

**HEALTH POLICY COMMISSION
NOTICE OF MATERIAL CHANGE FORM**

**Health Policy Commission
50 Milk Street
8th Floor
Boston, MA 02109**

GENERAL INSTRUCTIONS

The attached form should be used by a Provider or Provider Organization to provide a Notice of Material Change ("Notice") to the Health Policy Commission ("Commission"), as required under M.G.L. c. 6D, § 13 and 958 CMR 7.00, Notices of Material Change and Cost and Market Impact Reviews. To complete the Notice, it is necessary to read and comply with 958 CMR 7.00, a copy of which may be obtained on the Commission's website at www.mass.gov/hpc. Capitalized terms in this Notice are defined in 958 CMR 7.02. Additional sub-regulatory guidance may be available on the Commission's website (e.g., Technical Bulletins, FAQs). For further assistance, please contact the Health Policy Commission at HPC-Notice@state.ma.us. This form is subject to statutory and regulatory changes that may take place from time to time.

REQUIREMENT TO FILE

This Notice must be submitted by any Provider or Provider Organization with \$25 million or more in Net Patient Service Revenue in the preceding fiscal year that is proposing a Material Change, as defined in 958 CMR 7.02. Notice must be filed with the Commission not fewer than 60 days before the consummation or closing of the transaction (i.e., the proposed effective date of the proposed Material Change).

SUBMISSION OF NOTICE

One electronic copy of the Notice, in a portable document form (pdf), should be submitted to the following:

Health Policy Commission
HPC-Notice@state.ma.us;

Office of the Attorney General
HCD-6D-NOTICE@state.ma.us;

Center for Health Information and Analysis
CHIA-Legal@state.ma.us

PRELIMINARY REVIEW AND NOTICE OF COST AND MARKET IMPACT REVIEW

If the Commission considers the Notice to be incomplete, or if the Commission requires clarification of any information to make its determination, the Commission may, within 30 days of receipt of the Notice, notify the Provider or Provider Organization of the information or clarification necessary to complete the Notice.

The Commission will inform each notifying Provider or Provider Organization of any determination to initiate a Cost and Market Impact Review within 30 days of its receipt of a completed Notice and all required information, or by a later date as may be set by mutual agreement of the Provider or Provider Organization and the Commission.

CONFIDENTIALITY

Information on this Notice form itself shall be a public record and will be posted on the Commission's website.

Pursuant to 958 CMR 7.09, the Commission shall keep confidential all nonpublic information and documents obtained in connection with a Notice of Material Change and shall not disclose the information or documents to any person without the consent of the Provider or Payer that produced the information or documents, except in a Preliminary Report or Final Report of a Cost and Market Impact Review if the Commission believes that such disclosure should be made in the public interest after taking into account any privacy, trade secret or anti-competitive considerations. The confidential information and documents shall not be public records and shall be exempt from disclosure under M.G.L. c. 4, § 7 cl. 26 or M.G.L. c. 66, § 10.

NOTICE OF MATERIAL CHANGE

Date of Notice: April 10, 2014

1.	Name:	Steward Health Care System LLC		
2.	Federal TAX ID #	MA DPH Facility ID #	NPI #	
	27-2473240	N/A	N/A	

Contact Information					
3.	Business Address 1:	500 Boylston Street			
4.	Business Address 2:	5 th Floor			
5.	City:	Boston	State:	MA	Zip Code: 02116
5.	Business Website:	www.steward.org			
7.	Contact First Name:	Joseph	Contact Last Name:	Maher	
8.	Title:	Executive Vice President and General Counsel			
9.	Contact Phone:	(617) 419-4708	Extension:		
10.	Contact Email:	joseph.maher@steward.org			

Description of Organization	
11.	<p><i>Briefly</i> describe your organization.</p> <p>Steward Health Care System LLC ("Steward") is New England's largest integrated community-care provider network, encompassing nine hospitals with approximately 3,000 physicians, as well as home health, behavioral health, and outpatient services. Steward is also the third largest private employer in the Commonwealth with over 17,000 employees. As the largest community-care provider network in New England, Steward is focused on increasing access to cost-effective, high-quality health care.</p> <p>Steward St. Elizabeth's Medical Center of Boston, Inc. ("SEMC") is a community-based, 252-bed tertiary care hospital located in Brighton, which provides a full range of health care services to patients including a Level III neonatal intensive care unit ("NICU"), well-baby nursery, and OB. Steward Good Samaritan Medical Center, Inc. ("GSMC") is a 224-bed hospital located in Brockton, which provides comprehensive inpatient, outpatient, and emergency services to patients including a Level II Special Care Nursery, well-baby nursery, and OB. Steward Holy Family Hospital, Inc. ("HFH") is a 345-bed community hospital, with a campus in Methuen and a campus in Haverhill, which offers a full range of services to patients, including a Level II Special Care Nursery, well-baby nursery, and OB. Steward Norwood Hospital, Inc. ("Norwood") is a 228-bed community hospital providing a range of services to adults and children, including a well-baby nursery, OB, and pediatrics. Morton Hospital, A Steward Family Hospital ("Morton") is a 133-bed community hospital located in Taunton, which offers a full range of services to patients, including a well-baby nursery, OB, and pediatrics.</p>
Type of Material Change	
12.	Check the box that most accurately describes the proposed Material Change involving a Provider or Provider Organization:

