

NOTICE OF MATERIAL CHANGE

Date of Notice: August 16, 2024

1. Name: Northeast Orthopaedic Alliance MSO, LLC

| 2. Federal TAX ID # | MA DPH Facility ID # | NPI # |
|---------------------|----------------------|-------|
| 99-0716741 | N/A | N/A |

Contact Information

3. Business Address 1: 840 Winter Street

4. Business Address 2:

5. City: Waltham State: MA Zip Code: 02451

6. Business Website:

7. Contact First Name: Christopher Contact Last Name: Triolo

8. Title: Authorized Representative

9. Contact Phone: 609-203-7968 Extension:

10. Contact Email: ctriolo@jpmelvin.com

Description of Organization

11. Briefly describe your organization.

Northeast Orthopaedic Alliance MSO, LLC ("NOA MSO") is a Delaware limited liability company registered with the Secretary of the Commonwealth as a foreign limited liability company. NOA MSO is an affiliate of Northeast Orthopaedic Alliance, PLLC ("NOA"), and was organized to provide administrative, support services to and on behalf of NOA. NOA MSO is owned by the physicians who own NOA (through direct ownership only) and is governed by a board of managers that mirrors the board of managers of NOA. NOA MSO has not yet begun providing any services and will not until the proposed effective date.

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? October 16, 2024

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:

NOA will unify into a single group practice the providers and operations of the following orthopedic practices in Massachusetts: Boston Sports and Shoulder Center, LLC, New England Orthopedic Surgeons, Inc., EONE Medical, PLLC, and EONE Medical Subsidiary, PLLC (each, a “Legacy Practice”). NOA MSO will employ each Legacy Practice's non-clinical staff through a centralized HR department and will provide administrative, support services to NOA that will create administrative efficiencies and reduce overhead for NOA. The change will alleviate administrative burdens for providers and allow them to focus instead on patient care, which will improve continuity of care and enable cost saving opportunities to be implemented. such as value-based care initiatives.

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:

NOA is negotiating payor contracts that it anticipates will be comparable with existing and current market rates. NOA will shift sites of service to ambulatory surgery centers, in-office, and other lower cost settings, which will improve patient access to needed services. NOA will create infrastructure to support value-based care model development on top of existing fee for service contracts with the aim of driving improved health outcomes and enhancing patient care in the community. Notwithstanding the foregoing, NOA will continue to support community hospitals and will maintain existing hospital privileges and services arrangements without disrupting existing referral relationships. Economic considerations include cost of living adjustments where appropriate and as accommodated by payors.

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@mass.gov.

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; and
- 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 15th day of August, 2024, under the pains and penalties of perjury.

Signature: 

Name: Northeast Orthopaedic Alliance MSO, LLC

Title: Authorized Representative

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:



EMILY ANDREWS
Notary Public - State of New Jersey
My Commission Expires Jan 27, 2026

Notary Signature

8.15.24

Copies of this application have been submitted electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)