DoN Application Number: N/A-25042215-AM

Shields Imaging at Heywood Healthcare, LLC

SIGNIFICANT AMENDMENT

DoN Application Number: N/A-25042215-AM

**June 23, 2025**

BY

Shields Imaging at Heywood Healthcare, LLC

700 Congress Street, Suite 204

Quincy MA, 02169

DoN Application Number: N/A-25042215-AM

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DoN Application Number: N/A-25042215-AM

# Attachment 1: DoN Application

 Version: 11-8-17

Massachusetts Department of Public Health  
Determination of Need  
Application Form

Application Type: Amendment

Application Date: 06/23/2025 10:13 am

Applicant Name: Shields Imaging at Heywood Healthcare, LLC

Mailing Address: 700 Congress Street, Suite 204

City: Quincy State: Massachusetts Zip Code: 02169

Contact Person: Kerry Whelan

Title: Vice President Government Affairs

Mailing Address: 700 Congress Street

City: Quincy State: Massachusetts Zip Code: 02169

Phone: 6173767421 Ext: none

Email: [kerry@shields.com](mailto:kerry@shields.com)

**Facility Information**

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

1. Facility Name: Shields MRI at Heywood Healthcare

Facility Address: 242 Green Street, Suite 1

City: Gardner State: Massachusetts Zip Code: 01440

Facility type: Clinic CMS Number: 110197726A

**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: N/A

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.: The proposed request is filed with respect to the previously approved DoN Project #21021213-HSthat established a licensed clinic to provide magnetic resonance imaging ("MRI") services at Heywood Hospital and positron emission tomography/computed tomography ("PET/CT") services at Athol Hospital. The MRI clinic is located at 242 Green Street, Suite 1, Gardner, MA 01440. The MRI service currently operates six days per week at this location. The Applicant requests approval to add one additional day of MRI services at this location ("Proposed Project") for a total of seven days.

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? Certified ACO/DoN-Required Service or Equipment

**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? Yes

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

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? 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? No

**9. Research Exemption**

9.1 Is this an application for a Research Exemption? No

**10. Amendment**

10.1 Is this an application for a Amendment? Yes

10.2 This Amendment is: Significant Change

10.3 Original Application number: 21021213-HS

10.3.a Original Application Type: DoN-Required Equipment

10.3.b Original Application filing date: 07/29/2021

10.3.c Have there been any approved Amendments to the original Application? No

**For Significant Amendment Changes:**

10.5.a Describe the proposed change.: The Applicant currently operates a licensed clinic that provides MRI services at Heywood Hospital a located at 242 Green Street, Suite 1, Gardner, MA 01440. The Proposed Project seeks approval to add one additional day of MRI service at this location, for a total of seven days of operation.

10.5.b Describe the associated cost implications to the Holder.: The Proposed Project will have no capital cost implications to the Applicant. The MRI service is an existing service operated by the Applicant, and the Proposed Project will not result in any additional capital costs to operate the MRI one additional day per week.

10.5.c Describe the associated cost implications to the Holder's existing Patient Panel.: The Proposed Project will have no capital cost implications to the Applicant's patient panel. The Applicant currently provides MRI services in Gardner six days per week and upon DoN Approval will provide a total of seven days of service. All pricing will remain consistent with current charges.

10.5.d Provide a detailed narrative, comparing the approved project to the proposed Significant Change, and the rationale for such change.: Shields Imaging at Heywood Healthcare, LLC is a joint venture between Heywood and Shields that received Determination of Need ("DoN") approval (#21021213-HS) to establish a licensed clinic to provide magnetic resonance imaging ("MRI") services at Heywood Hospital and positron emission tomography/computedtomography ("PET/CT") services as Athol Hospital.

Pursuant to the original DoN, the Applicant operates the MRI service six (6) days per week at Heywood Hospital located at 242 Green Street, Suite 1, Gardner, MA 01440. Demand for MRI services at Heywood Hospital has increased, resulting in the need for additional MRI capacity. The MRI unit currently operates at Heywood Hospital Monday through Saturday. Demand for MRI services has increased, resulting in the need for additional MRI capacity at this location.

Historic utilization data shows an increase in patient scans over the last two years and year to date since the joint venture became operational. The Applicant performed 4515 scans in 2023; and 6,767 scans in 2024. This represents an approximate 49% increase in scans between 2023 and 2024. Moreover, the Applicant experienced an increase in unique patients presenting for scans. The Applicant saw 1235 unique patients in 2023, and 2198 in 2024. This is an increase of 63.3% from 2023 to 2024.

