**APPENDIX 6 CHANGE IN SERVICE FORM**



Application Number:

**Massachusetts Department of Public Health Determination of Need**

**Change in Service**

Original Application Date:

BNEOS-2122916-AS

02/28/2022

Version: DRAFT

DRAFT

6-14-17

**Applicant Information**

Applicant Name:

Baystate New England Orthopedic Surgeons Alliance, LLC

Contact Person: Title:

Bill Kern

Senior Director, Finance, Baystate Health

Phone: Ext: E-mail:

4137945556

[william.kernii@baystatehealth.org](mailto:william.kernii@baystatehealth.org)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility: Complete the tables below for each facility listed in the Application Form** | | | | | | | | | | | | | | | |
| **1** | Facility Name: Baystate New England Orthopedic Surgeons Alliance, LLC | | | | |  |  | CMS Number: | NA |  | Facility type: Freestanding Ambulatory Surgery capacity | | | |  |
| **Change in Service** | | | | | | | | | | | | | | | |
| 2.2 Complete the chart below with existing and planned service changes. Add additional services with in each grouping if applicable. | | | | | | | | | | | | | | | |
| Add/Del Rows | |  | Licensed Beds  Existing | Operating Beds  Existing | Change in Number of Beds ( +/-)  Licensed Operating | | Number of Beds After Project Completion (calculated)  Licensed Operating | | Patient Days  (Current/ Actual) | Patient Days  Projected | Occupancy rate for Operating Beds  Current Beds Projected | | Average Length of Stay (Days) | Number of Discharges  Actual | Number of Discharges  Projected |
|  | | **Acute** |  | | | | | | | | | | | | |
|  | | Medical/Surgical |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Obstetrics (Maternity) |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Pediatrics |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Neonatal Intensive Care |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | ICU/CCU/SICU |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Total Acute |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | **Acute Rehabilitation** |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
| + |  |  |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | Total Rehabilitation |  |  |  |  |  |  |  |  | 0% | 0% |  |  |  |
|  | | **Acute Psychiatric** |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Add/Del Rows | | |  | | Licensed Beds  Existing | Operating Beds  Existing | Change in Number of Beds ( +/-)  Licensed Operating | | Number of Beds After Project Completion (calculated)  Licensed Operating | | Patient Days  (Current/ Actual) | Patient Days  Projected | | Occupancy rate for Operating Beds  Current Beds Projected | | | | Average Length of Stay (Days) | | Number of Discharges  Actual | | Number of Discharges  Projected |
|  | | | Adult | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Adolescent | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Pediatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Geriatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + - | | |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Acute Psychiatric | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Chronic Disease** | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + - | | |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Chronic Disease | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Substance Abuse** | |  | | | | | | | | | | | | | | | | | |
|  | | | detoxification | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | short-term intensive | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + - | | |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Substance Abuse | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | **Skilled Nursing Facility** | |  | | | | | | | | | | | | | | | | | |
|  | | | Level II | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Level III | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Level IV | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
| + - | | |  | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | Total Skilled Nursing | |  |  |  |  |  |  |  |  | | 0% | | 0% | |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 Complete the chart below If there are changes other than those listed in table above. | | | | | | | | | | | | | | | | | | | | | | |
| Add/Del Rows | | | | **List other services** if Changing e.g. OR, MRI, etc | | | | | | | | | Existing Number of Units | | Change in Number +/- | | Proposed Number of Units | | Existing Volume | | Proposed Volume | |
| + |  | - |  | Eight (8) operating rooms | | | | | | | | | 0 | | 8 | | 8 | | 0 | | 6,322 | |
| + |  | - |  | 28 pre/post-care rooms | | | | | | | | | 0 | | 28 | | 28 | | 0 | | 6,322 | |
|  | | | | | | | | | | | | | | | | | | | | | | |

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To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

E-mail submission to Determination of Need

**APPENDIX 7 AFFILIATED PARTIES FORM**



Application Date:

02/28/2022

**Massachusetts Department of Public Health Determination of Need**

**Affiliated Parties**

Application Number:

BNEOS-21122916-AS

Version: DRAFT

DRAFT

3-15-17

**Applicant Information**

Applicant Name:

Baystate New England Orthopedic Surgeons Alliance, LLC

Contact Person: Title:

Bill Kern

Senior Director, Finance, Baystate Health, Inc.

Phone: Ext: E-mail:

4137945556

[william.kernii@baystatehealth.org](mailto:william.kernii@baystatehealth.org)

**Affiliated Parties**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.9 **Affiliated Parties:**  List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application. | | | | | | | | | | | | | |
| Add/ Del Rows | | Name (Last) | Name (First) | Mailing Address | City | State | Affiliation | Position with affiliated entity  (or with Applicant) | Stock, shares, or partnership | Percent Equity  (numbers only) | Convictions or violations | List other health care facilities affiliated with | Business relationship with Applicant |
| + | - | Luber | Martin | 117 Caravelle Drive | Longmeadow | MA | Baystate New England Orthopedic Surgeons Alliance, LLC | Board of Directors |  |  | No |  | No |
|  |  |
| + | - | Artenstein | Andrew | 37 Old Farm Road | East Longmeadow | MA | Baystate New England Orthopedic Surgeons Alliance, LLC | Board of Directors |  |  | No |  | No |
|  |  |
| + | - | McGowan | Marion | 700 Bloomfield Road, Unit 330 | Bloomfield | CT | Baystate New England Orthopedic Surgeons Alliance, LLC | Board of Directors |  |  | No | Baystate MRI & Imaging Center; Baystate Franklin MRI Center | No |
|  |  |
| + | - | McCarthy | Raymond | 46 Longmeadow Street | Longmeadow | MA | Baystate New England Orthopedic Surgeons Alliance, LLC | Board of Directors |  |  | No | Baystate Medical Center; Baystate Franklin Medical Center; Baystate Noble Hospital; Baystate Wing Hospital; Baystate Health Urgent Care; Baystate Franklin MRI Center; Baystate MRI & Imaging Center; Pioneer Valley Surgery Center | No |
|  |  |
| + | - | Lehman | Andrew | 100 S. Brook Road | East Longmeadow | MA | Baystate New England Orthopedic Surgeons Alliance, LLC | Board of Directors |  |  | No |  | No |
|  |  |
| + | - |  |  |  |  | MA |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Add/ Del Rows | | Name (Last) | Name (First) | Mailing Address | City | State | Affiliation | Position with affiliated entity  (or with Applicant) | Stock, shares, or partnership | Percent Equity  (numbers only) | Convictions or violations | List other health care facilities affiliated with | Business relationship with Applicant |
| + | - |  |  |  |  | MA |  |  |  |  |  |  |  |
| + | - |  |  |  |  | MA |  |  |  |  |  |  |  |
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To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

**This document is ready to file: ** Date/time Stamp:

E-mail submission to Determination of Need

**APPENDIX 8 AFFIDAVIT**

**Massachusetts Department of Public Health Determination of Need**

**Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.40S(Bl**

Version: 7-6-17

**Instructions:** Complete Information below. When complete check the box"This document is ready to print:". This will date stamp and lock the form. Print Form. Each person must sign and date the form. When all signatures have been collected, scan the document and e-mail to: [**dph.don@state.ma.us**](mailto:dph.don@state.ma.us)Include all attachments as requested.

