UMASS MEMORIAL HEALTH CARE, INC. DETERMINATION OF NEED APPLICATION #20121712-TO EXHIBITS

TRANSFER OF OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC. 100 South Street Southbridge, Massachusetts 01550

December 17, 2020

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UMass Memorial Health Care, Inc. One Biotech Park 365 Plantation Street Worcester, Massachusetts 01605

UMass Memorial Health Care, Inc. Application #20121712-TO

Exhibits

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APPLICATION BY UMASS MEMORIAL HEALTH CARE, INC. FOR DETERMINATION OF NEED FOR CHANGE IN OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 1

[Factor 1 Narrative and Exhibits F1-1 to 1-20]

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

The chart included as Exhibit F1-1 describes the demographic of UMMHC's overall patient panel and the demographic of UMMHC patients living in the HMH primary and secondary service areas for each of Fiscal Years 2018 through 2020 and those years combined. The data shows many similarities. Although the patient panels of the two organizations (see Exhibit F1-2) are similar, the racial diversity of particular towns is understated when looking at the entire service areas. As seen in Exhibits F1-3 and F1-4 based on US Census data, the town of Southbridge is similar to the City of Worcester in terms of racial diversity. UMMHC is experienced and particularly skilled at reaching out to a diverse community, which would be a significant advantage of the integration of HHCS into the UMMHC System.

<u>UMMHC Hospitals Patient Panel – Overall</u>

Overall, UMMHC serves a large and diverse patient panel, caring for over 370,000 patients each year at its hospitals (The lower counts noted in FY2020 are most likely impacted by the COVID-19 pandemic.). The data on Exhibit F1-1 represent the number of unique patients seen at UMMHC's hospitals, rather than the number of visits. The UMMHC patient mix during FY18 through FY20 was approximately 53% female and 46% male for each of the three years. Age demographics show that the majority (approximately 60%) of the patients were in the age range of 18-64; however, the patients aged 65 and older increased from 20.7% in FY18 to 22.2% in FY 2020. Approximately 19% of UMMHC's patients are aged 0-17. In terms of racial makeup, the predominant race served by UMMHC hospitals is white, making up approximately 75% of the patient panel. Black or African American patients make up 6%, Asian 3.5%, Hispanic/Latino 2.2% and American Indian or Alaska Native .2%. These are self-reported figures and there is a significant percentage (11.6% in FY18, 12.3% in FY19 and 14.2% in FY20) of the population that either chose not to report or reported in a category not reported here. Therefore, the reported racial make-up of the UMMHC patients may not accurately represent the actual racial make-up of UMMHC patients. UMMHC provides care to patients primarily from the Commonwealth of Massachusetts (95%). The significant majority of patients (approximately 90%) cared for by the UMMHC hospitals reside in Central Massachusetts.

UMMHC Hospitals Patient Panel – HMH Primary and Secondary Service Areas

UMMHC currently provides care to patients from HMH's primary and secondary service areas. The towns that make up these service areas are Brimfield, Wales, Charlton, Fiskdale, Holland, Sturbridge, Webster, Dudley, Southbridge, Brookfield, East Brookfield, North Brookfield, West Brookfield, Spencer, West Brookfield, Oxford, Warren, and Douglas. Of the approximately 370,000 patients served annually by UMMHC, approximately 33,000 (8.9%) reside in these towns. The chart included as Exhibit F1-1 depicts the patient panel for the UMMHC patients cared for in the HMH primary and secondary service areas. Similar to the overall UMMHC patient panel, these patients are approximately 55% female and 45% male. The age breakdown of this panel is also similar to the overall UMMHC patient panel. The majority (57%) of patients cared for are age 18-64. Another 20% of the patient population is aged 65 or older and 22% are aged 0-17. In terms of racial makeup, people identifying as white make up 86% of the patient panel, as compared to 75% for UMMHC. The Black or African American population makes up 2.3%, Hispanic/Latino 1.2%, Asian .9% and American Indian or Alaskan Native is .2% of the patient panel. Again, there is a significant percentage (9.3%) of the patient population that did not self-report or that self-reported a category not reported here.

HMH Patient Panel

As reported on Exhibit F1-2, the HMH patient panel is very similar to the overall UMMHC patient panel. Approximately 53% of the patients served by HMH are female and approximately 47% are male. A greater number of patients cared for by HMH are aged 18-64 (approximately 65% of the patient panel) than UMMHC (60%). Approximately 22% are aged 65 and older and 13% are aged 0-17. Consistent with the overall UMMHC patient panel, the predominant self-reported race of patients cared for at HMH is white (approximately 76%). The HMH patient panel is made up of approximately 9.3% Hispanic/Latino patients, which is larger than that of the self-reported races for the overall UMMHC patient panel (2.2%). The Black or African American race is 1.6%, the Asian is 0.7% and the American Indian or Alaska Native is 0.2%. Due to HHCS' service area being closer to Connecticut, a greater number of patients cared for are from out of state than the current UMMHC patient population. The HMH patient panel report at Exhibit F1-2 indicates that 77% of the patients cared for are from Central Massachusetts and 13% are from out of state, with the remainder from the Eastern and Western part of Massachusetts.

Payor Mix – Socioeconomic Status

The chart included as Exhibit F1-5 shows the payor mix of the UMMHC hospitals and HMH showing the similarity of the populations served and the socioeconomic status as indicated by payor mix which shows that a high percentage of both populations participate in government insurance programs. According to Exhibit F1-16, during Fiscal Year 2020, UMMHC served approximately 30% commercially insured patients, 24% Medicaid, 42% Medicare and 3.5% all other payor classes. HMH, during Fiscal Year 2020, served approximately 27% commercially insured patients, 26% Medicaid, 43% Medicare and 4.5% all other payor classes.

Disease Prevalence

In terms of disease burden, please see the chart included as Exhibit F1-6. The data presented are for the patients served under contracts shared by UMMMC and HMH through the Managed Care Network and the Medicare Shared Savings Program in which both organizations participate. For the 13 disease conditions included on the report, Alzheimer's Disease/Dementia, Arthritis, Asthma, Atrial Fibrillation, Cancer, Chronic Kidney Disease, COPD, Depression, Diabetes, Heart Failure, Hyperlipidemia, Hypertension, Ischemic Heart Disease, none is remarkably different in terms of disease prevalence in the UMMMC patients as compared to the HMH patients. In COPD prevalence for the Medicare population, HMH's prevalence is greater (22.6%) than UMMMC's prevalence (19.4%).

The following conditions have a greater disease prevalence by more than 2% in the UMMHC population as compared to the HMH population for both the commercial and Medicare patient population: Alzheimer's Disease/Dementia Prevalence is greater at UMMMC for both commercial patients at .9% and Medicare at 8.1% compared to HMH at .1% for commercial and 5.7% for Medicare; UMMMC Cancer prevalence is 5.0% for commercial and 21.5% for Medicare and HMH's is 3.0% for commercial and 18.6% for Medicare; UMMMC Chronic Kidney Disease prevalence is 6.7% for commercial and 32.3% for Medicare and HMH's is 4.3% for commercial and 28.8% for Medicare; UMMMC Depression prevalence is 15.2% for commercial and 33.2% for Medicare and HMH's is 12.1% for commercial and 25.8% for Medicare; UMMMC Hyperlipidemia prevalence is 35.5% for commercial and 83.4% for Medicare and HMH's is 26% for commercial and 84.8% for Medicare; UMMMC Hypertension prevalence is 34.2% for commercial and 84.8% for Medicare and HMH's is 22.6% for commercial and 74.1% for Medicare; UMMMC Ischemic Heart Disease prevalence is 5.8% for commercial and 30.2% for Medicare and HMH's is 3.3% for commercial and 25.8% for Medicare.

These greater disease prevalence percentages reflect the higher level of specialty care and specialists that are available at the UMMMC, an academic tertiary and quaternary hospital, compared to HMH. The Project enables these two organizations to coordinate the provision of specialty care to the Harrington community in a stronger, more closely aligned manner.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

The primary need that the proposed transaction addresses is the continued access to health care services in the HHCS community. As noted in Exhibit F1-5, both UMMHC and HHCS serve a

"disproportionate share" of vulnerable populations, as measured by their hospitals' payor mix of non-commercial payors: 69.7% and 73.1% for UMMHC and HHCS, respectively. This payor mix generates significantly lower operating margins than commercial payors, and can result in risks to financial sustainability, particularly for a small community hospital. As described below, UMMHC can bring experience and success in surviving and thriving in a tumultuous environment, as well as economies of scale and diversification of risk with a larger portfolio of operations.

Unaffiliated community hospitals face difficult operating and service delivery decisions when confronted with financial challenges, which increasingly lead to curtailment or closure of local services. A financially strong partner helps a community hospital like HMH weather annual variations in operating margins, and facilitates investment in appropriate services and infrastructure, which strengthen sustainability.

UMMHC and HHCS have a longstanding collaborative relationship. They participate together in the UMass Memorial Managed Care Network and the UMass Memorial Accountable Care Organization (MSSP). Through these programs the two organizations have worked together to improve quality and patient outcomes, and reduce total medical expense through performance improvement initiatives, post-acute networks, and aligned care management strategies. These efforts have significantly improved the preventative and longitudinal care of the HHCS primary care base, and the affiliation with UMMHC will allow for continued support and integration by the parties, which is expected to sustain and improve the health of the South Worcester County community.

The data provided in Exhibit F1-6 exemplifies some of the level of specialty care that exists at UMMHC. The formal affiliation of UMMHC and HHCS will provide greater access by the Harrington community to the specialists and specialty care provided by UMMHC thereby allowing the South Worcester County community served by HHCS to stay close to home for their care. As noted above, 73.1% of the Harrington patient panel is covered by Medicare or Medicaid and having access to local care is extremely important to this demographic because they may not be able to travel to Boston, or may not have transportation to care that is farther away, or the financial ability to pay for tolls and parking in Boston. The Project is intended to allow more care to remain local and allow currently unmet needs of the community to be met.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The Project is not anticipated to have an adverse impact on the competition in the Massachusetts health care market based on price, total medical expense, provider costs or other recognized measures of health care spending as evidenced by the chart included as Exhibit F1-7. The chart reports UMMHC total medical expense (TME), the TME trend and the

commercial relative prices compared to the other large health care systems in Massachusetts. UMMHC is far below the Massachusetts average and below Partners, Steward, BIDCO, Lahey, NEQCA, MACIPA, and Atrius.

This means that when patients go to UMHC's competitors based in Eastern Massachusetts for care that they could have had at UMMHC, the overall cost of care is higher than it would have been at UMMHC. The Project presents a significant opportunity for UMMHC to reduce TME by keeping care local within the UMMHC system, the third lowest cost system in the State, and to prevent outmigration to the higher cost facilities in Eastern Massachusetts. UMMHC is taking a multi-pronged approach to reducing outmigration, including strengthening care coordination and addressing the barriers to timely access to care.

Improving access to the ambulatory services for patients and referring providers is one of UMMHC's top ten priorities. The addition of HHCS to UMMHC will enable more ambulatory access and allow the combined organization to retain care at the local level. Both UMMHC and HHCS participate in value-based programs. The ability to keep the care at the appropriate UMMHC organization means that the total medical expense for those patients is reduced and the likelihood of success in value-based programs is increased.

Additionally, the management of patient care along the continuum of inpatient, acute care to post-acute and ambulatory care is enhanced by keeping the patients in the combined UMMHC community. When care goes outside of UMMHC, to Boston or even Western Massachusetts, the care becomes fragmented, communication becomes difficult and slow, and utilization is often increased unnecessarily. The closer affiliation between UMMHC and HHCS will allow for better communication and more coordinated care. This is better for the patients and better for the financial success of value-based programs by reducing unnecessary emergency department usage, readmissions and the overall cost of care.

F1.b.i Public Health Value / Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

The primary need identified as being addressed by the Project is the continuation of service to the Harrington community. Without this Project, HHCS is at risk of financial hardship and reduced resources, which could lead to reduced services, access, and other constraints resulting from insufficient funds. The Project will provide financial stability, as well as management and administrative resources and expertise to help HHCS survive.

Over the last four years (including the pre-audit FY20), HHCS has experienced an operating margin loss of ~5% on average, which is unsustainable, and significantly below rating agency medians. This means that HHCS would have difficulty accessing the capital market as a standalone community hospital.

As noted above, the Project addresses the need in South Worcester County for a sustainable community hospital that can meet the needs of a disproportionate share population (DSH), working within the financial constraints of that payor mix. If HHCS is able to become part of a larger system, it will better position HHCS to be able to weather the inevitable volatility of economic cycles and changes in health care delivery models.

UMMHC shares the mission and vision of HHCS and is committed to the DSH population. UMMHC also has the tools, understanding of shared challenges, and synergies in operations, as well as the capital reserves necessary to support HHCS.

There is evidence that delays in accessing health care is associated with negative health outcomes, specifically mortality. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955366/)
By sustaining the financial viability of HHCS, the community will have greater certainty that services will be available locally, reducing the likelihood of delays in accessing health care.

Further, a recent article in US Department of Health and Human Services (https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services) outlines the key factors in "Access:" coverage, services and timeliness. Through this proposed affiliation, the community HHCS currently serves will continue to have local services, with the guidance of an organization skilled and experienced in working with populations that may not have commercial health care coverage, and for whom access to timely referrals is a priority.

UMMHC has experience leveraging the resources of a larger system to better service the communities in which its other community hospitals are located. UMMHC values the capacity that community hospitals can provide to a crowded academic medical center and seeks to coordinate care at the right setting by keeping patients in their local communities when appropriate and bringing patients to a tertiary center only as needed.

In the last couple of years, UMMHC has invested in the redesign and renovation of UMass Memorial HealthAlliance-Clinton Hospital's Leominster campus to address a crowded emergency department and improve the timeliness and quality of care. At Marlborough Hospital, UMMHC established a convenient and high quality Cancer Center, available to the local community, but also more easily accessible for patients reluctant to drive to UMMMC.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

A key indicator of the quality of life and health equity is life expectancy. As part of UMMHC's Anchor Mission work, it has a commitment to consciously apply the long term, place-based economic power of UMMHC with its human and intellectual resources, to better the long-term welfare of the community in which the institution is anchored. UMMHC looks to the disparities

in life expectancy in the communities it serves and makes investments to drive for change and reduce these inequities. HHCS will become fully integrated in the UMMHC Anchor Mission work, which is intended to lead to improved health outcomes, quality of life, reduction in disparities and ultimately positively influence life expectancy in the HHCS communities.

Current data for life expectancy illustrates the situation in both the City of Worcester community and the Harrington community as shown on Exhibit F1-8. In the City of Worcester, there is an 11.1 year difference in life expectancy in neighborhoods that are just two miles apart. And, Exhibit F1-8 illustrates a similar difference in the Southbridge, Dudley and Webster neighborhoods where one neighborhood has a life expectancy in the 80s and another, right next to it, is in the low 70s.

Exhibit F1-9 depicts measures for household income, percent of population on Medicaid and unemployment. From the most recent census data (2018), the household income level for the State of Massachusetts is \$106,627. The primary service areas for Harrington include Southbridge, Dudley and Webster, which all fall below that level. In terms of the percentage of population on Medicaid, Massachusetts is at 16.5% while Southbridge, Dudley and Webster all report percentages above that. The unemployment rate in Massachusetts was below 5% in 2018 while the towns in HHCS' service areas were all above that.

Through this Project, which includes specific Anchor Mission goals, UMMHC plans to track and improve the status of the combined communities. UMMHC is confident that the affiliation between UMMHC and HMH will bring a stronger base of committed individuals employed by these organizations and found in their respective communities. UMMHC expects that the Project will result in new local hiring and local purchasing, as well as community-based investments, which will also improve the health and wellbeing of the HHCS communities.

UMMHC will track the foregoing key outcomes measures, and expects to see improvement. Unfortunately, the alternative to this Project is diminished services in the Harrington community and reduced health outcomes for that population.

F1.b.iii Public Health Value / Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

Research reports that health care contributes only 20% to a person's health. A far greater contributor to a person's health, accounting for as much or more than 60% of a person's health, is the social determinants of health. UMMHC believes it is its responsibility to actively address the social determinants of health to be true to its mission of improving health. As a result,

UMMHC monitors the status of its communities using local and national data to measure where the organization stands and track improvement.

Exhibit F1-10 explains what is included in the Center for Disease Control's Social Vulnerability Index (SVI) for Worcester County. The CDC produces this index using 15 social determinants collected through the Census data and placed into four themes: Socioeconomic, Household Composition and Disability, Minority Status, and Language and Housing Type and Transportation. The CDC compares the social vulnerability of all census tracks (neighborhoods) throughout the country. Exhibit F1-11 and Exhibit F1-12 show the SVI percentile of the neighborhoods in Worcester County. These data are helpful to UMMHC in order to understand its community and provide the right wholistic health care and social supports to the most socially vulnerable neighborhoods. Together with HHCS, UMMHC will use this SVI to target Anchor Mission and Social Determinant work.

In addition, UMMHC has an explicit system-wide focus on addressing health disparities based on race and ethnicity. UMMHC's approach is data driven and focused on measurable progress, such as its FY2021 goal of reducing disparities in well child visits for Black/African American and Hispanic/Latino patients. HHCS will be included in UMMHC's health equity work.

UMMHC will undertake population health work with HHCS as a combined organization to address health disparities and reduce health inequities. UMMHC and HMH currently participate together in the UMMHC Managed Care Network and the UMass Memorial Accountable Care Organization. As part of the ongoing performance improvement work, the two organizations engage in the use of data to identify opportunities for performance improvement, and share in the adoption of care delivery initiatives directly targeting high quality and highly efficient care for the communities we serve. As a result of the Project, UMMHC and HMH will engage fully in the following actions:

A. <u>Coordinated Care</u>

UMMHC has a patient-centric approach and has developed a significant infrastructure to support a "longitudinal care" approach to care. Care coordination across the continuum of care is the key to successfully impacting the health of our patients. It is virtually impossible to separate the care that spans our health system into distinct silos. UMMHC has developed and implemented clinical pathways, collaborative initiatives, and coordinated care. The longitudinal care approach stems from the realization that in order to significantly impact the quality, utilization, and patient experience, UMMHC must view population health beyond the walls of UMMHC itself. From the community and homes of UMMHC's patients, through its emergency departments and hospitals, and reaching across the post-acute care settings, UMMHC's care must include the entirety of the community. UMMHC's infrastructure is well-positioned to support longitudinal care.

UMMHC's population health infrastructure has been developed to leverage resources such as medical directors, group leadership, provider champions, practice improvement facilitators,

care management teams, and community-based organizations all utilizing data/analytics to guide our strategies across all settings and in both of our communities.

The combination of risk stratification, chronic disease identification, clinical pathways, and care management resources are utilized to build a comprehensive approach that our primary care providers can leverage in providing care for our patients. The ability to use data to identify potential trends and respond with workflows that adapt well to the ambulatory environment is critical to UMMHC's strategies.

B. <u>Data Driven Reporting and Peer Comparison</u>

UMMHC relies on data driven reports to develop priorities for improvements of various components of care, as well as action plans customized for each provider group and practice. UMMHC uses the data reports to engage its providers in strategies to attain the goals outlined in the action plans. In addition, UMMHC develops transparent peer comparisons to allow easy identification of both high and low performing providers in several areas, including the following:

- Quality performance
- TME/Utilization
- Potentially Avoidable ED Visits
- Readmissions
- Citizenship/Engagement

This information allows practices to seek out best practices from providers as well as focus their efforts on specific areas of concern.

Through the Project, UMMHC will further consolidate data to enhance and expand data driven reports as described above to drive HMH's performance in value-based contracts and improve the coordinated care of shared patient panels.

C. Care Planning

The UMMHC care management team has built strong relationships with its network of providers, as well as vital connections and collaborations with inpatient care management teams across both organizations. Routine communications across these settings with warm hand-offs as well as regular team meetings to co-develop care plans have led to valuable alignment of care and is considered to be a very strong resource by our primary care providers.

D. <u>Community Based Care – Spreading Community Help to South County</u>

As previously noted, the care UMMHC delivers has effects far beyond the walls of the health care system. For many years, UMMHC has cultivated relationships with community-based organizations (CBOs) that provide excellent resources for its patients, culminating in a web-

based platform, CommunityHELP (www.communityHELP.net). This search engine provides caregivers, individuals, care managers, and health care teams resources across the entire spectrum of needs. It provides immediate translation into over 100 languages and enables electronic referrals to the CBOs to connect patients with resources. This is one of many tools we have developed to meet the needs of UMMHC's patients, understanding that health care alone cannot conquer chronic disease and poor health.

Locally, food insecurity, dental care, and housing have emerged as consistent stressors. Enhancing CBO collaboration directly targeting these areas such as "food pharmacies", free clinics for the housing threatened population brought to them with mobile services, and identifying free dental care are a few examples of how UMMHC has responded to community needs.

The formal corporate affiliation of UMMHC and HHCS will strengthen care coordination and the community-based efforts like those described above to allow for the continued and improved health of the communities in Worcester County and beyond.

E. Anchor Mission Investment

Exhibit F1-13 illustrates where the current investments in community have happened as part of the ongoing Anchor Mission work. This type of investment in community-based housing and redevelopment efforts is core to the commitment of transforming UMMHC's communities. With the approval of the Project, UMMHC and HMH will begin to identify areas of investment in the Harrington service area in an effort to improve the health of the communities served by the combined organization.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

Both UMMMC and HMH are disproportionate share hospitals and as a result are part of the health care safety net for the most vulnerable populations. UMMHC will contribute to the financial viability of HMH. As shown in Exhibit F1-5, a significant portion of HMH's payor mix is non-commercial. UMMHC hospitals treat all patients regardless of ability to pay and provide all patients with the highest quality care and patient experience and this would be true of an affiliated HMH as well. UMMHC is experienced in providing access, and high quality care, to vulnerable populations and will support HHCS' commitment to the at-risk members of its community, while collaborating with HHCS to find efficiencies and financial support to sustain HHCS' presence in the community.

UMMHC is deeply committed to health equity and has been an early participant in the "Healthcare Anchor Network" of the Democracy Collaborative, where it looks at the socio-economic determinants of health, and incorporates these in its medical records (for greater understanding of the needs of its patients) and its approaches to health care delivery. Further,

UMMHC believes that it can work toward improvements in the socio-economic factors of the community through its "Purchasing Pillar, Investment Pillar, and Hiring Pillar" committees that are addressing the needs of its communities in creative ways, by emphasizing local purchasing, investing, and hiring. HMH has begun participating in this effort, and, as a result of the Project, HMH will be able to benefit from this work.

UMMHC was recently recognized in a new hospital ranking system from the <u>Lown Institute</u>. Lown Institute Hospitals Index emphasizes civic leadership, value of care and patient outcomes. UMMHC hospitals have achieved top ratings in the state and high ratings in the national rankings:

- ☐ Massachusetts Hospital Rankings (comparing 55 hospitals):
 - #1 HealthAlliance-Clinton Hospital
 - #3 UMass Memorial Medical Center
 - #9 Marlborough Hospital
- National Hospital Rankings (comparing 3,282 hospitals):
 - #8 HealthAlliance-Clinton Hospital
 - #24 UMass Memorial Medical Center
 - #94 Marlborough Hospital

Reference: https://lowninstitute.org/projects/lown-institute-hospitals-index/ Massachusetts List: https://lownhospitalsindex.org/rankings/?state=MA

National List: https://lownhospitalsindex.org/list/composite/

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

While many academic medical centers have focused on specialists and sub-specialists, UMMHC has continued to develop its employed Community Medical Group (CMG), a division of the UMass Memorial Medical Group, and anticipates the integration of HHCS' network of physicians into the CMG.

The Project will enable both parties to improve the continuity of care and access to care. UMMHC's physician liaisons work closely with HHCS' Primary Care Physicians today and will continue to do so after the transaction. UMMHC currently provides the Harrington Physician Group with access to "Epic Care Link" to help facilitate the continuity of care across providers at both organizations. This application allows HHCS' physicians to view all patient records and order referrals and access UMMHC's Physician Concierge Services (PCS) team to book specialty appointments. Once employed by CMG, HHCS physicians would be granted full access to Epic where they would be able to make notes in patient records.

UMMHC anticipates implementing Epic at HMH, but that is a multi-year effort and would not be immediately available. Currently, all of the UMMHC hospitals and campuses utilize Epic for an electronic health record and this has brought efficiencies, economies of scale, consistency, shared learnings and protocols, and superior continuity and coordination of care through improved shared documentation.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review Community Engagement Standards for Community Health Planning Guideline. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

HHCS' community engagement efforts prior to the proposed corporate affiliation with UMMHC began in late 2018 when the HHCS Board, with the support of the HHCS' 60 individual community Members, endorsed the creation of a Board level Strategic Planning Committee to consider whether to pursue a corporate affiliation with a larger health system in order to be able to continue the health and community benefit mission of HHCS.

Among the 60 HHCS individual community Members are representatives from the following local health and service organizations:

- You, Inc.: a behavioral health and education agency serving at-risk children, adolescents and families across Worcester County
- Open Sky Community Services: one of Central Massachusetts' largest human service organizations, providing residential and community based services for those living with developmental disabilities, mental illness or challenges of aging
- United Way of South Central Massachusetts
- Catholic Charities Worcester County
- Central Massachusetts Agency on Aging

From September, 2018 through December, 2018, HHCS and its Members held several forums on the future of independent community health systems/hospitals in Massachusetts, and the Strategic Planning Committee ultimately recommended to the HHCS Board to move forward with an RFP process.

