine option. Patients in urgent need of the imaging service have not had access since the fire earlier this month. This temporary transfer will accommodate current and future volume demands, and maintain high quality, low cost, PET-CT services to Brockton Hospital patients. The new location accommodates the transfer of the mobile PET-CT with an existing mobile pad and will integrate into the patient flow of the existing space.
* Price Expenditure, and Cost
	+ As noted below, the proposed temporary transfer will have no adverse impact on price, medical expenditure, or provider costs. All Independent Diagnostic Testing Facility (“IDTF”) reimbursement arrangements will remain consistent throughout the duration of the temporary relocation.

Impact on Price

* The proposed temporary transfer of site will not impact price. More specifically, reimbursement rates for the diagnostic imaging service will not change with respect to either the CMS rates or the commercial payer rates.

Total Medical Expenditure

* The proposed temporary transfer will not negatively impact total medical expenditure. Diagnostic imaging services will continue to be reimbursed at the current IDTF rates. Shields remains the operational manager of the clinic and will seek to identify optimization opportunities to further drive down the cost to provide care, while simultaneously ensuring the highest quality of care possible.

Provider Costs

* The proposed temporary transfer will not impact costs associated with the operational staff of the mobile PET-CT. The current staffing arrangement remains unaffected by the relocation.

Description

* Please see Exhibit B.e for a schematic of the mobile PET-CT and docking station at Shields MRI at Brockton site located at 265 Westgate Drive, Brockton.

Exhibit B.b

Affidavit of Truthfulness Form

 Version: 7-6-17

**Massachusetts Department of Public Health**

**Determination of Need**

**Affidavit of Truthfulness and Compliance**

**with Law and Disclosure Form 100.405 (B)**

**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: 23022314-TS

Original Application Date: 02/27/2023

Applicant Name: Shields Signature Imaging, LLC

Application Type: Transfer of Site/Change in Designated Location

Applicant's Business Type: LLC

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? Yes

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. 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);
6. 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
7. 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;
8. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
9. 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,
	1. 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,
	2. The Proposed Project is exempt from zoning by-laws or ordinances.

|  |
| --- |
| **LLC**All parties must sign. Add additional names as needed.Peter Ferrari <Signature on File> 02/24/2023Name: Signature: Date:  |

**This document is ready to print:** Yes **Date/time Stamp:** 02/27/2023 9:00 am

# Exhibit B.c

Filing Fee - Scanned copy of Application Filing Fee



Exhibit B.d

Limited Liability Company - Certificate of Organization

**Shields Signature Imaging, LLC**

**Application for a Determination of Need for**

**Transfer of Site/Change in Designated Location**

Per instruction from the Department of Public Health, Shields Signature Imaging, LLC (“Applicant”) is providing a link to its corporate documents on the Massachusetts Secretary of State’s website for accessibility purposes. Please use the following link to access the Applicant’s Articles of Organization on the Secretary of State’s website:

<https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSearchFormList.aspx?sysvalue=udpRRwFe838Z76AxHjag4w-->

# Exhibit B.e Schematic



Exhibit B.f

# Copy of Current License

**The Commonwealth of Massachusetts**

DEPARTMENT OF PUBLIC HEALTH

CLINIC LICENSE

In accordance with the provisions of the General Laws, Chapter 111, Sections 51-56 inclusive, and the regulations promulgated thereunder, a license is hereby granted to:

Southeastern Massachusetts Regional MRI, LP

Name of Applicant

for the maintenance of

Shields MRI of Brockton, 265 Westgate Drive, Brockton, MA 02301

Name and Address of Clinic

and Satellites as listed below.

The license is valid until April 21, 2023 , subject to revocation or suspension, either wholly or with respect to a

specific service or specific services, or a part or parts thereof.

**SERVICE(S):**

Medical (MRI): checked

Surgical: unchecked

Dental: unchecked

Mental Health: unchecked

Physical Rehabilitation: unchecked

Substance Abuse: unchecked

Birth Center: unchecked

Mobile Medical: unchecked

Transfusion: unchecked

Pharmacy: unchecked

Limited Services: unchecked

License No. 4354

[signature on file]

Commissioner of Public Health

April 22, 2021

Date Issue

1. A 12 month lookback was approved by the Department of Public Health – FY 2022 was the most recent data available. [↑](#footnote-ref-1)
2. To ensure patient privacy, we have used the notation “<11” in any instance where the patient count for a demographic category included less than 11 individuals. [↑](#footnote-ref-2)