

HEALTH POLICY COMMISSION NOTICE OF MATERIAL CHANGE FORM

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



NOTICE OF MATERIAL CHANGE

DATE OF NOTICE:

1. Name: Tufts Medical Center Parent, Inc.

	Federal TAX ID #	MA DPH Facility ID #	NPI #
2.	04-2810022	N/A	N/A

CONTACT INFORMATION

3. Business Address 1: 800 Washington Street

4. Business Address 2: Box # 55

5. City: Boston State: MA Zip Code: 02111

6. Business Website: www.tuftsmedicalcenter.org

7. Contact First Name: David Contact Last Name: Brill

8. Title: Associate General Counsel

9. Contact Phone: 617-636-5616 Extension:

10. Contact Email: dbrill@tuftsmedicalcenter.org

DESCRIPTION OF ORGANIZATION

11. *Briefly* describe your organization.

TMCP is the parent company of Tufts Medical Center, a full service adult and pediatric academic medical center in Boston that is the principal teaching hospital of Tufts University School of Medicine; the Tufts MC Physicians Organization, a [550] physician faculty practice plan; New England Quality Care Alliance, a network of over [1700] physicians throughout Eastern Massachusetts, the goal of which is to achieve the Triple Aim; New England Long Term Care, Inc., a pediatric nursing home in Billerica; and Tufts Medical Center Real Estate Company.

TYPE OF MATERIAL CHANGE

12. Check the box that most accurately describes the proposed Material Change involving a Provider or Provider Organization:

- A Merger or affiliation with, or Acquisition of or by, a Carrier;
- A Merger with or Acquisition of or by a Hospital or a hospital system;
- 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;
- 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
- 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. What is the proposed effective date of the proposed Material Change? October 1, 2015

MATERIAL CHANGE NARRATIVE

14. *Briefly* describe the nature and objectives of the proposed Material Change, including whether any changes in Health Care Services are anticipated in connection with the proposed Material Change:

Tufts Medical Center Physicians Organization, Inc. ("Tufts MCPO"), which is Tufts Medical Center's academic physician organization, will enter into an agreement (the "Clinical Affiliation") with Cape Cod Hospital ("CCH") pursuant to which pediatricians employed by Tufts MCPO will provide professional pediatric services to oversee and staff CCH's pediatric hospitalist program.

Included in the parties' goals for the Clinical Affiliation are (i) to promote consistency and improvement of newborn medicine and pediatric services at CCH; (ii) maximize the quality, capacity, and efficiency of CCH's pediatric hospitalist program; (iii) promote efficient and effective integration between pediatric hospitalist services and other medical services provided at CCH; and (iv) maximize the quality of, supervision, and supplemental training of CCH personnel in the field of pediatrics.

15. *Briefly* describe the anticipated impact of the proposed Material Change, including but not limited to any anticipated impact on reimbursement rates, care referral patterns, access to needed services, and/or quality of care:

The primary objective of the Clinical Affiliation is to enhance the delivery of pediatric services at CCH, allowing CCH to serve pediatric patients with a higher acuity and provide care to more patients within CCH's local community. The parties do not anticipate any change to reimbursement rates for care provided at CCH as a result of the Clinical Affiliation. Any reduction in the need to transfer patients from CCH to higher cost tertiary or quaternary medical centers that may be achieved by the Clinical Affiliation would be expected to reduce total medical spending.

DEVELOPMENT OF THE MATERIAL CHANGE

16. Describe any other Material Changes you anticipate making in the next 12 months:

At this time TMCP does not anticipate any other Material Changes in the next 12 months.

17. 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:

None.

SUPPLEMENTAL MATERIALS

18. Submit the following materials, if applicable, under separate cover to HPC-Notice@state.ma.us.

The Health Policy Commission shall keep confidential all nonpublic information, as requested by the parties, in accordance with M.G.L. c. 6D, § 13(c), as amended by 2013 Mass. Acts, c. 38, § 20 (July 12, 2013).

- a. Copies of all current agreement(s) (with accompanying appendices and exhibits) governing the proposed Material Change (e.g., definitive agreements, affiliation agreements);
- b. A current organizational chart of your organization
- c. Any analytic support for your responses to Questions 14 and 15 above.

[Remainder of this page intentionally left blank]

Print this page, sign, notarize, and submit as a .PDF separately from the writable portion (p. 4-5) of the Notice of Material Change form. This signed and notarized Affidavit of Truthfulness and Proper Submission is required for a complete submission.

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.

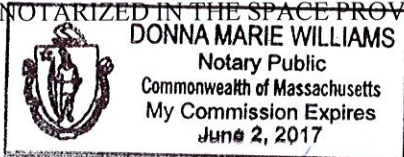
Signed on the 11 day of August, 2015, under the pains and penalties of perjury.

Signature: 

Name: Michael Wagner

Title: President and CEO

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)