The RFP was sent to all of the regional health systems in Massachusetts in February, 2019. By April, 2019, there were three respondents to the RFP, including UMMHC.

The RFP responses were evaluated by the Strategic Planning Committee which also communicated with and met with the representatives of the three respondents from April

through November, 2019. HHCS Community input was sought and obtained in the RFP process during the Annual HHCS Members Meeting on October 16, 2019.

The Strategic Planning Committee recommended to the HHCS Board the selection of UMMHC in December, 2019. On January 28, 2020, the HHCS Members and Board met and voted to approve a Letter of Intent to enter into a corporate affiliation with UMMHC.

Once the potential affiliation with UMMHC was announced, HHCS engaged in additional community engagement efforts beyond its 60 community Members. HHCS' outreach to community organizations since the announcement of the affiliation has included: Southbridge Rotary, Southbridge Town Meeting, Webster Town Council, Greater Worcester Community Foundation, and South County Connects - Community Health Network Area (CHNA 5).

Through HHCS' community engagement efforts about the Project via its community Members and other community agencies and representatives and the CHNA 5, HHCS and UMMHC effectively identified community health needs of the patient panel in the HHCS community. The Project addresses the identified community and health needs in the Affiliation Agreement and provides for the preservation and strengthening of health care services by HHCS, as well as other community investments.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

UMMHC believes in the best practice of developing strong linkages with the community to address those disparities that greatly impact the health of the community, especially vulnerable populations and people of color. The goal is to listen to the voices of the community in order to develop trust and partnerships with community stakeholders. UMMHC is intentional about community work, ensuring the resulting decisions are driven through the scrutiny of a health equity lens.

UMMHC wants to be formally engaged with the greater community of Southbridge and surrounding area. Given that the pandemic is still in existence, UMMHC will accommodate to the circumstances utilizing technology (i.e. Zoom, Webex) and small group interviews and gatherings throughout the geographical area, while adhering to safety protocols. Interpreting for linguistic minorities and the deaf and hard of hearing will be provided whenever necessary. UMMHC is looking forward to establishing dialogue and developing solid linkages with the area's most vulnerable populations as it strives to have a healthier community. UMMHC considers the CHI Guidelines indispensable in working with HHCS. As such, the following actions will ensure that there is appropriate engagement that incorporates planning, evaluation

and implementation; accountability that has engaged diverse community members; with transparency and reporting on interventions and outcomes to ensure having an impact on community health improvement related to identified needs.

UMMHC recognizes that building a healthy community requires a long-term effort. The following are part of a road map for long-term planning and strategies to build the pieces needed to make the South Worcester County healthier. These actions and shared learned opportunities would begin as part of our Community Benefits approach once the Project is approved and continue thereafter.

The following actions are anticipated to occur over time:

- Community Benefits: Develop a robust Community Benefits Advisory Committee that is ethnically diverse and representative of underserved populations residing in the area, as well as inclusion of representatives of different sectors. UMMHC will foster and sustain an on-going communication strategy to foster transparency and accountability.
- Developing Trust and Identifying Needs- Listening Strategies: A. Forums: UMMHC
 anticipates conducting a minimum of three forums with community stakeholders such
 as neighborhood leaders and personnel from local banks, police departments, public
 schools, academia, philanthropy, Quinsigamond Community College, Family Health
 Center, social support organizations, public schools, the Renaissance Medical Group,
 local government, community/neighborhood leaders and grass roots groups; and B.
 Conduct One-on-One Interviews and Small Groups: UMMHC will provide interpreters
 to facilitate communication with Limited English speaking populations and the deaf and
 hard of hearing.
- **Neighborhood Outreach:** Weather permitting, UMMHC will conduct a walk around the neighborhood or key locations as a strategy to outreach where vulnerable populations reside or engage/congregate.
- Engage Local Public Health: UMMHC will conduct outreach to the local departments of Public Health (i.e. Webster and Southbridge) as a strategy to develop trust and gain their knowledge about the community. In Worcester, the Worcester Division of Public Health (WDPH) has been a partner in the development of the Community Health Assessment since 2008. In 2013-14, our partnership with the WDPH resulted in the division earning national accreditation and recognition as the first health department in the Commonwealth of Massachusetts to earn federal accreditation.
- Community Health Needs Assessment Review and Update: A. UMMHC will review with community representatives the 2019 Community Health Needs Assessment findings and identify current community needs; B. UMMHC will develop partnerships/collaborative efforts that will result in the development of a Community Health Improvement Plan.
- Community Benefits Annual Report and Community Benefits Strategic
 Implementation Plan: UMMHC will update the Harrington Hospital Community
 Benefits Strategic Implementation Plan and ensure completion of a Community Benefits
 Annual Report in compliance with regulatory requirements.

- Community Benefits Reporting and Regulatory Requirements: UMMHC will ensure compliance of all reporting and regulatory requirements.
- Integration of a Health Equity Lens: A. Given that UMMHC has adopted a system-wide Health Equity agenda that is addressing inequalities in care, UMMHC would replicate this effort by working closely with the Harrington leadership and the community in developing, at a minimum, the following committees: access to care, education and outreach, and data to understand where an intervention needs to take place. For example, in Worcester, our COVID 19 Task Force, comprised of more than 50 community members and hospital leaders, looks at analytics of COVID 19 neighborhood prevalence and makes recommendations on strategies addressing identified racial and ethnic disparities to best provide access to the at-risk populations; B. UMMHC Vice President and Chief Diversity, Equity and Inclusion Officer will work with Harrington Hospital staff to identify internal health disparities; C. In addition, Medical Interpreting and Hard of Hearing Services will be assessed to meet the needs of patients, to improve the quality of care and access to insurance enrollment.
- Shared Learnings on Community Health Improvement: UMMHC will practice shared learning related to existing system-wide community health improvement interventions such as the Pediatric Asthma Home Visiting Intervention, Adverse Childhood Experiences-Trauma, food insecurity, Medical Legal Partnership, and others that align with identified community health needs in HHCS' service area.
- Shared Learning and Embracing an Anchor Mission: UMMHC will incorporate the Anchor Mission best practices to address Social Determinants of Health and its alignment through several efforts: placed based investments, local purchasing, local hiring/developing a workforce pipeline and employee volunteerism. For example, UMMHC Anchor Mission Investment Committee efforts has partnered with Common Ground and the East Side Community Development Corporation to leverage and secure funding for a first-time homeownership project and homeless population housing; neighborhood revitalization efforts in Fitchburg and Worcester's Main South area. A workforce pipeline partnership with the Worcester Community Action Council, the largest anti-poverty organization in Central Massachusetts, has been developed to improve workforce diversity and local hiring.
- CommunityHELP Platform Adoption: UMMHC will integrate local community resources into the platform and educate the community on how to join CommunityHELP to find out about community resources.
- PFAC: UMMHC will work closely with HMH's PFAC Committee to understand and address patients' interests, needs and concerns, and will ensure feedback from patients and local residents; ensure ethnic/racial diversity representation; provide interpreter services for Limited English speaking and the deaf and hard of hearing to members if needed.
- Coalition Building: UMMHC believes in the practice of coalition building, and as such
 UMMHC sees the opportunity to increase and strengthen HMH's workings with the local
 CHNA. In Worcester, UMMHC played a significant role reviving a healthy communities
 coalition (CHNA8) and is an active participant in the coalition while playing an important
 role securing funding for long term sustainability. The Pediatric Asthma Home Visiting

Task Force was spearheaded and is co-chaired with the leadership of the Edward M. Kennedy Health Center and is another example where a coalition effort resulted in securing funding for a city-wide partnership that included the City of Worcester Healthy Homes, UMass Memorial Medical Center, two community health centers, Worcester Public Schools, and the Head Start program to develop a pediatric asthma Meds-In-School program and home visiting program utilizing community health workers. Critical to community engagement is not only working with different groups and coalitions, but also reporting back to the community on health outcomes and the impact interventions are having.

As described above and in response to F.1.a.1 and on Exhibits F1-1 and F1-2, the demographic of UMMHC's patients overall and the demographic of UMMHC patients living in the HMH primary and secondary service areas are highly similar. UMMHC will utilize the skills it has developed to engage the HHCS population.

Similar to UMass Memorial HealthAlliance-Clinton Hospital, while HMH's service area is predominantly White, it also includes a significant Hispanic/Latino population. Data reveal that the Hispanic/Latino population, (32%) according to the U.S. Census, is connecting to care with HMH providers at low rates. Access to care is an identified need in the area. A lack of Spanish-speaking providers is a significant language and cultural barrier contributing to a low percentage of the Hispanic/Latino population accessing care.

UMMHC recognizes that there is a great and immediate need to ensure effective connectivity to the Hispanic/Latino population and other ethnic and diverse populations that are less represented in the HMH service area. UMMHC will ensure targeted outreach to the Hispanic/Latino and other ethnic groups in the area to improve access to care and health disparities among this vulnerable population.

UMMHC Community Benefits has a long history of recognizing that working with the community and addressing social factors is vital to improving the health and well-being of those it serves, particularly the most vulnerable populations. Keeping a community healthy is not only about providing excellent care in the clinical setting, but also requires going upstream outside the "hospital walls" to address root causes. Dedication to this approach is evidenced in UMMHC Community Benefits' Mission which incorporates addressing non-medical conditions and is based on the World Health Organization's broad definition of health as, "a state of complete physical, mental and social well-being and not merely the absence of disease." Developed and recommended by UMMHC Community Benefits' Advisory Committee and approved by the UMMHC Board of Trustees, this Mission is core to the UMMHC's communitybased prevention approach. As such, UMMHC continues to invest in programs such as workforce development for at-risk youth and develop and support interventions that address poverty, violence, school attendance, education, food insecurity and access to care and services that target other social factors that impact health. This approach is grounded in a long-standing commitment to partner upstream with community stakeholders to identify needs and leverage resources. UMMHC will apply this approach to addressing health disparities and improving

health outcomes among vulnerable populations in HHCS' service area, targeting identified community health needs. UMMHC will apply its Anchor Institution efforts with targeted investments in social determinants of health to improve health and life expectancies among the Patient Panel population.

UMMHC Community Benefits is deeply committed to health equity and to the Anchor Institution Mission. Further, UMMHC believes that it can work toward improvements in the socio-economic factors of the community through our "Purchasing Pillar, Investment Pillar, and Hiring Pillar" committees that are addressing the needs of our communities in creative ways, by emphasizing local purchasing, investing, and hiring. HHCS has begun participating in this effort as well, and through this affiliation, HHCS will be able benefit from an integrated approach.

Total Service Area Definition:

As shown on the map in Exhibit F1-14, UMMHC's current service area includes all of Worcester County, except for the town of Blackstone, plus the town of Orange in Franklin County, and 14 of the towns in Middlesex County, with a population of over 1 million. HHCS is located in this service area, and HHCS and UMMHC already share many of the same patients, with UMMHC's tertiary care facilities caring for HHCS' higher acuity needs. The Project builds on this long-standing relationship and will facilitate greater sharing of patient information and coordination of care as the two systems share more clinical platforms and protocols.

UMMHC DoN Application Factor 1 Exhibits



Best Place to Give Care -Best Place to Get Care

UMass Memorial – Community Healthlink
UMass Memorial HealthAlliance-Clinton Hospital
UMass Memorial – Marlborough Hospital
UMass Memorial Medical Center
UMass Memorial Medical Group
UMass Memorial Accountable Care Organization, Inc.







UMMHC's Patient Panel

FY18-FY20 Actual

Demographic results for UMMHC Hospital facilities

"UMMHC Patients in Harrington Primary and Secondary Towns Only" represents UMMHC patients that reside in Harrington's Service Area and does not include Harrington Data

	Total UMMHC Data Results							UMMHC Patients in Harrington Primary and Secondary Towns Only								
	FY1	L8	FY:	19	FY	20	FY18-20 C	ombined	FY	18	FY	19	FY	20	FY18-20 C	ombined
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Gender																
FEMALE	208,732	56.2%	208,885	56.2%	194,323	56.2%	320,316	53.6%	18,711	56.8%	18,961	56.5%	18,027	56.9%	29,561	54.7%
MALE	161,640	43.6%	161,945	43.6%	151,096	43.7%	276,218	46.2%	14,166	43.0%	14,548	43.4%	13,659	43.1%	24,458	45.2%
UNKNOWN	764	0.2%	658	0.2%	445	0.1%	991	0.2%	38	0.1%	31	0.1%	2	0.0%	53	0.1%
Total Gender	371,136	100.0%	371,488	100.0%	345,864	100.0%	597,525	100.0%	32,915	100.0%	33,540	100.0%	31,688	100.0%	54,072	100.0%
Age																
0-17	71,602	19.3%	71,193	19.2%	62,821	18.2%	121,432	20.3%	7,012	21.3%	7,086	21.1%	6,497	20.5%	12,237	22.6%
18-64	222,583	60.0%	220,271	59.3%	206,373	59.7%	359,384	60.1%	18,985	57.7%	19,070	56.9%	18,162	57.3%	30,876	57.1%
65+	76,922	20.7%	80,007	21.5%	76,662	22.2%	116,672	19.5%	6,918	21.0%	7,384	22.0%	7,029	22.2%	10,959	20.3%
Unknown	29	0.0%	17	0.0%	8	0.0%	37	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Age	371,136	100.0%	371,488	100.0%	345,864	100.0%	597,525	100.0%	32,915	100.0%	33,540	100.0%	31,688	100.0%	54,072	100.0%
Race																
American Indian or Alaska Native	760	0.2%	815	0.2%	748	0.2%	1,291	0.2%	67	0.2%	76	0.2%	71	0.2%	117	0.2%
Asian	12,473	3.4%	12,567	3.4%	11,186	3.2%	21,014	3.5%	251	0.8%	276	0.8%	255	0.8%	466	0.9%
Black or Africian American	21,599	5.8%	22,194	6.0%	20,515	5.9%	36,053	6.0%	731	2.2%	768	2.3%	756	2.4%	1,247	2.3%
Hispanic/Latino	9,271	2.5%	7,812	2.1%	2,389	0.7%	13,443	2.2%	394	1.2%	405	1.2%	106	0.3%	672	1.2%
Native Hawaiian or Other Pacific Islande	101		123	0.0%	126	0.0%	205	0.0%	6	0.0%	7	0.0%	4	0.0%	8	0.0%
Other/Unknown	43,182	11.6%	45,745	12.3%	49,188	14.2%	78,603	13.2%	2,336	7.1%	2,585	7.7%	3,003	9.5%	5,010	9.3%
White	283,750	76.5%	282,232	76.0%	261,712	75.7%	446,916	74.8%	29,130	88.5%	29,423	87.7%	27,493	86.8%	46,552	86.1%
Total Race	371,136	100.0%	371,488	100.0%	345,864	100.0%	597,525	100.0%	32,915	100.0%	33,540	100.0%	31,688	100.0%	54,072	100.0%
Patient Origin																
Central Mass	334,466	90.1%	334,998	90.2%	313,051	90.5%	525,010	87.9%	30,576	92.9%	31,236	93.1%	29,544	93.2%	49,991	92.5%
Eastern Mass	14,441	3.9%	14,363	3.9%	13,932	4.0%	29,851	5.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Western Mass	8,186	2.2%	8,434	2.3%	7,650	2.2%	15,195	2.5%	1,092	3.3%	1,123	3.3%	1,095	3.5%	2,004	3.7%
Out of State	14,043	3.8%	13,693	3.7%	11,231	3.2%	27,469	4.6%	1,247	3.8%	1,181	3.5%	1,049	3.3%	2,077	3.8%
Total Patient Origin	371,136	100.0%	371,488	100.0%	345,864	100.0%	597,525	100.0%	32,915	100.0%	33,540	100.0%	31,688	100.0%	54,072	100.0%
-																

FY20 results were most likely impacted by COVID 19

Count reflects the number of patients, not number of visits to a UMMHC facility

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Source: UMMHC EPSI patient data results; includes all hospitals

Harrington Memorial Hospital's Patient Panel

FY18-FY20 Actual

Demographic results for HMH Hospital facilities

"HMH Patients in Harrington Primary and Secondary Towns Only" represents HMH patients that reside in HMH Service Areas and does not include UMMHC Data

	HMH Total Data Results								HMH Patients in Harrington Primary and Secondary Towns Only								
	FY	′18	FY	19	FY	20	FY18-20 C	ombined	FY	′18	FY	'19	FY	'20	FY18-20 C	ombined	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	
Gender																	
FEMALE	36,603	54.7%	36,345	54.9%	34,364	54.8%	56,645	52.9%	29,484	55.3%	29,299	55.3%	27,250	55.4%	42,204	53.4%	
MALE	30,293	45.3%	29,882	45.1%	28,325	45.2%	50,385	47.1%	23,796	44.7%	23,655	44.7%	21,936	44.6%	36,888	46.6%	
UNKNOWN	16	0.0%	3	0.0%	12	0.0%	26	0.0%	2	0.0%	2	0.0%	3	0.0%	3	0.0%	
Total Gender	66,912	100.0%	66,230	100.0%	62,701	100.0%	107,056	100.0%	53,282	100.0%	52,956	100.0%	49,189	100.0%	79,095	100.0%	
Age																	
0-17	8,605	12.9%	8,319	12.6%	6,585	10.5%	13,872	13.0%	7,354	13.8%	7,184	13.6%	5,681	11.5%	11,450	14.5%	
18-64	43,162	64.5%	42,564	64.3%	40,587	64.7%	69,846	65.2%	33,413	62.7%	33,024	62.4%	30,956	62.9%	49,715	62.9%	
65+	15,144	22.6%	15,346	23.2%	15,527	24.8%	23,334	21.8%	12,515	23.5%	12,748	24.1%	12,552	25.5%	17,930	22.7%	
Unknown	1	0.0%	1	0.0%	2	0.0%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
Total Age	66,912	100.0%	66,230	100.0%	62,701	100.0%	107,056	100.0%	53,282	100.0%	52,956	100.0%	49,189	100.0%	79,095	100.0%	
Race																	
American Indian or Alaska Native	39	0.1%	123	0.2%	104	0.2%	182	0.2%	34	0.1%	88	0.2%	76	0.2%	128	0.2%	
Asian	461	0.7%	438	0.7%	421	0.7%	702	0.7%	379	0.7%	366	0.7%	357	0.7%	559	0.7%	
Black or Africian American	931	1.4%	936	1.4%	854	1.4%	1,698	1.6%	685	1.3%	694	1.3%	635	1.3%	1,148	1.5%	
Hispanic/Latino	6,566	9.8%	6,648	10.0%	6,240	10.0%	9,948	9.3%	5,941	11.2%	6,005	11.3%	5,679	11.5%	8,641	10.9%	
Native Hawaiian or Other Pacific Islander	13	0.0%	14	0.0%	9	0.0%	20	0.0%	10	0.0%	10	0.0%	6	0.0%	13	0.0%	
Other/Unknown	4,795	7.2%	5,048	7.6%	6,028	9.6%	12,954	12.1%	1,938	3.6%	2,084	3.9%	1,985	4.0%	4,155	5.3%	
White	54,107	80.9%	53,023	80.1%	49,045	78.2%	81,552	76.2%	44,295	83.1%	43,709	82.5%	40,451	82.2%	64,451	81.5%	
Total Race	66,912	100.0%	66,230	100.0%	62,701	100.0%	107,056	100.0%	53,282	100.0%	52,956	100.0%	49,189	100.0%	79,095	100.0%	
Patient Origin																	
Central Mass	54,231	81.0%	53,783	81.2%	50,507	80.6%	83,068	77.6%	47,992	90.1%	47,708	0.0%	44,333	90.1%	71,321	90.2%	
Eastern Mass	679	1.0%	703	1.1%	708	1.1%	1,682	1.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
Western Mass	5,293	7.9%	5,262	7.9%	4,833	7.7%	7,992	7.5%	3,497	6.6%	3,503	6.6%	3,181	6.5%	4,874	6.2%	
Out of State	6,709	10.0%	6,482	9.8%	6,653	10.6%	14,314	13.4%	1,793	3.4%	1,745	3.3%	1,675	3.4%	2,900	3.7%	
Total Patient Origin	66,912	100.0%	66,230	100.0%	62,701	100.0%	107,056	100.0%	53,282	100.0%	52,956	100.0%	49,189	100.0%	79,095	100.0%	

FY20 results were most likely impacted by COVID 19

Count reflects the number of patients, not number of visits to a HMH facility

Note that HMH is near the CT border

Source: Harrington Hospital patient data results from Meditech billing system



US Census Data for Towns in Harrington's Primary Service Area

US Census Bureau	Southbridge		Dudley		Webster		Sturbridge		Charlton		ton Tota	
	%	#	%	#	%	#	%	#	%	#	%	#
Gender												
FEMALE	50.50%	8,523	51.60%	6,075	53.60%	6,325	55.40%	5,317	55.20%	7,570	53.0%	33,809
MALE	49.50%	8,355	48.40%	5,698	46.40%	5,475	44.60%	4,280	44.80%	6,143	47.0%	29,952
UNKNOWN		-		-		-		-		-	0.0%	-
Total Gender	100.00%	16,878	100.00%	11,773	100.00%	11,800	100.00%	9,597	100.00%	13,713	100.00%	63,761
Age												
0-17	21.50%	3,629	21.20%	2,496	21.00%	2,478	25.90%	2,486	22.50%	3,085	22.2%	14,174
18-64	62.50%	10,549	65.20%	7,676	63.20%	7,458	55.00%	5,278	64.60%	8,859	62.5%	39,819
65+	16.00%	2,700	13.60%	1,601	15.80%	1,864	19.10%	1,833	12.90%	1,769	15.3%	9,768
Unknown											0.0%	-
Total Age	100.00%	16,878	100.00%	11,773	100.00%	11,800	100.00%	9,597	100.00%	13,713	100.0%	63,761
Race												
American Indian or Alaska Native	0.40%	68	0.40%	47	0.00%	-	0.00%	-	0.20%	27	0.2%	142
Asian	0.30%	51	2.70%	318	1.30%	153	3.00%	288	0.60%	82	1.4%	892
Black or Africian American	3.70%	624	2.00%	235	2.20%	260	0.60%	58	0.70%	96	2.0%	1,273
Hispanic/Latino	32.10%	5,418	2.80%	330	14.40%	1,699	3.10%	298	4.20%	576	13.0%	8,320
Native Hawaiian or Other Pacific Islander	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.0%	-
Other/Unknown	0.30%	51	0.90%	106	2.50%	295	1.00%	96	1.40%	192	1.2%	740
White	63.20%	10,667	91.20%	10,737	79.60%	9,393	92.30%	8,858	92.90%	12,739	82.2%	52,394
Total Race	100.00%	16,878	100.00%	11,773	100.00%	11,800	100.00%	9,597	100.00%	13,713	100.0%	63,761





Comparison of Demographics

	Comparison of Demographics									
US Census Bureau	South	oridge	Worcs	tr City	HMH PSA		Worcstr	County	State	of MA
	%	#	%	#	%	#	%	#	%	#
Gender										•
FEMALE	50.50%	8,523	50.90%	94,383	_ 53.0%	33,809	_	421,125	51.50%	3,549,639
MALE	49.50%	8,355	49.10%	91,045	46.97%	29,952	49.30%	409,497	48.50%	3,342,864
UNKNOWN		-		-	0.0%	-		-		-
Total Gender	100.00%	16,878	100.00%	185,428	100.00%	63,761	100.00%	830,622	100.00%	6,892,503
Age										
0-17	21.50%	3,629	21.00%	38,940	22.2%	14,174	21.20%	176,092	25.90%	1,785,158
18-64	62.50%	10,549	63.20%	117,190	62.5%	39,819	65.20%	541,566	55.00%	3,790,877
65+	16.00%	2,700	15.80%	29,298	15.3%	9,768	13.60%	112,965	19.10%	1,316,468
Unknown					0.0%					
Total Age	100.00%	16,878	100.00%	185,428	100.0%	63,761	100.00%	830,622	100.00%	6,892,503
Race										
American Indian or Alaska Native	0.40%	68	0.00%	-	0.2%	142	0.40%	3,322	0.00%	-
Asian	0.30%	51	1.30%	2,411	1.4%	892	2.70%	22,427	3.00%	206,775
Black or Africian American	3.70%	624	2.20%	4,079	2.0%	1,273	2.00%	16,612	0.60%	41,355
Hispanic/Latino	32.10%	5,418	14.40%	26,702	13.0%	8,320	2.80%	23,257	3.10%	213,668
Native Hawaiian or Other Pacific Islander	0.00%	-	0.00%	-	0.0%	-	0.00%	-	0.00%	-
Other/Unknown	0.30%	51	2.50%	4,636	1.2%	740	0.90%	7,476	1.00%	68,925
White	63.20%	10,667	79.60%	147,601	82.2%	52,394	91.20%	757,527	92.30%	6,361,780
Total Race	100.00%	16,878	100.00%	185,428	100.0%	63,761	100.00%	830,622	100.00%	6,892,503