The Proposed Project seeks to meet the need for increased access to MRI for the Applicant's patient panel. As described above, demand has significantly increased over the last two years and year to date. This data demonstrates an increased need for access to MRI at the clinic, and has resulted in an average wait time of 11.2 days for MRls with contrast and 6.5 days for non-contrast MRls.

The additional day of service will improve wait times, preventing delays in care. As MRI is utilized to detect and monitor conditions that affect soft tissue such as tumorous and brain disorders for which timely access to imaging is an essential element of the patient's treatment plan.

Moreover, the Applicant anticipates increased demand for MRI services as the population ages. Based on 2024 data, approximately 70% of the Applicants patients are over the age of 50. Accordingly, due to the nature of the patient conditions presenting to Applicant and the age of the existing patient panel, it is important that patients have timely and convenient access to this service.

The additional day of service will allow the Applicant to meet the need for patients requiring MRI services that would otherwise have to travel to another less convenient facility or would be subject to extended wait times at the Applicant's clinic.

The Applicant projects the additional day of service would result in approximately 7,342 scans in 2025; 7,929 scans in 2026; 8,564 scans in 2027 and 9,249 scans in 2028. By increasing capacity one day per week, The Applicant will be able to accommodate the needs of its existing patient panel, for whom MRI is an integral modality as part of their diagnosis and treatment planning.

Accordingly, the Applicant seeks to add one additional day of MRI service at Shields Imaging at Heywood Healthcare, LLC to meet the demonstrated need of its patient panel for additional access.

**The Holder hereby swears or affirms that the above statements with respect to the proposed Significant Change are True.:** check

**11. Emergency Application**

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

**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 a: Significant Amendment**

**Filing Fee: $0**

12.1 Proposed increase in total value of this project: $0.00

12.2 Total increase in CHI commitment expressed in dollars: (calculated) $0.00

12.3 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. $0.00

**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.

**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](mailto:DPH.DON@state.ma.us)

Copy of Notice of Intent: Check

Affidavit of Truthfulness Form: no check

Electronic copy of Staff Summary for Approved DoN: no check

Electronic copy of Original Decision Letter for Approved DoN: no check

Electronic Copy of any prior Amendments to the Approved DoN: no check

Change in Service Tables Question 2.2 and 2.3: no check

Certification from an independent Certified Public Accountant: no 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: 06/23/2025 10:13 am

E-mail submission to Determination of Need

**Application Number: N/A-25042215-AM**

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

DoN Application Number: N/A-25042215-AM

**Attachment 2: Change in Service Form**

 Version 6-14-17

**Massachusetts Department of Public Health**

**Determination of Need Change in Service**

Application Number: N/A-25042215-AM

Original Application Date: 07/29/2021

**Applicant Information:**

Applicant Name: Shields Imaging at Heywood Healthcare, LLC

Contact Person: Kerry Whelan

Title: Vice President of Government Affairs

Phone: 6173767421

E-mail: kerry@shields.com

**Facility:**

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

1 Facility Name: Shields MRI at Heywood Healthcare

CMS Number: 1101977726A

Facility Type: Clinic

**Change in Service:**

2.2 Complete the chart below with existing and planned service changes. Add additional services within 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** | **Patient Days** | **Occupancy Rate for Operating Beds** | | **Average Length of Stay** | **Number of Discharges** | **Number of Discharges** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Existing | Existing | Licensed | Operating | Licensed | Operating | (Current/ Actual) | Projected | Current Beds | Projected | (Days) | 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** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adult |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Adolescent |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Pediatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Geriatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Acute Psychiatric |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Chronic Disease** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Chronic Disease |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Substance Abuse** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Detoxification |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Short-term intensive |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Substance Abuse |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | **Skilled Nursing Facility** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Level II |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level III |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Level IV |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | Total Skilled Nursing |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |

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** |
| +/- | MRI: Addition of one day for a total of seven days of service | 6 | 1 | 7 | 6,767 | 7,929 |

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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: 06/23/2025 10:16 am