Application Number: IBNEOS-21122916-AS Original Application Date:I...0. 2/28/2022 \_,

Applicant Name: Baystale New England Orthopedic Surgeons Alliance, LLC Application Type:IAmbulatory Surgery

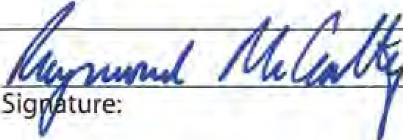
Applicant's Business Type: □corporation DLimited Partnership D Partnership D Trust l!JLLC D Other

Is the Applicant the sole member or sole shareholder of the Health Facility(ies) that are the subject of this Application? [!}Yes □No

Describe the role /relationship: . I\_s\_ol\_e\_M\_em\_be\_r .

|  |  |  |
| --- | --- | --- |
| The undersigned certifies under the pains and penalties of perjury:   1. The Ap Jicant is; 2. I haver105 CMR 100.000, the Massachusetts Determination of Need Regulation; 3. I unders*\**tand and agree to the e-xpected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800; 4. I have l'eil'&this application for Determination of Need including all exhibits and attachments, and c \*t \* all of the   information contained herein is accurate and true;   1. I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(6); 2. I have submitted the required copies of this application to the Determination of Need Program, and, as applicabl'e, to all Parties of Record and other parties as required pursuant to 105 CMR 100.405(8); 3. I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and all carriers or third-party administrators, public and commercial, for the payment of health care services with which the Applicant contracts, and with Medicare and Medicaid, as required by 105 CMR 100.40S(C), et seq.; 4. I h-ave"' aused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 100.405(E) and 301 CMR 11.00; will be made if applicable 5. If subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00, I have submitted such Notice of Material Change to the HPC- In accordance with 105 CMR 100.405(G); 6. Pursuant to 105 CMR 100.210(A)(3), I certify that both tne Applicant and the Proposed Project are in material and substantial compliance and good standing with relevant federal, state,!. ard local laws and regulations, as well as with all   pfe'Jiou51y-is5ued Notices of Determination of Need and the terms aRM-oREl-it.ieRTa,ttached thaf.effi;   1. I have l'e"6' 'cl and understand the limitations oh solicitation offunding from the general public prior *to* receiving a Notice of   Determination of Need as established in 105 CMR 100.415;   1. I understand that, if Approved, the Applicant. as Holder of the DoN, shall become obligated to all Standard Conditions pursuant to 105 CMR 100.310, as well as any applicable Other Conditions as outlined within 105 CMR 100.000 or that otherwise become a part of the Final Action pursuant to 1OS CMR 100.360; 2. Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and 3. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or ordinances, whether or not a special permit is required; or,    1. If the Proposed Project is not authorized under applicable zoning by-laws or ordinances, a variance has been received to permit such Proposed Project; or,    2. The Proposed Project is exempt from zoning by-laws or ordinances. | | |
| **LLC**  All parties must sign. Add additional names as needed. | | |
|  |  | 2/23/2022 |
| Name: |

\*been informed of the contents of "\*have been informed that



\*\*\*issued in compliance with 105 CMR 100.00, the Massachusetts Determination

AffidavitofTruthfulness of Need Regulation effective January 27, 2017 and amended December 28, 2018 Page 1 of 2

I , ., ,.,..

Name: Signature: Date

**This document is ready to print:** D Date/timeStamp: ' -------

Affidavit ofTruthfulness Page 2of2

**APPENDIX 9 CERTIFICATE OF ORGANIZATION**

MA SOC Filing Number: 202203761490 Date: 2/17/2022 4:49:00 PM

**The Commonwealth of Massachusetts William Francis Galvin**

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor

Boston, MA 02108-1512

Telephone: (617) 727-9640

**Minimum Fee: $500.00**

**Certificate of Organization**

(General Laws, Chapter )

**Identification Number:** 001563488

* 1. **The exact name of the limited liability company is:** BAYSTATE NEW ENGLAND ORTHOPEDIC SURGEONS ALLIANCE, LLC

**2a. Location of its principal office:**

No. and Street: 759 CHESTNUT STREET

City or Town: SPRINGFIELD State: MA Zip: 01999 Country: USA

**2b. Street address of the office in the Commonwealth at which the records will be maintained:**

No. and Street: 759 CHESTNUT STREET

City or Town: SPRINGFIELD State: MA Zip: 01999 Country: USA

1. **The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:**

TO DEVELOP AND OPERATE AN AMBULATORY SURGICAL CENTER AND TO ENGAGE IN AN

Y LAWFUL BUSINESS OR ACTIVITY IN WHICH A LIMITED LIABILITY COMPANY CAN ENGA GE UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS; PROVIDED, HOWEV ER, THAT THE COMPANY WILL NOT ENGAGE IN THE PRACTICE OF MEDICINE.

1. **The latest date of dissolution, if specified:**
2. **Name and address of the Resident Agent:**

Name: RAYMOND MCCARTHY

No. and Street: 280 CHESTNUT STREET

City or Town: SPRINGFIELD State: MA Zip: 01199 Country: USA

**I, RAYMOND MCCARTHY resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.**

1. **The name and business address of each manager, if any:**

**Title**

MANAGER

MANAGER

MANAGER

MANAGER

**Individual Name**

First, Middle, Last, Suffix RAYMOND MCCARTHY

MARION MCGOWAN

ANDREW ARTENSTEIN M.D.

MARTIN LUBER M.D.

**Address** (no PO Box) Address, City or Town, State, Zip Code

759 CHESTNUT STREET SPRINGFIELD, MA 01999 USA

759 CHESTNUT STREET SPRINGFIELD, MA 01999 USA

759 CHESTNUT STREET SPRINGFIELD, MA 01999 USA

759 CHESTNUT STREET SPRINGFIELD, MA 01999 USA

MANAGER

ANDREW LEHMAN M.D.

