

NOTICE OF MATERIAL CHANGE

DATE OF NOTICE: 1-14-2016

1. Name: Mount Auburn Hospital

	Federal TAX ID #	MA DPH Facility ID #	NPI #
2.	04-2103606	2071	1689670259

CONTACT INFORMATION

3. Business Address 1: 330 Mount Auburn Street

4. Business Address 2:

5. City: Cambridge State: MA Zip Code: 02138

6. Business Website: <http://www.mountauburnhospital.org/>

7. Contact First Name: Kathryn Contact Last Name: Burke

8. Title: V.P. Contracting

9. Contact Phone: 617-499-5021 Extension:

10. Contact Email: kburke@mah.harvard.edu

DESCRIPTION OF ORGANIZATION

11. Briefly describe your organization.

Mount Auburn Hospital is a regional teaching hospital of Harvard Medical School located in Cambridge, Massachusetts serving the citizens and communities of metropolitan Boston. Mount Auburn is a not-for-profit, charitable institution with a dual mission of providing clinically excellent care with compassion and teaching students of medicine and the health professions. The Hospital offers a broad spectrum of primary, secondary and tertiary services and programs both at the main campus in Cambridge and throughout the Hospital's service area. Mount Auburn provides comprehensive inpatient and outpatient medical, surgical, obstetrical, and psychiatric services.

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? The later of 1/1/16 or date of HPC signoff.

MATERIAL CHANGE NARRATIVE

14. *Briefly* describe the nature and objectives of the proposed Material Change, including any exchange of funds between the parties (such as any arrangement in which one party agrees to furnish the other party with a discount, rebate, or any other type of refund or remuneration in exchange for, or in any way related to, the provision of Health Care Services) and whether any changes in Health Care Services are anticipated in connection with the proposed Material Change:

Mount Auburn Cambridge Independent Practice Association and Mount Auburn Hospital (jointly MACIPA) and Boston Children's Hospital have entered into a contract whereby Children's Hospital will be designated by MACIPA as the preferred pediatric academic medical center for MACIPA patients, when appropriate. The arrangement will include developing clinical and other initiatives to achieve the parties' shared goals of achieving high quality and cost effective care for MACIPA's and Children's shared patients. Children's will provide a discount on certain services provided to MACIPA risk members because the parties believe that close clinical management of MACIPA risk members' care and more integration will lead to improved quality and efficiency and reduced total medical expenses for those patients. For additional detail please refer to the Provider Network Agreement submitted with this Notification.

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:

MACIPA and Boston Children's Hospital will become more clinically aligned in order to provide high quality, cost effective care to patients in the most appropriate setting. MACIPA and Children's will jointly develop programs and initiatives to improve the quality outcomes and cost effectiveness of care delivered to MACIPA and Children's shared patients.

DEVELOPMENT OF THE MATERIAL CHANGE

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

The parties do not anticipate any further material changes to their relationship in the next 12 months. Mount Auburn Hospital will file a Notice of Material Change for any future clinical affiliation where such Notice is required.

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, other than this application.

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 23rd day of December, 2015, under the pains and penalties of perjury.

Signature: *William J. Sullivan*
 Name: William Sullivan
 Title: CFO

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

In 23 day of Decemb, 2015 before the undersigned, public, personally appeared
license

William Sullivan

 and who swears or affirms that the contents of the foregoing document are true and correct to the best of his or her knowledge and belief.

Henry J. Chagnon
 Notary Signature

Copies of this application electronically as follows:

- Office of the Attorney General (1)
- Center for Health Information and Analysis (1)