Email Submission to Determination of Need

DoN Application Number: N/A-25042215-AM

# Attachment 3: Affiliated Parties Form

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 draft version 3-15-2017

**Massachusetts Department of Public Health**

**Determination of Need**

**Affiliated Parties**

Application Date: 03/11/2025

Application Number: N/A-25042215-AM

**Applicant Information**

Applicant Name: Shields Imaging at Heywood Healthcare, LLC

Contact Person: Kerry Whelan

Title: Vice President of Government Affairs

Phone: 6173767421

E-mail: [kerry@shields.com](mailto:kerry@shields.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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| +/- | Shields | Thomas | 700 Congress Street | Quincy | MA | Shields Health | CEO | Partnership |  | No | See attached |  |
| +/- | Smith | Allen | 55 Fogg Road | Weymouth | MA | South Shore Hospital | President | Partnership |  | No | See attached |  |
| +/- | Penney | Rozanna | 242 Green Street | Gardner | MA | Heywood Healthcare | CEO | Partnership |  | No | N/A |  |
| +/- | Bujak | John | 242 Green Street | Gardner | MA | Heywood Healthcare | CFO | Partnership |  | No | N/A |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |
| +/- |  |  |  |  |  |  |  |  |  |  |  |  |

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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: 06/23/2025 10:17 am