759 CHESTNUT STREET SPRINGFIELD, MA 01999 USA

1. **The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.**

|  |  |  |
| --- | --- | --- |
| **Title** | **Individual Name**  First, Middle, Last, Suffix | **Address** (no PO Box) Address, City or Town, State, Zip Code |
|  | | |

1. **The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:**

|  |  |  |
| --- | --- | --- |
| **Title** | **Individual Name**  First, Middle, Last, Suffix | **Address** (no PO Box) Address, City or Town, State, Zip Code |
| REAL PROPERTY | RAYMOND MCCARTHY | 759 CHESTNUT STREET SPRINGFIELD, MA 01999 USA |
| REAL PROPERTY | MARION MCGOWAN | 759 CHESTNUT STREET SPRINGFIELD, MA 01999 USA |

1. **Additional matters:**

**SIGNED UNDER THE PENALTIES OF PERJURY, this 17 Day of February, 2022,**

RAYMOND MCCARTHY

*(The certificate must be signed by the person forming the LLC.)*

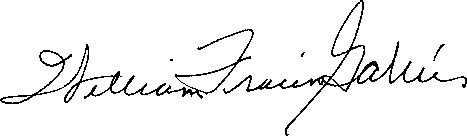
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MA SOC Filing Number: 202203761490 Date: 2/17/2022 4:49:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

February 17, 2022 04:49 PM



WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*

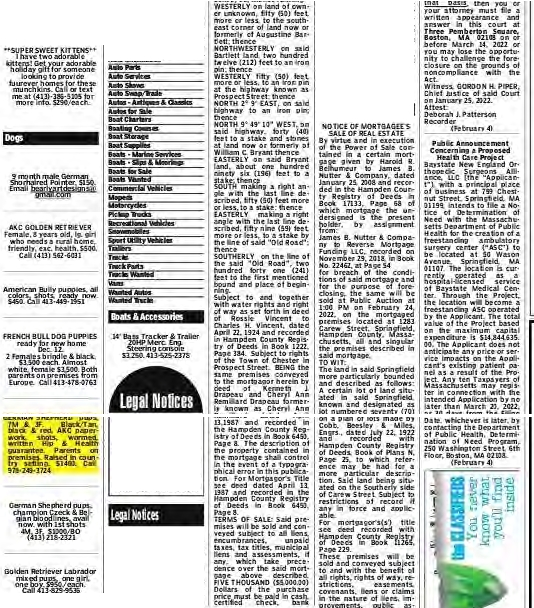
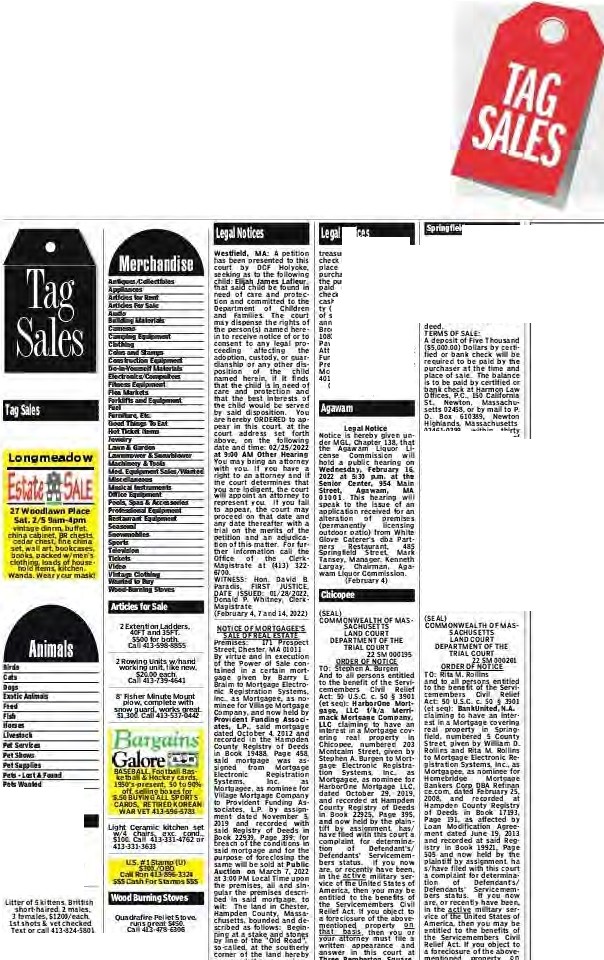
**APPENDIX 10 NOTICE OF INTENT**



**BEST LOCAL e**

**SEARCH CLASSIFIEDS ONLINE AT MASSLIVE.COM**

RUNit'TIL



**{it}SELLS**

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you can run a four-line cl'assified

**TURN CLUTTER INTO CASH**

ad until your Item sells. The cost of your ad depends on the price

of your item. Each additional line Is $1. Sell anything from a lawn mower to a car.

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ITEM **#401:**

The goofy souvenir.



Tag Sale it!

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##### Unemployment down; jobless funduncertain

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which.has been.severdystrained bythe oor.Qnavi.rus pandemk. But theysaid the.yi t.more information,as they

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1'This was a period of time.where there

was alot of change. Thecewas a lot of growth.in claimants, Jllil!S&ive growth in money Howing through the system and.additionalfederalfunds being

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claimants, and.inMa:rch20201that

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to be-collected (fromoverpayments)....

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jection for th.is coming year•1Jehlen

Lesser LG bid

**Bt illl01' l[UZJIIT:Z.**

elruznitz@mass-llvt:,,CCJN

State Rep.JakeOli:veim announced yester.daybe'6 runningfor the Senatesea.t that willbe vacated bySen. EricLesser1 whoisnowvyin.g for Iietnenlillltgove.mo:r.

Oliveira, a Democrat and fourth-generation Ludlow residentiindicatedhisinterest in.Lessee's seat :as early as mld\_.:necember, evenas Less­ er, aLoogmeadowDemocrat1 mulled.over hisowndecisjon

toseekhigher office.

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**J.u::z.OuVUJ1A** lice.It willlose

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Oliveira told Ma&slive he spoke withJLess.er, a.nObama administration aih.un, before maki:ngyestenfay's:m­

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Oliveira saidvotersc-ould.

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ity,rose by nearlys.ooo io *25.*5,ooo.n:

was1hefifthstraight week of increases for the avera ,minuringasurgein covrn-w cases.in parts oftheoouotry.

The Labor Department ,vill n:le.ase

Us monthly jobs report today. Analysts are.focelallitingthattheeronomy a.dded about17.5,000jobs.1nDeeember,1be unemployment ratefellto3.9%,a long,

:steady declinefrom heightsofnearly 15% in the b]'ringof 2020when the pan­ demicdevastated the global,economy.

