

NOTICE OF MATERIAL CHANGE

DATE OF NOTICE: 10/16/2020

1. Name: **Lawrence General Hospital**

	Federal TAX ID #	MA DPH Facility ID #	NPI #
2.	10562479	2099	1750381281

CONTACT INFORMATION

3. Business Address 1: **1 General St.**

4. Business Address 2:

5. City: **Lawrence**

State: **MA**

Zip Code: **01841**

6. Business Website: **Lawrencegeneralhospital.org**

7. Contact First Name: **Deborah**

Contact Last Name: **Wilson**

8. Title: **President & CEO**

9. Contact Phone: **978 683 4000**

Extension: **8095**

10. Contact Email: **Dwilson@lawrencegeneral.org**

DESCRIPTION OF ORGANIZATION

11. *Briefly* describe your organization.

Lawrence General Hospital ("LGH"), a 186-bed acute care hospital located in the City of Lawrence, seeks to establish its own affiliated local, clinically integrated network, for the purpose of engaging health care providers in a locally controlled and governed, all payor, accountable health care network. The Lawrence Integrated Health Provider Network, LLC, ("LIHPN"), will be a Massachusetts LLC that will facilitate the coordination of patient care across conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-focused. Lawrence General Hospital ("LGH") will be the sole member of LIHPN.

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, 2021**

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:

LGH seeks to establish LIHPN in order to foster better local coordination of care among participating providers, and to create more efficient access locally with consistent quality across all payors and all participating providers. LIHPN will enter into participation agreements with health care providers affiliated with LGH, including providers who formerly participated in Choice Plus IPA ("IPA"). LIHPN anticipates that most, if not all, of those providers who participated in IPA will participate in LIHPN. LIHPN will enter into value-based payor arrangements on behalf of participating providers. LGH, IPA, and LIHPN do not anticipate any material changes in Health Care Services, as defined in 958 CMR 7.02, provided by LIHPN participating providers following their affiliation with LIHPN. IPA will likely wind-down its affairs. The current LGH and IPA relationship with Beth Israel Deaconess Care Organization ("BIDCO") will be terminated effective 12/31/20. As part of the evolution from BIDCO, LIHPN will replace IPA, the existing provider network and affiliate of LGH.

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:

LGH envisions that a locally controlled and governed LIHPN comprised of local providers and established to coordinate care for all populations regardless of payor, will enhance care delivery, improve health care access locally, and provide a more highly integrated and seamless network for the region. As one of the lowest paid hospitals in the Commonwealth, that serves among the highest proportions of low income, racially, and socioeconomically diverse populations, if there is any favorable impact in reimbursement rates to be realized in the future it will be both value based, and improve access and health equity by being invested in lower cost local care. By establishing a local integrated network we expect to have enhanced access to local referral pattern data for all payors centralized at the CIN level, and identify health care access needs that are not currently captured at the local level for all payors. LIHPN seeks ultimately to improve patient outcomes for its socioeconomically, ethnically and racially diverse local population. LIHPN also plans to retain more care locally at reduced cost, and to improve access for all populations, including those who rely on MassHealth.

DEVELOPMENT OF THE MATERIAL CHANGE

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

At this time, LGH is not definitively planning to make any additional 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:

LIHPN will be filing notices with the Office of the Attorney General and the Center for Health Information and Analysis. We have also filed a Limited Liability Certificate of Organization. (See attached)

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.

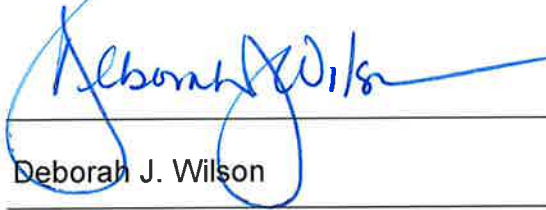
AFFIDAVIT OF TRUTHFULNESS AND PROPER SUBMISSION

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 16 day of October, 2020, under the pains and penalties of perjury.

Signature:



Name:

Deborah J. Wilson

Title:

President and CEO

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:



JANICE M. ALEKSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
October 2, 2026


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)

D

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

**Limited Liability Company
Certificate of Organization
(General Laws Chapter 156C, Section 12)**

Federal Identification No.: _____

(1) The exact name of the limited liability company:

LAWRENCE INTEGRATED HEALTH PROVIDER NETWORK, LLC

(2) The street address of the office in the commonwealth at which its records will be maintained:

1 General St., Lawrence, Massachusetts 01841

(3) The general character of the business:

To develop and implement a clinical integration program and any other lawful purpose.

(4) Latest date of dissolution, if specified: _____

(5) The name and street address, of the resident agent in the commonwealth:

NAME

ADDRESS

C T Corporation System

155 Federal Street, Suite 700
Boston, Massachusetts 02110

(6) The name and business address, if different from office location, of each manager, if any:

NAME

ADDRESS

The names of the managers are attached hereto.

The addresses of the managers are attached hereto.

- (7) The name and business address, if different from office location, of each person in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

NAME

ADDRESS

- (8) The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME

ADDRESS

- (9) Additional matters:

Signed by (*by at least one authorized signatory*): _____

Consent of resident agent:

I CT Corporation System

resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c 156C § 12*

**or attach resident agent's consent hereto.*

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

Limited Liability Company Certificate
(General Laws Chapter 156C, Section 12)

I hereby certify that upon examination of this limited liability company certificate, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said application; and the filing fee in the amount of \$ _____ having been paid, said application is deemed to have been filed with me this

_____ day of _____, 20 _____, at _____ a.m./p.m.
time

Effective date: _____

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing fee: \$500

TO BE FILLED IN BY LIMITED LIABILITY COMPANY
Contact Information:

C T Corporation System

155 Federal Street, Suite 700

Boston, Massachusetts 02110

Telephone: (617) 757-6400

Email: _____

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.

**ATTACHMENT TO THE CERTIFICATE OF ORGANIZATION
OF
LAWRENCE INTEGRATED HEALTH PROVIDER NETWORK, LLC**

The names and addresses of the managers are as follows:

<u>Name:</u>	<u>Address:</u>
Edwardo Haddad	1 General St., Lawrence, Massachusetts 01841
Jennifer Hall	1 General St., Lawrence, Massachusetts 01841
Robin Hynds	1 General St., Lawrence, Massachusetts 01841
Lawrence Kidd	1 General St., Lawrence, Massachusetts 01841
Felix Mercado	1 General St., Lawrence, Massachusetts 01841
Sunit Mukerjee	1 General St., Lawrence, Massachusetts 01841
Caitlin Mundry	1 General St., Lawrence, Massachusetts 01841
Deb Wilson	1 General St., Lawrence, Massachusetts 01841
Christina Wolf	1 General St., Lawrence, Massachusetts 01841