E-mail submission to Determination of Need

Affiliated Parties Supplemental: Peter Ferrari

| **Legal Name** | **DBA** | **Service Location Address** | **City/Town** | **State** | **Zip** | **Medicare**  **PTAN** |
| --- | --- | --- | --- | --- | --- | --- |
| South Shore MRI Limited Partnership | Shields MRI Weymouth | 26 Rockway Ave | Weymouth | MA | 02188-3906 | 327033 |
| Shields MRI & Imaging Center of Cape Cod LLC | Shields MRI & Imaging Center of Cape Cod | 2 Iyanough Rd - Rt 28 | W Yarmouth | MA | 02673-8135 | 327057 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at UMass Memorial Shrewsbury  St | 214 Shrewsbury St | Worcester | MA | 01604-4629 | 002737301 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at UMass Memorial Memorial  Campus | 119 Belmont St-U Mass Memorial  Campus | Worcester | MA | 01605-2903 | 002737302 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at Wing Hospital | 40 Wright St | Palmer | MA | 01069-1138 | 327040 |
| U Mass Memorial MRI & Imaging Center LLC | Shields PETCT at UMass Memorial Burbank | 275 Nichols Rd | Fitchburg | MA | 01420-1919 | 0027373 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at UMass Memorial University  Campus Ste B | 55 Lake Ave North Ste H1-713B | Worcester | MA | 01655-0002 | S300166800 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at UMass Memorial University  Campus Ste A | 55 Lake Ave North Ste H1-351A | Worcester | MA | 01655-0002 | S300563649 |
| Baystate MRI & Imaging Center LLC | Shields MRI and Baystate Health | 80 Wason Ave | Springfield | MA | 01107-1132 | 0018589 |
| U Mass Memorial HealthAlliance MRI Center LLC | Shields MRI at UMass Memorial Health  Alliance Campus | 100 Hospital Rd-Ste 1A | Leominster | MA | 01453-2253 | 327082 |
| U Mass Memorial MRI-Marlborough LLC | Shields MRI at UMass Memorial Marlborough  Campus | 157 Union St | Marlborough | MA | 01752-1228 | 327115 |
| Frankin MRI Center LLC | Shields MRI at Baystate Franklin Medical  Center | 164 High St | Greenfield | MA | 01301-2613 | 0010942 |
| Cape Cod PET-CT Services LLC | Shields PET Service of Cape Cod Harwich | 525 Long Pond Dr | Harwich | MA | 02645-1227 | 0010594 |
| Cape Cod PET-CT Services LLC | Shields PET Service of Cape Cod Sandwich | 2 Jan Sebastian Dr | Sandwich | MA | 02563-2377 | 001059401 |
| PET-CT Services By Tufts Medical Center and Shields LLC | Shields PETCT at Tufts Medical Center | 800 Washington St | Boston | MA | 02111-1552 | 0024437 |
| PET-CT Services By Tufts Medical Center and Shields LLC | Metrowest PET-CT at Shields Framingham in Affiliation with Tufts Medical Center | 14 Cochituate Rd-Ste 1A | Framingham | MA | 01701-7915 | S300129479 |
| Shields Imaging of Lowell General Hospital LLC | Shields MRI at Lowell General Hospital | 295 Varnum Ave | Lowell | MA | 01854-2134 | 0025829 |
| Shields Imaging of Lowell General Hospital LLC | Shields MRI at Lowell General Hospital  Chelmsford | 10 Research Pl | N Chelmsford | MA | 01863-2456 | 002582901 |
| Shields Imaging of Lowell General Hospital LLC | Shields MRI at Lowell General Hospital Saints  Campus | 1 Hospital Dr | Lowell | MA | 01852-1311 | S100138677 |
| Winchester Hospital-Shields MRI LLC | Shields MRI Winchester Hospital at Unicorn  Park | 200 Unicord Park Dr-Ste 402 | Woburn | MA | 01801-3342 | 0033808 |
| Winchester Hospital – Shields MRI | Winchester Hospital/Shields MRI | 41 Highland Ave - Ste G1 | Winchester | MA | 01890-1446 | S300634235 |
| Shields Signature Imaging LLC | Shields Signature Imaging | 680 Centre St | Brockton | MA | 02302-3308 | S300291877 |
| Shields Sturdy PETCT LLC | Shields Sturdy PETCT | 211 Park St | Attleboro | MA | 02703-3143 | S300305002 |
| Shields PETCT at Cooley Dickinson Hospital LLC | Shields PETCT at Cooley Dickinson Hospital | 30 Locust St | Northampton | MA | 01060-2052 | S300333217 |
| Shields Imaging at Anna Jaques Hospital LLC | Shields Imaging at Anna Jaques Hospital | 25 Highland Ave | Newburyport | MA | 01950-3867 | S300357534 |
| Shields PET-CT at CMMC LLC | Shields PETCT at CMMC | 300 Main St | Lewiston | ME | 04240-7027 | E300352765 |
| Shields PET-CT at CMMC LLC | Shields PETCT at CMMC @ Topsham | 105 Topsham Fair Mall Rd | Topsham | ME | 04086-1773 | E300511797 |
| Shields Imaging at York Hospital LLC | Shields Imaging at York Hospital | 114 Sanford Rd | Wells | ME | 04090-5533 | E100388241 |
| Shields PETCT at Berkshire Medical Center LLC | Shields PETCT at Berkshire Medical Center | 165 Tor Court | Pittsfield | MA | 01201-3001 | S300426507 |
| Shields Imaging of Portsmouth LLC | Shields MRI Portsmouth | 1900 Lafayette Rd | Portsmouth | NH | 03801-5679 | n/a |
| Healthcare Enterprises LLC | The Surgery Center at Shrewsbury | 151 Main St | Shrewsbury | MA | 01545-2101 | S300494903 |
| Shields Imaging with Central Maine Health LLC | Shields Imaging at Central Maine Health,  Topsham | 105 Topsham Fair Mall Rd | Topsham | ME | 04086-1773 | E300498988 |
| Shields Imaging with Central Maine Health LLC | Shields Imaging at Central Maine Health,  Auburn | 690 Minot Ave, Ste 1 | Auburn | ME | 4210 | E300520539 |
| Natick Surgery Center, LLC | New England Surgical Suites | 313 Speen St - Ste 200 | Natick | MA | 01760 | S300693361 |
| Medford Surgery Center, LLC | Shields Surgery Center Medford | 170 Govenors Ave -Ste 100 | Medford | MA | 02155 | S300777754 |
| Chelmsford Surgery Center, LLC | The Surgery Center of the Merrimack Valley | 10 Research Pl, Suite 101 | N. Chelmsfort | MA | 02284 | 110189548A |
| Shields PETCT at Emerson | Shields PET/CT at Emerson Hospital | 54 Baker Ave. Ext, Suite 104 | Concord | MA | 00742 | S300756401 |
| Shields PETCT at Heywood Healthcare | Shields Imaging at Heywood Healthcare | 2033 Main Street | Athol | MA | 01331 | S301015199 |
| Tufts Medicine: Shields PET-CT | Shields PETCT at Melrose-Wakefield Healthcare | 888 Main Street, Suite 100 | Wakefield | MA | 01880 | S301095931 |
|  |  |  |  |  |  |  |

