MASSACHUSETTS
HEALTH POLICY COMMISSION

HEALTH POLICY COMMISSION
NOTICE OF MATERIAL CHANGE FORM

THIS NOTICE OF MATERIAL CHANGE FORM IS
FOR USE BEGINNING MAY 19, 2026

Health Policy Commission
50 Milk Street, 8th 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. 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. This form is subject to statutory and regulatory changes and may be amended from time to time.

REQUIREMENT TO FILE

This Notice must be submitted by any Provider or Provider Organization with Net Patient Service Revenue at or above the MCN Filing Threshold 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).

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;
Office of the Attorney General: HCD-6D-NOTICE@mass.gov; Center for Health Information and Analysis: Legal@chiamass.gov

---

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.

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: October 28, 2026

1. Name: South Shore Hospital, Inc.

2. Federal TAX ID # 04-2769210 | MA DPH Facility ID # 2107 | NPI # 1134227606

Contact Information

3. Business Address 1: 55 Fogg Road
4. Business Address 2:
5. City: Weymouth State: MA Zip Code: 02190
6. Business Website: www.southshorehealth.org
7. Contact First Name: Lucas Contact Last Name: Hamory
8. Title: Associate General Counsel
9. Contact Phone: 781-624-8551 Extension:
10. Contact Email: lhamory@southshorehealth.org

Description of Organization

11. *Briefly* describe your organization.

South Shore Hospital is a charitable, not-for-profit regional healthcare provider serving residents of Southeastern Massachusetts. With 393 licensed acute care beds and 67 newborn bassinets, the hospital provides a broad range of inpatient and outpatient services across the continuum of care. As a leading provider of emergency, critical care, maternity, pediatric, cardiac, oncology, surgical, and outpatient services, South Shore Hospital is dedicated to addressing the evolving healthcare needs of the communities it serves. The hospital is licensed by the Commonwealth of Massachusetts as a Level II Trauma Center and a Level III Maternal/Newborn Service, reflecting its advanced capabilities in trauma care and maternal-child health.

Type of Material Change

12. Check the box for the type of Material Change proposed, as delineated at 958 CMR 7.03(1). Brief descriptions are included here for convenience. Review the regulation for full details.

- ☐ a) Corporate Affiliation involving a Provider or Provider Organization and a Carrier
- ☐ b) Merger with or Acquisition of a Hospital or hospital system
- ☑ c) Corporate or Contracting Affiliation or employment of Health Care Professionals resulting in an increase of Net Patient Service Revenue equal to or greater than the Revenue Increase Threshold or in a Provider or Provider Organization having Dominant Market Share
- ☐ d) Clinical Affiliation
- ☐ e) Formation of an organization for contracting or administering contracts with Carriers or Third-Party Administrators
- ☐ f) Significant increase to a Provider or Provider Organization's capacity
- ☐ g) Transaction involving a Significant Equity Investor
- ☐ h) Significant acquisitions, sales, or transfers of a Provider or Provider Organization's assets
- ☐ i) Conversion of a Provider or Provider Organization from a non-profit Entity to a for-profit Entity

13. What is the proposed effective date of the proposed Material Change? January 1, 2027

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:

South Shore Hospital will be employing 20 radiologists to provide Diagnostic, Interventional, and Mammographic Radiology services to the South Shore patients. The physicians were previously employed by South Shore Radiological Associates, Inc.

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:

South Shore Hospital is restructuring its longstanding radiology services model to further enhance patient care and strengthen coordination and collaboration across the continuum of care. As part of this transition, South Shore Hospital will directly employ a number of radiologists. The hospital does not anticipate any changes to referral patterns or any adverse impact on patient access to radiology services.

Development of the Material Change

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

None, based on executed agreements that are in place as of the date hereof.

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:

N/A

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 30th day of October, 2026, under the pains and penalties of perjury.

Signature: Joseph R. Driscoll

Name: Joseph R. Driscoll

Title: General Counsel

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

CAROL M. BASFORD
Notary Public, Commonwealth of Massachusetts
My Commission Expires March 11, 2027

Carol M. Basford
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)