☐ Worcester County is a proxy here for the total service area of UMMHC





Payor Mix

Hosptial Payor Mix bas	sed on GPS	R for FY20 (draft)						
		UMMHC	Harrington	UMMHC	Harrington				
Commercial Total		30.3%	26.9%	1,816,579,015	93,397,684				
Commercial PPO/Inc	demnity	3.2%	2.2%	191,338,366	7,663,173				
Commercial HMO/Po	OS	27.1%	24.7%	1,625,240,649	85,734,511				
Medicaid Total		24.1%	25.7%	1,443,372,065	89,192,952				
MassHealth FFS		17.6%	7.7%	1,054,433,953	26,796,082				
Managed Medicaid		6.5%	18.0%	388,938,113	62,396,870				
Medicare Total		42.1%	42.8%	2,525,646,686	148,599,147				
Medicare FFS		28.7%	24.9%	1,719,820,857	86,322,754				
Managed Medicare		13.4%	18.0%	805,825,828	62,276,393				
All other		3.5%	4.5%	207,135,937	15,729,084				
Subtotal Non-Commer	rcial	69.7%	73.1%	4,176,154,688	253,521,183				
TOTAL		100.0%	100.0%	5,992,733,704	346,918,867				
Managed Medicaid: Pr		-							
Managed Medicare: Private Medicare/Medicare Advantage									
All other: e.g. HSN, self	-pay, TriCa	ire							



UMass Memorial Medical Center and Harrington Memorial Hospitals Disease Prevalence

Data Source: OPA

Data Time Period: 01/2019 to 12/2019

Chronic Cond	itions Prevelence Rate										
Group	Population	Alzheim Disease, Prevaler	Dementia	1000		Asth		Atrial fibrillation Prevalence (%)	Cancer Prevalence (%)	Chronic Kidney Disease Prevalence (%)	
Medical Cente	Commercial Payer (BCBS, Tuft, HPHC& Falle	on)	0.9%		0.9%		10.5%	2.7%	5.0%	6.7%	
Medicare ACO			8.1%	8.1%		3.1%		16.7%	21.5%	32.3%	
	Commercial Payer (BCBS, Tuft, HPHC& Fall	on)	0.1%		0.6%		9.6%	1.4%	3.0%	4.3%	
Harrington	Medicare ACO		5.7%		2.7%		15.5%	16.1%	18.6%	28.8%	
Chronic Condit	tions Prevelence Rate										
Group	Population	COPD Prevalence (%	Depression Prevalence		Diabetes Prevalence		Heart Failure	100	nia Hypertension %) Prevalence (%	Ischemic heart disease 3) Prevalence (%)	
Medical Center	Commercial Payer (BCBS, Tuft, HPHC& Fallon)	3.8	%	15.2%		9.6%	2	3% 35.	5% 34.2	% 5.8%	
	Medicare ACO	19.4	%	33.2%	3	0.2%	16	.0% 83.	4% 84.8	% 30.2%	
	Commercial Payer (BCBS, Tuft, HPHC& Fallon)	3.3	%	12.1%		7.6%	1	.1% 26.	0% 22.6	% 3.3%	
Harrington	Medicare ACO	22.6	%	25.8%	3	0.4%	16	3% 77.	0% 74.1	% 25.8%	

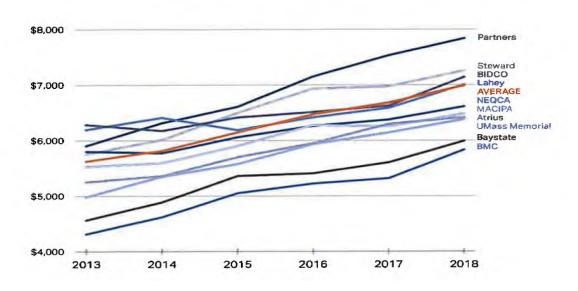


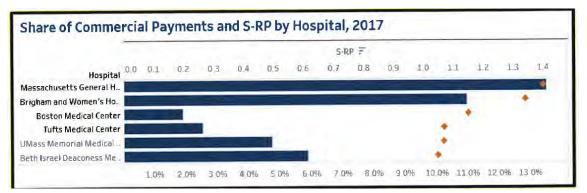
Source: Optum Performance Analytics January 2019 – December 2019



Total Medical Expense and Relative Price Peer Comparison

Total medical expenditures (unadjusted) per member by managing provider organization, 2013-2018





Source: Center for Health information & Analysis 2018 Cost Trend Report Chartpack



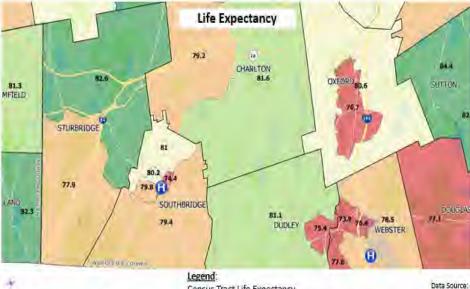
Life Expectancy

Difference of 11.1 years of life expectancy between 2 neighborhoods which are 2 miles apart



UMMHC: Downtown Worcester

Harrington's Primary Service Area



Source: USA Small Area Life Expectancy Project (USALEEP) - https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

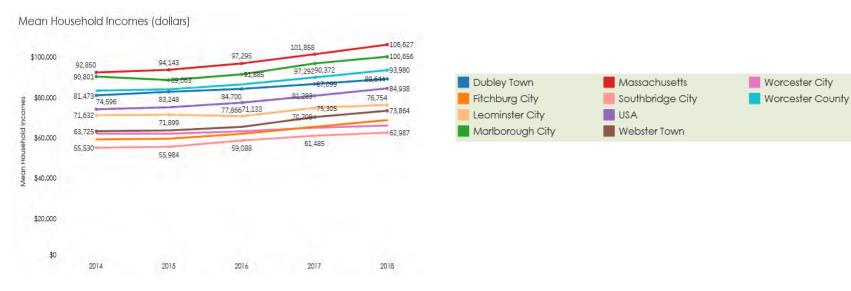


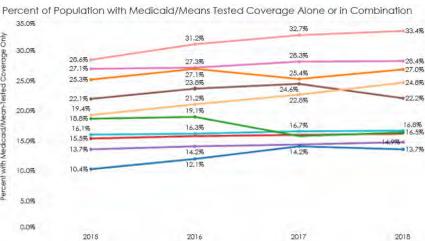
Census Tract Life Expectancy
78 80 81 82

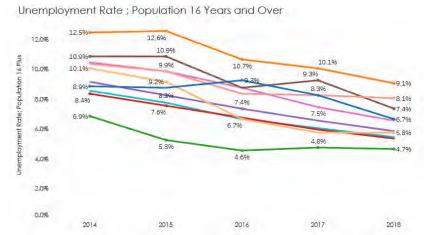




Quality of Life Measures







Source: American Community Survey (ACS) US Census Data 2014-2018

CDC Social Vulnerability Index Components

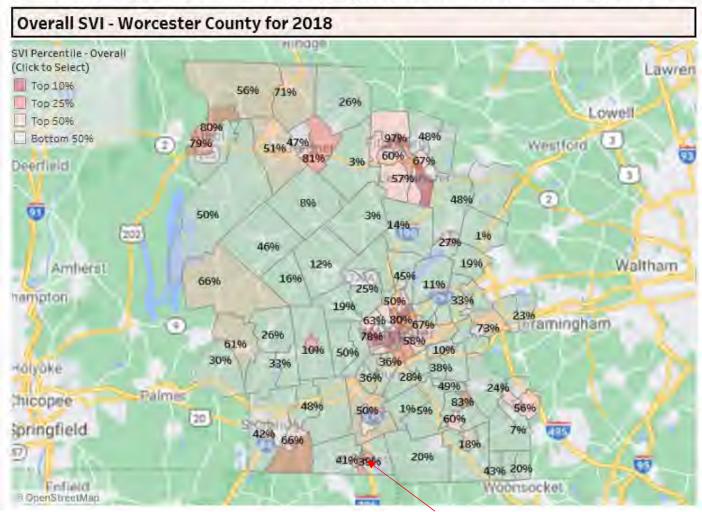
SVI Model Below Poverty Unemployed Socioeconomic Status Income Overall Vulnerability No High School Diploma Aged 65 or Older Household Aged 17 or Younger Composition & Older than Age 5 with a Disability Disability Single-Parent Households Minority Minority Status & Language Speaks English "Less than Well" Multi-Unit Structures Mobile Homes Housing Type & Crowding Transportation No Vehicle **Group Quarters**

Source: US Center for Disease Control (CDC)

Social Vulnerability Index – Worcester County

Percentile ranking values range from 0 to 100 percent, with higher values indicating greater vulnerability.

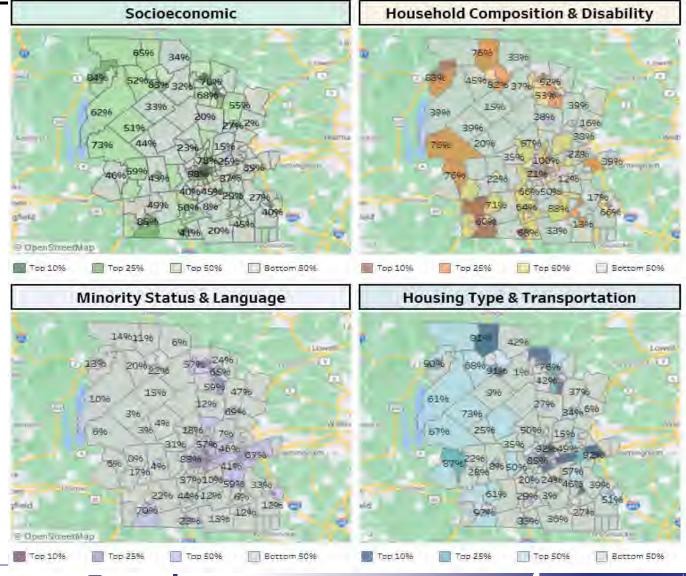
5-yr calculated estimate from the American Community Survey (ACS) 2014 - 2018 to determine the SVI for each theme and overall SVI.



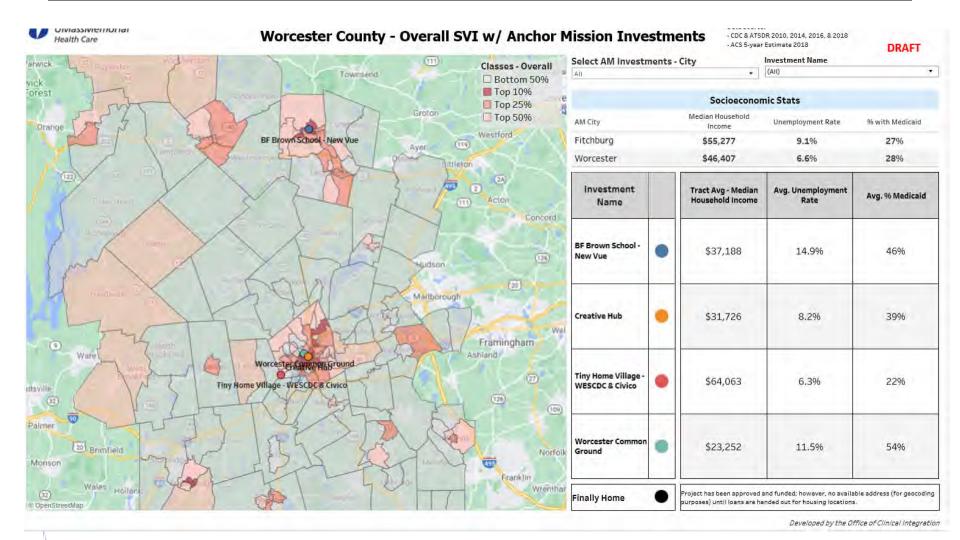
Source: US Center for Disease Control (CDC); UMMHC Office of Clinical Integration **Everyday.**

Harrington Service Area

Social Vulnerability Index Themes – Worcester County

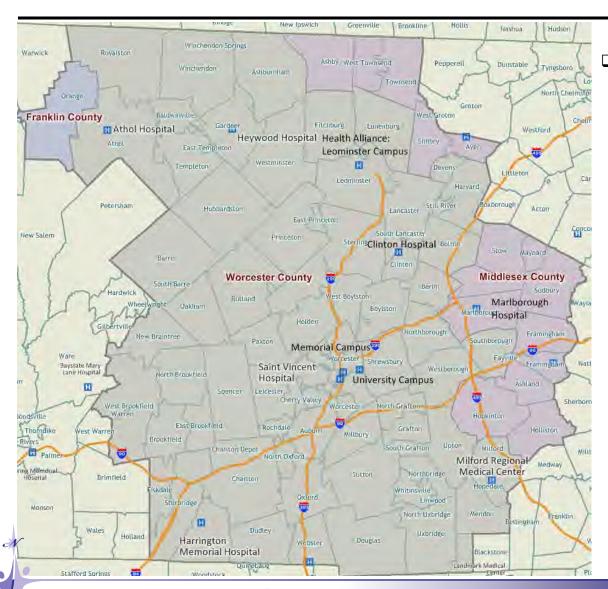


Anchor Mission Investments



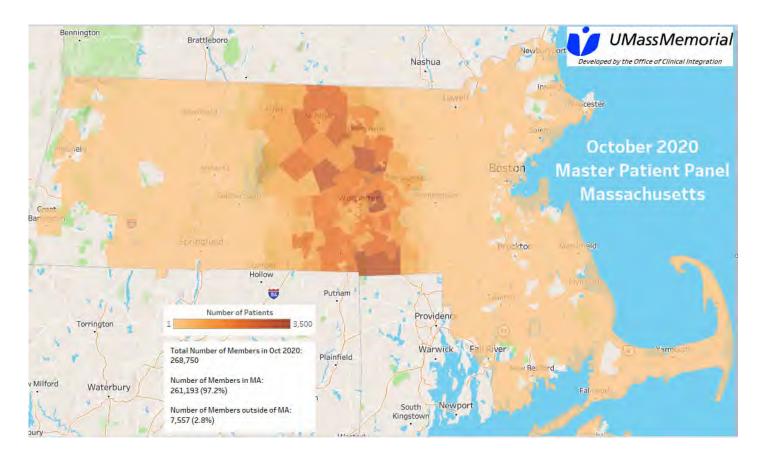
Source: UMMHC Office of Clinical Integration

UMMHC's Total Service Area Map



- □ As shown on the map, UMMHC's current service area includes a population of over 1 million:
 - all of Worcester County, except for the town of Blackstone,
 - plus the town of Orange in Franklin County, and
 - 14 of the towns in Middlesex County

UMMHC service area with patient populations served







FY19 to FY20 Payor Mix: Based on GPSR

	FY19 Total Payor Mix					FY20 Total Payor Mix						
	Medical	HealthAliance-					Medical	HealthAliance-				
	Center	Clinton	Marlborough	UMMHC Total	Harrington	Grand Total	Center	Clinton	Marlborough	UMMHC Total	Harrington	Grand Total
Payer Mix-List	•	•	•				•	•	•			
· Commercial												
If possible, by												
o Commercial PPO/Indemnity	2.8%	0.7%	1.4%	2.5%	2.6%	2.5%	3.6	% 1.0%	1.0%	3.2%	2.2%	3.1%
o Commercial HMO/POS	28.9%	25.8%	30.6%	28.7%	25.6%	28.5%	27.6	% 23.2%	27.5%	27.1%	24.7%	27.0%
· MassHealth	18.2%	13.0%	11.7%	17.4%	8.6%	16.9%	18.3	% 13.6%	13.0%	17.6%	7.7%	17.1%
· Managed Medicaid (Private												
Medicaid/Medicaid MCOs)	5.1%	7.9%	6.6%	5.4%	17.6%	6.2%	6.1	% 8.9%	8.3%	6.5%	18.0%	7.1%
· Commercial Medicare (Private												
Medicare/Medicare Advantage)	11.8%	18.9%	15.0%	12.7%	15.9%	12.9%	12.6	% 19.5%	15.6%	13.4%	18.0%	13.7%
· Medicare FFS	29.1%	29.7%	29.8%	29.2%	26.4%	29.0%	28.5	% 30.0%	29.7%	28.7%	24.9%	28.5%
· All other (e.g. HSN, self-pay, TriCare)4.1%	3.9%	4.8%	4.1%	3.2%	4.1%	3.3	% 3.9%	4.9%	3.5%	4.5%	3.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0	% 100.0%	100.0%	100.0%	100.0%	100.0%







Compassionate Quality Care



The Clinical Partner of UMass Medical School

2016 Vision 20/20

2018 Strategic Cmte. 2019 RFP Process 2020 LOI & DA

- Service Eliminations
- BRG Initiatives
- Personnel Restructuring
- 4 HHCS Executive Leaders
- 7 Board Members
- 2 Consultants
- 1 Attorney

- 11 RFP's Distributed
- Responses Received
- Presentations
- Negotiations
- Recommendation to the Board

Propose the best way to position Harrington HealthCare for strength and success in the next 10 years and beyond.



- 10 Year Acute Care Hospital commitment
- Provider commitment (transitioning to CMG from HPS after year 1)

Strengthen the **reputation** of Harrington HealthCare System and its affiliated healthcare providers within these communities

• Joining UMass Memorial as the premier health care system in the Northeast

Manage the **health of the population** in those communities in an **accessible**, **effective** and **cost efficient** manner and bring the maximum community benefit resources to the Harrington HealthCare System service area

• Continued progress and expansion of the PHO through UMass Population Health efforts & MCN

Maintain and upgrade capital as needed, including facilities, equipment and technology required to achieve Harrington HealthCare System's mission

- EPIC Update
- Substantial Capital investment guaranteed over the next 5 years

Sustain the long term viability of the organization including **employment**

- No foreseeable changes to employment
- Intention to maintain HHCS status quo



Additional Community Commitment through the Anchor Mission Program providing micro-financing to help improve the health and welfare of our community beyond the hospital's walls.

Office of the Board of Selectmen Webster Town Hall 350 Main Street Webster, MA 01570

Randall V. Becker Chairman Donald D. Bourque, Vice-Chairman Andrew Jolda, Secretary Lisa Kontoes Earl Gabor Phone: (508) 949-3800 x 1041

Fax: (508) 949-3888

selectmen@webster-ma.gov

BOARD OF SELECTMEN REGULAR SESSION MEETING MINUTES Monday, March 23, 2020 6:00 P.M.

Selectmen's Meeting Room
Webster Town Hall, 350 Main Street, Webster, MA
via conference call in accordance with Governor Baker's
emergency "Order Suspending Certain Provisions of the
Open Meeting Law, G.L. c. 30A, §20
6:00 p.m.

MEETING OPENING: At 6:01 p.m., Chairman Becker called the meeting to order in the Selectmen's Meeting Room, Webster Town Hall, 350 Main Street, Webster, MA. The following individuals were present: Chairman Becker, Selectman Don Bourque (via conference call), Selectman Andrew Jolda, Selectman Lisa Kontoes (via conference call), Selectman Earl Gabor (via conference call), Board of Health Agent Jennifer Sullivan, Harrington Hospital CEO Ed Moore, Representative Joseph McKenna, Town Administrator Doug Willardson, Attorney Jim Mclaughlin (via conference call), Attorney William Mackinnon (via conference call), Attorney Andrew Weiner (via conference call), Attorney Brian Maser(via conference call), and Executive Assistant Courtney Friedland, (via conference call). The Board stood and took the Pledge of Allegiance.

Chairman Becker stated on March 12, 2020, Governor Baker issued an Executive Order modifying certain requirements of the Open Meeting Law, to enable public bodies to carry out their responsibilities while adhering to public health recommendations regarding social distancing. The Executive Order relieves public bodies from the requirement in the Open Meeting Law that meetings be conducted in a public place that is open and physically accessible to the public, provided that the public body makes provision to ensure public access to the deliberations of the public body through adequate, alternative means.

COVID-19 UPDATE: Chairman Becker stated the Board of selectmen's Meeting will not have any public comment. He stated the meeting is being recorded and will be put on YouTube within the next couple of days. He stated Representative Joe McKenna and Harrington Hospital CEO and Ed Moore were connected remotely. He thanked Mr. Moore for Representative McKenna for joining the meeting. Mr. Moore thank the Board of Selectmen for inviting him. He stated Harrington Hospital has ramped up its efforts within the last three to four weeks to combat the COVID-19 virus. He stated they have put many things in place for the safety of their staff and the public. He stated he feels as though they are currently

in a good spot. He stated within the next couple of weeks patients entering the healthcare system will increase. He stated they are putting out daily communication will all of their staff and have implemented a comment center. He stated they are keeping an eye on protective equipment for staff and spreading the word to stay home and flatten the curve. He stated they have put two screen tents into place in Southbridge and Webster. These tents are located in their parking lot. He stated staff is prepared to protect themselves. He stated the only entrance currently open at Harrington Hospital is their Emergency Room entrance. He stated they have reduced visitors, canceled elective surgeries and reduced essential surgeries to one to two a day. He stated they established a hotline that is open from 8:00 a.m. to 4:30 p.m. for anyone that has questions and is experiencing systems. He stated they received many PPE (personal protection equipment) donations. He stated a local bank donated \$50,000 towards the fight against the virus. He stated they have also reduced the volume of staff in the doctor's offices to protect staff. He stated Harrington Hospital testing 56 people, 2 were confirmed positive and are currently in ICU, 33 came back negative and 21 are pending results. He stated they will be receiving several small machines that will be arriving in one week. These machines will provide testing for the virus with a turnaround of 45 minutes for results. He stated this will be used to testing symptomatic people. He stated he they have been working closely with Congressman Neil. Mr. Moore stated the main "DO" was to stay at home. If you have symptoms, you should stay at home and contact your primary care physician. He stated symptoms often resemble the flu. COVIS-19 symptoms are temperature over 100.4, cough, and cold. He advised people to call ahead before heading to the hospital. He stated they are making every effort to save the PPE for patients who are critically ill and can't self-quarantine at home. He stated he appreciates all of the support they have received from the public. He stated they are looking at their workforce and managing the exposure level of their employees. He thanked the State for making daycare available to workers. Selectman Gabor asked the bed capacity they currently have. Mr. Moore stated they currently have two floors, with 25 beds available for COVID-19 patients. He said they also have 6 additional beds in IUC, 10 beds in pediatrics, and 11 beds in OB that can also be used. He stated UMass has a bunker they are putting together and Harrington Hospital will work closely with them. He said they are increasing venerators in anticipation of an influx. Mrs. Sullivan stated Mr. Moore and their Infectious Diseases Control Department have been excellent. She said they have been keeping her up to date. Selectman Kontoes asked Mr. Moore if he could explain to the public what "stay at home" means. Mr. Moore stated it means don't leave your house. If you need to leave your house stay 6ft away for another person. Social distance yourself. These are important things to do in the next two to three weeks. He said the virus is everywhere. The key is to do everything possible to stay at home. He asked everyone to take it seriously. He said this will stop the spread of germs and will have a long-term effect on fighting this virus. He said there will be casualties in the healthcare system. He said there will be challenges meeting payroll. He said they are dedicated to serving the community. He said we need to fatten the curve. Chairman Becker also reminded everyone to have good hygiene. He said individuals may be infected but show no symptoms. These people could spread it to others that are compromised. He thanked Mr. Moore for all of this important information.

Mr. McKenna thanked the Board for inviting him. He said the situation is changing rapidly. He stated the State did not mandate the shelter in place but did advise everyone to stay at home. He advised everyone to stay at home. He said essential businesses will remain open. Grocery stores, pharmacies, businesses to keep the houses running and vehicles running, supply chains and restaurants for takeout will remain open. He stated the State has adjusted the week requirement to file unemployment. He said residents can file immediately. He stated they have a very high volume of claims. He said they received more claims than January and February combined. He said thousands of claims are being processed. He said they approved an Economic Disaster Area loan for small businesses and non-profits. This is emergency funding that provides low-interest loans to small businesses. He said self-employed are not

eligible for unemployment. He said the Legislature currently has 20 bills filed within the last week. He said they will release \$8,500.00 in emergency funding for the Board of Health to use during this time. Chairman Becker stated the town will put links to the website where small businesses can get information on the low-interest loans. Selectman Kontoes asked if the State will make the shelter in place mandatory. Representative McKenna stated he believes this is as far as the Governor is going to go. He said this could change but from the conversations, he been in with him he is not looking to make it mandatory. Selectman Jolda asked if the Department of Education has issued any information regarding the remainder of the school year. Representative McKenna stated he received an email before the meeting but did not have time to read it. He said he will forward that email to the Board. He said he was aware that the school year will not continue beyond June. Chairman Becker stated the information provided should be taken seriously. He said the Board will continue to meet via conference call. He advised residents not to leave their house and to continue social distancing. He advised the resident to stay away from elderly relatives to keep them safe. Mr. McAuliffe stated there are currently four confirmed cases of the COVID-19 virus in Webster. He stated they are all in one family and are currently being guarantined. He stated Town Hall offices are closed and employees are working remotely from home.

Ed Moore, Representative McKenna, and Jennifer Sullivan left the meeting.

REVIEW AND APPROVE BOND RESULTS: Mr. McAuliffe stated the town refinanced the bonds for the Town Hal heating system, Highway Department vehicles, Fire Department equipment, and permanent borrowing for the water filtration plant.

Motion by Selectman Jolda, seconded by Selectman Bourque, I, the Clerk of the Board of Selectmen of the Town of Webster, Massachusetts (the "Town"), certify that at a meeting of the board held March 23, 2020, of which meeting all members of the board were duly notified and at which a quorum was present, the following votes were unanimously passed, all of which appear upon the official record of the board in my custody:

<u>Voted</u>: That in order to reduce interest costs, the Treasurer is authorized to issue refunding bonds, at one time or from time to time, pursuant to Chapter 44, Section 21A of the General Laws, or pursuant to any other enabling authority, to refund all or a portion of the Town's \$10,576,000 General Obligation Bonds dated March 1, 2007, maturing on and after March 1, 2021, (collectively, the "Refunded Bonds") and that the proceeds of any refunding bonds issued pursuant to this vote shall be used to pay the principal, redemption premium and interest on the Refunded Bonds and costs of issuance of the refunding bonds.