Thomas Shields Affiliated Parties

| **Legal Name** | **DBA** | **Service Location Address** | **City/Town** | **State** | **Zip** | **Medicare**  **PTAN** |
| --- | --- | --- | --- | --- | --- | --- |
| Southeastern Massachusetts Regional MRI Limited  Partnership | Shields MRI Brockton | 265 Westgate Dr | Brockton | MA | 02301-1817 | 016469 |
| Fall River-New Bedford Regional MRI Limited Partnership | Shields MRI Dartmouth | 313 Faunce Corner Rd | Dartmouth | MA | 02747-1252 | 018869 |
| Fall River-New Bedford Regional MRI Limited Partnership | Shields MRI at St Luke's Hospital | 361 Allen St | New Bedford | MA | 02740-2107 | 0028894 |
| Shields Healthcare of Cambridge Inc | Shields MRI Brighton | 385 Western Ave | Brighton | MA | 02135-1005 | 020369 |
| South Shore MRI Limited Partnership | Shields MRI Weymouth | 26 Rockway Ave | Weymouth | MA | 02188-3906 | 327033 |
| Massachusetts Bay Regional MRI Limited Partnership | Shields MRI Boston | 161 Granite Ave | Dorchester | MA | 02124-5492 | 020169 |
| Massachusetts Bay Regional MRI Limited Partnership | Shields MRI Dedham | 40 Allied Dr - Ste 112 | Dedham | MA | 02026-6146 | 0034538 |
| Shields MRI & Imaging Center of Cape Cod LLC | Shields MRI & Imaging Center of Cape Cod | 2 Iyanough Rd - Rt 28 | W Yarmouth | MA | 02673-8135 | 327057 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at UMass Memorial Shrewsbury St | 214 Shrewsbury St | Worcester | MA | 01604-4629 | 002737301 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at UMass Memorial Memorial  Campus | 119 Belmont St-U Mass Memorial  Campus | Worcester | MA | 01605-2903 | 002737302 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at Wing Hospital | 40 Wright St | Palmer | MA | 01069-1138 | 327040 |
| U Mass Memorial MRI & Imaging Center LLC | Shields PETCT at UMass Memorial Burbank | 275 Nichols Rd | Fitchburg | MA | 01420-1919 | 0027373 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at UMass Memorial University  Campus Ste B | 55 Lake Ave North Ste H1-713B | Worcester | MA | 01655-0002 | S300166800 |
| U Mass Memorial MRI & Imaging Center LLC | Shields MRI at UMass Memorial University  Campus Ste A | 55 Lake Ave North Ste H1-351A | Worcester | MA | 01655-0002 | S300563649 |
| U Mass Memorial MRI & Imaging Center LLC | UMass Memorial Health – Harrington Hospital at Southbridge | 100 South Street | Southbridge | MA | 01550 | pending |
| U Mass Memorial MRI & Imaging Center LLC | UMass Memorial Health – Marlborough Hospital | 157 Union Street | Marlborough | MA | 01752 | pending |
| Baystate MRI & Imaging Center LLC | Shields MRI and Baystate Health | 80 Wason Ave | Springfield | MA | 01107-1132 | 0018589 |
| Shields Imaging of Eastern Massachusetts LLC | Shields Imaging of Eastern Massachusetts | 55 Fogg Rd | S Weymouth | MA | 02190-2432 | 327088 |
| U Mass Memorial HealthAlliance MRI Center LLC | Shields MRI at UMass Memorial Health  Alliance Campus | 100 Hospital Rd-Ste 1A | Leominster | MA | 01453-2253 | 327082 |
| Shields MRI of Framingham LLC | Shields MRI of Framingham | 14 Cochituate Rd | Framingham | MA | 01701-7915 | 327116 |
| U Mass Memorial MRI-Marlborough LLC | Shields MRI at UMass Memorial Marlborough  Campus | 157 Union St | Marlborough | MA | 01752-1228 | 327115 |
| Frankin MRI Center LLC | Shields MRI at Baystate Franklin Medical  Center | 164 High St | Greenfield | MA | 01301-2613 | 0010942 |
| Cape Cod PET-CT Services LLC | Shields PET Service of Cape Cod Harwich | 525 Long Pond Dr | Harwich | MA | 02645-1227 | 0010594 |
| Cape Cod PET-CT Services LLC | Shields PET Service of Cape Cod Sandwich | 2 Jan Sebastian Dr | Sandwich | MA | 02563-2377 | 001059401 |
