

NOTICE OF MATERIAL CHANGE

Date of Notice: 9/26/25

1. Name: Saint Vincent Physician Services, Inc

2. Federal TAX ID # 201830786	MA DPH Facility ID #	NPI # 1013997329
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Contact Information

3. Business Address 1: 10010K Shops Way

4. Business Address 2:

5. City: Northborough State: MA Zip Code: 01532

6. Business Website: www.stvincentmedgroup.com

7. Contact First Name: Tom Contact Last Name: Larsen

8. Title: Massachusetts Market Director of Operations

9. Contact Phone: 857-243-0914 Extension:

10. Contact Email: thomas.larsen@tenethealth.com

Description of Organization

11. Briefly describe your organization.

We are a multi-specialty physician group based in Worcester, MA and also have practices in the surrounding communities, including Primary Care, Orthopedics, Cardiology, OB/GYN, General Surgery, Endocrinology, Urology, Behavioral Health, Hematology/Oncology, Radiation Oncology and Geriatrics.

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;
 - Significant expansions in a Provider or Provider Organization's capacity;
 - Transactions involving a significant equity investor which result in a change of ownership or control of a Provider or Provider Organization;
 - Significant acquisitions, sales, or transfer of assets including, but not limited to, real estate sale lease-back arrangements; and
 - Conversion of a Provider or Provider Organization from a non-profit entity to a for-profit entity.
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13. What is the proposed effective date of the proposed Material Change? December 2, 2025

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:
- Saint Vincent Physician Services, Inc is transitioning physician practices to HealthyU and HealthyU will continue operating all practices, hiring all providers and staff, and maintaining the clinics in their current location. HealthyU will also be recruiting additional primary care providers to the Worcester area, where there is a strong need, to help meet demand. HealthyU will be purchasing some equipment for the medical clinics and supplies from TPRs existing sites in the transition. Practices are located in Worcester, Auburn, Shrewsbury and Sterling.
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:
- This change will not impact patient care, as the practices will be fully transitioning all its patients and providers and staff. And HealthyU will be adding more primary care providers in the Worcester community in the near future. HealthyU will be negotiating its own rates with payors in Massachusetts.

Development of the Material Change

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

No additional material changes are expected.

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:

All information has been submitted to the appropriate parties with this application. It includes the Bill of Sale, as requested, and also an org chart, as requested and list of equipment/supplies and sale price of them.

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.

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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 26 day of September, 2025, under the pains and penalties of perjury.

Signature: 

Name: Thomas Larsen

Title: Market Director of Operations

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:


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)