<u>Further Voted</u>: that the sale of the \$4,305,000 General Obligation State Qualified Municipal Purpose Loan of 2020 Bonds of the Town dated April 3, 2020 (the "Bonds"), to Piper Sandler & Co. at the price of \$4,531,460.90 and accrued interest, if any, is hereby approved and confirmed. The Bonds shall be payable on March 1 of the years and in the principal amounts and bear interest at the respective rates, as follows:

		Interest			Interest
<u>Year</u>	<u>Amount</u>	<u>Rate</u>	<u>Year</u>	<u>Amount</u>	<u>Rate</u>
2021	\$715,000	5.00%	2025	\$585,000	4.00%
2022	625,000	5.00	2026	580,000	3.00
2023	640,000	5.00	2027	565,000	3.00
2024	595,000	4.00			

<u>Further Voted</u>: that in connection with the marketing and sale of the Bonds, the preparation and distribution of a Notice of Sale and Preliminary Official Statement dated March 10, 2020, and a final Official Statement dated March 19, 2020, each in such form as may be approved by the Town Treasurer, be and hereby are ratified, confirmed, approved and adopted.

<u>Further Voted</u>: to authorize the execution and delivery of a Refunding Escrow Agreement to be dated April 3, 2020, between the Town and U.S. Bank National Association, as Refunding Escrow Agent. <u>Further Voted</u>: that the Town Treasurer and the Board of Selectmen be, and hereby are, authorized to execute and deliver a continuing disclosure undertaking in compliance with SEC Rule 15c2-12 in such form as may be approved by bond counsel to the Town, which undertaking shall be incorporated by reference in the Bonds for the benefit of the holders of the Bonds from time to time.

<u>Further Voted</u>: that we authorize and direct the Town Treasurer to establish post issuance federal tax compliance procedures and continuing disclosure procedures in such forms as the Town Treasurer and bond counsel deem sufficient, or if such procedures are currently in place, to review and update said procedures, in order to monitor and maintain the tax-exempt status of the Bonds and to comply with relevant securities laws.

<u>Further Voted</u>: that each member of the Board of Selectmen, the Town Clerk and the Town Treasurer be and hereby are, authorized to take any and all such actions, and execute and deliver such certificates, receipts or other documents as may be determined by them, or any of them, to be necessary or convenient to carry into effect the provisions of the foregoing votes.

I further certify that the agenda for the meeting, a copy of which is attached hereto, was posted on the bulletin board of the town at least 24 hours before the meeting in compliance with Section 7-9(b) of the Town Charter.

I further certify that the votes were taken at a meeting open to the public, that no vote was taken by secret ballot, that a notice stating the place, date, time and agenda for the meeting (which agenda included the adoption of the above votes) was filed with the Town Clerk and a copy thereof posted in a manner conspicuously visible to the public at all hours in or on the municipal building that the office of the Town Clerk is located or, if applicable, in accordance with an alternative method of notice prescribed or approved by the Attorney General as set forth in 940 CMR 29.03(2)(b), at least 48 hours, not including Saturdays, Sundays and legal holidays, prior to the time of the meeting and remained so posted at the time of the meeting, that no deliberations or decision in connection with the sale of the Bonds were taken in executive session, all in accordance with G.L. c.30A, §§18-25, as amended. Call Vote: Selectman Gabor – yes, Selectman Kontoes – yes, Selectman Jolda – yes, Selectman Bourque – yes and Chairman Becker – yes.

<u>SEASONAL LIQUOR LICENSE RENEWAL – WATERFRONT MARY'S:</u> Mr. McAuliffe stated Waterfront Mary's is currently in the process of applying for her year-round license, but in the meantime would like to renew her seasonal license so that she would be able to open when the State lift the prohibition of pouring alcohol in establishments that are licensed.

Motion by Selectman Jolda, seconded by Selectman Kontoes, to approve the 2020 seasonal liquor license renewal for Waterfront Mary's, 103 Birch Island Road, Webster with the provisions she complies with the State restrictions on serving alcohol.

Call Vote: Selectman Gabor – yes, Selectman Kontoes – yes, Selectman Jolda – yes, Selectman Bourque – yes and Chairman Becker – yes.

ACCEPT TECHNICAL CORRECTIONS – ROSE ROOM: Mr. McAuliffe stated the Joint Committee on Consumer Protection and Professional Licensure has some technical changes for the proposed liquor license at the Rose Room, 4 East Main Street, Webster.

Motion by Selectman Jolda, seconded by Selectman Bourque, to approve the technical corrections submitted by the Joint Committee on Consumer Protection and Professional Licensure regarding the Rose Room, 4 East Main Street, Webster, liquor license.

Call Vote: Selectman Gabor – yes, Selectman Kontoes – yes, Selectman Jolda – yes, Selectman Bourque – yes and Chairman Becker – yes.

EXECUTIVE SESSION: At 6:57 p.m.,

Motion by Selectman Becker, seconded by Selectman Jolda, to discuss strategy with respect to collective bargaining or litigation if an open meeting may have a detrimental effect on the bargaining or litigating position of the public body and the chair so declares.

o Ralph v. Town of Webster, et al

Call Vote: Selectman Gabor – yes, Selectman Kontoes – yes, Selectman Jolda – yes, Selectman Bourque – yes and Chairman Becker – yes.

ADJOURN: At 7:52 p.m.,

Motion by Selectman Jolda, seconded by Selectman Bourque, to adjourn. Call Vote: Selectman Gabor – yes, Selectman Kontoes – yes, Selectman Jolda – yes, Selectman Bourque – yes and Chairman Becker – yes.

Respectfully Submitted,
Courtney M. Friedland, Executive Secretary to the Board of Selectmen



Fwd: Monday's Zoom

1 message

CHVIEK, ANGELA <achviek@harringtonhospital.org>
To: "MOORE, ED" <emoore@harringtonhospital.org>

Fri, Jun 5, 2020 at 2:57 PM

Here's the scoop on Monday's meeting with the Greater Worcester Community Foundation. I was curious too!! - Ange

----- Forwarded message ------

From: Jonathan Cohen <jcohen@greaterworcester.org>

Date: Fri, Jun 5, 2020 at 1:32 PM Subject: Re: Monday's Zoom

To: CHVIEK, ANGELA <achviek@harringtonhospital.org>

I am happy to fill you in! But stay calm! No one is in trouble!

It's a straight "get to know you" meeting. In her now 10 months at the foundation...

- Barbara has met with heads of Family Health Center of Worcester and Edward M. Kennedy CHC, and gotten tours. (Remember when that was a thing?) and
- been talking a lot with staff and lay leaders about how best to increase our involvement in South County given the widespread need down there.

After talking so much about Harrington in the context of this granting, she (and me, too) realized she just needed to know more about the big picture of health care for low-income folks in South County, what are your unique issues/challenges (eg FHCW and EMK serve an urban population, heavy with immigrants, etc - stuff y'all know).

So, sure, say thank you for helping secure some grant dollars. But then Ed should talk big picture, local population health, your unique challenges/needs, your local key partners, etc. (Pro Tip: Be sure to hit on any behavioral health efforts, and any special efforts for non-English speakers - and have the numbers/percentages to share.)

Good? I think I just laid out the whole outline - but give it your local flair!

Jonathan Cohen, MA/MSW Program Officer, Greater Worcester Community Foundation jcohen@greaterworcester.org

On Jun 5, 2020, at 6:57 AM, CHVIEK, ANGELA <achviek@harringtonhospital.org> wrote:

Hey there - Happy Friday

I'm wondering if you can fill me in ... is it safe to assume that Monday's zoom meeting is in regards to the most recent funding that we worked on?

Ed was asking and I'd like to be able to brief him prior about what the meeting is in regards to if possible.

Thanks so much!!

Angela Chviek, MBA, CMA (AAMA)

Director, Strategic Planning, Communication & Development

Harrington HealthCare System

100 South St, Southbridge, MA 01550

o: 508-765-3029 f: 508-764-2461

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please notify the sender upon receipt by replying to this message or calling and immediately delete or destroy the material. Thank you.

-

Angela Chviek, MBA, CMA (AAMA)

Director, Strategic Planning, Communication & Development

Harrington HealthCare System 100 South St, Southbridge, MA 01550 o: 508-765-3029 f: 508-764-2461



CHNA Presentation

Created by: trentas@harringtonhospital.org

Time

9am - 10am (Eastern Time - New York)

Guests

- ✓ CHRISTOPHER CANNIFF
- ✓ THAIS RENTAS

Date

Wed Oct 21, 2020

Description

Jasmin Rivas is inviting you to a scheduled Zoom meeting.

Topic: CHNA5 Annual Meeting

Time: Oct 21, 2020 09:00 AM Eastern Time (US and

Canada)

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- +1 646 558 8656 US (New York)
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My Notes

Last First Business/ (residence location)
Adamopoulos Nick Attorney- Webster (Webster)

Bates Ken Open Sky President & CEO- Worcester

Beaudry Ann Harrington Quality Dept Director- (Sturbridge)

Becker Randy Retired: Commerce Insurance/ Webster Selectman (webster)

Bibeau Timothy Judge: Westboro (Worcester)
Bostek Kristine Fallon Healthplan (residence)

Boyd Deb Tantasqua: Business. & Finance - Fiskdale (Fiskdale)

Campbell Tameryn Overlook Masonic Home CEO- Charlton (RI)

Michael Caplette Southbridge Lawyer (Sturbridge) Robert Caprera Southbridge Lawyer (Southbridge) Charette Kathleen RN, Tantasqua High School (Sturbridge) Clarke Hamer Retired Southbridge DPW - (Southbridge) Clemence Denise Former Southbridge town council (southbridge) Coderre Joseph Retired; former bank President (Sturbridge) Collazo Lismarie Southbridge Credit Union (Southbridge) Michael Lawyer- Southbridge (Southbridge) Colognesi Colognesi Theresa Retired: Savers Bank (Southbridge)

Cournoyer Jonathan Big Bunny- Local Southbridge Grocery Store (Southbridge)

Desautels Diane Lawyer-Southbridge (Sturbridge)

Detarando Anthony J. Incom- Charlton(Webster)

Devine, MD Martin Physician - Charlton (Woodstock)

Dingui Jose Southbridge Police Dept-. Deputy Chief- Woodstock

Engel Michael retired from Flexcon- Spencer (Spencer)

Faust, MD James Physician - Charlton

Favreau Connie Former President HMH Auxiliary (Dudley)

Gomez-Vargas Roxana Southbridge Senior Center (Dudley) and Catholic Charities

Gunnell Susan Cornerstone Bank EVP (Charlton)

Holm Liisa Marsh & McLennan Sr. VP (Brookfield)

Knight Robert Retired; Community & Govt relations chair (Sturbridge)

LeBlanc Cheryll Fairway Mortgage (Oxford) LeDuc Kristina Nichols College (Dudley)

LeDuc Pam (Southbridge)

Mangion Richard Former CEO of Harrington (Sturbridge)

Mayotte Kristen You Inc. (Dudley)

McGlone J. Michael Local Contractor (Sturbridge)

McNitt Alexandra Chamber of Commerce, Exec. Dir (Brimfield)

Moore Edward Harrington CEO (CT)
Morrison Laurance retired (Sturbridge)

Muenzberg Robert McGrath Insurance- (Sturbridge)

O'Brien Michael Galaxy Development, Principal (Webster)
O'Coin Mary United Way Exec. Director (Sturbridge)

Palmerino Mark CCR Wealth Mgmt- (Webster)
Peppel Alan Dexter Russell- (Sturbridge)

Pettinelli Philip Retired, Savings Bank (Southbridge)

Rios Severina Retired School teacher/Community Volunteer (Southbridge)

Robbins Michael Cornerstone Bank

Santolucito, MD Paul Physician- Southbridge (Paxton)

Smith Kevin (Sturbridge)

Stagias, MD John Physician- Southbridge (Sturbridge)
Stanley, DMD Natalie Dentist-Southbridge (Northbridge)

Thebodo Steve (Leicester)

Tiberii, DMD Dewey Dentist- Southbridge (Southbridge)

Vairo Kathy Former Auxillary President (southbridge)

Vairo Ronald Financial Advisor (southbridge)
Waddick James Retired United Lens- (Sturbridge)

Proud to Be an Anchor Mission Institution

We're committed to improving the overall social and economic health of our community members beyond our hospitals' walls.









Anchor Mission Institutions Leverage Their:



Economic Power





Human and Intellectual Resources



To Achieve:

Improved Mental, Physical and Financial Health of Our Community

Our Anchor Mission Is Made Up of Four Pillars:



Investing



Purchasing



Hiring



Volunteering





We're Committed to Investing

We're redirecting \$4 million from our long-term investment portfolio to invest instead in local partnerships that work toward improving the overall health and wellness of our community.



We're Committed to Hiring

We're finding ways to ensure that the employees we hire reflect the broad diversity of our community.









We're Committed to Purchasing

We're supporting local businesses by buying locally whenever we can, with a particular focus on addressing areas of social disadvantage or inequality within our community.



We're Committed to Volunteering

We'll offer volunteer opportunities within our community, where our employees can get involved and contribute to the mission of our organization.







Anchored 1 in Our Community

UMass Memorial Health Care – committed to improving the environmental, financial and physical health of the people of Central Massachusetts.

FROM THE DESK OF ERIC DICKSON, MD

President, UMass Memorial Health Care



In February 2017, UMass Memorial Health Care began a journey toward becoming an Anchor Mission Institution. While this terminology may be different, the premise behind it and work supporting it aren't new to us at all. For decades, staff members in our Community Benefits Department have been doing yeoman's work to improve our community's health beyond our hospitals' walls. They've identified barriers to health and connected community members to those services – all in an effort to make their lives a bit better.

So, are we relabeling this work as Anchor Mission? Good question. The answer is, no. Our community benefits work will continue, and our Anchor Mission work will develop over time. The concepts are similar, but under Anchor Mission, the scale of work is about to expand. As an Anchor Mission Institution, we'll use our economic power, combined with our human and intellectual resources, to leverage other opportunities and support sustained improvements in the social determinants of health needs in our communities.

The Anchor Mission is comprised of four pillars: **investing** – devoting 1% of our portfolio (\$4 million) to initiate local projects to improve the welfare of our community; **hiring** – identifying opportunities to ensure our employee profile is reflective of our community; **purchasing** – supporting local businesses by buying locally whenever we can; and **volunteering** – offering volunteer opportunities where our employees can get involved and contribute to the mission of our organization outside of their traditional roles.

Our subcommittees are making great strides in getting this work underway. This quarterly newsletter will serve to provide updates on where we are and where we're going. And to start, we're kicking it off with a snapshot of where we've been through our outstanding community benefits efforts.

I hope you'll join me in participating in this great work that will broaden and deepen the impact that UMass Memorial has in our communities. •

June, 2019

ANCHOR MISSION STEERING COMMITTEE

CO-CHAIRS

Douglas Brown

President, UMass Memorial Community Hospitals and Chief Administrative Officer

Cheryl Lapriore

Senior Vice Pres' tt, Chief of Staff,
Chief Market' icer,
and Presid lass Memorial
Health V

♦ COMMU. (BENEFITS : :PARTMENT

Monica Lowell

Vice President, Office of Community Health Transformation/Community Benefits

QUESTIONS/COMMENTS

To provide feedback or request more information, email communications@umassmemorial.org.



EDUCATION IS POWER FOR MARLBOROUGH HOSPITAL COMMUNITY

"The sustainability and the future of this region is dependent on our community members having access to resources that improve their health," explained Ellen Carlucci, vice president, Development and Marketing and Communications Department at UMass Memorial – Marlborough Hospital. "We're talking about things many of us take for granted like jobs, housing, access to health care, and the ability to live actively and maintain our health as we age."



Pictured left to right: Senator Jamie Eldridge with UMass Memorial – Marlborough Hospital employees Rachel Laflash, lead clinical lab associate, Laboratory Services; Paul Riggieri, associate vice president, Diagnostic Imaging Department; Annette Casco, associate vice president, Rehabilitation Services and Endoscopy Services; Monica Denny, coordinator, Marketing and Communications Department, and Ellen Carlucci, vice president, Development, Marketing and Communications Department.

For the past three years, Marlborough Hospital has been concentrating their community benefit efforts on areas such as mental health awareness, substance abuse, access to health care, overall health and wellness, and healthy aging – areas identified as top priorities following their last Community Needs Assessment.

One example of their efforts was their recent participation in the 37th Annual Senator Eldridge Senior Conference, held at Assabet Valley Regional Technical High School. This is a community education program that offers seniors from the region an opportunity to interact with members of the hospital staff who were on hand to offer free cholesterol and glucose screenings. Clinical staff also provided attendees with health information and materials pertinent to seniors, such as health care proxy forms, Files of Life, wallet-sized medication recorders, pill boxes to help keep medications organized, and information on stroke, cholesterol and healthy eating.

"Participation in programs of this kind allow us to connect with a subset of our population that may otherwise not have the means to access our services," said Ms. Carlucci. "Education is power, so we believe giving seniors the tools they need will put them on the path to better health."

Earlier this year, the hospital once again collaborated with the MetroWest Health Foundation, Community Health Coalition of MetroWest (CHNA-7), Framingham Board of Health, Hudson Board of Health and MetroWest Medical Center to conduct their next Community Needs Assessment. The results will be shared with regional stakeholders in the fall of 2019.

INTERNSHIPS SUPPORT FUTURE WORK AND WELLNESS

The sight of a familiar face in the hallways of UMass Memorial HealthAlliance-Clinton Hospital always brings joy to Rosa Fernandez-Penaloza, director, Community Health and Volunteer Services. It's especially gratifying when a former participant in the hospital's Youth Development Health Training Internship Program greets her sporting their UMass Memorial employee badge. This is proof positive that the career development program is achieving its goal.

"It's so rewarding to see this outcome," said Fernandez-Penaloza. "We are making investments in people now to have a healthier community over the long run."

The summer internship program exposes local high school seniors who are graduating and enrolled in an undergraduate program, as well as enrolled undergraduates, to potential careers in health care and fostering workforce development.



"Research shows that if students succeed in school, and gain job opportunities and economic advancement, they have better health outcomes as adults," Fernandez-Penaloza explained.

Students work alongside health care professionals in roles from patient care to engineering to finance and legal

services. According to Fernandez-Penaloza, "Students start out saying they want to be doctors or nurses, then they become intrigued by all the departments that, together, provide care."

Pam MacDonald, senior organizational development specialist in Human Resources plays a role in ensuring career interests and organizational needs are matched.

"We discuss all that we can involve the interns in, such as leadership meetings, rounding and continuous process improvement," MacDonald explained. Interns also help staff the golf tournament that funds the program, so they see firsthand the connection between philanthropy and health care.

"At the end of program, a wrap-up session involves not only celebration but reflection on the past 10 weeks," said MacDonald, setting the stage for the next 29 interns, on their way to the hospital's hallways.

HOUSING DEVELOPER PARTNERS WITH UMASS MEMORIAL TO CREATE HEALTHY ENVIRONMENT FOR RESIDENTS

In 2018, Worcester ranked 11th highest in the country for estimated asthma prevalence, and asthma-related emergency department (ED) visits and fatalities, per the Asthma and Allergy Foundation of America. In an effort to address this long-existing issue, UMass Memorial Medical Center developed a Pediatric Asthma Home Visiting Intervention in 2013, with the goals of reducing asthma-related ED use and hospitalizations, and improving school absenteeism.

"Through our Pediatric Asthma Home Visiting Intervention, community health workers visit the homes of program participants to assess and address asthma triggers, and provide education to improve medication adherence," said Monica Lowell, vice president of the Office of Community Health Transformation/Community Benefits at UMass Memorial Health Care. Referrals also are made to our Medical-Legal Partnership to resolve home triggers requiring landlord responsibilities.

She shared, "Since the program was expanded citywide in 2014, more than 1,240 total home visits have been completed. And a study of 86 asthmatic children enrolled in two hospital-run programs addressing asthma challenges, showed a significant reduction in ED visits and hospital admissions between 2012 and 2015."

Upon learning about the success of the intervention program, Cambridge, MA-based affordable housing

developer, Homeowners Rehab Inc. (HRI), sought the partnership of the Medical Center as a means of incorporating asthma-friendly interventions into a new renovation project in Worcester. Joe Deignan, HRI director of community engagement, explained why. "We recently acquired our first development outside of Cambridge in Matheson Communities in Worcester. When HRI first came to Worcester we were surprised by how many residents at the property reported having asthma and other respiratory issues.

"While HRI is focusing on physical renovation of the building, we also wanted to reach out to the residents of Matheson Communities directly with relevant information and assistance to address air quality and increase the overall health of residents. We looked for local partners to help us with interventions, and we were lucky enough to find the UMass Memorial program."

♦ A 'GUARANTEE' FOR HOUSING AND HEALTH

It may seem unusual for a health care system to invest in new cruction, but UMass

Memorial caregorian firsthand the impacts on a patient's health with they are homeless or living in unstable housing.

As part of its Anchor Mission objective to address social determinants of health, including deficient housing, UMass Memorial is ir

Worcester initiative to build 1(
homeless individuals and fami
is providing \$500,000 to the Ft
minimize risk for the banking in the program.

"This is a targeted investment" our local efforts to improve housing for low-income residents," said Robert Feldmann, vice president of finance and corporate controller at UMass Memorial and chair of its Anchor Mission Investment Co. "It's just one effort of a \$4 million fund UM. Memorial has established to support various organizations dedicated to improving health in economically challenged areas throughout Central Massachusetts."

Learn more about this Anchor Mission project in a future newsletter.

COMMUNITY SNAPSHOTS

SAFE SUMMER FUN DAY CELEBRATES 21 YEARS -

Saturday, June 1 marked the 21st Annual Safe Summer Fun Day (SSFD) at **UMass Memorial – Marlborough Hospital**. This long-running event attracts between 1,500 and 2,000 community members to Marlborough Hospital each year and offers parents a fun and engaging way to start conversations around safety with their children – covering topics like bicycle and sun safety and everything in between!



Pictured, Kavita Babu, MD, emergency medicine physician and toxicologist, talks with visitors about how to identify dangerous chemicals in the home.



CARE MOBILE IS ON A ROLL – Established in 2000, the UMass Memorial Ronald McDonald Care Mobile provides medical and preventive dental services in 10 low-income neighborhoods and 20 inner-city elementary schools in Worcester, regardless of insurance status. Staff of the Care Mobile also assist patients with enrollment into a medical and dental home and connection to social support services. The program plays a critical role in addressing the high level of tooth decay due to a lack of fluoride in the City's water supply. Delta Dental of Massachusetts recently visited Abby Kelley Foster Charter Public School to present a \$15,000 donation toward the operation of the Care Mobile to the unit's staff and members of the Community Relations Department.

GROWING STRONGER – UMass Memorial HealthAlliance-Clinton Hospital partners with Growing Places to provide a place for patients, visitors and caregivers to visit and enjoy growing fresh vegetables on the hospital's **Fitchburg Campus**. The goal of the program is to get free produce into the hands of those community



members who
may not have the
ability or access to
purchase healthy
food for their
families. In addition,
the team hopes to
provide delicious
vegetables from
the gardens to the
hospital's cancer
patients in the
future.

Pictured left to right, Ayn Yeagle, executive director at Growing Places; and HealthAlliance-Clinton Hospital team members, Vicki Heinz, BSMT (ASCP), senior director, Clinical Support Services; and Jayne Kruszkowski, RACR, talent acquisition partner, Human Resources Department.

FESTIVAL FUN – In May, UMass Memorial HealthAlliance-Clinton Hospital held their annual Health, Wellness and Safety Festival where they saw more than 300 attendees! Co-hosted with Clinton Parks and Recreation this spring, each year the event rotates between the hospital's three campuses in Clinton, Leominster and Fitchburg. During the event, families are taught about everything from nutrition, cancer and radiology to Stop the Bleed tourniquet education, and more!

Pictured, Courtney
Larguinho, Melissa
DiLorenzo and
Sandy Saball, from
PT Plus, prepare to
educate attendees
about creative ways
to stay active, such as
swinging their arms
(over hand, under
hand); reaching;
and problem solving
during physical
activity.



♦ UMAS

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and 1,700 physicians, on
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programs, UMass Memorial del er

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or-profit health care system in Central Massachusetts with more than 13,000 employees he larges om are men. Jers of UMass Memorial Medical Group. Our member hospitals and entities include -Clinton F ital, UMass Memori Marlborough Hospi⁺ JMass Memorial Medical Center and [ealthli^r havioral health With our teach; search partner, the University of nd vascular, orthopedic and surgery rancer, di ur ex' v care net nd r Vis; rialhealthcare.org.

To find a physician in your community, call 855-UMASS-MD (855-862-7763). •

Anchored in Our Community

UMass Memorial Health Care – committed to improving the environmental, financial and physical health of the people of Central Massachusetts.

FROM THE DESK OF ERIC DICKSON, MD

President & CEO, UMass Memorial Health Care



One year into our commitment to Anchor Mission and our four pillars – local investing, hiring, purchasing and volunteering – are taking form and taking off, as you'll read in this issue. Making an impact on the social determinants of health (SDOH) is motivating our internal teams, and they're gaining inspiration from the community partners that have been tackling SDOH for years.

UMass Memorial employees have told me how appreciative they are to be included in our Anchor Mission work, and as one

said, "nothing has been as important" as this work. There's no doubt it will leave an indelible mark on us and our community. Yet, with such a rich history of outreach at our organization, what's different about Anchor Mission?