| PET-CT Services By Tufts Medical Center and Shields LLC | Shields PETCT at Tufts Medical Center | 800 Washington St | Boston | MA | 02111-1552 | 0024437 |
| PET-CT Services By Tufts Medical Center and Shields LLC | Metrowest PET-CT at Shields Framingham in  Affiliation with Tufts Medical Center | 14 Cochituate Rd-Ste 1A | Framingham | MA | 01701-7915 | S300129479 |
| Shields Imaging of Lowell General Hospital LLC | Shields MRI at Lowell General Hospital | 295 Varnum Ave | Lowell | MA | 01854-2134 | 0025829 |
| Shields Imaging of Lowell General Hospital LLC | Shields MRI at Lowell General Hospital  Chelmsford | 10 Research Pl | N Chelmsford | MA | 01863-2456 | 002582901 |
| Shields Imaging of Lowell General Hospital LLC | Shields MRI at Lowell General Hospital Saints  Campus | 1 Hospital Dr | Lowell | MA | 01852-1311 | S100138677 |
| Winchester Hospital-Shields MRI LLC | Shields MRI Winchester Hospital at Unicorn  Park | 200 Unicord Park Dr-Ste 402 | Woburn | MA | 01801-3342 | 0033808 |
| Winchester Hospital – Shields MRI | Winchester Hospital/Shields MRI | 41 Highland Ave - Ste G1 | Winchester | MA | 01890-1446 | S300634235 |
| Shields Signature Imaging LLC | Shields Signature Imaging | 680 Centre St | Brockton | MA | 02302-3308 | S300291877 |
| Shields Sturdy PETCT LLC | Shields Sturdy PETCT | 211 Park St | Attleboro | MA | 02703-3143 | S300305002 |
| Shields PETCT at Cooley Dickinson Hospital LLC | Shields PETCT at Cooley Dickinson Hospital | 30 Locust St | Northampton | MA | 01060-2052 | S300333217 |
| Shields Imaging at Anna Jaques Hospital LLC | Shields Imaging at Anna Jaques Hospital | 25 Highland Ave | Newburyport | MA | 01950-3867 | S300357534 |
| Shields PET-CT at CMMC LLC | Shields PETCT at CMMC | 300 Main St | Lewiston | ME | 04240-7027 | E300352765 |
| Shields PET-CT at CMMC LLC | Shields PETCT at CMMC @ Topsham | 105 Topsham Fair Mall Rd | Topsham | ME | 04086-1773 | E300511797 |
| Shields Imaging at York Hospital LLC | Shields Imaging at York Hospital | 114 Sanford Rd | Wells | ME | 04090-5533 | E100388241 |
| Shields PETCT at Berkshire Medical Center LLC | Shields PETCT at Berkshire Medical Center | 165 Tor Court | Pittsfield | MA | 01201-3001 | S300426507 |
| Shields Imaging of Portsmouth LLC | Shields MRI Portsmouth | 1900 Lafayette Rd Portsmouth NH 03801-5679 | n/a |  |  |  |
| Healthcare Enterprises LLC | The Surgery Center at Shrewsbury | 151 Main St | Shrewsbury | MA | 01545-2101 | S300494903 |
| Shields Imaging with Central Maine Health LLC | Shields Imaging at Central Maine Health,  Topsham | 105 Topsham Fair Mall Rd | Topsham | ME | 04086-1773 | E300498988 |
| Shields Imaging with Central Maine Health LLC | Shields Imaging at Central Maine Health,  Auburn | 690 Minot Ave, Ste 1 | Auburn | ME | 4210 | E300520539 |
| Natick Surgery Center, LLC | New England Surgical Suites | 313 Speen St - Ste 200 | Natick | MA | 01760 | S300693361 |
| Medford Surgery Center, LLC | Shields Surgery Center Medford | 170 Govenors Ave -Ste 100 | Medford | MA | 02155 | S300777754 |
| Chelmsford Surgery Center, LLC | The Surgery Center of the Merrimack Valley | 10 Research Pl, Suite 101 | N. Chelmsfort | MA | 02284 | 110189548A |
| Shields PETCT at Emerson | Shields PET/CT at Emerson Hospital | 54 Baker Ave. Ext, Suite 104 | Concord | MA | 00742 | S300756401 |
| Shields PETCT at Heywood Healthcare | Shields Imaging at Heywood Healthcare | 2033 Main Street | Athol | MA | 01331 | S301015199 |
| Tufts Medicine: Shields PET-CT | Shields PETCT at Melrose-Wakefield Healthcare | 888 Main Street, Suite 100 | Wakefield | MA | 01880 | S301095931 |

