## **NOTICE OF MATERIAL CHANGE**

|     |  |   |   |  |  |  |   | Date  | of Notice: S   | September 22, 201   |  |  |
|-----|--|---|---|--|--|--|---|---|--|---|--|--|
| 1.  | Name:  | Partners Hea  | IthCare S   | System, Inc.   |  |  |   |   |  |   |  |  |
| 2.  | T F  | ederal TAX ID #   | t   | MA DPH Facility ID # NPI #   |  |  |   |   |  |   |  |  |
|     | •  | 04-3230035  | •   | N/A  |  |  |   | N/A   |  |   |  |  |
|     | 04-3230033   |   |   | IN/M   |  |  |   |   | 14//1  |   |  |  |
|     | Contact  | Information   |   |  |  |  |   |   |  |   |  |  |
| 3.  | Business   | Address 1:  | 80  | 0 Boylston St  | Street   |  |   |   |  |   |  |  |
| 4.  | Business   | Business Address 2:   |   | Suite 1150   |  |  |   |   |  |   |  |  |
| 5.  | City:  | City: Boston  |   | State:   |  | MA                                       | MA  |   | ip Code:   | 02199   |  |  |
| 5.  | Business   | s Website:  | www.p   | artners.org  | <u>L</u>   |  |   |   |  |   |  |  |
|     |  |   |   | <u>a</u>   |  |  |   |   |  | 14 (1 <del>2 14</del> 4)                                      |  |  |
| 7.  | Contact  | Contact First Name: Brent   |   |  |  |  | Contact L   | .ast Name:  | st Name: Henry   |   |  |  |
| 8.  | Title:   |   | Vice Pr   | esident and  | and General Counsel  |  |   |   |  |   |  |  |
| 9.  | Contact  | Phone:  | 617-27  | 617-278-1065 Extension:  |  |  |   |   |  |   |  |  |
| 10. |  |   | Rhenry  | Phone 1 @northors org  |  |  |   |   |  |   |  |  |
| 10. | Contact Email: Bhenry1@partners.org                  |   |   |  |  |  |   |   |  |   |  |  |
|     | Descrip  | tion of Organiz   | ation   |  |  |  |   |   |  |   |  |  |
| 11. | •  | lescribe your o   |   | on.  |  |  |   |   |  |   |  |  |
|     | HealthC<br>academ<br>commun<br>entities.<br>principa | ic medical cent<br>nity health cen<br>. Partners Hea                  | by Brighters, Part<br>ters, Part<br>ters, a pl<br>thCare is<br>tates of F | am and Wom<br>tners HealthC<br>hysician netw<br>s one of the r<br>Harvard Medi | nen's Hospita<br>Care includes<br>vork, home h<br>nation's leadi<br>ical School. F | l and Ma<br>commu<br>ealth an<br>ng biom | essachuset<br>nity and sp<br>d long-tern<br>edical rese | ts General H<br>ecialty hosp<br>n care servic<br>arch organiz | ospital. In ad<br>itals, a manag<br>es, and other<br>rations and its | ldition to its two<br>ged care organization<br>health-related |  |  |
|     | Type of  | Material Chan   | ge  | 200<br>200 miles<br>200 miles  |  |  |   |   |  |   |  |  |
| 12. | Check tl   | he box that mo  | st accura   | ately describe   | es the propos  | sed Mate                                 | erial Chang   | e involving a   | Provider or I  | Provider Organizatio  |  |  |
|     | ☐ A M☐ Any Heat the                                  | A Merger with or Acquisition of or by a Hospital or a hospital system |   |  |  |  |   |   |  |   |  |  |

|     | Service Revenue of \$25 million or more Affiliation solely for the purpose of coll Any formation of a partnership, joint ve services organization, or other organization.   | more Providers or Provider Organizations that each had annual Net Patient in the preceding fiscal year; provided that this shall not include a Clinical aborating on clinical trials or graduate medical education programs; and enture, accountable care organization, parent corporation, management ation created for administering contracts with Carriers or third-party stracting on behalf of one or more Providers or Provider Organizations.   |
|-----|---|---|
| 13. | What is the proposed effective date of the proposed Material Change?  | Promptly following completion of HPC required review  |
|     | Material Change Narrative   |   |
| 14. | <i>Briefly</i> describe the nature and objectives of Services are anticipated in connection with  | f the proposed Material Change, including whether any changes in Health Care the proposed Material Change:  |
|     | Physicians Organization, Inc. ("BWPO") seel operations, and scientific research to facilit Dana-Farber/Brigham and Women's Cancel Medical Center, Inc. ("Berkshire") propose to which Berkshire will become a member of | Brigham and Women's Hospital, Inc. ("BWH") and Brigham and Women's k to share and disseminate best practices with respect to patient care, clinical ate the provision of high-quality, cost-effective oncology care through the r Care Collaborative (the "Collaborative"). DFCI, BWH, BWPO and Berkshire to enter into a Membership Agreement ("Membership Agreement") pursuant of the Collaborative. Under the Membership Agreement, DFCI, BWH, and ses, educational services, and clinical support services (e.g., second opinions, sshire and its patients. |
| 15. |   | ne proposed Material Change, including but not limited to any anticipated al patterns, access to needed services, and/or quality of care:   |
|     | Berkshire's oncology care. Because of thos  | disseminate best practices more broadly and help sustain the high quality of the benefits and the geographic distance between the parties and existing ot expect the Membership Agreement to have a material change on referral   |
|     |   |   |

|     | Development of the Material Change   |  |  |  |
|-----|--|--|--|--|
| 16. | Describe any other Material Changes you anticipate making in the next 12 months:   |  |  |  |
|     | None- based on executed agreements that are in place on the date hereof.   |  |  |  |
|     |  |  |  |  |
| 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:      |  |  |  |
|     | As of the date hereof, PHS has not made any other formal filings with, and has not given any other written notices to, any state or federal agencies regarding the Membership Agreement. |  |  |  |

Print this page, sign, notatize, 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.

| Arridavit of        | TRUTHFUUNESS 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<br>General, and the Center for Health Information and Analysis as required. |
| 2<br>Signed on the  | 2nd September, 2015, under the pains and penalties of perjury.  |
| Signatur            | e: See L. Henry  Brent L. Henry   |
| Name:               |   |
| Title:              | Vice President and General Counsel  |
|                     | MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:  DENISE UGA  Notary Public COMMONWEALTH OF MASSACHUSETTS My. Commission Expires October 13, 2017  Notary Rignature                           |
| Copies of this ap   | plication have been submitted electronically as follows:  |

Office of the Attorney General (1)

Center for Health Information and Analysis (1)