	<input type="checkbox"/> A Merger or affiliation with, or Acquisition of or by, a Carrier; <input type="checkbox"/> A Merger with or Acquisition of or by a Hospital or a hospital system; <input type="checkbox"/> Any other Acquisition, Merger, or affiliation (such as a Corporate Affiliation, Contracting Affiliation, or employment of Health Care Professionals) of, by, or with another Provider, Providers (such as multiple Health Care Professionals from the same Provider or Provider Organization), or Provider Organization that would result in an increase in annual Net Patient Service Revenue of the Provider or Provider Organization of ten million dollars or more, or in the Provider or Provider Organization having a near-majority of market share in a given service or region; <input checked="" type="checkbox"/> Any Clinical Affiliation between two or more Providers or Provider Organizations that each had annual Net Patient Service Revenue of \$25 million or more in the preceding fiscal year; provided that this shall not include a Clinical Affiliation solely for the purpose of collaborating on clinical trials or graduate medical education programs; and <input type="checkbox"/> Any formation of a partnership, joint venture, accountable care organization, parent corporation, management services organization, or other organization created for administering contracts with Carriers or third-party administrators or current or future contracting on behalf of one or more Providers or Provider Organizations.		
13.	<table border="1"> <tr> <td>What is the proposed effective date of the proposed Material Change?</td> <td>The initial effective date for the Clinical Affiliation (as defined below) is July 1, 2015.</td> </tr> </table>	What is the proposed effective date of the proposed Material Change?	The initial effective date for the Clinical Affiliation (as defined below) is July 1, 2015.
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Material Change Narrative			
14.	<p><i>Briefly</i> describe the nature and objectives of the proposed Material Change:</p> <p>Steward will enter into an agreement (the "Clinical Affiliation") with Massachusetts General Physicians Organization, Inc. ("MGPO") and Brigham and Women's Physicians Organization, Inc. ("BWPO") pursuant to which physicians from MGPO and BWPO will provide professional services, including inpatient coverage and inpatient and outpatient consultation services, and administrative medical director services, in the area of pediatrics and newborn medicine at the following "Steward Hospitals": SEMC, GSMC, HFH, Norwood, and Morton. The Clinical Affiliation will replace an existing arrangement for these services at the Steward Hospitals.</p>		
15.	<p><i>Briefly</i> describe the anticipated impact of the proposed Material Change:</p> <p>The parties' goal for the Clinical Affiliation is to provide coordinated newborn medicine and pediatric care in the most cost-efficient and clinically appropriate setting. The parties anticipate that the Clinical Affiliation will achieve the following important objectives:</p> <ol style="list-style-type: none"> 1. Expand patient choice and access to high quality, affordable newborn medicine and pediatric services in the local communities served by the Steward Hospitals; 2. Complement Steward's ACO model by enabling seamless transitions of care from local community providers to the BWPO and MGPO tertiary and quaternary providers and back again to the community, when such transitions of care are medically appropriate and in the best interests of patients; 3. Lower total medical spending for newborn medicine and pediatric services without compromising the quality of or access to such services; and 4. Improve the integration of newborn medicine and pediatric care across the Steward Hospitals. 		
Development of the Material Change			
16.	<p>Describe any other Material Changes you anticipate making in the next 12 months:</p> <p>Steward has not entered into any agreements that would result in a material change in the next 12 months.</p>		
17.	<p>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:</p> <p>N/A</p>		

Affidavit of Truthfulness and Proper Submission

I, the undersigned, certify that:

1. I have read 958 CMR 7.00, Notices of Material Change and Cost and Market Impact Reviews.
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, the Office of the Attorney General, and the Center for Health Information and Analysis as required.

Signed on the 10th day of April, 2015, under the pains and penalties of perjury.

Signature: _____



Name: Joseph C. Maher, Jr.

