



MASSACHUSETTS
HEALTH POLICY COMMISSION

NOTICE OF MATERIAL CHANGE FORM

Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

NOTICE OF MATERIAL CHANGE

DATE OF NOTICE:

1. Name: **Signature Healthcare Corporation**

	Federal TAX ID #	MA DPH Facility ID #	NPI #
2.	04-2103554	2118	10634312860

CONTACT INFORMATION

3. Business Address 1: **680 Centre Street**

4. Business Address 2:

5. City: **Brockton** State: **MA** Zip Code: **02302**

6. Business Website: **http:www.signature-healthcare.org**

7. Contact First Name: **Robert** Contact Last Name: **Haffey**

8. Title: **President and CEO**

9. Contact Phone: **508-941-7004** Extension:

10. Contact Email: **rhaffey@signature-healthcare.org**

DESCRIPTION OF ORGANIZATION

11. *Briefly* describe your organization.

Signature Healthcare Corporation ("SHC") is southeastern Massachusetts' premier local provider of safe, quality care, offering personalized medical services in a welcoming and medically advanced environment. SHC is one of the only not-for-profit community-based healthcare delivery systems in the region. SHC is comprised of the quality, safe, award-winning Signature Healthcare Brockton Hospital; Signature Medical Group, a multi-specialty physician group of more than 150 physicians practicing in 18 ambulatory locations representing over 17 different medical specialties; and the Brockton Hospital School of Nursing, the only hospital-based nursing school in MA.

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? **Upon completion of the Health Policy Con**

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:

Signature Healthcare Corporation ("SHC"), together with South Shore Health System, Inc. ("South Shore"), Sturdy Memorial Hospital, Inc. ("Sturdy"), and Southeast Massachusetts Behavioral Health, LLC, a wholly owned subsidiary of US HealthVest, LLC ("SMBH"), and together with South Shore, Sturdy, and Signature, (the "Parties"), propose to form and operate a limited liability company, M4 Health, LLC ("LLC"), that will construct/renovate, own, and operate a new psychiatric hospital in Southeastern Massachusetts, which is currently underserved with respect to acute psychiatric care programs. Capital contributions, allocations and distributions will be made in accordance with ownership percentage interests as indicated in any governing documents. The objective of the proposed Material Change is to increase access to much needed acute behavioral health care services in communities served by the Parties. The Parties anticipate that the psychiatric hospital will alleviate their and other hospitals' difficulties in arranging desired discharges from their emergency departments and other units for patients who need inpatient psychiatric care.

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:

SHC does not anticipate that the Material Change proposed will have a negative impact on reimbursement rates. The establishment of a psychiatric hospital will increase access to needed services for vulnerable patient populations in Southeastern Massachusetts by adding additional psychiatric services and programs as well as capacity to the existing services in the communities served by the Parties. The existence of an additional psychiatric hospital will allow acute care facilities and emergency departments to transfer their patients in need of inpatient psychiatric care, with the assurance that such setting is the most appropriate and of high quality. This will not only benefit the vulnerable populations served by the psychiatric hospital but provide significant benefit, in the form of increased access, to the surrounding communities.

DEVELOPMENT OF THE MATERIAL CHANGE

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

SHC does not anticipate any Material Change Notices in the next 12 months.

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:

N/A

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]

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 28th day of December, 2021, under the pains and penalties of perjury.

Signature: MG Cauley

Name: MIRIAM G. CAULEY

Title: Associate General Counsel

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW:

On this 28 day of December, 2021, before me, the undersigned notary public, personally appeared MIRIAM CAULEY and proved to me through satisfactory evidence of identification, which were Personally known - License, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Linda M. Mancini
Notary Signature

Linda M. Mancini
LINDA M. MANCINI, Notary Public
My Commission Expires March 18, 2022

Copies of this application have been submitted electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)