



MASSACHUSETTS
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: June 27 2017

1. Name: Cape Cod Healthcare, Inc. on behalf of Cape Cod Hospital and Falmouth Hospital Association, Inc.

	Federal TAX ID #	MA DPH Facility ID #	NPI #
2.	Cape Cod Hospital 04-2103600	2135	1114984671
	Falmouth Hospital 04-2220716	2289	1336106806

CONTACT INFORMATION

3. Business Address 1: 27 Park Street

4. Business Address 2:

5. City: Hyannis

State: MA

Zip Code: 02601

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

7. Contact First Name: Michael

Contact Last Name: Jones

8. Title: Senior Vice President & Chief Legal Officer

9. Contact Phone: (508) 862-5070

Extension:

10. Contact Email: MGJones@CapeCodHealth.org

DESCRIPTION OF ORGANIZATION

11. Briefly describe your organization.

Cape Cod Healthcare, Inc. (CCHC) is the parent organization of several tax-exempt health care providers which, collectively, comprise an integrated healthcare delivery system with a primary service area of Barnstable County. CCHC is the leading provider of healthcare services for Cape Cod residents and visitors. CCHC includes two acute care hospitals, Cape Cod Hospital and Falmouth Hospital (collectively, the "Hospitals"), as well as various other health care institutional and individual providers located across Cape Cod. The Hospitals provide approximately 2.2 million laboratory tests annually, of which approximately half are inpatient and outpatient laboratory services. The other half of the Hospitals' laboratory testing business is comprised of diagnostic laboratory outreach services. An estimated 334,000 outreach testing encounters are processed annually by the Hospitals, totaling approximately 1.1 million outreach tests. Outreach testing is done at various different collection stations known as patient service centers, all located on Cape Cod.

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, 2018

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:

Quest Diagnostics Massachusetts, LLC (“Quest”) desires to purchase CCHC’s hospital-based diagnostic laboratory outreach business, which represents less than 3% of CCHC’s revenues. This outreach business refers to tests performed on patients who walk-in to a patient service center with a physician requisition or standing order for certain diagnostic laboratory testing services (e.g., a Basic Metabolic Panel), as well as specimens collected in a physician office, skilled nursing facility or patient’s home. Quest projects that the addition of this component of the Hospitals’ ancillary laboratory service line is likely to increase Quest’s Net Patient Services Revenues by the HPC MCN standard. CCHC’s hospital-based inpatient and outpatient (i.e. tests on patients having other same-day hospital-based services such as surgical day care, observation, emergency department and blood bank) laboratory services, including rapid-service-based (“Stat”) laboratory testing, are not part of this acquisition and will continue to be performed by and at the Hospitals.

Following the transaction, laboratory testing for those patients who had blood or other specimens collected at one of CCHC’s 13 patient service centers, or from their physician office, skilled nursing facility or their home, will be primarily serviced by Quest’s new, full-service clinical laboratory in Marlborough. Quest will continue to operate its Hyannis Stat lab, but also will contract with the Hospitals to continue to provide Stat testing services for those patients who present to one of the patient service centers. CCHC will continue to manage and operate the patient service centers, as they have historically done, relative to the specimens that will now be processed and tested by Quest at its Marlborough facility. There is no anticipated impact on care at the Hospitals or in the community other than the added benefits described below.

Neither party will receive a financial benefit, such as discounts, rebates or other benefits connected to the provision of healthcare services following the transaction.

The parties expect the transaction to enhance access to quality, convenient and affordable laboratory services for people on Cape Cod. This transaction is not expected to materially alter service requirements, and the transition of testing to Quest’s Marlborough facility will be performed in collaboration with CCHC. The transaction also is expected to deliver several benefits to patients and physicians on Cape Cod, including greater patient access and convenience through a combined patient service center network, and thousands of additional clinical diagnostic tests, including highly advanced and novel genetic sequencing tests for cancer, neurological disorders and other diseases.

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 transaction will leverage Quest’s scale and expertise to produce more cost-effective testing, for more affordable pricing for patients as well as government and commercial health plans. Third-party research shows that Quest Diagnostics often provides laboratory services that cost significantly less than those provided by hospital-based labs such as those operated by the Hospitals. The 2015 Massachusetts Health Policy Commission 2015 Cost Trends Report found that for a basic metabolic panel, the median price at a hospital outpatient department was \$29, compared to a median price of \$12 at Quest. Other competing laboratory service providers on Cape Cod presumably have rates that align more closely with Quest’s rates than with CCHC’s rates. In addition, commercial laboratory service providers, unlike hospital laboratory providers, have sophisticated interface capability to efficiently link up with all provider types to ensure effective and timely transmission of test results. With alternative payment models, ACOs, consolidated payments with skilled nursing facilities, and other changes coming from CMS, CCHC is seeking ways to reduce total medical expense while enhancing the quality and efficiency of care for patients and families on Cape Cod.

The parties are committed to minimizing any adverse impact on physicians and patients related to the transaction.

The transaction is expected to significantly reduce health care costs with improved efficiency in the delivery of services and an anticipated reduced reimbursement rate. Care referral, payer mix, service lines, and service areas are not expected to change.

DEVELOPMENT OF THE MATERIAL CHANGE

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

No other material change is anticipated 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:

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]

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 27th day of June, 2017, under the pains and penalties of perjury.

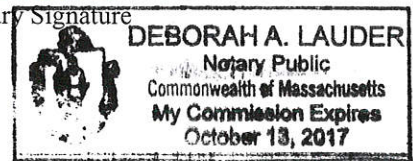
Signature: Michael G. Jones

Name: Michael G. Jones

Title: Senior Vice President + Chief Legal Officer

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

Deborah A. Lauder
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	Indicate the nature of the proposed Material Change. <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 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.

“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.

“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..

“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.

“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 Health 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.

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, 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). 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	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: <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 Provide a brief description of the nature, scope and dates of any pending or planned Material Changes, occurring between the notifying organization and any other entity, within the 12 months following the date of the notice.

17. Submission to Other State or Federal Agencies Indicate the date and nature of any other applications, forms, notices or other materials provided to other state or 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).

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