



MASSACHUSETTS
HEALTH POLICY COMMISSION

HEALTH POLICY COMMISSION NOTICE OF MATERIAL CHANGE FORM

***THIS NOTICE OF MATERIAL CHANGE FORM IS
FOR USE BEGINNING APRIL 8, 2025***

Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

NOTICE OF MATERIAL CHANGE

Date of Notice: 12/22/2025

1. Name: Brockton Hospital, Inc.

2. Federal TAX ID # 04-2103554	MA DPH Facility ID # 2118	NPI # 1063431286
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Contact Information

3. Business Address 1: 680 Centre Street

4. Business Address 2:

5. City: Brockton State: MA Zip Code: 02302

6. Business Website: <https://www.signature-healthcare.org>

7. Contact First Name: Karen Contact Last Name: Murphy

8. Title: SVP & Chief Legal Officer

9. Contact Phone: 508-941-7087 Extension:

10. Contact Email: kmurphy@signature-healthcare.org

Description of Organization

11. Briefly describe your organization.

Brockton Hospital, Inc. d/b/a Signature Healthcare Brockton Hospital ("Brockton Hospital") is a not for profit acute care community-based teaching hospital with 217 licensed beds. Brockton Hospital is dedicated to providing a full range of clinical services to patients of all ages throughout Southeastern Massachusetts including medical/surgical, obstetric, Level II nursery, inpatient psychiatry, medical and radiation oncology, cardiac catheterization services, and magnetic resonance imaging. Brockton Hospital operates the Brockton Hospital School of Nursing founded in 1897 and it is the only hospital-based registered nurse program in the Commonwealth. Brockton Hospital has Signature Healthcare Corporation ("Signature Healthcare") as its sole corporate member and is part of an integrated community health system which includes a primary care and multispecialty physician group, Signature Healthcare Medical Group, Inc. with ten locations in the service area and Signature Healthcare Urgent Care, Inc. which operates two urgent care locations in Brockton.

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? The first day of the month following regulatory approval.

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:

Atrius and Brockton Hospital, Inc. (d/b/a Signature Healthcare Brockton Hospital) ("Brockton Hospital") have entered into a contract pursuant to which Brockton Hospital will be designated by Atrius as a preferred hospital provider for Atrius patients. The purpose of this arrangement is to enhance the quality, safety, outcomes, cost effectiveness, and patient experience for care provided to shared patients served by both Atrius and Brockton Hospital. These goals will be achieved through clinical collaboration, information interoperability and other initiatives between the parties. In addition, due to the increased quality and efficiency expected as a result of this collaboration, the parties have agreed on a discounted payment rate for services provided by Brockton Hospital for which Atrius is at risk for financial and quality results.

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:

Atrius and Brockton Hospital are enhancing an existing relationship to become more clinically aligned in order to continue improving the care of Atrius patients and to ensure coordination and collaboration across the continuum of care. The arrangement will include developing programs to achieve the parties' shared goals of providing high quality, cost effective care in the communities they serve. The parties will also work on various initiatives to integrate their technology systems with the aim of meeting clinical integration, quality and efficiency goals.

Development of the Material Change

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

At the present time, Brockton Hospital has not entered into definitive agreements related to any future Material Changes. However, Brockton Hospital will provide any and all required notices and regulatory applications to appropriate government agencies should that change.

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:

Brockton Hospital will provide any notices and make any filings with government agencies as may be required in support of this Material Change.

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 22 day of December, 2025, under the pains and penalties of perjury.

Signature: *Karen Murphy*

Name: Karen Murphy

Title: Senior Vice President and Chief Legal Officer

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

 **Paula J McCusker, Esq.**
Notary Public, Commonwealth of Massachusetts
My Commission Expires November 9, 2029

Paula J McCusker
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)