

NOTICE OF MATERIAL CHANGE

Date of Notice: March 24, 2014

1.	Name:	Steward Holy Family Hospital, Inc.		
2.	Federal TAX ID #	MA DPH Facility ID #	NPI #	
	27-2473701	2225	1033421664	

Contact Information					
3.	Business Address 1:	70 East Street			
4.	Business Address 2:				
5.	City:	Methuen	State:	MA	Zip Code: 01844
6.	Business Website:	steward.org/Holy-Family-Hospital			
Contact Information					
7.	Contact First Name:	Kerry	Contact Last Name:	Whelan	
8.	Title:	Director of Government Relations/State			
9.	Contact Phone:	617-419-4789	Extension:		
10.	Contact Email:	kerry.whelan@steward.org			

Description of Organization	
11.	Briefly describe your organization.
	Holy Family Hospital is an acute-care hospital that serves approximately 450,000 individuals and their families in 20 communities throughout Merrimack Valley and Southern New Hampshire.

Type of Material Change	
12.	Check the box that most accurately describes the proposed material change:
	<input type="checkbox"/> Merger or affiliation with a carrier <input type="checkbox"/> Acquisition of or acquisition by a carrier <input checked="" type="checkbox"/> Merger with or acquisition of or by a hospital or a hospital system <input type="checkbox"/> Any other acquisition, merger, or affiliation with another provider organization where such acquisition, merger, or affiliation would result in an increase in annual net patient service revenue of the provider or provider organization of more than \$10,000,000 <input type="checkbox"/> Any clinical affiliation with another provider or provider organization which itself has an annual net patient service revenue of more than \$25,000,000 <input type="checkbox"/> Formation of a partnership, joint venture, common entity, accountable care organization, or parent corporation created for the purpose of contracting on behalf of more than one provider or provider organizations
13.	What is the proposed effective date of the proposed material change?
	Immediately after receipt of all required approvals.

Material Change Narrative	
14.	<p><i>Briefly describe the nature and objectives of the proposed material change:</i></p> <p>Consistent with the vision and goals set forth in the Commonwealth's recently passed cost containment legislation, Chapter 224 of the Acts of 2012, the parties propose to merge Merrimack Valley Hospital ("MVH") into Steward Holy Family Hospital, Inc. ("HFH"), with MVH becoming a campus of HFH. This change will result in the full clinical, programmatic, governance and business integration of these two facilities.</p> <p>The parties have determined that this integration will better meet the needs of the communities they jointly serve, through improved clinical care coordination, population health management and the reduction of administrative inefficiencies.</p> <p>While the foundation of the health care delivery system continues to rapidly evolve, Steward Health Care System remains acutely focused on improving care delivery and quality, while reducing total medical expense. This integration provides us a clear pathway toward achieving that goal.</p>
15.	<p><i>Briefly describe the anticipated impact of the proposed material change:</i></p> <p>The change is expected to enhance the coordination of care for patients in Haverhill and the surrounding communities. Through this merger, there will be greater integration of the service offerings for patients in the Merrimack Valley area. Patients will have enhanced access to high-quality, cost effective care in the communities where they live. The leadership of the Holy Family Hospital will further strengthen the clinical and management teams at Merrimack Valley Hospital by ensuring that care is provided in the most cost effective, quality driven manner possible.</p>

Development of the Material Change	
16.	<p><i>Describe any other material changes you anticipate making in the next 12 months:</i></p> <p>Holy Family Hospital does not anticipate any additional material changes in the next 12 months.</p>
17.	<p><i>Indicate the date and nature of any applications, forms, notices or other materials you have submitted regarding the proposed material change to any other state or federal agency:</i></p> <p>On or about March 28, 2014, additional filings will be submitted to the Department of Public Health.</p>

I, the undersigned, certify that:

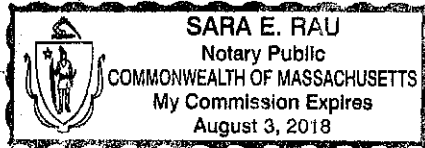
1. I have read the Health Policy Commission Bulletin 2013-1, Interim Guidance for Providers and Provider Organizations Relative to Notice of Material Change to the Health Policy Commission.
2. I have read this Notice of Material Change and the information contained therein is accurate and true.
3. I have submitted the required copies of this Notice to the Health Policy Commission and to all relevant agencies (see below*) as required.

Signed on the 27 day of March, 2014, under the pains and penalties of perjury.

Signature: *Kerry Whelan*
Name: Kerry Whelan

Title: Director of Government Relations/State

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:



Sara E. Rau
Notary Signature

*Copies of this application have been submitted electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)