In Boston yesterday,.state E.regim:rute's Joi,nctomm:inee onLabor and Wlrk­ force Developmebt bdd an infu:rma­

tiooal hearingon.the assessment of the UIK'mp1oyment InsuranreTrus•t Fund



intoa $33billion:progr.imin.a wry:short periodoftime.1'

'IheKE'MG report is expected to

infoml:Hearon Ifill decisions about how

.much .moneystate govemmentshould OO[l'(}Wlo keep th.e unemploy:me,nt inmrancesy.stemsolvent and benefits flowing. Gov. Charlie :Baker.inApril signed.abillauthorizingup to$7billion in borrowing.and Labor and'Workforc.e Dev.elopmen.t Secretary Rosalin Acosta sai.din,December thatat ]east some of that$7 billioo wi:Uneed tobe borro'M:ld*J* withofficials working todetermmethe extco.t of that bonding.

Sen. Patricia Jt:hJen, w.boco-chairs the

<:i:!mmittee with Rep.J:osh cutler said

itso]uti.on on.''

1h addition to Ure commi,tt,ee's re­ Yiew of the KPMG re.port, ther,e is also an Unemploymenf.lnslll'ance Trust Fund Stndyeommissionlookinginto similar matters and1Jeblensai.d, the Senate t Alldit Committee plarui

to hold itsown he:ari.ogat anurupec­ ified date tofollowup onyesterday's briefing. ·

KPMG was notasked todo.aoost·ben­ e.fi.t analysis ofbondmg to shore up the trustfund:,butStaruoo aid thatis the typ ofthingthe firm.omdd do.He &aid the.firmha.'8 a ''time andmaterial'' con­ trac,Yt ith thestate andis silll working onadditiomil phases ofits R:view.

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he confirmed hisc.mi,iiliacy. ''f think ii:.'-s'building upon the expe,ricnoe that I've bad over the la.styear-pl.us a:s a

staite.representative I but also

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nearly lO years ,service to my i:ommunny... ,It's making sur-ethat we invest in WeStern Massachusetts andhave a voice that willfightandbrlng peopJe together."

Western Massachusetts.i:s

has been a" gr,ea;t ad'V@Cate1' foe We.stem Massachusetts, be ''neverserved in loca:1 elected office," Oliveira s-aid, Oli.veira later stressed to

MassLive he hopes1o contin• ueth.ewo.rkofLessei:1while i.noorporatinghlsow:nlocal government experience.

Oliveira. servedllyears on the LW!l.ow :schoolOQt.nmit teeanil helmed theMas­ sa.chwetts .Association of

-Schoo] a:mmittees in20l6, according to bi<l biogJ'a}')hy. A former aide tostate**Rep.** M:ichaelRodr:igi1eS'1Dlive:ira nowcepresent.scesid.ents in

Ghicopee1I.milow, Springfield

and.Belchertown.

''I'm no stranger to the

Statehousei" Oliveira said1

**Senate agai"n tries torein indrug cost,s**

m.ost powerfu11 Oliveira.said, when.itspeeb withonevoice fore.quit:able education, eqiui­

t.able mentalhea1fb resources

citingbis12 yea.r:s ofexpm­ eooeworkingin government

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ence **locall;y;** my advocacyas

Consensus elusive

on Beacon Hill

**B'I KATII LAWJll'.ll**

State Hou News:Servlre

A bill targeting dru.gcom fhlltthe stateSenate plans to takeupnext week would' cap the oost ofinsulin nt$25 amonthfor consumers, one ofase.ries of measures that a

lienatorbehind the legislation

:said.are aimed at boosting access and aocount'abilitv.in the phannaceutical system.

Sen. Cindy Friedman,D·Ar­ liogton,saidtbe bill(62651}1 Bcbeduled for d:ebate Feb;

101 wowd also requic.e state

**Lioeosute** of pharmacy benefit **manager5:i.mpose new over** s:if,hton d.ru;g-eompanies and, n:ih.steps tohelpi.ndepen dentphannacieswi,tlls:tand oompetitivepreSSW'efrom lllrge.t operations.

"The overall.goal is to enS1Ire that medication that peopleneedis a.ccesSible and alfotdable, m.d tbese ate re::i:t­

Jyimportant.steps to getting

there," said Friedman, the

Senn.lecllairofth; Health

erueFinancing Committee. '''our goal.is to,support OOI pharmaceutka!lindustry, which islncc-edibJyimport· ant in Massachusettst and.to make sure that.consumers getwhaUheyneedin away fllatthey £an .aflbt:4, andtight now thosetwo things are very mu.ch out ofbalmoe. What we're tryingto doisbalance that."

*As* consumers contin.ue to

pay more forwriow aspectS

ofbeahhi:are:1oo.rueDSW1 around howto tacklethe

c-osts of prescription drugs has beenelusive oil!:Beacon. Hill in recentyears.

This,sessioni theState•

house's .major pJayer.-h. ave alle:xpi:essed interestin

health carelegisJation but withdifferent priorities. The Hdusepasseda bill putting n.ewchecks on hospital expansom,,the Senate has

approved mentBLlhealth Jegislat.ioo, and Gov.Charlie Baker, who hastalked about the wge.nt needformore investment in fields such as primacy rare, bas,*also*said be plllns tofi1et1health ca.ICbill.

Pastefforts toa.cidress drug prk.es and imposenew tmm-­ parencyhave beenamplified by calls for actionfrom 00.11- **sumer** ad.vocacy oup.s, but have.met p a.ckftomthe pharmaceuticalio.dustry and. its lobbyists.

Friedman saidfhiByear's billisan upda.ted version of on,ethe Senate passed1man­ imouslyin fall2:019. When senatorsdeh'berated last

session's·bm,theysaid!many

.ofh& pmvis:ions built on measures theyhad aippmved in 2017.

Total healthl'a1'e spend· ing.in Massachusetts rose to $64.l hillion in 2.0l9j or

$9,2.94 per capila, aooord..­

.ing to the.-State1s Centerfor

Health Care Inf-ormatim.and Analysis. Gross pharmacy spending,totaled $10.7 biJ lion\_u. p 7.2%.ftom.2018, and after accountingfor presc:rip­ t.iondrugrebates, the phar­ macyspeod:ingof$8.3billion represented an increaseof 3%from the previous year.

Net of rebates\_..pharma.cy 5peoding,srowth landed bekiwthe state'$mmWIJ

rost-ront:rol target for health care, while other cat go­ Iies,,filehospitaloutpa1:ient spending,exceeded that benchmark

When CHIA released its

annual reportlast 'March, Massachusetts Biotechno ogy Council Executive Vice President ZachStanleysaid the.analysis "refutesthe growingcaUsfor pemment

toregu]ate drngprwes:•

MassBio nowhas a.furmer senator,Joe Boncore, asits, CEO:

Bonrore, wb:ore&igired.in September,*was* amongtbe 40 .senators who voted.inm­ vorofthe Sena.te's histvolley

on drugpricing in 20 l!l

The-2019 bill also pro d

:a.Price cap-on insulin,.F'l'ied.­ mansaid yesterday thatwhile theolder r:sbnoftheplan

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seeh·to make *it* permanent.