The answer is twofold: first, it's different in our effort to make this part of our strategy and consciously apply our long term economic and intellectual power to lift up our community; and second, it's different in our effort to specifically address chronic inequity in our community and the enormous impact that can have on health.

One way this inequity is measured is life expectancy. In Massachusetts, life expectancy at birth is 80.7 years, while in the entire United States, it's 78.5 years. But in Worcester, there can be a gap in life expectancy of over 11 years between different neighborhoods within the very same zip code! One Worcester neighborhood, for example, has a life expectancy of 71.6 years, which is lower than many third world countries, including Albania, Vietnam, Bangladesh and Libya. When people see these statistics that reflect the real lives of their neighbors, they are moved to make things right.

As members of the health care profession, we need a shift in mindset as we challenge ourselves to address the nonclinical factors that affect health. While our daily work is essential, it's a fact that the provision of health care services contributes only about 20% to an individual's health over their life. Social determinants of health, on the other hand – housing, food, transportation, education, employment, environment – contribute a remarkable 60% to one's health.

Inequities in all or any SDOH can literally cut a life span. Through our Anchor Mission work, we will work outside our hospital walls and within the areas around us to improve the SDOH for our neighbors living in these communities.

If you'd like to get involved in this work, please feel free to reach out to Doug Brown or Cheryl Lapriore. For those of you already involved, thank you for your commitment.

September, 2019

ANCHOR MISSION STEERING COMMITTEE

CO-CHAIRS

Douglas Brown

President, UMass Memorial Community Hospitals and Chief Administrative Officer

Cheryl Lapriore

Senior Vice Pres' it, Chief of Staff,
Chief Market' icer,
and Presid Iass Memorial
Health V

Monica Lowell

Vice President, Office of Community Health Transformation/Community Benefits

QUESTIONS/COMMENTS

To provide feedback or request more information, email communications@umassmemorial.org.



LOCAL, SUSTAINABLE HIRING STARTS WITH KEY POSITIONS

It was a busy summer for the UMass Memorial Health Care team dedicated to the Anchor Mission pillar, Local Hiring.

The team, co-chaired by Suzanne Stinson, associate vice president of budget, financial management and business development, and Alan Weston, vice president of human resources, hosted a planning summit with community employment partners and launched a pilot designed to start filling vacancies in five key positions within the organization by September 30.

"If we do the work upfront to match local residents to our entry-level positions and prepare them for success, they can grow into UMass Memorial"

The whirlwind of activity was well worth it. It signified the first phase in a mission to develop a pipeline of qualified staff, assist people in developing their career within UMass Memorial and work toward the long-term goal of shared prosperity. With the assistance of organizations including, Ascentria Care Alliance, MassHire, Worcester Adult Learning Center and Worcester Community Action Council, the team identified groups of potential employees – based on where they reside or their demographic group – and began to address the barriers that may hinder them from applying for or sustaining a position at UMass Memorial.

"Barriers like lack of transportation can dissuade potential applicants from even applying for the positions we're focused on filling," explained Stinson. "If we do the work upfront to match local residents to our entry level positions and prepare them for success, they can grow into UMass Memorial, bring continuity and help us continue to build an experienced, dedicated staff."

For each of the targeted positions – catering associate, driver/material handler, houseworker, patient equipment transporter, patient care assistant – the group asked essential questions and established steps to not only recruit an individual, but also ensure they realize the job satisfaction that promotes retention.

According to our hiring team, by answering these and other questions, performing "thorough candidate assessment and vetting, and offering appropriate preemployment training from both the community agencies and UMass Memorial," a sustainable, local hiring initiative is off to a strong start. •

BUYING LOCAL IS OUR POLICY

The Anchor Mission pillar, Local Sourcing, aims to create jobs and buying power in the communities UMass Memorial Health Care serves by increasing the organization's purchase of goods and services from local businesses that lift up areas affected by social disadvantage and inequality. The goal is to spur residents to put part of their new or increased earnings toward improving their health and wellness.

"This is redirecting our system's tremendous spend structure. We can change the flow of dollars back into our region so it can flourish," said Frank Smith, associate vice president and associate general counsel, who with Edward Bonetti, senior director of materials management, oversee the health care system's vendor contracting and co-chair the Local Sourcing team.

The team's first step is to establish a policy that outlines the processes and procedures that will drive the effort and encourage UMass Memorial employees and departments to learn about it, inform it and, ultimately, practice it. (See policy below.)

"The policy is general now because it's intended to establish a foundation to build on, to start our organization thinking about how we could do this," said Smith.

"At the same time, we're identifying and categorizing the goods and services that will have the most positive impact for our communities," said Bonetti. "So far, most are in scope, so that's many opportunities." •

POLICY

ANCHOR MISSION -LOCAL SOURCING AND PURCHASING



UMass Memorial Health Care has

made a commitment to support the community of the community

disa commun. r neighborhoods and/or suffering from we effects of pervasive inequality. This includes purchasing from small, minority-owned, women-owned and veteran-owned businesses. UMass Memorial Health Care will proactively support the growth of purchasing spend associated with the businesses that reside within the communities we serve.

FINANCIAL COUNSELORS HAVE PATIENTS COVERED, WITH CARE

UMass Memorial Health Care is committed to providing quality services to everyone, regardless of their financial situation. Our skilled team of financial counselors assist patients with limited or no health insurance, or low incomes, enroll in plans such as MassHealth and Connector Care. By working with these patients, the financial counselors play a vital role in helping a more vulnerable population gain access to health care.

"I love what I do as a financial counselor. I'm fulfilling my purpose in life, to help patients. It's so rewarding," said Luciana Kessler, a supervisor on the growing team of 30 financial counselors responding to the demand for their services and the growth of the health care system.

"On average, our financial counselors complete 1,085 health insurance applications for 2,060 people per month," Kessler noted.

Kessler described team meetings where manager, Denise Connolly, who joined UMass Memorial as its first financial counselor 30 years ago, reads the messages people send describing what a difference the counselors have made in their lives. A checklist of some of the team's responsibilities reveals why:

- Identify newly admitted patients that have no or limited coverage and bring applications to their hospital rooms; speak with social workers about patient needs. Do the same in emergency rooms.
- Work with case managers to ensure health insurance coverage prior to discharge so patients are better able to set up transportation and home health services.
- Respond to referrals of non-insured individuals from community organizations, MassHealth and word of mouth.
- Enroll patients who lose employer-provided insurance due to accident or illness for medication, specialist or treatment coverage.
- Volunteer at local free clinics to enroll insuranceeligible individuals and families.
- Check patients' outstanding balances; identify assistance programs to help them pay for past and future care.
- Connect with outpatient clinics to reduce the number of self-pay patients by enrolling them in coverage.
- Assist with applications for food assistance programs and follow-up materials enrollees receive.

GAINING HEALTH INSURANCE COVERAGE: INFORMATION AND RESOURCES

MASSACHUSETTS HEALTH CONNECTOR INFORMATION

Information and online application: www.mahealthconnector.org
Telephone: 877-623-6765

MASSHEALTH INFORMATION

Website: www.masshealthchoices.com Customer Service: 800-841-2900

UMASS MEMORIAL HEALTH CARE FINANCIAL COUNSELING SERVICES

Telephone: 508-334-9300

Central Business Office

306 Belmont Street, Worcester, MA 01604

Monday – Friday: 8 am – 4:30 pm

UMass Memorial HealthAlliance-Clinton Hospital Burbank Campus

275 Nic ols Road Fitchburg, MA 01420 Mor - Friday: 8 am – 4:30 pm

Un Iemorial HealthAlliance-Clinton Hospital

Clint Campus

201 Hig. land Street, Clinton, MA 01510 Monday – Friday: 8 am – 4:30 pm

UMass Memorial HealthAlliance-Clinton Hospital Leominster Campus

60 Hospital Road, Leominster, MA 01453 Monday – Friday: 8 am – 5 pm

UMass Memorial Medical Center Hahnemann Campus

281 Lincoln Street, Worcester, MA 01605 Monday – Friday: 8 am – 4:30 pm

UMass Memorial Medical Center Memorial Campus

119 Be ont Street, Worcester, MA 01605

Mc - Friday: 8 am - 4:30 pm

UM Iemorial Medical Center

Unive. ty Campus

55 Lake Avenue N., Worcester, MA 01655 Monday – Friday: 8 am – 5 pm

UMass Memorial - Marlborough Hospital

157 Union Street, Marlborough, MA 01752 Monday – Friday: 8 am – 4:30 pm

COMMUNITY SNAPSHOTS

STAY FIT AND CHAT A BIT - UMass Memorial

HealthAlliance-Clinton Hospital teams up with Fitchburg Family Practice, Fitchburg State University (FSU) and NewVue Communities to offer a monthly Walk 'N Talk program that invites community members to come out, get some exercise and, at the same time, grab the ear of one of our physicians or caregivers to discuss a wide range of topics from diabetes to nutrition to healthy aging. This popular program simultaneously encourages physical fitness and health education, and typically attracts 15 to 20 walkers with a rotation of primary care physicians and other caregivers. Walkers enjoy routes around Riverside Park and the FSU campus, and are invited to use the university's indoor track during inclement weather.



HEALTHY PROMISES – "I pledge to avoid smoking cigarettes ... I pledge to wear a helmet ... I pledge to brush my teeth every morning and every night." To help students gain a better understanding of safe behaviors, **UMass Memorial – Marlborough Hospital** often participates in Wellness Fairs at the local schools. One popular educational activity is encouraging students to make a Wellness Pledge and post their healthy promises on a Wellness Pledge Board.





Pictured, Christina Babinski, Marlborough Hospital volunteer, left, and Gloria Pascual, director of Volunteer Services at Marlborough Hospital, right, staff a table at the Richer Elementary School's Wellness Day where they helped students complete this fun and important task.

GARDEN GIVES BACK IN MORE WAYS THAN ONE -

To address a shortage of employment opportunities for innercity youths, the **UMass Memorial Medical Center** Human Resources and Community Benefits departments support youth



jobs at the Worcester Regional Environmental Council's (REC) YouthGROW urban agricultural program at the Grant Square Community Garden. Located in the distressed Bell Hill neighborhood, the garden was developed by REC in collaboration with our Community Benefits Department and the City of

Worcester in 2010. The garden generates 500 to 700 pounds of produce yearly that is distributed via the "Veggie Mobile" to 15 food-insecure areas in Worcester, including three in Bell Hill.

Hospital support also helps the city leverage state funding for an additional 15 paid youth positions at the garden annually.



SEEING LEADS TO UNDERSTANDING – To help our employees better understand some of the hurdles residents have to overcome in combatting social determinants of health factors, the Community Benefits Department leads educational tours that focus on economically challenged neighborhoods in Worcester. Additional neighborhood tours soon will be held in North County

and Marlborough. The tours highlight how our work can impact some of the disparities among the various areas of the city while pinpointing opportunities for growth.

Pictured, staff visit a first-time homeownership project in the Piedmont Main South neighborhood coordinated by Worcester Common Ground, a community development corporation that targets abandoned lots and buildings in this blighted area.





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or-profit health care system in Central Massachusetts with more than 13,000 employees he larges om are men. Jers of UMass Memorial Medical Group. Our member hospitals and entities include -Clinton F ital, UMass Memori Marlborough Hospi⁺ JMass Memorial Medical Center and [ealthli^r havioral health With our teach; search partner, the University of ancer, di nd vascular, orthopedic and surgery ur ex' v care ne+ nd r Vis; rialhealthcare.org.

Anchored in Our Community

UMass Memorial Health Care – committed to improving the environmental, financial and physical health of the people of Central Massachusetts.

FROM THE DESK OF ERIC DICKSON, MD

President & CEO, UMass Memorial Health Care



In October, I had the honor of accepting the Game Changer award from the Worcester Chamber of Commerce on behalf of UMass Memorial Health Care. The award was presented to us for our Anchor Mission work, which includes our four pillars – local investing, hiring, purchasing and volunteering. What I said in front of the crowd of business owners and community partners is the truth: the real "game changers" are our 13,000 frontline caregivers who are deeply dedicated to our Anchor Mission and to caring for the communities we serve every day.

Another important milestone in our Anchor Mission strategy is that we are one of 14 health systems nationwide, and one of two in Massachusetts alongside Boston Medical Center, that are joining together as part of the Healthcare Anchor Network to invest more than \$700 million collectively to address health, housing and economic inequalities so that we all can create stronger, healthier communities.

Why are we doing this? Simply put, it is the right thing to do. As the largest health system and largest employer in Central Massachusetts, we're uniquely positioned not only to care for patients in this region, but also to leverage our resources to help address social determinants of health, such as economic, racial and environmental resource disparities, that we know affect health outcomes up to 80%.

This kind of "place-based investing" creates healthy and thriving communities by increasing available capital for positive social, economic or environmental impact. It supports local and diverse business development and empowers low-income community members to create, manage and own their own businesses.

There are so many variables and hidden barriers that negatively affect the health and livelihood of people in our communities that we realize our concerns had to extend beyond the walls of our hospitals. Through our Anchor Mission work, we get to meet our patients where they are, and work with them to help address many of these issues in a nonclinical setting. I'm proud to say this work has energized our system and our caregivers as well. Thank you to all of our caregivers for making our Anchor Mission work possible. •

December, 2019

ANCHOR MISSION STEERING COMMITTEE

CO-CHAIRS

Douglas Brown

President, UMass Memorial Community Hospitals and Chief Administrative Officer

Cheryl Lapriore

Senior Vice President, Chief of Staff, Chief Marketing Officer, and President of UMass Memorial Health Ventures

♦ COMMUNITYBENEFITS DEPARTMENT

Monica Lowell

Vice President, Office of Community Health Transformation/Community Benefits

QUESTIONS/COMMENTS

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EMPLOYEES ARE 'PILLARS' OF VOLUNTEERING

Forget 3-D. The Anchor Mission initiative at UMass Memorial Health Care is in "4-D."

While the majority of health care systems across the nation deploy investing, hiring and purchasing pillars to execute their Anchor Mission strategies, UMass Memorial has added a fourth dimension to addressing social determinants of health in its communities – a volunteering pillar. By harnessing the enthusiasm of its employees who volunteer, the health care system is giving its Anchor Mission a whole new scope.

"We know volunteering is already happening on an extraordinary scale at UMass Memorial, and we don't want to get in the way of that," said Kate Behan, director of clinical affiliations and volunteering committee co-chair. "We simply want to encourage, support and recognize it in a systematic way, while providing a social determinants of health focus and impact."



Following the Pharmacy Department's strategic planning retreat to update and align their department goals to the organization's True North goals, the team chose to participate in a volunteer opportunity at the Greendale YMCA where they refreshed paint in the main lobby.

The committee, comprising members from each UMass Memorial entity and the University of Massachusetts Medical School, is establishing an infrastructure, including a community volunteering policy and an awareness campaign to engage the 14,000-strong employee ranks.

A first step is understanding the scope of activity already taking place in local communities. Employees that currently volunteer are invited to contact Kate or committee co-chair Becky Martella, and offer information, not only about what they are doing, but also their volunteering "insights and input" to inform best practices, Behan said. This effort will complement a registry the committee plans to launch in early 2020 on the UMass Memorial intranet, the Hub, to encourage additional participation.

"An employee interested in supporting our Anchor Mission volunteer pillar can enter their name in our database, a sophisticated system from Salesforce that will help us communicate about volunteer opportunities in their area," Kate explained. Upon registering, employees will receive an Anchor Mission volunteer t-shirt. "Our hope is that the community will grow to recognize these bright yellow t-shirts as our UMass Memorial employee volunteers!"

For more information, contact Kate at kathryn.behan@umassmemorial.org or Becky at rebecca.martella@umassmemorial.org.

BALANCING HEALTH AND A HEALTHY ECONOMY

As the investing pillar team meets with community leaders to discover ways to improve the health of residents in Central Massachusetts, one opportunity continues to rise to the surface – and it couldn't come at a more pivotal moment for our region.



"Low-income housing is a current focus for us," said Robert Feldmann, senior vice president of finance and corporate controller at UMass Memorial Medical Center, and cochair of the health care system's Anchor Mission investing committee. "As Worcester and surrounding areas improve economically, housing costs are increasing, and people are being displaced. We're identifying partners behind projects that don't force people out."

For low-income families and individuals, access to affordable housing is critical to their long-term health, according to the National Low Income Housing Coalition, which publishes an annual analysis of housing data. "Affordable homes provide vulnerable families with the stability they need to thrive, to improve their health, education, and economic outcomes," said Diane Yentel, NLHIC president and CEO, upon release of a recent report. "Housing instability increases the likelihood of job loss, eviction, and homelessness, negatively affecting a family's physical and mental well-being throughout their lives." 1

"Affordable homes provide vulnerable families with the stability they need to thrive, to improve their health, education, and economic outcomes."

Another report, sponsored by the Worcester Regional Chamber of Commerce, brings that message home. In October, a yearlong housing and economic study conducted by Smart Growth Economics LLC, revealed Worcester's resurgence, and its impacts. Report author Mahesh Ramachandran underscored that "in order to continue the growth and vibrancy of the region, a balanced and inclusive housing strategy is critical." Ramachandran continued that "if unaddressed, housing challenges such as under-supply and substandard units could stall Worcester's economic growth."

"As Worcester and surrounding areas improve economically, housing costs are increasing, and people are being displaced. We're identifying partners behind projects that don't force people out."

UMass Memorial is addressing this burning issue now, while exploring others that promote health *and* economic growth, such as business development in underserved areas. With \$4 million dedicated to a four-year investing initiative, "we are identifying projects for our Board of Trustees, who are connected to our communities and understand each proposal's potential," said Bob. "We expect to have deployed at least \$1.5 million by the end of 2019." ◆

Sources:

- 1. https://nlihc.org/news/us-has-national-shortage-more-72-million-affordable-available-rental-homes-families-most-need
- 2. https://www.telegram.com/news/20191025/growing-pains-housing-issues-in-worcester-are-possible-buzzkills

UMASS MEMORIAL PARTNERS WITH COMMUNITY TO ADDRESS GROWING PEDIATRIC ASTHMA CONCERNS

In 2018, Worcester ranked as 12th highest in the nation for estimated asthma prevalence and related emergency department (ED) visits and fatalities by the Asthma and Allergy Foundation of America (AAFA). According to AAFA's 2019 Asthma Capitals Report, Worcester's ranking has improved, dropping to #30.

Between 2009-2011, rates of pediatric asthma-related ED visits in Worcester were double the state. In 2014, UMass Memorial Medical Center established and continues to co-chair a multisectoral Pediatric Asthma Home Visiting Intervention/Task Force to reduce school absenteeism, hospitalizations and ED use among asthmatic children. Partners include two community health centers, Worcester Public Schools (WPS)/Head Start, the Worcester Healthy Homes Office and Community Legal Aid (CLA). Community health workers address home triggers, provide education and make referrals to CLA to resolve triggers requiring landlord action. A Policy Committee focuses on environmental triggers in WPS and a "Hospitalized-Patient" program operated by pediatric pulmonology at the Medical Center connects patients to the intervention.

Despite improvements in Worcester's national ranking, with 3,500 asthmatic children in WPS, chronic absenteeism remains a concern. The Medical Center's medication adherence program, Asthma Link, helps to address this by enrolling 85 to 100 high-risk students annually and coordinating controller medications to be given by school nurses. The hospital's pediatric pulmonology team also provides training to WPS nurses.

A preliminary study of Asthma Link conducted by Michelle Trivedi, MD, MPH, pediatric pulmonologist at the Medical Center, showed that the 86 children (ages 6-18) enrolled in the program between 2012 and 2015 exhibited significant pre/post-intervention decreases in:

- ED visits and hospital admissions
- · Asthma rescue medication refills
- · School absences and oral steroid use

"The Asthma Link program has been invaluable to our patients and the children in this community," said Dr. Trivedi. "As a pulmonologist, I witness the challenges that families face to provide their children with a daily asthma medicine, and, as a consequence, the poorly controlled asthma that these children experience resulting in preventable ED visits, school absences and asthma attacks. The Asthma Link program has considerably improved the lives of many of these children, by ensuring that children with high-risk asthma receive their daily preventive inhaler with their school nurse." She explained, "I see firsthand that these children have less asthma attacks, fewer emergency room visits/hospitalizations and better school attendance. Additionally, we have opened the lines of communication between the medical providers in the clinic, school nurses and families about these children's asthma."



Pictured, members of the AsthmaLink program from left, Melissa Condren, NP, pediatric pulmonology, UMass Memorial Medical Center; Gina Goggins, school nurse, Norrback Elementary School; Shushmita Hoque, MD candidate '21, UMass Medical School; and Michelle Trivedi, MD, MPH, pediatric pulmonology, UMass Memorial Medical Center.

COMMUNITY SNAPSHOTS

PILOT ASTHMA INTERVENTION EXTENDS TO NORTH

COUNTY – In 2018, UMass Memorial Medical Center applied for and received a grant from the Green & Healthy Homes Initiative to expand our successful, community-based Pediatric Asthma Home Visiting Intervention to North County through a pilot program. Using the Medical Center's community health worker (CHW) model and building from Montachusett Opportunity Council's Childhood Lead Prevention program, a CHW was dispatched to conduct home visits to identify and address triggers. Unlike the Medical Center's program, the North County program accepts referrals from both the Head Start (pre-kindergarten) – approximately 500 families, and WIC programs – about 7,000 enrolled. During the pilot, team members work closely with local pediatrician and UMass Memorial



HealthAlliance-Clinton Hospital Board of Trustees Chairman, Fernando Catalina, MD, who educates and refers families to the program. The pilot program included nearly 50 referrals.

Pictured, Magda Rodriguez, left, a UMass Memorial community health worker, educates a young North County family about the use of healthy and natural cleaning supplies in the home to prevent asthma triggers. Photo credit: Danu Pelitier

NEW PARTNERSHIP/PILOT ADDRESSES AT-RISK

PREGNANCIES – The Maternal-Fetal Medicine and Community Relations departments of UMass Memorial Medical Center are partnering with the Worcester Division of Public Health to pilot a community health worker (CHW) intervention in Maternal-Fetal Medicine. The funding, provided by the Centers for Disease Control and Prevention (CDC) REACH Grant, supports a CHW to address breastfeeding and linkages to community supports for social determinants of health among at-risk pregnant and lactating women. "Of the at-risk Latino populations in the nine census tracks of Worcester, many are served by the UMass Memorial system," said Cathy Violette, NP, Maternal-Fetal Medicine Division at UMass Memorial Medical Center. "Community Workers promote linkages connecting at-risk prenatal populations with local community services to improve health promotion efforts."





Photo on left, left to right, UMass Memorial Medical Center team members Kim Reckert, community health manager, Department of Community Relations; Monica Lowell, vice president, Office of Community Health Transformation/Community Benefits; Ellen Delpapa, MD, chief, Division of Maternal-Fetal Medicine; and Cathy Violette, NP, Division of Maternal-Fetal Medicine. Photo on right, Rosimeire Luiz, community health worker intern, UMass Memorial Medical Center.

WE GET BY WITH A LITTLE HELP FROM OUR ...

COMMUNITY – In 2017, UMass Memorial Health Care partnered with Reliant Medical Group to establish CommunityHelp, an online directory of community resources created to improve the health and wellbeing of the people in the communities we serve. CommunityHelp centralizes access to the resources needed by community members to overcome some of life's challenges such as legal aid, medical



care, food, job training and more. Additionally, CommunityHELP built a referral process to bridge the gap between health systems and community organizations. Last month, representatives from more than 40 agencies across Central Massachusetts, attended a CommunityHelp retreat to review CommunityHELP system updates, learn about the UMass Memorial Health Care Anchor Mission and to deepen the integration of the CommunityHELP platform within community programs. There are 1,600 Worcester County program resources currently listed on the CommunityHelp site: communityhelp.net.

Pictured from left, Lisa Kippax, Strategic Initiative Director, Elder Services of Worcester Area; Joanne Gravell, program director, Family Services of Central MA; and Christine Cernak, senior director of Longitudinal Care, Office of Clinical Integration, UMass Memorial Health Care.

MASSACHUSETTS HEALTH COUNCIL HEALTH CARE

STAR AWARD – Monica Lowell, vice president, Office of Community Health Transformation/Community Benefits, was awarded the prestigious Massachusetts Health Council Health Care Star Award for being a community and health leader. Under Monica's direction, the UMass Memorial Community Benefits Department develops and implements innovative clinical/community linkage models to address health disparities and overcome barriers to accessing care and services among at-

risk populations. Efforts include the UMass Memorial Ronald McDonald Care Mobile program, which provides medical and preventive dental services at 10 neighborhood sites and 20 schools across Worcester. Other programs include a pediatric asthma home-visiting intervention that utilizes community health workers to identify and address environmental triggers in the home, programs providing jobs skills and employment opportunities for innercity youth, development of urban gardens to address food insecurity, a first-time homeownership program that resulted in 25 homes in the Bell Hill neighborhood, and others.



UMASS MEMORIAL HEALTH CARE

UMass Memorial Health Care is the largest not-for-profit health care system in Central Massachusetts with more than 13,000 employees and 1,700 physicians, many of whom are members of UMass Memorial Medical Group. Our member hospitals and entities include UMass Memorial HealthAlliance-Clinton Hospital, UMass Memorial – Marlborough Hospital, UMass Memorial Medical Center and UMass Memorial – Community Healthlink, our behavioral health agency. With our teaching and research partner, the University of Massachusetts Medical School, our extensive primary care network and our cancer, diabetes, heart and vascular, orthopedic and surgery programs, UMass Memorial delivers safe, high-quality and compassionate care. Visit www.umassmemorialhealthcare.org.



