

# NOTICE OF MATERIAL CHANGE

DATE OF NOTICE: 11/13/15

1. Name: Foundation of the Massachusetts Eye and Ear Infirmary, Inc.

2.	Federal TAX ID #	MA DPH Facility ID #	NPI #
	04-2785453	Not Applicable	Not Applicable

## CONTACT INFORMATION

3. Business Address 1: 243 Charles Street

4. Business Address 2:

5. City: **Bosotn** State: **MA** Zip Code: **02114**

6. Business Website: **masseyeandear.org**

7. Contact First Name: **John** Contact Last Name: **Fernandez**

8. Title: **President**

9. Contact Phone: **(617) 573-3006** Extension:

10. Contact Email: **john\_fernandez@meei.harvard.edu**

## DESCRIPTION OF ORGANIZATION

11. *Briefly* describe your organization.

Foundation of Massachusetts Eye and Ear Infirmary, Inc. is a Massachusetts non-profit corporation and the parent organization of the Massachusetts Eye and Ear Infirmary ("MEEI") and Massachusetts Eye and Ear Associates, Inc. ("MEEA") and other non-clinical affiliates. MEEI is a not-for-profit specialty hospital dedicated to excellence in the care of, and research and teaching relating to, disorders that affect the eye, ear, nose, throat and adjacent regions of the head and neck. MEEA is the non-profit physician organization for MEEI.

## 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? **January 1, 2016**

## 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:

Atrius Health, Inc. and Foundation of Massachusetts Eye and Ear Infirmary, Inc., on behalf of itself and its affiliates ("MEE") plan to enter into a contract pursuant to which MEE will be designated by Atrius as preferred specialty providers to provide services to Atrius patients referred to MEE providers by Atrius clinicians. The arrangement will include clinical collaboration by the parties, including the development of programs to achieve the parties' shared goals of providing high quality, cost effective care in the communities they serve.

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:

Atrius and MEE will become more clinically aligned to improve the care of Atrius patients and to ensure coordination and collaboration across the continuum of care. The arrangement will include clinical collaboration by the parties, including the development of programs to achieve the parties' shared goals of providing high quality, cost effective care in the communities they serve.

## DEVELOPMENT OF THE MATERIAL CHANGE

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

In discussions with other providers with respect to similar arrangements.

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:

No such documents are required to be submitted related to the proposed Material Change, and therefore, no such documents have been submitted to any other state or federal agency.

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 13th day of November, 2015, under the pains and penalties of perjury.

Signature: \_\_\_\_\_



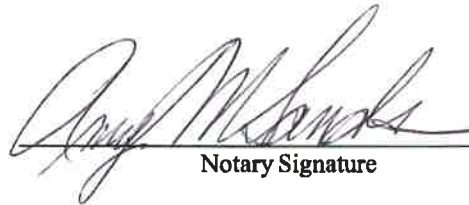
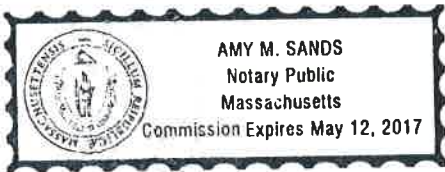
Name: \_\_\_\_\_

John Fernandez

Title: \_\_\_\_\_

President

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)