•rws time,'·she said:. ''It isaJire..saving medication that you. ot do Without Tweniy--0ne otheuitates have somethingintheir Jegislatioo tlllllcap.!iil atthi.spoint''

:andfunding rot regional traosport:ation.Ifel,ected to the Senate, Oliveira sai.dhe cook!.make a.''profound im• pact on policy'' and build-the eofrelatiooshi:psneeded to t resuhsfar \i\Teslem Massachusetts/1

He also'Sttessed the im­ po:rtance,of east west rail, a passengerline that c.ould connect Boston" rcester

andSpringfield in a ''reliable

:andoomistent man:ne,:•

Lesser has Jongchampiooed the project, and two Demo­ cratic candidatesfor governor

-Haivard p.rofessocDani.eDe AU.en and AttomeyGenera1 Ma.mu.Healey- also recently

**COVID**

CDNTI:NlIES FROM PAGEil

* 1. mmunity healthcenters to delivec COVID-19 vaccines in conmmni.ties with low vacci­

.natioo rates.

The finalbill:iru:ludes.$1

.million forthe.Department

ofUnemployment Assista e

anoursiderto BeaconHil11 ***my*** experience gettingreal(!Clllars and..real resultsfoe myll!ltri.ct over the last yearorso.Illilkes

.me **.a.perfect** candidate to nm

for the district"

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SydneyLevin Ep6tein\_.a ca.mpaigo.professionaJ and formerSen,Ea Malkey1 if;· oons-ide ntnningfotLess­ er's seat:.

'1lm reaDyexcited to take

a cJoserlook at this opportn. nity," Levin.-Epsteio tiaidJast month."l've.been givingthis alatofmou;ght"

million the OOVl"D·19 Ma:ssac.hwiett,sEmergency Paid.Sick Le ave Ftog:ram, wh.id1was created.under a

Ma.y20-21 law thatcalledfor

*$75* millionin.spend:iolt for aprogram offering wo:rker.s up to oneweekof paid leave1 capped at $850.

"We in iheS·emneestab­ Ji,slledibis(pai:d:sid:l ve)



MGM **flare gun incident prompts charge**

to maximize tbereach ofthe public infonnat:iQn C:ampaign" rel:ated to unemploym,;:nt

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The billboostsby *$25*

pro.gram.baekin thesummer, thinking thait*this*pan!ianic would bel,ehind,usby .now,

.n-011,'.nowingthat.we'dhave s De\VVariant cruk:d.omicron,'' Rochignes said.

Shot bypolice, suspectstill

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The shootout happeyied

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[**www.**](http://www/)**•**·,,i1 I , 1,.,..: 11 **,.nel**

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hospitalized

**1h WILL X.UCIIIIR.**

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Theman.shot' bypoliee hstweek outsl.de the **MGM:** Spcingfie1d casino after au­ thorities Baf be shot an officer v.itba flare gun j,'le.xpected to foce dlargei including armed assaultwith intent to mmdec, offici:al.s said.

Ptosecut0rs have not yet

11eleaisedthe nameofthi:..man, 'Who is.under the guardof the llampde:n Gounty Sheri:ff's Department.atB.aystate



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.Medical Center, saidRobert ltizzuto1a spokesperson for the deparlment

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to MGMSpringfield.when security foundsllcll casings inhis backp-ack, policesaid.

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man fired aflaregmi, hitting a.Springfield.policeoffi«:r in the hand,:and thenran for the casino parkinggarage..off

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The suspect*was* in C'IiticaJ condition ih:e.marningofthe shooting,officials reported. The inju.red officerwas also b[(][]ght to thehospital wftb withaninjurynotooruide1ed illh-threa'te gand'released. **later** that **m1rning.**

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.said ina .statement follo\ving the shooting.She ad.ded

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**APPENDIX 11 ACO LETTER**

December 23, 2019

Lucesita Scammon

Baycare Health Partners, Inc. 101 Wason Avenue, Suite 200

Springfield, MA 01107 RE: ACO Certification Dear Ms. Scammon:

Congratulations! The Health Policy Commission (HPC) is pleased to inform you that Baycare Health Partners, Inc. meets the requirements for ACO Certification. This certification is effective from the date of this letter through December 31, 2021.

The ACO Certification program, in alignment with other state agencies including MassHealth, is designed to accelerate care delivery transformation in Massachusetts and promote a high quality, efficient health system. ACOs participating in the program have met a set of objective criteria focused on core ACO capabilities including supporting patient-centered care and governance, using data to drive quality improvement, and investing in population health. Baycare Health Partners, Inc. meets those criteria.

The HPC will promote Baycare Health Partners, Inc.as a Certified ACO on our website and in our marketing and public materials. In addition, a logo is enclosed for your use in accordance with the attached Terms of Use. We hope you will use the logo to highlight the ACO Certification to your patients, payers, and others.

The HPC looks forward to your continued engagement in the ACO Certification program over the next two years.

Thank you for your dedication to providing accountable, coordinated health care to your patients. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Mike Stanek, Manager, at [HPC-Certification@mass.gov](mailto:HPC-Certification@mass.gov) or (617) 757-1649.

Best wishes,

David Seltz <signature on file>

David Seltz Executive Director

December 30, 2021

Lucesita Scammon

Baycare Health Partners, Inc. 101 Wason Avenue, Suite 200

Springfield, MA, 01107

RE: Temporary Extension of ACO Certification Dear Mrs. Scammon:

In 2019 the Health Policy Commission (HPC) issued Baycare Health Partners, Inc.an ACO Certification effective through December 31, 2021. Due to continuing disruptions associated with the COVID-19 pandemic, this year the HPC extended both the application period and the review period for ACO Certification renewals. As of the date of this letter, Baycare Health Partners, Inc.’s application for certification under the Learning, Equity, and Patient-Centeredness (LEAP) 2022-2023 standards is under review.

The HPC is hereby temporarily extending Baycare Health Partners, Inc.’s current ACO Certification pending completion of review of its application for LEAP 2022-2023 certification and issuance of a final determination.

Thank you for your continued participation in this collaborative process and for your dedication to providing accountable, coordinated health care to your patients during this time of immense challenge for health care providers and organizations. If you have any questions about this letter or the ACO Certification program, please do not hesitate to contact Mike Stanek, Senior Manager, at [HPC-Certification@mass.gov](mailto:HPC-Certification@mass.gov).