UMass Memorial Health Care – committed to improving the environmental, financial and physical health of the people of Central Massachusetts.

FROM THE DESK OF ERIC DICKSON, MD

President and CEO, UMass Memorial Health Care



One of the four pillars of our Anchor Mission work is investing in local projects to improve the welfare of our community. From addressing homelessness to food insecurity, to unemployment and affordable housing, these investments are truly making a difference in the lives of the people we serve. In this issue of *Anchored in Our Community*, you'll read about Creative Hub Worcester and NewVue Communities, two examples of the four initiatives we're currently investing in that are helping people in our community who are most in need. Additional investments

include Worcester Common Ground, which you'll read about in a future issue, and the Finally Home Loan Fund.

I'd like to highlight the Finally Home Loan Fund since it was the very first project we helped finance last year and is now coming to fruition. The project was created by a citywide task force in Worcester to have a meaningful impact on chronic homelessness.

Together with several community partners, UMass Memorial Health Care made a significant investment to help incentivize local developers to build affordable housing for those who need help getting back on their feet again after spending a year or more without continuous housing. In addition to the community partners, six local banks pooled together funding to secure loans for the developers at lower rates.

The developers have been pursuing some innovative ideas, such as building modular units and the now trendy "tiny houses" to get the units built quickly and at the lowest cost possible for individuals who simply need a helping hand but can't afford regular housing.

I'm pleased to share that with our commitment to this project, the task force now is moving forward with the goal of completing the first housing units by this summer. This project is a great example of how our Anchor Mission strategy works. We provide outstanding medical care at all of our facilities, but if the people we serve don't have their basic needs met, such as simply having a roof over their heads, then the odds they can stay healthy and out of the hospital are significantly lower. These community investments we make help to prevent illness and are a different kind of healing. •

March 2020

ANCHOR MISSION STEERING COMMITTEE

CO-CHAIRS

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Cheryl Lapriore

Senior Vice President, Chief of Staff, Chief Marketing Officer, and President, UMass Memorial Health Ventures, UMass Memorial Health Care

COMMUNITY BENEFITS DEPARTMENT

Monica Lowell

Vice President, Office of Community Health Transformation/Community Benefits, UMass Memorial Health Care

QUESTIONS/COMMENTS

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OUT OF THE ASHES, NEW HOMES IN FITCHBURG

It seems fitting that an old, vacant building in Fitchburg, an eyesore scarred by fire, will undergo a transformation into affordable housing for artists inspired to create beauty in unlimited forms.

With an infusion of \$750,000 from UMass Memorial Health Care, representing front-end capital to spur construction and additional funding from state and private sources, the BF Brown complex of two historic schools and a former carriage house will be remade as part of the future Fitchburg Arts Community. NewVue Communities, a regional community development corporation, and Fitchburg Art Museum will establish the enclave, featuring apartments and amenities for artists with a range of incomes.

Marc Dohan, executive director of NewVue, calls the BF Brown project a "giant jigsaw puzzle" that UMass Memorial is helping piece together. "We receive a real boost when a local hospital invests in such a project. Others begin to believe it can be done," Marc said.

Rather than demolition, NewVue's specialty is renovating vacant yet structurally sound properties. "UMass Memorial's investment makes people appreciate Fitchburg's existing assets," Marc explained. "This support will inspire filling up more of our vacant buildings, bringing vibrancy and vitality to our city."

The funding is part of a \$4 million investment commitment UMass Memorial made to fulfill its Anchor Mission, according to Christopher Hendry, senior director of external affairs at UMass Memorial HealthAlliance-Clinton Hospital. "The Fitchburg investment is the largest the system has made to date and our community hospital's first foray into changing lives in this way," said Chris. "We trust NewVue with its great track record and focus on unoccupied buildings, so people are not displaced — one of the downsides of gentrification."



 $\label{lem:artists} Artists rendering of Fitchburg Art's Community \ provided \ courtesy \ of \ ICON \ Architecture.$

Housing and health are connected; affordable, modernized housing improves health among current residents by providing safer neighborhoods and reducing asthma and lead poisoning, to name just a few benefits. And this first NewVue-UMass Memorial partnership is destined to promote future healthful collaborations through the nutrition, smoking cessation and wellness programs HealthAlliance-Clinton Hospital offers.

THE HEALING ARTS IN MAIN SOUTH





Artist's renderings of Creative Hub Worcester provided courtesy of Studio Draw.

Back in the day, the Boys Club at 2 Ionic Avenue in Worcester was buzzing with activity, offering energizing programs for body and mind. Since then, the abandoned building — and its surrounding Main South neighborhood — have faced harsher realities. Almost a quarter of individuals residing in Main South live below the poverty line, and more than 50% of households earn less than \$25,000 annually. The effects of these socioeconomic factors on residents' mental and physical health are significant, in some cases impacting life expectancy.

But for Creative Hub Worcester (CHW) and its partners, including UMass Memorial Health Care, there's nothing that the arts can't help heal. With a \$500,000 Anchor Mission investment from the health care system to leverage additional investment, as well as support from Arts & Business Council, Inc., Greater Boston and others, the old club will become Creative Hub Community Arts Center and once again be a place to create, learn and interact.

CHW founders Laura Marotta and Stacy Lord anticipate that programming will engage an estimated 1,500 people per week. "We'll have space for artist studios, classes, childcare and events, providing access for all local residents to healing arts experiences," Laura said.

"Almost a quarter of individuals residing in Main South live below the poverty line, and more than 50% of households earn less than \$25,000 annually. The effects of these socioeconomic factors on residents' mental and physical health are significant, in some cases impacting life expectancy."

As experienced art educators, Laura and Stacy know firsthand that art can transform lives, including those who have faced adversity or trauma as children. Such distress can lead to chronic disease and mental illness later, according to the Centers for Disease Control and Prevention ACE Study, Laura explained. Research continues to show that art aids in repairing these ailments. "An Arts Education Partnership study shows programs that build self-confidence, positive interactions, strong community, civic pride, and involvement in enriching extracurricular activities lead to better grades and attendance, and higher rates of college acceptance and job readiness."

CHW envisions the Creative Hub Community Arts Center's positive impact in Main South. "Other long-standing centers in Providence, Rhode Island, and Alexandria, Virginia, are seen as pillars of cultural and creative expression and representing the true impact of the arts," said Laura.

References:

Preparing Students for the Next America: Benefits of an Arts Education: https://www.ecs.org/wp-content/uploads/Preparing-Students-for-the-Next-America.pdf

Centers for Disease Control ACE Study: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html

♦ HOPE COALITION IMPROVES YOUTH ACCESS TO MENTAL HEALTH SUPPORT

Healthy Options for Prevention and Education (HOPE) Coalition, now in its 18th year, is a Worcester-based, youth-adult partnership created to reduce youth violence and substance use (alcohol, tobacco and drug), and promote adolescent mental health and a youth voice. Recognizing a critical need for accessible mental health support for youth, the HOPE Coalition also established this as a separate program in 2002 called the HOPE Youth Mental Health Model.

Developed by peer leaders, the goal of this model is to reduce the stigma and barriers associated with mental health services, as identified by youth. Through the incorporation of mental health counselors into the staff at the Boys & Girls Club, Worcester Youth Center, Girls Inc., Friendly House and YouthConnect, youth have improved access to mental health support, and counselors are able to connect with young people where they are.

"One of the sites implementing the HOPE Model conducted a study using the Adverse Childhood Experience (ACE) questionnaire, and found that 70% of their kids have three or more ACEs," shared Laurie Ross, PhD, professor at Clark University and member of the UMass Memorial Medical Center Community Benefits Department. She added, "Another site reported having seen an increase in girls dealing with anxiety and depression and not having the coping mechanisms to handle their depression. Putting mental health support in the places young people hang out increases their access to this vital service that they so clearly need."

In 2019, the HOPE Youth Mental Health Model served 850 youth through one-on-one counseling, therapeutic groups and crisis intervention delivered by You Inc. Since inception, the model has served nearly 8,000 youth. UMass Memorial Health Care provides financial support for this program in partnership with the United Way of Central MA and the Fallon/OrNda Community Health Fund from Greater Worcester Community Foundation.



COMMUNITY SNAPSHOTS

CAREGIVERS SUPPORTING CAREGIVERS AT MARLBOROUGH HOSPITAL FOOD PANTRY - One of

the keys to good health is access to nutritious food. Recognizing that some of their own caregivers are sometimes unable to provide healthy meals for their families, UMass Memorial – Marlborough Hospital is opening a food pantry. "There are times when a caregiver



may face
unexpected
expenses
– a family
member
loses a job
or becomes
seriously ill,
or they need
to care for a
grandchild

or aging parent," said Ellen Carlucci, vice president, Development, Marketing and Communications Department, Marlborough Hospital. "We firmly believe that no one who works at Marlborough Hospital should have to struggle to eat or to feed their family." To address this need, the food pantry will be stocked with a variety of food and items such as laundry detergent, paper products, toiletries and other items requested by staff. The pantry is being organized and run by hospital caregivers or "food pantry champions" who truly want to help other hospital caregivers at a time of need, and are volunteering their time to stock shelves, collect and discreetly distribute food to those in need.

CENTRAL MASS ORAL HEALTH INITIATIVE – To ensure preventive dental services are available to at-risk children in 40 Worcester public and charter schools, the UMass Memorial



Medical Center Community Benefits
Department, in collaboration with six
local oral health providers, assists in
offering services to 17 schools as part of
the Central Mass Oral Health Initiative.
"The need for oral health care is always
there, and the providers work together to
see that students who need the services
can obtain them at their schools,"
explained Ellen Sachs Leicher, project
manager of the Central Mass Oral Health
Initiative. "It's the willingness of the
providers to collaborate and learn from
each other, and the commitment of the
school administration, particularly the

School Nursing and Health Services Department, that continues to strengthen the program and serve the students in need." As the result of the initiative, 2,184 students were screened, 2,290 students received at least one fluoride treatment, and 1,241 children received sealants.

DAY OF CARING ALLOWS CAREGIVERS TO GIVE

BACK – The United Way of Central Massachusetts "Day of Caring" brings hundreds of volunteers together to share their valuable time while addressing community needs. Our very own UMass Memorial Health Care caregivers, who have been participating in the event for the past 17 years, deployed multiple teams to three separate events across the city, including painting a family recreational room and building a swingset at the You Inc. Teen Parent Program, and cleaning out a storage area at the Worcester East Middle School. Thanks to all of our team members for taking the time to get involved and make these wonderful improvements in our community!



Pictured, staff from the UMass Memorial Office of Capital Planning build a beautiful swingset at You Inc.

ADDRESSING COMMUNITY NEEDS THROUGH

ASSESSMENT AND PLANNING – Every three years, each hospital in the UMass Memorial Health Care system undergoes a Community Health Needs Assessment (CHA) to determine the most prevalent areas of need within the communities we serve. Based on the findings of the CHA, a Community Health Improvement Plan (CHIP) is then developed in cooperation with local health departments and community partners to ensure each hospital's plan is aligned with the needs identified in each hospital's regional area. UMass Memorial HealthAlliance-Clinton Hospital completed their CHIP in 2018, and UMass Memorial Medical Center and UMass Memorial – Marlborough Hospital are currently working to update their CHIPs. Anyone interested in joining a CHIP workgroup for the Medical Center is invited to contact Monica Lowell, vice president, Office of Community Health Transformation/Community Benefits, at 508-334-7640.



The Coalition for a Healthy Greater Worcester convenes the CHIP working groups with the Worcester Division of Public Health. Pictured is the Coalition's annual meeting attended by more than 200 members.

UMASS MEMORIAL HEALTH CARE

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Anchored in Our Community

UMass Memorial Health Care – committed to improving the environmental, financial and physical health of the people of Central Massachusetts.

FROM THE DESK OF ERIC DICKSON, MD

President and CEO, UMass Memorial Health Care



Because of the recent national attention on systemic racism that has gone unaddressed in our country for far too long, I felt that my message for this issue of our Anchor Mission newsletter should focus on what the UMass Memorial community is doing as a system to address racial disparities in health care and beyond.

The COVID-19 crisis underscored existing health disparities with the disease disproportionately affecting Hispanic/Latino, Black/African-American and low-income communities

nationwide, and in our own service area. Early on in the pandemic, we launched a COVID education outreach project using our UMass Memorial Ronald McDonald Care Mobile team to share educational materials in six languages, demonstrate proper handwashing techniques and face mask use, and answer questions. This project served more than 2,000 people in 20 neighborhoods and helped us decrease the spread of this terrible virus in Central Massachusetts. You'll read more about this program inside this issue.

We also stood up a Health Equity Taskforce to focus on better understanding and addressing the root causes and impact of these disparities, and developing a short-term and long-term health equity strategy for UMass Memorial. This focus, coupled with continuing our Anchor Mission work, will redouble our efforts to help transform our communities.

There's a strong link between our Anchor Mission and the work of our Health Equity Taskforce. At its core, our Anchor Mission work has been focused on addressing barriers to those who are socially and economically disadvantaged. Racism is a major factor in the chronic inequality that we see in our communities. When we target more hiring from underserved neighborhoods and focus our investments and purchasing in communities of color, as we are doing now, we're not only investing in the communities we serve, but also are joining with them to combat these shocking inequities.

I recognize there's more work to be done to understand and address deep-rooted health care disparities and systemic racism. At times, it may seem insurmountable. While we've been doing this work for many years, the journey to finally end this kind of racial injustice needs to start now, and it starts with all of us.

September 2020

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QUESTIONS/COMMENTS

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DATA COLLECTION EFFORT AIMS TO IDENTIFY HEALTH INEQUITIES

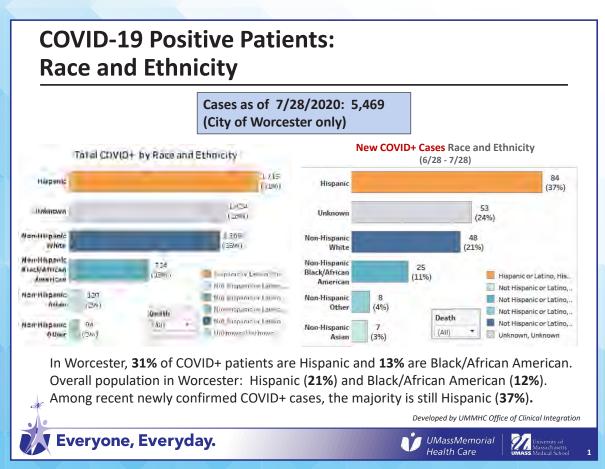
While equitable health care for all patients has always been a goal at UMass Memorial Health Care, the COVID-19 pandemic shined an especially bright light on the topic when the state's testing data revealed that the Hispanic population in Central Massachusetts was being hit exceptionally hard by the disease. With this knowledge in hand, a health equities team was convened to identify ways to bolster our data collection efforts and use this information to support our Anchor Mission work.

"The data we received from the state showed that COVID was affecting Massachusetts' Hispanic population more than any other subset, particularly in Worcester," said Jeanne Shirshac, Vice President of Health Policy and Public Programs, and Chief Financial Officer of the UMass Memorial Accountable Care Organization. Additionally, social vulnerability data provided by the Centers for Disease Control and Prevention, which measures socioeconomic factors such as food and housing, placed some neighborhoods in UMass Memorial's service area in the top 1% in the country for vulnerability. "This realization prompted us to improve our own data in

the hopes of identifying clusters of disparity or illness by neighborhood. By understanding the characteristics of that neighborhood that might be causing those concerns, we can strategically target those neighborhoods through our Anchor Mission efforts," shared Jeanne.

To improve the accuracy and wholeness of our information, the team renewed our data collection efforts when asking patients a few questions about their race, ethnicity, and language preference at the point of scheduling an appointment, registration, or self-reporting via MyChart. "Now we're using this data in ways that we never did. In addition to helping us identify and address inequities in our communities, this data also give us insight into how the care we're providing in the hospital setting is received by our patients," noted Eric Alper, MD, Chief Quality Officer and Chief Clinical Informatics Officer, UMass Memorial Health Care. "We're looking at how race, ethnicity, and gender are impacting our care ratings, which help us understand where we need to change as we work to address systemic racism."

"Combining this data is so powerful," said Jeanne. "It helps drive what we can address and tells us where we need to target our outreach, education and support efforts to raise the health of these communities."



A slide developed by the Office of Clinical Integration at UMass Memorial Health Care shows that the majority of COVID-19-positive patients in Worcester were Hispanic.

◆ CARE MOBILE PUTS FEET ON THE STREET TO CONQUER COVID-19

Knowing your community and how to organize for a quick and effective response when it's under threat: that's what the coronavirus crisis has revealed about the team operating the UMass Memorial Ronald McDonald Care Mobile.

Shifting gears this spring from providing preventive medical and dental care to distributing COVID-19 prevention kits, the Care Mobile team was nimble and creative in its efforts to block the virus's spread in Worcester's vulnerable neighborhoods.

UMass Memorial's Monica Lowell, Vice President of Community Health Transformation and Community Benefits, and Kim Reckert, Community Relations and Community Health Manager, checked their contact lists, made connections, found funding, and drew from lessons learned in prior crises to orchestrate the successful deployment of health care colleagues, agency allies, and Latino Education Institute volunteers for the challenge at hand.

"This seemed liked déjà vu," said Monica. "I recalled the HIV epidemic when we went into the community and provided education and condoms. We're doing it again, this time with masks and hand sanitizer!"

Kim and Michelle Muller, FNP, Care Mobile Manager, knew this opportunity for large-scale outreach needed to include information about housing and food assistance, insurance enrollment, and hotlines for mental health care, domestic violence, and suicide prevention. "In a crisis like this one, people become more vulnerable in many ways," Kim said.

As operation "COVID-19 Care Mobile: Feet on the Street" unfolded, quick thinking capitalized on people's skills and insights. The team sewed masks; pinpointed key locations for kit distribution; and identified smaller populations for outreach with translated materials, including those speaking Nepali and Swahili. Since April, the team has distributed nearly 6,000 kits in 20 neighborhoods.

Meanwhile, coronavirus testing in Marlborough and Worcester, the latter supported by funding from the Greater Worcester Community Foundation and Worcester Together, is focused on those communities that the UMass Memorial health disparities data workgroup identifies as most at risk.



UMass Memorial Ronald McDonald Care Mobile Outreach Liaison, Nardy Vega, shares COVID-19 safety kits with a local woman at a recent community education event.

RECOGNIZING THE IMPERATIVE TO IMPROVE HEALTH

When the American Hospital Association announced that UMass Memorial Medical Center was a nationwide finalist for its prestigious Foster G. McGaw Prize, it wasn't just acknowledging 12 months worth of effort to improve health in Central Massachusetts. The recognition – UMass Memorial's second in three years – affirmed the organization's decadeslong, strategic imperative to promote community well-being with innovation, collaboration and an eye toward sustainability.



Doug Brown, President, UMass Memorial Community Hospitals, Inc. and Chief Administrative Officer, UMass Memorial Health Care, standing center, presents UMass Memorial's Anchor Mission work and numerous investment projects during the Foster McGaw site visit in February.

"We've had a long-standing commitment from our Board of Trustees and system CEOs to establish strategies that build strong coalitions with community and public health partners," said Cheryl Lapriore, Senior Vice President, Chief of Staff, Chief Marketing Officer, and President, UMass Memorial Health Ventures, UMass Memorial Health Care. "The McGaw recognition is as much an accomplishment for our partners as it is for us."

"McGaw is indeed a celebration of the community," said Monica Lowell, Vice President, Office of Community Health Transformation/Community Benefits, UMass Memorial Health Care, as she reflected on the presentation earlier this year to the visiting McGaw Prize panel. "In a way, the event captured the totality of our work and that our long-standing, and new partnerships are strong," she said.

Cheryl describes Monica and Kim Reckert, Community Relations and Community Health Manager at the Medical Center, as "the strategists our organization tapped for our initiatives," starting with a foundational Community Health Needs Assessment (CHNA) over a decade ago. A ground-breaking home ownership program quickly followed. The system continued its trendsetting when it developed one of the first Community Health Improvement Plans (CHIP), which aims to achieve health equity for our communities.

"Our approach is to meet the community where it is, connect the dots and engage people," Monica explained. "But we don't come in with the answers. We listen and then together, work to meet the need." Because needs are ongoing, and funding is always tight, ensuring a program's sustainability is essential. "We leverage resources and build strong infrastructures with the long-term goal of sustainability, so our partners can take it from there," said Kim.

COMMUNITY SNAPSHOTS

CARE MOBILE OUTREACH EXTENDS TO COMMUNITY

HOSPITALS – As part of the community education efforts this past spring and summer, staff from the UMass Memorial Ronald McDonald Care Mobile visited the Country Cupboard Food Pantry and the Countryside Village – Affordable Community in Marlborough. In an effort to inform community members about the coronavirus and promote the importance of safe practices to slow the spread of the illness, the Care Mobile team provided COVID-19 safety kits, including informational materials, masks, a File of Life and reusable grocery bags.



Rafael Gonzalez, left, UMass Memorial Care Mobile Clinic Assistant Coordinator, and Stacy Hampson, RDH, Care Mobile Dental Program Coordinator, hand out COVID-19 safety kits in Marlborough.

CHL PROGRAM GOES BEYOND TRADITIONAL CARE TO ASSIST FAMILIES AFFECTED BY COVID -

Community Healthlink's (CHL's) Victim Services program provides therapy, advocacy, safety planning, and crisis intervention for the following: survivors of crime; family members and loved ones of homicide victims; and children and family members who have witnessed domestic violence and/or community violence. At any given time, the team serves approximately 300 families and individuals throughout Central Massachusetts.



Christine Sauck, PhD, Director of Victim Services, holds a notecard and grocery gift card that will be sent to a family in need.

During the COVID-19 pandemic, the Victim Services team learned that some of the families they served were struggling to make ends meet - in part, because many were laid off from their jobs when businesses in the area were temporarily closed. With emergency funding from the Massachusetts Office of Victim Assistance (MOVA), the CHL Victim Services team purchased 55 grocery gifts

cards – valued at \$180 each – and distributed them to their client families who were most in need of financial support. The team's clients were incredibly grateful and credited the Victim Services team with helping them make it through a very challenging time.

MOBILE MARKET ADDRESSES FOOD INSECURITIES

DURING PANDEMIC – UMass Memorial HealthAlliance-Clinton Hospital recently partnered with Growing Places during the COVID-19 pandemic, to impact local communities hardest hit by food insecurities. Through a grant from their determination of needs funds, HealthAlliance-Clinton provided \$5,000 of support to augment the purchase of produce from local farmers to supplement Growing Places' mobile food market. The impact of COVID-19 provided a unique challenge for many families in the region, as well as for Growing Places as donated food became increasingly difficult to secure.

Growing Places mobile food market traveled to five different locations in Clinton, Fitchburg and Leominster focusing on communities where residents experience the greatest health disparities related to food insecurity and poor nutrition. One unique aspect of Growing Places mobile market is the ability to accept nutrition benefits,

including SNAP/ HIP, WIC, and Senior Farmers Market Coupons, allowing residents to stretch their food budget during the crisis.



UMASS MEMORIAL ANNOUNCES PARTNERSHIP WITH CREATIVE HUB WORCESTER - On August 31, UMass

Memorial joined with the City of Worcester and Creative Hub Worcester (CHW) to officially announce the health care system's seven-year, \$500,000 investment in the Creative Hub project as part of our Anchor Mission initiative. The Creative Hub will transform the former Boys Club, a historic building located at 2 Ionic Ave. in Worcester, into a multi-use arts center serving an under-resourced

community - with a focus on at-risk youth and local working artists from the Main South area of the City. The dream of CHW Cofounders, Laura Marotta and Stacy Lord, is to transform the space to include rentable event space, maker space, and studios that will help to generate income to support programming, such as classes, art exhibitions, and after-school programs.



Pictured standing on the rooftop event space of Creative Hub Worcester, left to right: Doug Brown, President, UMass Memorial Community Hospitals and Chief Administrative Officer; Laura Marotta, Co-founder Creative Hub; Stacy Lord, Co-founder Creative Hub; Edward M. Augustus, Jr., City Manager, Worcester; and Eric Dickson, MD, President and CEO, UMass Memorial Health Care.

UMASS MEMORIAL HEALTH CARE

UMass Memorial Health Care is the largest not-for-profit health care system in Central Massachusetts with more than 14,000 employees and 1,700 physicians, many of whom are members of UMass Memorial Medical Group. Our member hospitals and entities include UMass Memorial HealthAlliance-Clinton Hospital, UMass Memorial – Marlborough Hospital, UMass Memorial Medical Center and UMass Memorial – Community Healthlink, our behavioral health agency. With our teaching and research partner, the University of Massachusetts Medical School, our extensive primary care network and our cancer, diabetes, heart and vascular, orthopedic and surgery programs, UMass Memorial delivers safe, high-quality and compassionate care. Visit www.umassmemorialhealthcare.org.

Anchored in Our Community

UMass Memorial Health Care – committed to improving the environmental, financial and physical health of the people of Central Massachusetts

FROM THE DESK OF ERIC DICKSON, MD

President and CEO, UMass Memorial Health Care



As I mentioned in my last message for the Anchor Mission newsletter, we at UMass Memorial Health Care continue to address the racial disparities that affect the health and welfare of the communities we serve. I'm proud of the work we're doing in this area that speaks to our Anchor Mission. Here are a few updates:

Community Testing

UMass Memorial Health Care has launched a comprehensive COVID-19 testing program that includes processing 5,000 tests

per day at our hospital and outpatient locations. In addition, we've participated in the state's "Stop the Spread" testing campaign, with a series of one-day "pop-up" testing sites in Worcester neighborhoods-in-need and at UMass Memorial – Marlborough Hospital. By far, we're conducting more community testing than any other health care organization in the state.

