		NOTICE OF MATERIAL CHAN	GE			
			Date of Notice:			
1.	Name: Tufts Medical Center	Physicians Organization, Inc.				
2.	Federal TAX ID #	MA DPH Facility ID #	NPI#			
04-3044706						
Cont	act Information					
3.	Business Address 1: 800 Wa	shington St.				
4.	Business Address 2:					
5.	City: Boston	State: MA	Zip Code: 02111			
6.	Business Website:					
7.	Contact First Name: Zachary	Contact Last Name: Redmond				
8.	Title: Chief Legal Officer					
9.	Contact Phone: 978-322-697	-322-6970 Extension:				
10.	Contact Email: zachary.redm	ond@tuftsmedicine.org				
11. Fufts provid		ganization (TMCPO) is a nonprofit corpo search services at Tufts Medical Cente				
Туре	of Material Change					
12.	Organization:  A Merger or affiliation with, A Merger with or Acquisitio Any other Acquisition, Mergor Health Care Professiona	ls) of, by, or with another Provider, Provider	ation, Contracting Affiliation, or employment			

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

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? January 1, 2024

region;

			March 1	10000		
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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:

TMCPO will make available physicians to provide medical direction and clinical services for the pathology service at Sturdy Health. TMCPO will provide two clinical pathologists, in addition to part time medical director services.

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:

All clinical services will be billed and collected by Sturdy Health. Sturdy Health will continue to provide high quality care, and no changes are expected regarding reimbursement rates, care referral patterns, or access to needed services.

## **Development of the Material Change**

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

It is possible that Sturdy Health may add clinical affiliations with TMCPO in other areas in the future.

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:

## **Supplemental Materials**

The Health Policy Commission shall keep confidential all nonpublic information, as requested by the parties, in accordance with M.G.L. c. 6D,  $\S$  13(c), as amended by 2013 Mass. Acts, c. 38,  $\S$  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.
<ol> <li>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.</li> </ol>
2nd November 23 Signed on the day of, 20, under the pains and penalties of perjury.
Signature:  Tufte Medical Center Physicians Organization, Inc.  Name:
Chief Legal Officer Title:
FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:  Mall Mall Motary Signature
Copies of this application have been submitted electronically as follows:  CHARLES R. WHIPPLE  Contex for Health Information and Analy Notary Public
Office of the Attorney General (1)  Center for Health Information and Analysis of Massachusetts  My Commission Expires  November 3, 2028