Best wishes,

David Seltz <signature on file>

David Seltz Executive Director

cc:

Elana Horwitz Contract Manager MassHealth

**APPENDIX 12**

**NOTICES OF MATERIAL CHANGE**

**APPENDIX 12.01**

**Baystate Medical Center, Inc. Notice of Material Change**



##### NOTICE OF MATERIAL CHANGE FORM

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.mass.gov/hpc.](http://www.mass.gov/hpc) Capitalized terms in this Notice are defined in 958 CMR

7.02. Additional sub-regulatory guidance may be available on the Commission's website (e.g., Technical Bulletins, FAQs). For further assistance, please contact the Health Policy Commission at HPC- [Notice@state.ma.us.](mailto:Notice@state.ma.us) This form is subject to statutory and regulatory changes that may take place from time to time.

**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).

**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@state.ma.us;

Office of the Attorney General HCD-6D-NOTICE@state.ma.us; Center for Health Information and Analysis [CHIA-Legal@state.ma.us](mailto:CHIA-Legal@state.ma.us)

**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**:** 10/26/2021

* + 1. Name: Baystate Medical Center, Inc.

2.

Federal TAX TD #

MA DPH Facility TD #

NPT #

04-2790311

2339

NA

**CONTACT INFORMATION**

1. Business Address 1: 759 Chestnut Street
2. Business Address 2:
3. City: Springfield

State: MA

Zip Code: 01199

1. Business Website:

[http://baystatehealth.org](http://baystatehealth.org/)

1. Contact First Name: Raymond
2. Title: Treasurer

9. Contact Phone: 413-794-3290

Contact Last Name: McCarthy

Extension:

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| --- |
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|  |

10. Contact Email: [raymond.mccarthy@baystatehealth.org](mailto:raymond.mccarthy@baystatehealth.org)

**DESCRIPTION OF ORGANIZATION**

|  |
| --- |
| 11. *Briefly* describe your organization.  Baystate Medical Center, Inc. ("Baystate") is the lead hospital in the healthcare system known as Baystate Health, Inc. which primarily serves Western Massachusetts. Baystate is a 746-bed teaching hospital and a training site for the University of Massachusetts Medical School. Baystate is the community's major referral hospital, providing the highest level of care for conditions including, but not limited to, cancer, acute and cardiovascular illness, behavioral health, nervous system illness and pediatric care. |

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| **TYPE OF MATERIAL CHANGE**   1. 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.   1. What is the proposed effective date of the proposed Material Change? Following receipt of all regulatory approvals |

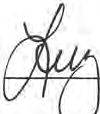
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| **MATERIAL CHANGE NARRATIVE** |
| 14. *BriefLy* describe the nature and objectives of the proposed Material Change, including any exchange of funds between the parties (such as any arrangement in which one party agrees to furnish the other party 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:  Baystate and NEOS SurgCo, LLC ("NEOS") propose to operate a joint venture limited liability company, Baystate New England Orthopedic Surgeons Alliance, LLC, that will acquire ownership of Baystate Orthorpedic Surgery Center, a hospital outpatient ambulatory surgery facility located at 50 Wason Street in Springfield and operate it as a freestanding ambulatory surgery center licensed by the Department of Public Health. Capital contributions, allocations and distributions will be made in accordance with ownership percentages. Baystate does not anticipate that any Health Care Services will be diminished as a result of this initiative. |
| 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:  Baystate does not anticipate that the proposed Material Change will have a negative impact on reimbursement rates, care referral patterns, access to needed services, and/or quality of care relating to services provided at the facility. |

|  |
| --- |
| **DEVELOPMENT OF THE MATERIAL CHANGE** |
| 16. Describe any other Material Changes you anticipate making in the next 12 months:  At present, Baystate is evaluating potential further material changes to be effective in the next 12 months and will provide any required filings to appropriate agencies in the event of such changes. |
| 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:  Baystate will provide any notices and filings with other government agencies, including but not limited to the Department of Public Health, as may be required in support of this Material Change. |

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| **SUPPLEMENTAL MATERIALS** |
| 1. Submit the following materials, if applicable, under separate cover to [HPC-Notice@state.ma.us.](mailto:HPC-Notice@state.ma.us)   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).   * 1. Copies of all current agreement(s) (with accompanying appendices and exhibits) governing the proposed Material Change (e.g., definitive agreements, affiliation agreements);   2. A current organizational chart of your organization   3. Any analytic support for your responses to Questions 14 and 15 above. |

[Remainder of this page intentionally left blank)

This signed amJ notarized Aftidavi1 of T1uthfillnes unll Proper Submission is required for a complete subinission.



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| --- | --- |
| **AF'li'LDAVIT OF TRUTHFULNESS AND PROPER SUBMISSION"** |  |
| 1. the undersigned, certify that:    1. l have read 958 CMR 7.00, Notices of Material Change and Cost and Market Impact Reviews.    2. l have read this Noticeof 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 Officeof the Attorney General, and the Center for Health Information and Analysis as required.   ***1*** October 21  Signed on **the.\_ v\_f day** of 20\_,under the pains and penalties of perjury.  Sig,m *ttttif*  Raymond McCarthy  Name:  Treasurer  Title:  FORM MUST BE NOTARIZED rN THE SPACE PROVIDED BELOW:  **@•t** LUZ E. SULLIVAN  Notary Public  COMMONWEALTH OF MASSACHUSETTS  **My** Commission **Expires**  July 27, **2023** Notary Signature  Copies of this application have been submitted electronically as follows:  Office of the Attorney General (1) Center for Health Information and Analysis ( I) | |

**EXPLANATIONS AND DEFINITIONS**

1. Name

Legal business name as reported with Internal Revenue Service. This may be the parent organization or local Provider Organization name.

1. Federal TAX ID # 9-digit federal tax identification number also known as an employer identification

number (EIN) assigned by the internal revenue service.

MA DPH Facility ID #

If applicable, Massachusetts Department of Public Health Facility Identification Number.

National Provider Identification Number (NPI)

10-digit National Provider identification number issued by the Centers for Medicare and Medicaid Services (CMS). This element pertains to the organization or entity directly providing service.

1. Business Address 1 Address location/site of applicant
2. Business Address 2 Address location/site of applicant continued often used to capture suite number, etc.

Indicate the City, State, and Zip Code for the Provider Organization as defined by the

1. City, State, Zip Code

US Postal Service.

1. Business Website Business website URL

Last name and first name of the primary administrator completing the registration

1. Contact Last Name, First Name

form.

1. Title: Professional title of the administrator completing the registration form.

10-digit telephone number and telephone extension (if applicable) for administrator

1. Contact Telephone and Extension

completing the registration form

1. Contact Email Contact email for administrator
2. Description of Organization

Provide a brief description of the notifying organization's ownership, governance, and operational structure, including but not limited to Provider type (acute Hospital, physician group, skilled nursing facilities, independent practice organization, etc.), number of licensed beds, ownership type (corporation, partnership, limited liability corporation, etc.), service lines and service area(s).

Indicate the nature of the proposed Material Change.