First-Ever Health Equity Open Forum

We hosted our first-ever, community Health Equity Open Forum as a Facebook Live event on Thursday, October 29. I was joined by a distinguished panel of community members and elected officials to talk about racial disparities and injustice in health care, in our region and beyond. If you missed it, you can log on to the UMass Memorial Health Care Facebook page to view the video.

Taking Action to Address Systemic Racism

We can't stand silent while racism and racial disparities in our country and in our communities persist. Meaningful action can only come from confronting the problem. I'm encouraged by the national dialogue and the meaningful action steps we're taking in our region.

Mahatma Gandhi said: "Be the change you wish to see in the world." While ending racism seems like an impossible dream, just think of what we can accomplish by taking actions — big or small — that we develop together. For our community here in Central Massachusetts, I'm confident that we can be that change we want to see in our part of the world. •

December 2020

ANCHOR MISSION STEERING COMMITTEE

CO-CHAIRS

Douglas Brown

President, UMass Memorial Community Hospitals Inc. and Chief Administrative Officer, UMass Memorial Health Care

Cheryl Lapriore

Senior Vice President, Chief of Staff, Chief Marketing Officer, and President, UMass Memorial Health Ventures, UMass Memorial Health Care

COMMUNITY BENEFITS DEPARTMENT

Monica Lowell

Vice President, Office of Community Health Transformation/Community Benefits, UMass Memorial Health Care

QUESTIONS/COMMENTS

To provide feedback or request more information, email communications@umassmemorial.org.



VOLUNTEERING PILLAR ANSWERS CAREGIVER QUEST FOR INVOLVEMENT

When UMass Memorial Health Care committed to becoming an Anchor Mission Institution, the system agreed to adopt the initiative's three pillars: investing, purchasing and hiring. However, as word began to spread about this new promise to our communities, interest quickly grew among system caregivers and a desire for involvement soon became evident. In response to this new-found excitement, leadership decided to add a fourth pillar to its Anchor Mission work in the form of volunteering.

"As employees started learning about the Anchor Mission and its goals, we heard from so many people asking how they could get involved," said Kate Behan, Director of Clinical Affiliations, and Investment and Volunteering committees Co-Chair. "Because things like investing, hiring and sourcing

didn't lend themselves to Volthnteer organization."

mass involvement, the steering committee agreed that adding volunteering as a fourth pillar would be a great way for employees to get involved and contribute to the mission of the

Kate and Becky Martella, Operations Project Manager, Medical Group, and Volunteering Committee Co-Chair.

quickly set to work recruiting committee members from across the system. Together, the team wasted no time in identifying a framework for the pillar and an infrastructure to create a database of volunteers and activities.

Just as the program launched, the state began seeing a surge in COVID-19 cases putting a wrinkle in their plans. "Unfortunately, we had to cancel our first event which was to volunteer at Earth Day clean ups throughout the City of Worcester," said Becky. "And although we were sidelined for a few months during the height of the pandemic in Massachusetts, we're now picking up where we left off." In September, the team linked arms with UMass Memorial's Community Benefits Department to recruit volunteers for the Commonwealth's Stop the Spread events, which are being held in some of the highest-risk neighborhoods throughout the city.

Kate finished, "We so proud to see our caregivers signing up to help out at these extremely important events and we look forward to adding similar meaningful events moving forward."

UMass Memorial employees interested in joining as an Anchor Mission volunteer are invited to go to www.umassmemorialhub.org/departments/anchor-mission to register. Volunteers will be notified of upcoming events and will receive a free t-shirt at their first engagement! ◆

LAW AND MEDICINE PROVE NATURAL PARTNERS IN HEALTH

When primary care providers at four UMass Memorial clinics in Worcester examine their pediatric and adult patients, they rely on their medical training to diagnose and treat illness. But they also tap into legal training they've received to help their patients remain well. How does learning something about the law improve health? The Community Legal Aid Medical-Legal Partnership (MLP) can count the ways.

Last year, lawyers from the MLP trained 125 UMass Memorial Medical Center caregivers to screen patients for social factors that could be impairing their health. As a result of their referrals, 174 patients and their families gained access to free legal services focused on stable, safe and affordable housing, education, public benefits, health coverage, and guardianships.

"Even the best clinical team can't address all the issues facing their patients. There's a role to play for lawyers as their partners," said Kate Eshghi, UMass Memorial Senior Vice President and General Counsel, who helped to establish the Medical-Legal Partnership in Worcester alongside colleague, Monica Lowell, Vice President, Office of Community Health Transformation/Community Benefits, UMass Memorial Health Care. For this work, Kate was named a 2020 In-House Lawver of the Year by Massachusetts Lawyers Weekly.

"Our private volunteer lawyers from the local community are busy, but this is incredibly professionally and personally rewarding for them," Kate said. "Most impactful for me is the



Kate Eshghi, pictured third from right, celebrates with her colleagues at the Massachusetts Lawyers Weekly award ceremony.

engagement of our clinical staff, who recognize how social determinants of health affect their patients, and that health is improved when they're addressed.

"We are now starting the second year of a pilot within our Medicare ACO to see if our Medical-Legal Partnership model can reduce costs and improve outcomes and caregiver-patient experience," Kate said, adding, "My dream is to expand the partnership beyond our Medical Center clinics and include our community hospitals and Community Healthlink, which serve so many of our patients and clients who face barriers to good health which legal advocacy can address."

Reflecting on the Lawyers Weekly recognition, Cheryl Lapriore, Senior Vice President, Chief of Staff, Chief Marketing Officer, and President, UMass Memorial Health Ventures, UMass Memorial Health Care, noted, "Every health care system should have a champion like Kate! Not only does she clearly see the how the law can improve health, but she makes that connection real for our system by personally leading this effort within our organization in every way possible."

■ WORCESTER COMMON GROUND INVESTMENT TO HAVE POSITIVE IMPACT ON PIEDMONT NEIGHBORHOOD

When Yvette Dyson reached out to UMass Memorial Health Care with an investment proposal earlier this year, the health care system's Anchor Mission Investment Committee couldn't say yes fast enough! You see, Yvette is the Executive Director of Worcester Common Ground, Inc. (WCG), a group whose mission it is to promote and develop permanent and sustainable improvement in the neighborhoods of Central Worcester through affordable housing, community activism and economic development — a mission that is in perfect alignment with UMass Memorial's Anchor Mission.

"Affordable housing contributes to significant economic impacts, including increases in local purchasing power, job creation and new tax revenues," wrote Yvette in her proposal. "Affordable housing initiatives often impact communities in other ways, too. They can lead to more green space, a stabilization of housing values and spur other economic investments in a neighborhood. They can inject new life and energy into an area and these ripple effects can all have a positive financial impact in a community."

These points echo the philosophy of the Anchor Mission, making Yvette's proposal a no-brainer for the Investment Committee, which quickly agreed to a \$400,000 investment in acquisition funding for WCG. This funding will allow the group to further its work in the Piedmont Neighborhood by providing immediate access to capital so they can make bids on property and compete on offers in that neighborhood.

"Affordable housing initiatives can lead to more green space, a stabilization of housing values and spur other economic investments in a neighborhood. They can inject new life and energy into an area and these ripple effects can all have a positive financial impact in a community."

The first project underway, thanks in part to UMass Memorial's investment, is the purchase and new construction of a two-family home located at 33 Merrick Street in the Piedmont neighborhood of Worcester. "We're hoping to model our development of the lot after the success we have had with 20 and 24 Merrick St., both first-time homeownerships developed in a unique partnership we created with St. Gobain and YouthBuild Worcester, a division of Training Resources of America" explained Yvette. The duplex, complete with two three-bedroom units, will be sold to one or two first-time homeowners (potentially a UMass Memorial Community Healthlink employee) whose family/ families are at or below 80% American Median Income. Upon completion, the home will be added to the WCG Community Land Trust Ground Lease model which currently consists of 27 affordable homes.

"We're so proud to be part of this project," said Bob Feldmann, Sr. Vice President, Finance, Corporate Controller, UMass Memorial Health Care. "This is what the Anchor Mission is all about. Partnering with other similar-minded organizations to make our community healthier with affordable housing like this initiative."



The lot at 33 Merrick St. will be developed into a duplex that will be sold to one or two first-time home owners.

COMMUNITY SNAPSHOTS

HEALTHALLIANCE-CLINTON HOSPITAL TO PROVIDE NEARLY \$500,000 IN COMMUNITY GRANTS – UMass

Memorial HealthAlliance-Clinton Hospital recently distributed more than \$55,000 to local nonprofits as part of phase 1 of its determination of needs (DoN) funding attached to the completion of the new Emergency Department on the Leominster Campus. The hospital will be distributing \$475,000 annually through 2024 to local nonprofits via grants that tie their programming and outcomes to the



2018 Community Health Needs Assessment. Phase 2 and phase 3 funding, an additional \$415,000, is scheduled for distribution by December 31, 2020. "We are excited to provide these grants to our community," commented Steve Roach, Interim President of HealthAlliance-Clinton Hospital. "By pushing these funds out to organizations that have already identified projects and programs aligned with our Community Health Needs Assessment, we believe we can make a lasting impact in North Central Massachusetts and ultimately invest in healthier communities."

HOME VISITS REIMAGINED IN THE FACE OF

COVID-19 – Since the introduction of COVID-19 into our communities, a day at the office looks a bit different for Magda Rodriguez, UMass Memorial Medical Center Community Health Worker (CHW) and Outreach Liaison. While asthma management remains a critical need, Magda can no longer make her usual house calls and instead had to identify other ways to get families the support they need. "I call, text and often schedule live video conferences with parents instead of the typical home visits," explained Magda. "Working through video conferencing hasn't always been easy, and it is limiting, but it has been effective during these unusual times." In addition to finding new ways to engage with families, Magda also uncovered new burdens as a result of COVID-19, including difficulty providing meals with

children home from school and fear of going to the hospital for medical care. To address these concerns, Magda helped families register for food assistance



and educated families about virtual medicine so they could continue receiving timely medical care. Being directly connected to families allowed Magda and other UMass Memorial CHWs to link families to critical resources such as childcare, unemployment assistance, legal assistance, the Worcester Family Resource Center, and education and testing sites.

COMMUNITYHELP DEBUTS NEW PROMOTIONAL VIDEO - At their fall retreat, the CommunityHELP Working Committee premiered an informational video showcasing the platform's resources and available tools designed to support the health of the community. CommunityHELP is a comprehensive, online resource connecting residents in MetroWest and Central Massachusetts with assistance to access medical care, food job training, addiction programs, and other key services. The information on the

website is continuously updated and available in 104 languages. "During these challenging times of the pandemic, people need help," explained Mattie Castiel, MD, Commissioner, Worcester Health and Human Services, in the video. "People need to figure out a place to get access to health care, to housing, to transportation, access to food. CommunityHELP is the place to help you do that."

CommunityHELP is the result of a partnership between UMass Memorial Health Care and Reliant Medical Group. To learn more, visit www.communityhelp.net. Or view the video in English: https://bit.ly/CommunityHelpEnglish, Spanish: https://bit.ly/CommunityHelpSpanish, or Portuguese: https://bit.ly/CommunityHelpPortuguese.



UMASS MEMORIAL HEALTH CARE

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UMass Memorial Health Care – About us

- UMass Memorial Health Care is the largest health care system in Central Massachusetts, with more than 14,000 people employed by the system and annual revenues of approximately \$2.5B.
- More than 1,700 physicians are part of the UMass Memorial system, with 1,200 employed by UMMHC and 500 independent physicians in our Managed Care Network.
- UMass Memorial Health Care has 3 Hospitals with 8 campuses in central MA

UMASS MEMORIAL MEDICAL CENTER

- University Campus (ER)
- Memorial Campus (ER)
- Hahnemann Campus
- City Campus

HEALTH ALLIANCE-CLINTON HOSPITAL

- Leominster Campus (ER)
- Clinton Campus (ER)
- Fitchburg Campus

MARLBOROUGH HOSPITAL

Marlborough Campus (ER)

UMass Memorial Health Care – Our ANCHOR MISSION

As defined by the Democracy Collaborative, an ANCHOR MISSION is a commitment to consciously apply the <u>long-term</u>, <u>placed-based</u> economic power of the institution in combination with its human and intellectual resources to <u>better the long-term welfare of the community</u> in which the institution is anchored.

Review of the community around the **UMMHC** campuses revealed some alarming statistics related to the disparities in opportunity, health and life expectancy for the different neighborhoods and populations. A key example is that in the city of Worcester alone, a 1-mile difference in location of residence can mean an 11-year difference in expected life span.

In 2018 **UMass Memorial Health Care's** Board of Directors unanimously approved the system's proposal to formally develop and pursue an Anchor Mission strategy, and the enthusiasm for this initiative across the organization is still palpable today.

UMass Memorial Health Care – How is the ANCHOR MISSION work put into practice?

The **UMMHC Anchor Mission** work is driven by the idea of leveraging 4 "pillars" of workstreams that already exist and are foundational to the organization's structure – what is different is the shift in mindset that drives the notion of identifying opportunities to leverage the strength of **UMMHC** while addressing pervasive inequalities and social disadvantages that exist in our communities.

For **UMass Memorial Health Care** those pillars are:

HIRING – implement deliberate and targeted hiring practices that leverage UMMHC power as largest employer in county to create career pathways for low-income, minority and hard-to-employ populations.

INVESTING – by redirecting just 1% of UMMHC's investment assets to place-based investments, the system can strengthen local communities. Not to be confused with grant-making, this is approved by the Board's Investment Committee, and the Anchor Mission Investment team works with community to identify opportunities that will have a meaningful difference in neighborhoods and drive better health and wellbeing for the targeted areas while delivering a modest return so that the capital investment remains intact.

SOURCING/PURCHASING – leverage UMMHC's \$1B+ of annual purchasing to diversify the supply chain to build local wealth and economic growth in the communities UMMHC serves. This will, in turn, create jobs, build capacity for local businesses, increase access to insurance, and help to drive a healthy community.

VOLUNTEERING – with 14,000 employees across Worcester County who already give generously of their time, there is an opportunity to target key areas of need that align with Anchor Mission targets, further advancing the impact of UMMHC's Anchor Mission.

DATA & ANALYTICS - A fifth pillar of *Data & Analytics* was created so that a substantive data set of baseline information and impact analyses could be made and reviewed on a continuing basis.

UMass Memorial Health Care – Who leads the ANCHOR MISSION work?

The **UMMHC** Anchor Mission initiative is led by executive sponsor Douglas Brown, who serves as the President for the system's Community Hospitals and as Chief Administrative Officer for the system. For more information about UMass Memorial Health Care's ANCHOR MISSION, please feel free to contact Doug's office.

Douglas Brown

President, UMass Memorial Community Hospitals, Inc. Chief Administrative Officer UMass Memorial Health Care (508) 334-0424 douglas.brown@umassmemorial.org





2019 Community Benefits Report

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ABOUT HARRINGTON

Harrington HealthCare System services approximately 200,000 residents across south central Massachusetts and northeastern Connecticut.

The regional healthcare system includes:

- two anchor locations and emergency care centers in Southbridge and Webster;
- a physician group with over two dozen office locations;
- three outpatient physical therapy/occupational therapy sites;
- a free-standing cancer center (jointly operated by 21st Century Oncology) with infusion, hematology, care management, nurse navigators and radiation treatment;
- behavioral health continuum of care including inpatient, outpatient, step-down programs, mental health and addiction treatment:
- wound care;
- · imaging;
- inpatient adult care and other critical outpatient and ancillary services.

About the Harrington Community

The communities Harrington services are largely split between predominantly white, middle-class Americans and communities of larger Latino/Hispanic descent with lower socioeconomic indicators. This combination provides a challenging but eclectic population to customize different outreach programs and services.

Town	Census (2010)
Brimfield	3609
Brookfield	390
Charlton	12981
Douglas	8500
Dudley	11390
East Brookfield	2183
Eastford, CT	1749
Fiskdale	2974
Holland	2481
Killingly, CT	17370
Monson	8560
Oxford	11291
N. Brookfield	4680
N. Grosvenordale, CT	1424
N. Oxford	2248
Palmer	8469
Pomfret, CT	4247
Putnam, CT	9584
Quinebaug, CT	586
Southbridge	16719
Spencer	11688
Stafford, CT	12192
Sturbridge	6294
Sutton	8963
Thompson, CT	4140
Union, CT	854
Wales	1698
Warren	2888
Webster	15767
West Brookfield	4554
Woodstock, CT	6930
	207,397

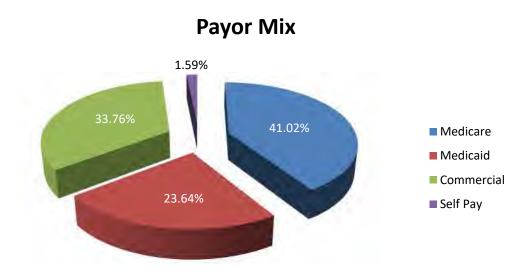
Southbridge has a large Spanish-speaking population. Southbridge and Webster, specifically, are also populated by those who may be at a greater disadvantage to receive adequate health care and quality of life. Many have lower overall household incomes, live in poorly managed multi-family apartments or complexes and have transportation barriers and limited access to healthy food, among other challenges.

Among our Latino population(s), a cultural difference still prevails, with a high teen pregnancy rate and individuals without resources to get to appointments or pay for medication.

Conversely, our higher-income areas such as Sturbridge and Charlton are seeing a higher prevalence of troubled youth and adolescent behavior, including cyberbullying and e-vaping, and young adults seeking addiction therapy.

Harrington offers support in a number of ways to these and other disadvantaged populations, including public health screenings, navigation resources and partnerships with local agencies.

See Appendix K for additional demographic data.



COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC)

Harrington recently restructured its Community Benefits Advisory Committee and now includes members of its Community/Government Relations Committee (CGR) and Patient-Family Advisory Council (PFAC). These committees include Members of the healthcare system, internal employees and community members at large. The committees represent small business employees, corporate leaders and general residents.

Each group meets four times per year, at which updates are given about community benefit programs or a new health assessment survey as appropriate.

We are looking to grow our CBAC membership in 2020 to include municipal leaders, school employees and representatives from the senior/elder population.

COMMUNITY HEALTH NEEDS ASSESSMENT

CHNA: Methodology

The last time Harrington completed a Community Health Needs Assessment was 2016, so the healthcare system began 2019 knowing it needed to update its data before December 31.

Data collection for our 2019 CHNA included an online survey, distributed via digital, social and electronic methods, internal hospital data collection on diagnoses codes and support programs, national cancer registry data and the U.S. Census Data.

CHNA: Survey Results

The survey began on September 1 and closed on October 15. Over a series of 21 questions, participants were asked their age, income and other demographic indicators, as well as specific questions about healthcare in the community.

- We surpassed our goal of 500 responses with a total of 635;
- Responses skewed largely female at 88% (out of 608 responses);
- 94.79% of participants selected their age as between 18 and 69 (out of 609 responses);
- 46.82% of voluntary responses (581) selected over \$75,000 for annual household income.

We were happy to receive a higher percentage of female responses, as studies have shown women are the healthcare decision-makers in the household, and by capturing those who influence others in their family, we felt confident there was a level of education and interest in sharing their thoughts about health deficits and improvements.

The top five zip codes in which respondents lived were Southbridge (143), Dudley (46), Sturbridge (41), Charlton (38) and Webster (41). Due to a large number of different responses for this question (a lot of suburban areas have unique zip codes), we grouped any zip code that appeared less than 3 times together in one "other' bucket, which counted for 54 responses.

The survey asked individuals to identify their top health concerns across three main groups: **Overall Community, Seniors** and **Youth/Adolescents**. The top five answers per category are displayed below (see also: Appendix C-E):

OVERALL HEALTH CONCERNS	SENIOR HEALTH CONCERNS	ADOLESCENT/YOUTH HEALTH CONCERNS		
Mental Illness/Depression	Alzheimer's/Dementia	Depression & Mental Illness		
Substance Use/Addiction	Diabetes	Substance Use/Addiction		
Obesity	Heart Disease/Stroke	Bullying/Cyberbullying		
Diabetes	Depression & Mental Illness	Smoking		
Smoking	Cancer	Teen Pregnancy		

We also asked participants what changes they thought would make the most impact in improving the health of the **overall community**. The top five suggestions were:

- 1. Better Access to Mental Health Services (62.85%)
- 2. More or Better Recreational Facilities/Safe Places to Walk & Play (48.12%)
- 3. Better Access to Healthier Food (46.32%)
- 4. Better Access to Drug Rehab/Addiction Services (43.04%)
- 5. More Job Opportunities (37.1%)

Affordable health care and affordable housing were "written-in" several times as a suggestion in addition to these and other pre-selected answers.

See Appendices F-G for additional data.

CHNA: Troubleshooting

While we felt our survey was successful, we do believe there were areas for improvement:

Harrington is based in Southbridge, which has a 26.6% Latino population (2010 U.S. Census), yet the majority of our respondents (88.9%) identified as Caucasian. While we did receive the majority of our responses from the Southbridge zip code, there was a strong possibility that individuals were putting this location as their work zip code and not the town they actually live in, especially considering we encouraged our own employees to fill out this survey, and many are based at our Southbridge location. We did receive support from our Community Health Network Area to help distribute this survey to local nonprofit agencies where Latino members frequent, but we were unable to measure how much interest was generated. In addition, the survey was not available in Spanish. Overall, we don't feel the Latino population was accurately represented in this project.

We discussed providing paper surveys and having a 'grassroots' team out in the community, but ultimately found this method labor-intensive and impractical.

In asking the respondents about specific populations, there were participants who selected that they weren't familiar enough with those services to answer.

Secondary Data

HOSPITAL DATA - EMERGENCY CARE & BEHAVIORAL HEALTH

Based on diagnosis codes from Emergency Department visits year over year, Harrington has been able to summarize that an average of 7% of the patients seen in Harrington Emergency Care Centers have a Behavioral Health or Substance Use diagnosis.

In each of the past three years, Harrington Emergency Care Center staff has treated an average of eight patients per day with Behavioral Health-related diagnoses; approximately 2,900 each year.

The year-over-year data shown below does indicate a slight decrease in these patients, which may be partially attributable to the increase in Harrington's partial hospitalization and outpatient Behavioral Health & Substance Use service offerings.

In 2016, data reported by the HCUP through AHRQ noted that one in eight visits (12.5%) to Emergency Departments in the United States involve mental and substance use disorders.¹ The Harrington data reported here are based on primary diagnosis alone but as suggested in the same report, if conditions are adequately managed through appropriate outpatient care, ED visits will likely be rarer^{2,3}.

	Total ED	Behavioral Health		Avg. BH
	Encounters	Diagnoses	% BH	Pt/Day
FY17	42,377	2,901	6.85%	7.95
FY18	41,637	3,065	7.36%	8.40
FY19	39,778	2,732	6.87%	7.48

¹ https://www.hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.pdf
Owens PL, Mutter R, Stocks C. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007. HCUP Statistical Brief #92. July 2010. U.S. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf. Accessed June 28, 2016.

² Rockett IRH, Putnam SL, Jia H, Chang C, Smith GS. Unmet substance abuse treatment need, health services utilization, and cost: a population-based emergency department study. Annals of Emergency Medicine. 2005;45(2):118–27.

³ Yoon J, Yano EM, Altman L, Coradsco KM, Stockdale SE, Chow A, et al. Reducing costs of acute care for ambulatory caresensitive medical conditions: the central roles of comorbid mental illness. Medical Care. 2012;50(8):705–13.

⁴ https://gis.cdc.gov/Cancer/USCS/DataViz.html

HOSPITAL DATA - CANCER CENTER

Information obtained by the Harrington Cancer Registrar revealed from 2016-2018, Harrington diagnosed over 800 cancer cases, mostly in breast, lung, prostate and colon.

Our demographics indicate a fairly equal divide between female and male patients over those three years. The top five towns from where we receive the most patients are Southbridge, Webster, Charlton, Sturbridge and Dudley, MA.

For the purposes of the town and site graphs, we did not include cases or zip codes that only totaled 1.

See Appendix J for additional charts.

NATIONAL DATA - CANCER CASES

According to the Centers for Disease Control and Prevention Data Visualization Maps⁴, From 2012-2016, over 8.1 million new cases of cancer were reported, and 2.9 million people died of cancer in the United States. In Massachusetts, over 180,000 cancer cases were reported.

In state-specific data, the top four cancers (by new cancer case) for men and women for the same range was Female Breast, Prostate, Lung, Colon/Rectum and Uterine. The top four cancers by rate of cancer death were Lung, Prostate, Female Breast and Colon/Rectum.

See Appendix J for additional charts.

CENSUS DATA

The Harrington HealthCare community footprint includes over 24 zip codes and approximately 200,000 individuals. Based on data from the Department of Public Health, the leading cause of death for individuals across Harrington's major zip codes is heart disease, with cancer coming in a close second. Median income for the overall Harrington HealthCare Service area is \$58,747 and the median poverty level is 7.6%. In the 21 zip codes, an average of 87.2% of residents over 18 years old have graduated from high school and 23.4% have a minimum of a bachelors' degree. We anticipate seeing this how data changes with the 2020 Census.

See Appendix K for demographic data by town.