Title: Executive Vice President and General Counsel

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:



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)

EXPLANATIONS AND DEFINITIONS

1.	Name	Legal business name as reported with Internal Revenue Service. This may be the parent organization or local Provider Organization name.
2.	Federal TAX ID #	9-digit federal tax identification number also known as an employer identification number (EIN) assigned by the internal revenue service.
	MA DPH Facility ID #	If applicable, Massachusetts Department of Public Health Facility Identification Number.
	National Provider Identification Number (NPI)	10-digit National Provider identification number issued by the Centers for Medicare and Medicaid Services (CMS). This element pertains to the organization or entity directly providing service.
3.	Business Address 1:	Address location/site of applicant
4.	Business Address 2:	Address location/site of applicant continued often used to capture suite number, etc.
5.	City, State, Zip Code	Indicate the City, State, and Zip Code for the Provider Organization as defined by the US Postal Service.
6.	Business Website:	Business website URL
7.	Contact Last Name, First Name	Last name and first name of the primary administrator completing the registration form.
8.	Title:	Professional title of the administrator completing the registration form.
9.	Contact Telephone and Extension	10-digit telephone number and telephone extension (if applicable) for administrator completing the registration form
10.	Contact Email:	Contact email for administrator
11.	Description of Organization:	Provide a brief description of the notifying organization's ownership, governance, and operational structure, including but not limited to Provider type (acute Hospital, physician group, skilled nursing facilities, independent practice organization, etc.), number of licensed beds, ownership type (corporation, partnership, limited liability corporation, etc.), service lines and service area(s).
12.	Type of Material Change	<p>Indicate the nature of the proposed Material Change.</p> <p><i>Definitions of terms:</i> "Carrier", an insurer licensed or otherwise authorized to transact accident or health insurance under M.G.L. c. 175; a nonprofit Hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; and an organization entering into a preferred provider arrangement under M.G.L. c. 176I; provided, that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of the employer; provided that, unless</p>

		<p>otherwise noted, the term "Carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or visions care services.</p> <p>"Hospital", any hospital licensed under section 51 of chapter 111, the teaching hospital of the University of Massachusetts Medical School and any psychiatric facility licensed under section 19 of chapter 19.</p> <p>"Net Patient Service Revenue", the total revenue received for patient care from any third party Payer net of any contractual adjustments. For Hospitals, Net Patient Service Revenue should be as reported to the Center under M.G.L. c. 12C, § 8. For other Providers or Provider Organizations, Net Patient Service Revenue shall include the total revenue received for patient care from any third Party payer net of any contractual adjustments, including: (1) prior year third party settlements; and (2) premium revenue, which means per-member-per-month amounts received from a third party Payer to provide comprehensive Health Care Services for that period, for all Providers represented by the Provider or Provider Organization in contracting with Carriers, for all Providers represented by the Provider or Provider Organization in contracting with third party Payers..</p> <p>"Provider", any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the Commonwealth to perform or provide Health Care Services.</p> <p>"Provider Organization", any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents one or more health care Providers in contracting with Carriers or third-party administrators for the payments of Heath Care Services; provided, that a Provider Organization shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations and any other organization that contracts with Carriers for payment for Health Care Services.</p>
13.	Proposed Effective Date of the Proposed Material Change	Indicate the effective date of the proposed Material Change. NOTE: The effective date may not be fewer than 60 days from the date of the filing of the Notice.
14.	Description of the Proposed Material Change	Provide a brief narrative describing the nature and objectives of the proposed Material Change. Include organizational charts and other supporting materials as necessary to illustrate the proposed change in ownership, governance or operational structure.

15.	Impact of the Proposed Material Change	<p>Provide a brief description of any analysis conducted by the notifying organization as to the anticipated impact of the proposed Material Change including, but not limited to, the following factors, as applicable:</p> <ul style="list-style-type: none"> • Costs • Prices, including prices of the Provider or Provider Organization involved in the proposed Merger, Acquisition, affiliation or other proposed Material Change • Utilization • Health Status Adjusted Total Medical Expenses • Market Share • Referral Patterns • Payer Mix • Service Area(s) • Service Line(s) • Service Mix
16.	Future Planned Material Changes	<p>Provide a brief description of the nature, scope and dates of any pending or planned Material Changes within the 12 months following the date of the notice.</p>
17.	Submission to Other State or Federal Agencies	<p>Indicate the date and nature of any other applications, forms, notices or other materials provided to other state for federal agencies relative to the proposed Material Change, including but not limited to the Department of Public Health (e.g., Determination of Need Application, Notice of Intent to Acquire, Change in Licensure), Massachusetts Attorney General (e.g., notice pursuant to G.L. c. 180, §8A(c)), U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application) and Federal Trade Commission/Department of Justice (e.g., Notification and Report Form pursuant to 15 U.S.C. sec. 18a).</p>