1. Type of Material Change

*Definitions of terms:*

"Carrier", an insurer licensed or otherwise authorized to transact accident or health insurance under M.G.L. c. 175; a nonprofit Hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under

M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; and an organization entering into a preferred provider arrangement under

M.G.L. c. 176I; provided, that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "Carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or visions care services.

"Hospital", any hospital licensed under section 51 of chapter 111, the teaching hospital of the University of Massachusetts Medical School and any psychiatric facility licensed under section 19 of chapter 19.

"Net Patient Service Revenue", the total revenue received for patient care from any third party Payer net of any contractual adjustments. For Hospitals, Net Patient Service Revenue should be as reported to the Center under M.G.L. c. 12C, § 8. For other Providers or Provider Organizations, Net Patient Service Revenue shall include the total revenue received for patient care from any third Party payer net of any contractual adjustments, including: (1) prior year third party settlements; and (2) premium revenue, which means per-member-per-month amounts received from a third party Payer to provide comprehensive Health Care Services for that period, for all Providers represented by the Provider or Provider Organization in contracting with Carriers, for all Providers represented by the Provider or Provider Organization in contracting with third party Payers..

"Provider", any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the Commonwealth to perform or provide Health Care Services.

"Provider Organization", any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents one or more health care Providers in contracting with Carriers or third-party administrators for the payments of Heath Care Services; provided, that a Provider Organization shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations and any other organization that contracts with Carriers for payment for Health Care Services.

Proposed Effective Date of the Proposed Material Change

Indicate the effective date of the proposed Material Change.

NOTE: The effective date may not be fewer than 60 days from the date of the filing of the Notice.

Description of the Proposed Material Change

Provide a brief narrative describing 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). Include organizational charts and other supporting materials as necessary to illustrate the proposed change in ownership, governance, or operational structure.

Provide a brief description of any analysis conducted by the notifying organization as to the anticipated impact of the proposed Material Change including, but not limited to, the following factors, as applicable:

* + Costs

1. Impact of the Proposed

Material Change

* Prices, including prices of the Provider or Provider Organization involved in the proposed Merger, Acquisition, affiliation or other proposed Material Change
* Utilization
* Health Status Adjusted Total Medical Expenses
* Market Share
* Referral Patterns
* Payer Mix
* Service Area(s)
* Service Line(s)
* Service Mix

1. Future Planned Material Changes

Provide a brief description of the nature, scope and dates of any pending or planned Material Changes, occurring between the notifying organization and any other entity, within the 12 months following the date of the notice.

Submission to Other State or Federal Agencies

Indicate the date and nature of any other applications, forms, notices or other materials provided to other state for federal agencies relative to the proposed Material Change, including but not limited to the Department of Public Health (e.g., Determination of Need Application, Notice of Intent to Acquire, Change in Licensure), Massachusetts Attorney General (e.g., notice pursuant to G.L. c. 180, §8A(c)), U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application) and Federal TradeCommission/Department of Justice (e.g., Notification and Report Form pursuant to 15 U.S.C. sec. 18a).

**APPENDIX 12.02**

**NEOS SurgCo, LLC Notice of Material Change**



##### NOTICE OF MATERIAL CHANGE FORM

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.mass.gov/hpc.](http://www.mass.gov/hpc) Capitalized terms in this Notice are defined in 958 CMR

7.02. Additional sub-regulatory guidance may be available on the Commission's website (e.g., Technical Bulletins, FAQs). For further assistance, please contact the Health Policy Commission at HPC- [Notice@state.ma.us.](mailto:Notice@state.ma.us) This form is subject to statutory and regulatory changes that may take place from time to time.

**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).

**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@state.ma.us;

Office of the Attorney General HCD-6D-NOTICE@state.ma.us; Center for Health Information and Analysis [CHIA-Legal@state.ma.us](mailto:CHIA-Legal@state.ma.us)

**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.

1. Name: NEOS SurgCo, LLC

**NOTICE OF MATERIAL CHANGE**

DATE OF NOTICE**:** 10/26/2021

2.

Federal TAX TD #

MA DPH Facility TD #

NPT #

87-3197765

**CONTACT INFORMATION**

1. Business Address 1: 300 Birnie Avenue, Suite 201
2. Business Address 2:
3. City: Springfield

State: MA

Zip Code: 01107

1. Business Website: NA
2. Contact First Name: Tony
3. Title: Executive Directorano

9. Contact Phone: 413-233-1101

1. Contact Email: [anthony.rino@neortho.com](mailto:anthony.rino@neortho.com)

Contact Last Name: Rino

Extension:

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**DESCRIPTION OF ORGANIZATION**

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| 11. *Briefly* describe your organization.  NEOS SurgCo, LLC ("NEOS") is a limited liability company formed for the purpose of participating in a joint venture with Baystate Medical Center, Inc. ("Baystate") to own and operate an ambulatory surgery center licensed by the Department of Public Health, as more particularly described in this Notice. The members of NEOS are orthopedic surgeons who will perform surgical procedures at the ASC. |

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| **TYPE OF MATERIAL CHANGE**   1. 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.   1. What is the proposed effective date of the proposed Material Change? Following receipt of all regulatory approvals |

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| **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:  NEOS and Baystate propose to operate a joint venture limited liability company, Baystate New England Orthopedic Surgeons Alliance, LLC, that will acquire ownership of Baystate Orthorpedic Surgery Center, a hospital outpatient ambulatory surgery facility located at 50 Wason Street in Springfield and operate it as a freestanding ambulatory surgery center licensed by the Department of Public Health. Capital contributions, allocations and distributions will be made in accordance with ownership percentages. NEOS does not anticipate that any Health Care Services will be diminished as a result of this initiative. |
| 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:  NEOS does not anticipate that the proposed Material Change will have a negative impact on reimbursement rates, care referral patterns, access to needed services, and/or quality of care relating to services provided at the facility. |

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| **DEVELOPMENT OF THE MATERIAL CHANGE** |
| 16. Describe any other Material Changes you anticipate making in the next 12 months:  At present, NEOS is evaluating potential further Material Changes to be effective in the next 12 months and will provide any required filings to appropriate agencies in the event of such changes. |
| 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:  NEOS will provide any notices and filings with other government agencies, including but not limited to the Department of Public Health, as may be required in support of this Material Change. |

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| --- |
| **SUPPLEMENTAL MATERIALS** |
| 1. Submit the following materials, if applicable, under separate cover to [HPC-Notice@state.ma.us.](mailto:HPC-Notice@state.ma.us)   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).   * 1. Copies of all current agreement(s) (with accompanying appendices and exhibits) governing the proposed Material Change (e.g., definitive agreements, affiliation agreements);   2. A current organizational chart of your organization   3. 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 fora complete submission.

**AFFIDAVIT OF TRUTHFULNESS AND PROPER SUBMISSION**

1

I, the undersigned, certify that:

* 1. I have read 958 CMR 7.00, Notices ofMaterial 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.