DoN Application Number: N/A-25042215-AM

**Attachment 4: Notice of Intent**

**From:** To: Subject: Date:

**Worce5t:erLeoals**

Tuesday, May 6, 2025 10:53:44 AM

**External Email:**

his email originated from outside Shields Health. **DO NOT CLICK** links or

attachments unless you know and trust the sender. **fkas.e** use the Phish Alert button to report suspicious email.

**THANK YOU for your ad submission!**

This is your confirmation that your order has been submitted. Below are the details of your transaction. Please save this confirmation for your records.

We appreciate you using our online self-service ads portal, available 24/7. Please continue to visit Worcester Telegram & Gazette's online Classifieds l::!fBf to place your legal notices in the future.

**Deadlines vary by P.Ublication, changes and/or cancellations may not be honored due to deadline restrictions.**

**Job Details**

Order Number: LNEO0292747 Classification: Govt Public Notices Package: General Package Additional Options: 1 Affidavit $5.00 **Base amount:**

Service fee:

Cash/Check/ACH � Discount: -$0 oo Total payment:

**s an incentive for customers, we provide a discount** off the total order cost equal to the 3.99%service fee if you pay with Cash/Check/ACH. Pay by Cash/ Check/ACH and·save! In no event are service fees refundable.

Payment Type: mastercard

**Schedule for ad number LNEO02927470**

Sat May 10, 2025

Worcester Telegram & *Alf Zones*

Gazette

**Public Announcement Concerning a Proposed Health Care Proiect**

**Shields Imaging at Heywood Healthcare, LLC ("Appli­ cant") located at 700 Congress Street, Suite 204, Quincy, MA 02169 intends to file a Notice of Determina­ tion of Need for a Signifi- cant Change ("Applica-1 tion") with respect to DON**

### PrniP.rt H'Jl()'J1'?11-1--4�. tn rtrlrl

maximum

capIraI expenaI ture The Applicant does

not anticipate any price or service impacts on the Appli­ cant's existing Patient Panel as a result. of the Proposed Proiect. Any ten Taxpay­ ers of Massachusetts may register in connection with the intended Application by no later than June 8, 2025 or 30 days from the Fi ling Date, whichever is later, by contacting the Department of Public Health, Determi­ nation of Need Program,

250 Washington Street, 6th

Floor, Boston, MA 02108. May 10 2025 LNEO0292747

**Account Details**

6/23/25, 10:20 **AM** masspublicnotices.org/(S(vtpqwb3vlxv1pfw5io3yj1xs))/DetailsPrint.aspx?SID=vtpqwb3vlxv1pfw5io3yj1xs&ID=741684

**Worcester Telegram & Gazette**

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Publication Name:

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Publication City and State:

**Worcester, MA**

Publication County:

**Worcester**

Notice Popular Keyword Category:

Notice Keywords:

**health care**

Notice Authentication Number:

**202506230920365275658**

**3223283816**

Notice URL:

Notice Publish Date: Saturday, May I0, 2025

**Notice Content**

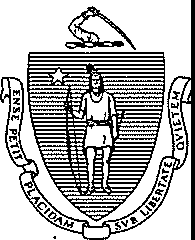
Public Announcement Concerning a Proposed Health Care Project Shields Imaging at Heywood Healthcare, LLC ("Applicant") located at 700 Congress Street, Suite 204, Quincy, MA 02169 intends to file a Notice of Determination of Need for a Significant Change ("Application") with respect to DON Project #21021213-HS, to add one additional day of MRI services at 242 Green Street, Suite 1 Gardner, MA 01440. There is no cost associated with this Application and therefore no change to the total value of the Project based on the approved maximum capital expenditure. The Applicant does not anticipate any price or service impacts on the Applicant's existing Patient Panel as a result of the Proposed Project. Any ten Taxpayers of Massachusetts may register in connection with the intended Application by no later than June 8, 2025 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. May 10 2025 LNEO0292747

Back

httos://[www.massoublicnotices.orq/(S(vtoowb3vlxv1ofw5io3vi1xs))/DetailsPrint.asox?SID=vtoowb3vlxv1ofw5io3vi1xs&ID=741684](http://www.massoublicnotices.orq/(S(vtoowb3vlxv1ofw5io3vi1xs))/DetailsPrint.asox?SID=vtoowb3vlxv1ofw5io3vi1xs&ID=741684) 1/

DoN Application Number: N/A-25042215-AM

# Attachment 5: Previous DoN Approval

CHARLES D. BAKER

**Governor**

KARYN E. POLITO

**Lieutenant Governor**

**The Commonwealth of Massachusetts** Executive Office of Health and Human Services Department of Public Health

250 Washington Street, Boston, MA 02108-4619

MARYLOU SUDDERS

**Secretary**

MARGRET R. COOKE

**Acting Commissioner**

**Tel: 617-624-6000**

[**www.mass.gov/dph**](http://www.mass.gov/dph)

November 29, 2021 Kerry Whelan

Vice President of Government Affairs Shields Health Care Group

700 Congress Street, Suite 204

Quincy, MA 02169

VIA EMAIL: [kerry@shields.com](mailto:kerry@shields.com)

RE: Notice of Final Action: Shields PET-CT at Heywood Healthcare, LLC - Substantial

