

NOTICE OF MATERIAL CHANGE

Date of Notice: 10/17/2023

1. Name: Mount Auburn Cambridge Independent Practice Association, Inc.

2. Federal TAX ID #	MA DPH Facility ID #	NPI #
04-2898888		

Contact Information

3. Business Address 1: 1380 Soldiers Field Rd

4. Business Address 2: 3rd floor

5. City: Brighton

State: MA

Zip Code: 02135

6. Business Website: www.macipa.com

7. Contact First Name: Barbara

Contact Last Name: Spivak

8. Title: President

9. Contact Phone: work phone: 617-783-7200

Extension: Cell phone: 617-448-0014

10. Contact Email: bspivak@macipa.com

Description of Organization

11. Briefly describe your organization.

Mount Auburn Cambridge IPA (MACIPA) is a membership organization, which has just over 500 primary care physicians, specialists, and other providers who practice in independent community based practices and community health centers, and academic faculty practices. MACIPA and its providers partner with Mt. Auburn Hospital to provide high-quality, cost-effective care to the patients and communities they serve. MACIPA works closely with Beth Israel Lahey Health Performance Network, a Massachusetts non-profit corporation ("BILHPN"), to implement programs that delivery high-quality, cost-effective care.

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, 2024

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:

Mount Auburn Cambridge IPA (MACIPA) intends to join BIDCO Physician LLC dba Physician Performance LLC (PPLLC) as a participating provider as of January 1, 2024, consolidating operations of the two entities within BILHPN and resulting in a more streamlined and efficient operation. This affiliation will also allow for improved coordination of care for shared patients within the organizations, as well serving as a pipeline for shared best practices in management of total medical expense and quality improvement. With the exception of MSSP and TMP contracts, MACIPA will discontinue providing direct payor contracting to its participating physicians and will become a participating organization and Member under PPLLC. +

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:

Direct participation in PPLLC will broaden the local network of providers available to MACIPA patients, giving them a more cost-effective option for care than other local tertiary-based providers. PPLLC patients will also have enhanced options of MACIPA providers for more locally-based care. The material change is anticipated to expand network options for care; there should be no negative impact on care referral patterns.

Once approved, MACIPA physicians will be enrolled in payer contracts and receive reimbursement rates as negotiated by BILHPN and/or BIDCO. +

Development of the Material Change

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

none at this time

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@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.

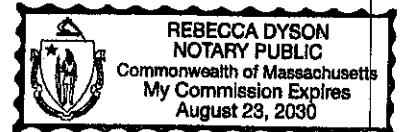
Signed on the 17th day of OCTOBER, 2023, under the pains and penalties of perjury.

Signature: *Barbara Spivak*

Name: Mount Auburn Cambridge Independent Practice Association, Inc.

Title: President

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:



Rebecca Dyson
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)

On this 17th day of October, 2023, before me, the undersigned notary public, personally appeared Barbara Spivak, proved to me through satisfactory evidence of identification, which were personally known, to be the person whose name is signed on the preceding or attached document in my presence.

Rebecca Dyson

Rebecca Dyson, Notary Public

My commission expires August 23, 2030