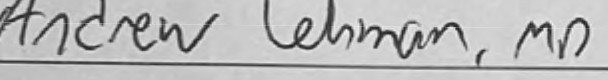
*zt-t'h..* October 21

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Signed on the. day of.

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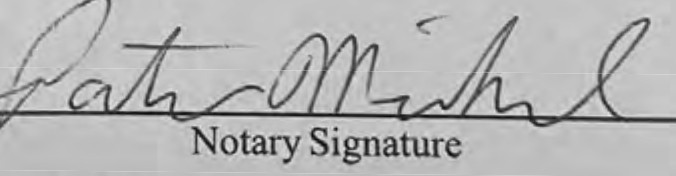
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Name:

.BOBHFS, /&04 4VSH$P --$

Title:

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

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I

**PATRICK S. MICHAUD**

**Notary Public**

**COMMONWEAUH Of MASSACHUSETTS**

**My commission £xplrea** ,

**May 30, 2025**

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**Copies** ofth application have been submitted electronically as follows:

Office of the Attorney General (1)



Center for Health Information and Analysis ( l)

**EXPLANATIONS AND DEFINITIONS**

1. Name

Legal business name as reported with Internal Revenue Service. This may be the parent organization or local Provider Organization name.

1. Federal TAX ID # 9-digit federal tax identification number also known as an employer identification

number (EIN) assigned by the internal revenue service.

MA DPH Facility ID #

If applicable, Massachusetts Department of Public Health Facility Identification Number.

National Provider Identification Number (NPI)

10-digit National Provider identification number issued by the Centers for Medicare and Medicaid Services (CMS). This element pertains to the organization or entity directly providing service.

1. Business Address 1 Address location/site of applicant
2. Business Address 2 Address location/site of applicant continued often used to capture suite number, etc.

Indicate the City, State, and Zip Code for the Provider Organization as defined by the

1. City, State, Zip Code

US Postal Service.

1. Business Website Business website URL

Last name and first name of the primary administrator completing the registration

1. Contact Last Name, First Name

form.

1. Title: Professional title of the administrator completing the registration form.

10-digit telephone number and telephone extension (if applicable) for administrator

1. Contact Telephone and Extension

completing the registration form

1. Contact Email Contact email for administrator
2. Description of Organization

Provide a brief description of the notifying organization's ownership, governance, and operational structure, including but not limited to Provider type (acute Hospital, physician group, skilled nursing facilities, independent practice organization, etc.), number of licensed beds, ownership type (corporation, partnership, limited liability corporation, etc.), service lines and service area(s).

Indicate the nature of the proposed Material Change.

1. Type of Material Change

*Definitions of terms:*

"Carrier", an insurer licensed or otherwise authorized to transact accident or health insurance under M.G.L. c. 175; a nonprofit Hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under

M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; and an organization entering into a preferred provider arrangement under

M.G.L. c. 176I; provided, that this shall not include an employer purchasing coverage or acting on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term "Carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or visions care services.

"Hospital", any hospital licensed under section 51 of chapter 111, the teaching hospital of the University of Massachusetts Medical School and any psychiatric facility licensed under section 19 of chapter 19.

"Net Patient Service Revenue", the total revenue received for patient care from any third party Payer net of any contractual adjustments. For Hospitals, Net Patient Service Revenue should be as reported to the Center under M.G.L. c. 12C, § 8. For other Providers or Provider Organizations, Net Patient Service Revenue shall include the total revenue received for patient care from any third Party payer net of any contractual adjustments, including: (1) prior year third party settlements; and (2) premium revenue, which means per-member-per-month amounts received from a third party Payer to provide comprehensive Health Care Services for that period, for all Providers represented by the Provider or Provider Organization in contracting with Carriers, for all Providers represented by the Provider or Provider Organization in contracting with third party Payers..

"Provider", any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the Commonwealth to perform or provide Health Care Services.

"Provider Organization", any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents one or more health care Providers in contracting with Carriers or third-party administrators for the payments of Heath Care Services; provided, that a Provider Organization shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations and any other organization that contracts with Carriers for payment for Health Care Services.

Proposed Effective Date of the Proposed Material Change

Indicate the effective date of the proposed Material Change.

NOTE: The effective date may not be fewer than 60 days from the date of the filing of the Notice.

Description of the Proposed Material Change

Provide a brief narrative describing 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). Include organizational charts and other supporting materials as necessary to illustrate the proposed change in ownership, governance, or operational structure.

Provide a brief description of any analysis conducted by the notifying organization as to the anticipated impact of the proposed Material Change including, but not limited to, the following factors, as applicable:

* + Costs

1. Impact of the Proposed

Material Change

* Prices, including prices of the Provider or Provider Organization involved in the proposed Merger, Acquisition, affiliation or other proposed Material Change
* Utilization
* Health Status Adjusted Total Medical Expenses
* Market Share
* Referral Patterns
* Payer Mix
* Service Area(s)
* Service Line(s)
* Service Mix

1. Future Planned Material Changes

Provide a brief description of the nature, scope and dates of any pending or planned Material Changes, occurring between the notifying organization and any other entity, within the 12 months following the date of the notice.

Submission to Other State or Federal Agencies

Indicate the date and nature of any other applications, forms, notices or other materials provided to other state for federal agencies relative to the proposed Material Change, including but not limited to the Department of Public Health (e.g., Determination of Need Application, Notice of Intent to Acquire, Change in Licensure), Massachusetts Attorney General (e.g., notice pursuant to G.L. c. 180, §8A(c)), U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application) and Federal TradeCommission/Department of Justice (e.g., Notification and Report Form pursuant to 15 U.S.C. sec. 18a).

**APPENDIX 13 FILING FEE**

**Baystate rfii Health**

**ADVANCING CARE. ENHANCING LIVES.**

Springfield, MA 01199 I BaystateHealth.org

February 18, 2022

Lara Szent-Gyorgyi Determination of Need Program Department of Public Health

67 Forest Street

Marlborough, MA 01752

RE: Determination of Need (DoN) Application #BNEOS-21122916-AS

Dear Lara Szent-Gyorgyi:

Enclosed please find a check made payable to the Commonwealth of Massachusetts in the amount of $29,689.27 pursuant to the Determination of Need filing fee for Application #BNEOS-21122916-AS, submitted by Baystate New England Orthopedic Surgeons Alliance, LLC.

Kindly direct any questions regarding this fee to my attention, per my contact information, supplied below.

Sincerely,

<signature on file>

William Kern

Sr. Director, Business Development Baystate Health, Inc.

280 Chestnut Street

Springfield, MA 01199

413-794-5556

[William.kernii@baystatehealth.org](mailto:William.kernii@baystatehealth.org)

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