Change in Service Application #21021213-HS

Dear Ms. Whelan:

This shall serve as notification that, based on the information provided by the Applicant and staff analysis, and pursuant to M.G.L. c. 111, § 25C and the regulat01y provisions of 105 CMR

100.000 et seq, including 105 CMR 100.715 (DoN-required Services and DoN-required Equipment), and 105 CMR 100.630(6), I hereby approve the application for Determination of Need (DoN) filed by Shields PET-CT at Heywood Healthcare, LLC (Applicant) to establish a licensed clinic to provide magnetic resonance imaging (MRI) services at Heywood Hospital six days a week and mobile positron emission tomography-computed tomography (PET-CT) imaging services at Athol Hospital one day a week. The capital expenditure for the Proposed Project is $2,570,562.00 (May 2021 dollars). The Community Health Initiative (CHI) contribution is $128,528.10. This Notice of Final Action incorporates by reference the Memorandum concerning this Application and is subject to the conditions set forth therein.

In compliance with the provisions of I05 CMR I 00.310 A (2) and (11) the Holder shall submit an acknowledgment of receipt to the Department (attached) and also include a written attestation of participation or intent to paiiicipate in MassHealth.

In compliance with the provisions of 105 CMR 100.310 A (12), which require a rep01i to the Depaiiment, at a minimum on an annual basis, including the measures related to achievement of the DoN factors for a period of five years from completion of the Proposed Project, the Holder shall address its assertions with respect to all the factors.

I

##### Other Conditions to the DoN:

1. Of the total required CHI contribution of$128,528.10
   1. $12,338.70 will be directed to the CHI Statewide Initiative
   2. $111,048.28 will be dedicated to local approaches to the DoN Health Priorities
   3. $5,141.12 will be designated as the administrative fee.
2. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for $12,338.70 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).

1. The Holder must submit the funds to HRiA within 30 days from the date of

the Notice of Approval.

11. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.

To comply with the obligation to contribute to the CHI Statewide Initiative, please submit a check for $12,338.70 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative) **within 30 days** from the date of this Notice of Approval. Please notify DPH (CHI contact staff) when the payment has been made. Payment should be sent to:

Health Resources in Action, Inc., (HRiA) 2 Boylston Street, 4th Floor

Boston, MA 02116 Attn: Ms. Bora Toro

Ongoing compliance with the conditions and all tenns of the DoN is, pursuant to the Regulation, a precondition to the filing of any future DoN by the Holder.

Sincerely,

[signature on file]

Margret R. Cooke Acting Commissioner

**cc:**

Elizabeth D. Kelley, Bureau of Health Care Safety and Quality Stephen Davis, Bureau of Health Care Safety and Quality Rebecca Rodman, General Counsel's Office

Daniel Gent, Division of Health Care Facility Licensure and Certification

Samuel Louis, Office of Health Equity

Mary Byrnes, Center for Health Information Analysis Zhao Zhang, MassHealth

Katherine Mills, Health Policy Commission Eric Gold, Office of the Attorney General

Elizabeth Maffei, Division of Community Health Planning and Engagement

2

Jennica Allen, Division of Community Health Planning and Engagement

3

DoN Application Number: N/A-25042215-AM

**Attachment 6: Certificate of Organization**

## ARTICLES OF ORGANIZATION

##### Shields Imaging at Heywood Healthcare, LLC

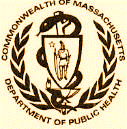
Articles of Organization (2021):

https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=Lh8QSx8Mlm 68wqO Mwgl . wNnp0INCXBM.gveHEej0c-

DoN Application Number: N/A-25042215-AM

# Attachment 7: Affidavit of Truthfulness &

**Compliance**

 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](mailto:dph.don@state.ma.us) Include all attachments as requested.

Application Number: N/A-25042215-AM

Original Application Date: 6/23/25

Applicant Name: Shields Imgaging at Heywood Healthcare, LLC

Application Type: Amendment Significant

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? No

Describe the role/relationship: NA

The undersigned certifies under the pains and penalties of perjury:

1. The Applicant is NA;
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 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 100.40S(C), et seq.;
6. 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 100.40S(G);
7. 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;
8. 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;
9. I understand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100310, 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;
10. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and
11. Pursuant to 105 CMR 100.70S(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,
    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.  Thomas A. Shields <Signature on File> 05/16/2025  Name: Signature: Date: |

**This document is ready to print:** yes **Date/time Stamp:** 03/18/2024 1:06pm

Page 1 of 1