



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

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# **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, 8<sup>th</sup> Floor  
Boston, MA 02109

## GENERAL INSTRUCTIONS

The attached form should be used by a Provider or Provider Organization to provide a Notice of Material Change (“Notice”) to the Health Policy Commission (“Commission”), as required under M.G.L. c. 6D, § 13 and 958 CMR 7.00, Notices of Material Change and Cost and Market Impact Reviews. To complete the Notice, it is necessary to read and comply with 958 CMR 7.00, a copy of which may be obtained on the Commission’s website at [www.masshpc.gov](http://www.masshpc.gov). Capitalized terms in this Notice are defined in 958 CMR 7.02. Additional guidance is available on the Commission’s website (e.g., Bulletins, FAQs). For further assistance, please contact the Health Policy Commission at [HPC-Notice@mass.gov](mailto:HPC-Notice@mass.gov). This form is subject to statutory and regulatory changes and may be amended from time to time.

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### REQUIREMENT TO FILE

This Notice must be submitted by any Provider or Provider Organization with \$25 million or more in Net Patient Service Revenue in the preceding fiscal year that is proposing a Material Change, as defined in 958 CMR 7.02. Notice must be filed with the Commission not fewer than 60 days before the consummation or closing of the transaction (i.e., the proposed effective date of the proposed Material Change).

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### SUBMISSION OF NOTICE

One electronic copy of the Notice, in a portable document form (pdf), should be submitted to the following:

Health Policy Commission: [HPC-Notice@mass.gov](mailto:HPC-Notice@mass.gov);

Office of the Attorney General: [HCD-6D-NOTICE@mass.gov](mailto:HCD-6D-NOTICE@mass.gov);

Center for Health Information and Analysis: [Legal@chiamass.gov](mailto:Legal@chiamass.gov)

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### PRELIMINARY REVIEW AND NOTICE OF COST AND MARKET IMPACT REVIEW

If the Commission considers the Notice to be incomplete, or if the Commission requires clarification of any information to make its determination, the Commission may, within 30 days of receipt of the Notice, notify the Provider or Provider Organization of the information or clarification necessary to complete the Notice.

The Commission will inform each notifying Provider or Provider Organization of any determination to initiate a Cost and Market Impact Review within 30 days of its receipt of a completed Notice and all required information, or by a later date as may be set by mutual agreement of the Provider or Provider Organization and the Commission.

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### CONFIDENTIALITY

Information on this Notice form itself shall be a public record and will be posted on the Commission’s website. Pursuant to 958 CMR 7.09, the Commission shall keep confidential all nonpublic information and documents obtained in connection with a Notice of Material Change and shall not disclose the information or documents to any person without the consent of the Provider or Payer that produced the information or documents, except in a Preliminary Report or Final Report of a Cost and Market Impact Review if the Commission believes that such disclosure should be made in the public interest after taking into account any privacy, trade secret or anti-competitive considerations. The confidential information and documents shall not be public records and shall be exempt from disclosure under M.G.L. c. 4, § 7 cl. 26 or M.G.L. c. 66, § 10.

# NOTICE OF MATERIAL CHANGE

Date of Notice: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Federal TAX ID #

MA DPH Facility ID #

NPI #

## Contact Information

3. Business Address 1: \_\_\_\_\_

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

5. City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

6. Business Website: \_\_\_\_\_

7. Contact First Name: \_\_\_\_\_

Contact Last Name: \_\_\_\_\_

8. Title: \_\_\_\_\_

9. Contact Phone: \_\_\_\_\_

Extension: \_\_\_\_\_

10. Contact Email: \_\_\_\_\_

## Description of Organization

11. *Briefly* describe your organization.

## 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?

## 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:
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:



## VII. Certification

I, the undersigned, being first duly sworn, do say:

1. I have read ORS 415.500 et seq. and OARs 409-070-0000 to 409-070-0085.
2. I have read this Notice of Material Change Transaction and the information contained therein is accurate and true.

Signed on the 23 day of Jan, 2026.

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SUBSCRIBED AND SWORN TO before me, this 23 day of Jan, 2026.

Scott L. Samuel II  
Notary Public in and for Campbell, Kentucky

My Commission Expires: 3/2/2028

