

# NOTICE OF MATERIAL CHANGE

DATE OF NOTICE: \_\_\_\_\_

1. Name: **Sturdy Memorial Associates, Inc.**

Federal TAX ID #	MA DPH Facility ID #	NPI #
042709501	NA	NA

## CONTACT INFORMATION

3. Business Address 1: **211 Park Street**

4. Business Address 2: \_\_\_\_\_

5. City: **Attleboro** State: **MA** Zip Code: **02703**

6. Business Website: **sturdymemorial.org**

7. Contact First Name: **Amy** Contact Last Name: **Pfeffer**

8. Title: **Treasurer**

9. Contact Phone: **508-236-8175** Extension: \_\_\_\_\_

10. Contact Email: **apfeffer@sturdymemorial.org**

## DESCRIPTION OF ORGANIZATION

11. *Briefly* describe your organization.

Sturdy Memorial Associates, Inc. ("SMA") is a Massachusetts non-profit corporation affiliated with Sturdy Memorial Hospital, Inc. SMA is a multi-specialty physician organization that provides both primary and specialty care services to individuals in our service area [Attleboro, North Attleboro, Mansfield, Plainville, Norton, Rehoboth, Seekonk, Wrentham, Norfolk, Foxboro, Sharon and northern RI]. There are approximately 185 practitioners (primary care physicians, specialists and advanced practitioners) employed by SMA.

## 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? **August 1, 2019**

## 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:

SMA and South Shore Physician-Hospital Organization, Inc. ("SSPHO"), a Massachusetts non-profit corporation propose to enter into a Participation Agreement pursuant to which approximately 185 physicians and other eligible providers employed by or otherwise affiliated with SMA would participate as SSPHO participating providers in risk-based payor contracting initiatives negotiated and administered through SSPHO. As a participating provider, SMA would be supported by SSPHO medical management support services such as data warehouse and analytics, care pathways, disease management protocols and related quality management initiatives. The contracting affiliation will build upon the collaborative efforts of SSPHO and SMA developed during their mutual participation in Connected Care of Southeastern Massachusetts, a Medicare Next Generation Accountable Care Organization.

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 parties anticipate that the participation of SMA will allow SMA to have both access to quality and value risk-based initiatives and that with access to SSPHO medical management support services, SMA will be better positioned to achieve overall cost savings. The parties do not anticipate any material adverse impact on reimbursement rates, referral patterns, access, or quality of care.

## DEVELOPMENT OF THE MATERIAL CHANGE

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

None.

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](mailto: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 11th day of June, 2019, under the pains and penalties of perjury.

Signature: Amy Pfeffer

Name: Amy Pfeffer

Title: Treasurer

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

Venessa R. Petit  
Notary Signature  
Commission Expires 5/25/2023

Copies of this application have been submitted electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)