NOTICE OF MATERIAL CHANGE

			Date of Notice:
1.	Name: Sturdy Health, Inc		
2. 04-2	Federal TAX ID #	MA DPH Facility ID #	NPI#
	tact Information		
3.	Business Address 1: 211 I	Park Street	
4.	Business Address 2:	Ctotol AAA	Zip Code: 02703
5. 	City: Attleboro Business Website:	State: MA	Zip Code. 02703
6. 		Col	ntact Last Name: Gietz
7. 	Contact First Name: Wayne		made Last Name. Gletz
8. 	Title: Chief Operating Office	cer	
9.	Contact Phone: 508-236-8	8000	Extension:
10.	Contact Email: WGietz@st	turdyhealth.org	
provi			profit corporation whose employed physicians bulatory practices primarily in southeastern
Туре	e of Material Change		
12.	Organization: A Merger or affiliation of A Merger with or Acquisition, Northealth Care Professionals from the increase in annual Net more, or in the Provide region;	with, or Acquisition of or by, a Carrier; sition of or by a Hospital or a hospital sy Merger, or affiliation (such as a Corporat ionals) of, by, or with another Provider, F same Provider or Provider Organization Patient Service Revenue of the Provide	te Affiliation, Contracting Affiliation, or employment

13. What is the proposed effective date of the proposed Material Change?

January 1, 2024

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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:

Tufts Medical Center Physicians Organization, Inc. (TMCPO) will make available physicians to provide clinical services and medical direction for the pathology service at Sturdy Memorial Hospital. 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

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.

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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.
 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 day of, 20, under the pains and penalties of perjury.
Signature:
Sturdy Health, Inc. Name:
Chief Operating Officer Title:
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)