

NOTICE OF MATERIAL CHANGE

DATE OF NOTICE: 10/1/2015

1. Name: New England Baptist Clinical Integration Organization (NEBCIO)

	Federal TAX ID #	MA DPH Facility ID #	NPI #
2.	04-2103612	2059	1699767491

CONTACT INFORMATION

3. Business Address 1: 125 Parker Hill Ave

4. Business Address 2:

5. City: Boston State: MA Zip Code: 02120

6. Business Website: www.nebh.org

7. Contact First Name: Elizabeth Contact Last Name: Greenspan

8. Title: Senior Vice President & Chief Strategy Officer

9. Contact Phone: 617-754-5677 Extension:

10. Contact Email: bgreensp@nebh.org

DESCRIPTION OF ORGANIZATION

11. Briefly describe your organization.

NEBCIO is an integrated care management organization focused on managing patient care for musculoskeletal services across the continuum within a defined budget (e.g., bundled payment). NEBCIO was created to align the efforts of the physicians and New England Baptist Hospital (NEBH) to improve patient care, advance our combined patient safety and experience goals, improve efficiency and bring greater value to the community we serve. NEBH is the sole corporate member of NEBCIO and is governed by a Managing Board chaired by a physician leader and comprised of representatives of the medical staff and NEBH management.

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.

13. What is the proposed effective date of the proposed Material Change? January 1, 2016

MATERIAL CHANGE NARRATIVE

14. *Briefly* describe the nature and objectives of the proposed Material Change, including whether any changes in Health Care Services are anticipated in connection with the proposed Material Change:

New England Baptist Clinical Integration Organization, LLC (NEBCIO), consisting of New England Baptist Hospital (NEBH), an orthopedic care hospital, and its participating physicians, intends to join BIDCO as of January 1, 2016, for the purpose of aligning risk among NEBCIO's participating hospital and physician providers and BIDCO's participating hospital and physician providers and implementing shared orthopedic and musculoskeletal care management programs across the BIDCO network. NEBCIO is recognized in the market as a value leader in orthopedic services and will assist BIDCO to enhance the scope of delivery of such services in the BIDCO network. NEBCIO participating physicians and NEBH will join certain BIDCO payor contracts on January 1, 2016 and certain other contracts as they come up for renewal thereafter. Once NEBH and NEBCIO physicians are participating in a BIDCO risk contract, BIDCO will integrate NEBH and NEBCIO physicians' clinical care data into its data warehouse, where the information will be utilized to improve patient care quality and efficiency, and where NEBH and NEBCIO physicians will also receive reports and analytics to help meet these goals. Through regular meetings with NEBCIO leadership and with feedback from clinicians at the local level, care management programs and best practices for orthopedic care will be integrated across the BIDCO network, with the goal of continuous quality improvement, increased patient satisfaction, and improved coordination of care and service delivery.

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:

Including NEBH and NEBCIO physicians in the BIDCO provider network will bring about many beneficial opportunities for care improvement and efficiency in the provision of patient care, both for NEBCIO providers and for the current providers in the BIDCO network. Each organization brings its unique experience and success in the management of patients, with NEBCIO providers contributing its expertise and experience with the development of bundled payment programs for surgical episodes of care within orthopedics and implementation of quality based care management programs. Synergy across the BIDCO network will allow for continuous improvement in the management of medical cost trends, allowing payors to maintain lower premium increases for the benefit of health care consumers. In addition, shared clinical information through EHRs will promote better management of patient health, both in terms of cost and quality of care provided and patient satisfaction that will accompany more coordinated care. Infrastructure is more easily coordinated and distributed when providers are working together using similar processes, accessing uniform systems, and following coordinated care pathways and protocols.

DEVELOPMENT OF THE MATERIAL CHANGE

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

None

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:

None

SUPPLEMENTAL MATERIALS

18. Submit the following materials, if applicable, under separate cover to 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).

- 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
- c. Any analytic support for your responses to Questions 14 and 15 above.

[Remainder of this page intentionally left blank]

Print this page, sign, notarize, and submit as a .PDF separately from the writable portion (p. 4-5) of the Notice of Material Change form. 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.

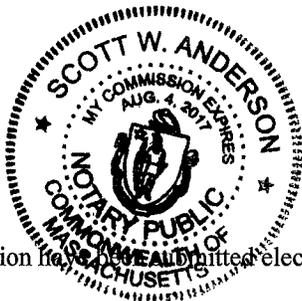
Signed on the 30th day of September, 2015, under the pains and penalties of perjury.

Signature: Patricia L. Hannon

Name: PATRICIA L. HANSON

Title: PRESIDENT AND CEO

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:



SW Anderson
Notary Signature

Copies of this application have been filed electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)