COMMUNITY HEALTH IMPLEMENTATION PLAN

Harrington is finishing Year 3 of its last Community Health Needs Assessment. We continued to focus our 2019 community benefits programs, prevention, outreach and screenings toward at-risk youth/teens, seniors at-risk of cardiac disease, and cancer patients, examples as below:

AT-RISK YOUTH/TEEN, FOCUS IN SOUTHBRIDGE								
Mission: Education, information and navigation of local resources for ages 13-26	Anti-bullying, safe relationships, pregnancy, nutrition, technology safety, vaping	Major Partners: HeadStart, YMCA, You, Inc. CHNA5, Local Schools, Harrington Educators						
SENIORS, ESP. I	SENIORS, ESP. LOW INCOME, AT RISK OF CARDIAC DISEASE							
Mission: Provide education and screenings to the senior population to promote heart-healthy lifestyles	Blood pressure screening, Stroke education, cardiac health, nutrition	Major Partners: YMCA, Senior Centers, SALT, YMCA, The Overlook, Los Hermanos, Big Bunny						
PATIENTS DIAGN	OSED WITH CANCER, OR CAN	NCER SURVIVORS						
Mission: Support for patients in cancer treatment or survivorship management navigation	Support groups, on-site resource library, co-pay assistance, pharmacy and medication comparison/co- pay reduction, Reiki	Major Partners: American Cancer Society, Oncology Social Worker, Care Management, Senior Centers, The Overlook						

In addition to the above, mental wellness and substance use have become a prevalent concern in our communities, and we have made progress in identifying additional services and programs that can help connect patients to treatment and remove barriers to care:

- A new program staffed by community health navigators follows patients identified with behavioral health disorders through a variety of supportive service assistance, including transportation and co-pay assistance, medication management, elder services and occupational needs. The program has a goal to reduce the readmission rate(s) of these patients in our Southbridge and Webster Emergency Departments. The program began in October 2018 and is on track to be successful over the next 2-4 years. Future reporting of this program will continue.
- We also secured transportation contacts with different organizations to provide rides, free of charge, for patients in the Webster/Dudley/Oxford market who need to get to Intensive Outpatient and Partial Hospitalization appointments. Since 2017, we have assisted over 480 patients with rides they may have otherwise missed or canceled.

Looking Ahead: 2019-2021

With our new CHNA data, we are actively working to identify our main target populations for 2020-2022. Our CBAC will help decide if our current community benefits programs or outreach services should be changed, modified or phased out and whether new programs should be considered based on our most at-risk populations and priority to statewide disparities.

Possible New Target Population: Adolescents Facing Mental Health Issues

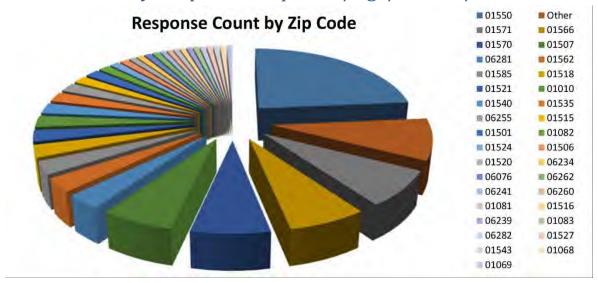
As we have seen, and as the new CHNA data has shown, Mental Health is widely recognized as a health concern across all demographics. We also noticed mental health and depression emerged again as the top concern for the adolescent category. Knowing this, we are exploring additional outreach into our communities. Facing staffing issues within our Behavioral Health Department, we plan to utilize our health educators to distribute globally adopted screening tools, mindfulness education and family-based literature into communities and local school districts to help promote education about mental wellness in addition to physical wellness.

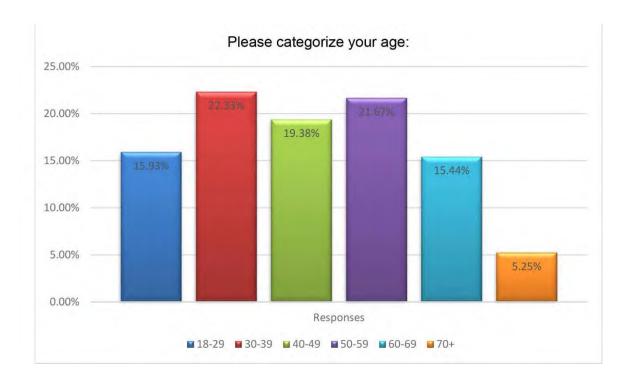
Possible Additional Target Populations:

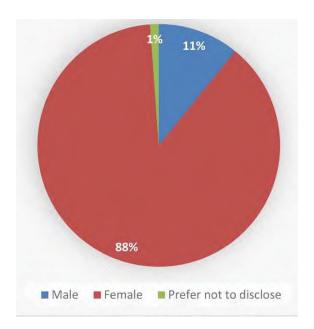
- We will continue to provide outreach for ages 13-26 with educational programs and 1:1 counseling on bullying/cyberbullying, vaping and safe relationships.
- Our focus on mental health and substance use populations continues to grow with continued reporting from community health workers on offering wraparound services and free navigation to reduce barriers to care. These populations will be a critical focal point for the next three years to help reduce mental illness, opioid overdoses and substance use disorders.
- A new Boston Accountable Care Organization (BACO)-driven program began in January 2019 follows patients with CHF and COPD to receive better access to services post-discharge, reduce re-admissions and provide easier access to outpatient appointments for follow-up care.
- We will continue to focus efforts on the senior population, educating about heart disease, stroke and blood pressure by engaging in more speaker sessions at local businesses, as well as provide free screenings in the community.
- We are exploring how to best connect our Diabetic population with instant resources and education to increase the success of self-managing their disease at home.
- Our support for Cancer patients continues with regular support groups, wraparound services including free Reiki and depression screening tool identifiers, as well as assistance with transportation and medication costs.

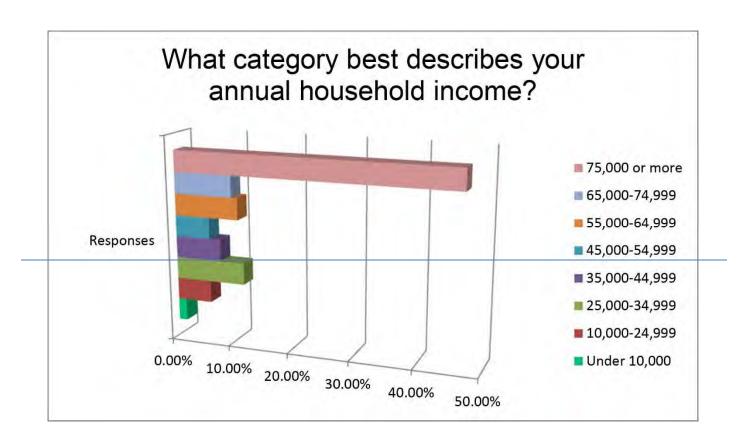
APPENDIX A: 2019 Health Needs Assessment (See attached PDF).

APPENDIX B: Survey Responses: Zip Code/Age/Gender/Income

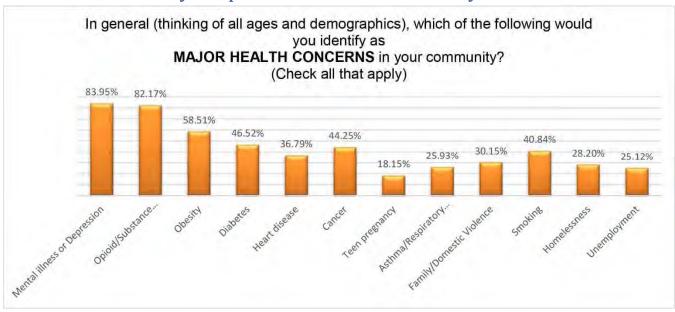




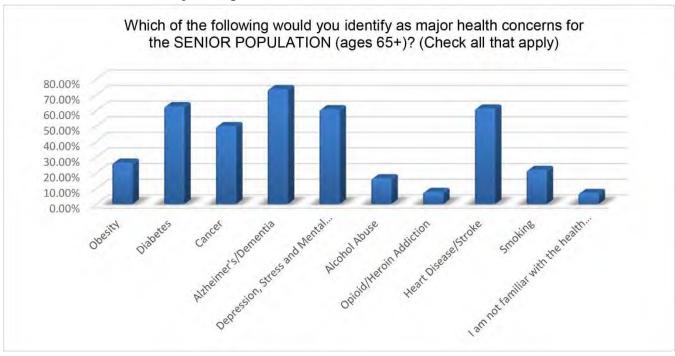




APPENDIX C: Survey Responses: Overall Community Health Concerns

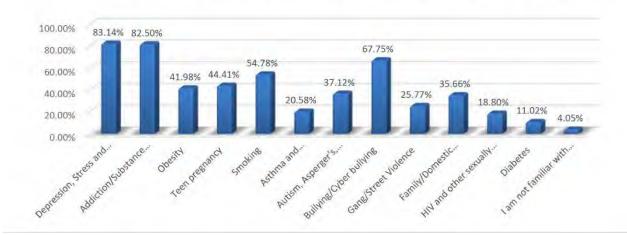


APPENDIX D: Survey Responses: Overall Senior Health Concerns

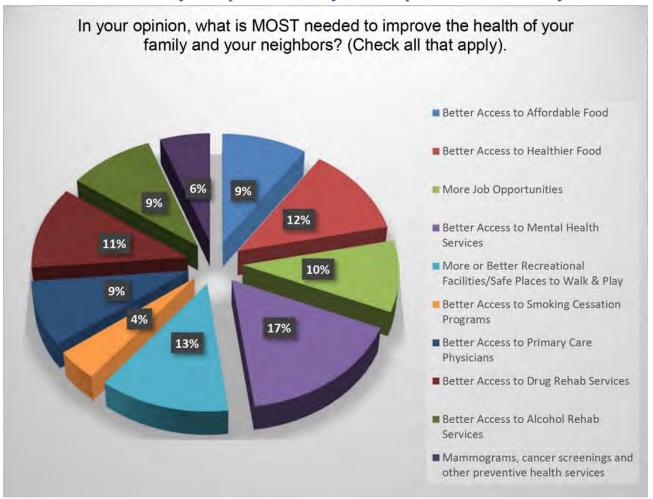


APPENDIX E: Survey Responses: Overall Adolescent Health Concerns

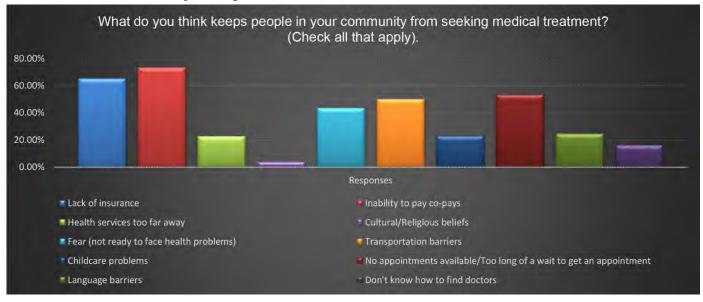
Which of the following would you identify as being major health concerns for the **YOUTH AND ADOLESCENT POPULATION** (17 years and younger)? Check all that apply.



APPENDIX F: Survey Responses: Ways to Improve Community Health



APPENDIX G: Survey Responses: Barriers to Health Care



APPENDIX H: FY2019 ER Visits by Age, Gender

Patient Ages						
<10 yrs old	3,421					
11-19 yrs old	3,904					
20-29 yrs old	6,310					
30-39 yrs old	5,800					
40-49 yrs old	5,059					
50-59 yrs old	5,266					
60-69 yrs old	3,944					
70-79 yrs old	3,109					
80+ yrs old	2,965					
Patient Gender						
Female	21,195					
Male	18,582					
Unspecified	1					

APPENDIX I: Top 10 Diagnoses for ER Visits FY2019

Principle ED Diagnosis	Visit Count
OTHER CHEST PAIN	1389
NAUSEA WITH VOMITING, UNSPECIFIED	926
ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	807
URINARY TRACT INFECTION, SITE NOT SPECIFIED	694
UNSPECIFIED ABDOMINAL PAIN	638
LOW BACK PAIN	573
SYNCOPE AND COLLAPSE	455
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W (ACUTE) EXACERBATION	455
UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	454
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	441

APPENDIX J: Cancer Center Statistics

HARRINGTON HEALTHCARE SYSTEM CANCER CASES 2016 - 2018

YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	TOTAL
2016	23	29	20	25	21	27	21	21	22	23	14	16	262
2017	22	19	27	25	21	25	23	23	20	24	20	26	275
2018	22	24	24	21	29	24	32	22	20	23	19	22	282
TOTALS	67	72	71	71	71	76	76	66	62	70	53	64	819

HARRINGTON HEALTHCARE SYSTEM 2016 - 2018 Analytic Cases by Sex

YEAR	Female	Male	TOTAL
2016	127	135	262
2017	134	141	275
2018	155	127	282
TOTALS	416	403	819

HARRINGTON HEALTHCARE SYSTEM 2016 - 2018 CANCER CASES BY AGE GROUP

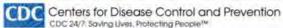
YEAR	18 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 - 99	TOTAL
2016	0	1	5	19	36	86	67	39	9	262
2017	1	3	6	18	60	83	72	21	11	275
2018	0	2	2	14	52	81	85	36	10	282
TOTALS	1	6	13	51	148	250	224	96	30	819

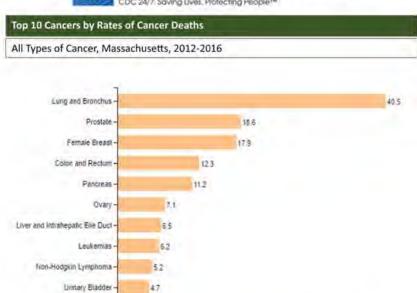
HARRINGTON HEALTHCARE SYSTEM 2016 - 2018 ANALYTIC CASES BY SITE

SITE	2017	2016	2018	TOTAL
Breast	59	46	69	174
Bronchus & Lung	50	49	48	147
Prostate Gland	48	29	32	109
Colon	21	16	19	56
Lymph Nodes	13	14	17	44
Blood & Bone Marrow	14	16	13	43
Urinary Bladder	10	14	11	35
Pancreas	7	7	6	20
Rectum	6	7	7	20
Liver & Bile Ducts	8	7	5	20
Skin	4	7	5	16
Esophagus	3	6	6	15
Unknown Primary	5	1	7	13
Thyroid Gland	3	5	4	12
Kidney	2	4	5	11
Corpus Uteri	2	4	5	11
Larynx	1	4	2	7
Stomach	1	4	1	6
Ovary	0	4	1	5
Other III Defined Sites	2	1	2	5
Testis	1	1	2	4
Heart Mediastinum Pleura	0	3	1	4
Gallbladder	0	1	3	4
Tonsil	2	2	0	4
Retroperitoneum & Peritoneum	0	2	1	3
Meninges	2	0	1	3
Brain	0	2	0	2
Connective Subcutaneous Other Soft Tissue	2	0	0	2
Parotid Gland	2	0	0	2
Pyriform Sinus	0	2	0	2
Base Of Tongue	2	0	0	2
Other Parts Of Tongue	1	1	0	2
Small Intestine	0	1	1	2
Rectosigmoid Junction	1	0	0	1
TOTALS	272	260	274	806

HARRINGTON HEALTHCARE SYSTEM 2016 - 2018 ANALYTIC CASES BY CITY/TOWN

City/Town	2016	2017	2018	TOTALS
SOUTHBRIDGE	55	65	73	193
WEBSTER	36	28	33	97
CHARLTON	23	20	25	68
STURBRIDGE	18	21	25	64
DUDLEY	17	22	17	56
BRIMFIELD	16	7	9	32
SPENCER	5	12	10	27
HOLLAND	4	12	10	26
FISKDALE	7	6	10	23
NORTH BROOKFIELD	8	9	6	23
WEST BROOKFIELD	4	10	8	22
OXFORD	4	6	10	20
EAST BROOKFIELD	6	4	7	17
BROOKFIELD	5	6	5	16
WARREN	6	5	3	14
WALES	7	2	4	13
WOODSTOCK	3	4	3	10
QUINEBAUG	2	4	3	9
CHARLTON CITY	3	3	2	8
NORTH GROSVENORDALE	3	3	1	7
WORCESTER	2	2	3	7
LEICESTER	2	3	1	6
THOMPSON	3	2	0	5
PUTNAM	1	2	0	3
UNION	1	0	2	3
WEST WARREN	1	0	2	3
AUBURN	2	1	0	3
PALMER	2	1	0	3
RUTLAND	0	1	2	3
NEW BRAINTREE	1	1	0	2
BROOKLYN	1	1	0	2
ASHFORD	2	0	0	2
DOUGLAS	0	1	1	2
EASTFORD	0	0	2	2
WOODSTOCK VALLEY	2	0	0	2
SUTTON	1	1	0	2
TOTALS	253	265	277	795



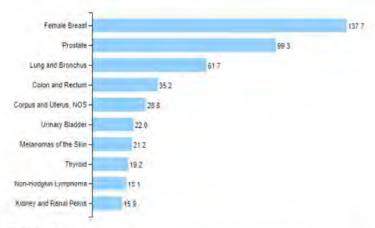


Rate per 100,000 people

Data source – U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, June 2019.



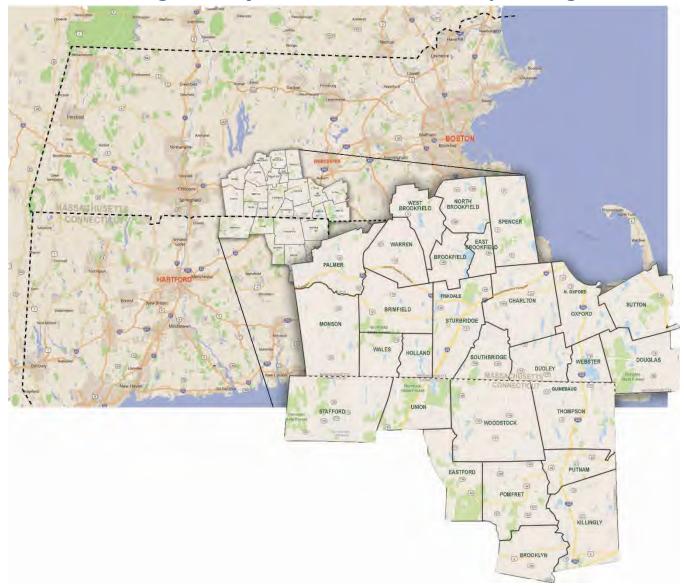




Rate per 100,000 people

Data source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/EdncerMataist_June 2019.

APPENDIX K: Regional Map of Communities Served by Harrington



APPENDIX L: Communities Served: Demographic Data (1 of 3)

	Brimfield	Brookfield	Charlton	Douglas	Dudley	E.Brookfield	Fiskdale
Zip Code	01010	01506	01507	01516	01571	01515	01518
Census (2010)	3,609	3,390	12,981	8,500	11,390	1,323	2,583
Male	1790	1679	6378	4215	5702	647	1107
Female	1819	1711	6603	4256	5688	676	1476
<18 Yrs Old	985	878	3894	2516	3930	339	703
65 & Over	397	458	1000	655	1196	176	359
Median Income	\$50,181	\$59,587	\$82,268	\$79,000	\$63,433	\$61,711	\$52,642
Per Capita Income	\$23,711	\$26,944	\$31,601	\$30,812	\$28,819	\$27,888	\$29,611
% in Poverty	4.4%	6.1%	5.6%	4.6%	5.6%	3.9%	11.4%
High School Graduate	85.6%	83.2%	86.8%	90.8%	83.4%	92.8%	93.8%
Bachelors or more	27.9%	16.8%	26.4%	24.0%	21.0%	22.2%	33.3%
White alone	97.7%	96.3%	94.2%	95.3%	93.8%	94.8%	92.8%
Black /African American alone	0.5%	0.3%	0.6%	0.4%	1.0%	0.6%	0.6%
American Indian /Alaska Native	0.4%	0.1%	0.2%	0.2%	0.1%	0.2%	0.5%
Asian alone	0.1%	0.2%	0.9%	0.9%	0.8%	0.2%	2.0%
Native Hawaiian / Pacific Islander	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Two or more races	0.6%	1.8%	1.1%	1.4%	1.2%	1.5%	1.2%
Hispanic/Latino	1.3%	1.3%	2.9%	1.6%	2.9%	2.6%	2.6%
Opioid Deaths 2012*	0	0	1	2	1	0	-
Opioid Deaths 2013*	0	1	1	0	3	0	-
Opioid Deaths 2014*	0	2	1	0	2	0	-
Opioid Deaths 2015*	0	0	0	2	0	0	-
Top Cause of Death ** 1= Heart Disease, 2=Cancer	2	1	1	2	1	2	-

APPENDIX L: Communities Served: Demographic Data (2 of 3)

	Holland	N.Brookfield	Oxford	Quinebaug, CT	Southbridge	Spencer	Sturbridge
			01537,				
Zip Code	01521	01535	01540	06262	01550	01562	01566
Census (2010)	1,464	2,265	11,291	1,133	16,719	11,688	6,294
Male	784	1105	5566	525	8059	5669	3214
Female	680	1160	5725	608	8660	6019	3403
<18 Yrs Old	408	616	2574	255	3862	2595	1605
65 & Over	126	292	1558	230	2291	1648	843
Median Income	\$69,758	\$46,671	\$64,914	\$57,162	\$43,870	\$45,750	\$56,519
Per Capita Income	\$34,717	\$23,527	\$29,241	\$31,669	\$23,291	\$23,597	\$25,559
% in Poverty	7.3%	5.5%	5.8%	4.1%	16.9%	16.9%	6.1%
High School Graduate	92.1%	87.4%	92.6%	87.0%	81.2%	80.6%	94.4%
Bachelors or more	34.5%	15.4%	25.8%	20.4%	16.3%	17.6%	45.0%
White alone	93.9%	95.2%	96.6%	96.0%	81.2%	95.1%	93.3%
Black /African American alone	0.8%	0.4%	0.6%	0.5%	2.6%	0.8%	0.6%
American Indian /Alaska Native	0.7%	0.6%	0.2%	0.0%	0.5%	0.3%	0.1%
Asian alone	0.8%	0.2%	0.8%	0.5%	1.9%	0.8%	2.3%
Native Hawaiian / Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Two or more races	1.6%	1.3%	1.2%	0.8%	2.9%	1.6%	0.9%
Hispanic/Latino	2.2%	2.3%	2.3%	2.1%	26.6%	4.3%	2.6%
Opioid Deaths 2012*	0	2	3	•	2	0	0
Opioid Deaths 2013*	0	0	1	-	2	1	1
Opioid Deaths 2014*	0	1	5	-	3	3	1
Opioid Deaths 2015*	1	0	3	-	6	8	1
Top Cause of Death ** 1= Heart Disease, 2=Cancer	1	1 / 2 (tie)	1	-	1	2	1

APPENDIX L: Communities Served: Demographic Data (3 of 3)

	Thompson, CT	Union/ Stafford, CT	W. Brookfield	Wales	Warren	Webster	Woodstock, CT
Zip Code	06277	06076	01585	01081	01083	01570	06281, 06262
Census (2010)	9,458	12087	4,554	1,698	1,405	15,767	7,964
Male	4729	5959	2095	861	669	7505	3942
Female	4729	6128	2459	837	736	8262	4022
<18 Yrs Old	2062	2695	1043	425	377	3485	1840
65 & Over	1381	1632	952	124	185	2397	1067
Median Income	\$69,924	\$62,371	\$49,135	\$60,144	\$36,938	\$43,116	\$78,594
Per Capita Income	\$33,643	\$30,952	\$25,191	\$28,324	\$19,797	\$22,329	\$35,502
% in Poverty	5.2%	11.4%	6.8%	3.5%	6.1%	19.2%	3.3%
High School Graduate	88.2%	87.4%	83.1%	85.3%	80.1%	79.6%	96.5%
Bachelors or more	24.9%	20.4%	19.4%	14.8%	6.2%	17.5%	42.0%
White alone	95.9%	95.5%	95.3%	95.8%	95.0%	89.1%	97.2%
Black /African American alone	0.6%	0.7%	1.1%	0.9%	0.6%	3.8%	0.4%
American Indian /Alaska Native	0.4%	0.2%	0.1%	0.2%	0.0%	0.4%	0.3%
Asian alone	0.7%	1.1%	0.4%	0.2%	0.0%	1.0%	0.7%
Native Hawaiian / Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%
Two or more races	1.7%	1.8%	1.1%	1.3%	1.8%	2.6%	1.0%
Hispanic/Latino	1.8%	2.9%	1.9%	1.6%	2.5%	8.9%	1.5%
Opioid Deaths 2012*	0	3	0	0	1	4	0
Opioid Deaths 2013*	0	4	1	0	1	3	0
Opioid Deaths 2014*	0	7	2	0	2	4	1
Opioid Deaths 2015*	4	11	0	0	2	5	1
Top Cause of Death ** 1= Heart Disease, 2=Cancer	1	1	2	1	1	2	1

^{*} MA Town data reported by MA Department of Public Health - Posted November 2016, CT Town data reported by overdose.trendct.org

^{**} MA data reported by MA Department of Public Health; CT data reported by CT Department of Public Health

APPLICATION BY UMASS MEMORIAL HEALTH CARE, INC. FOR DETERMINATION OF NEED FOR CHANGE IN OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 2

[Factor 1.d – Evidence of Agency Contacts]

Kathleen Healy

From:

Conover, Lynn (DPH) < lynn.conover@state.ma.us>

Sent:

Friday, October 16, 2020 11:27 AM

To:

Kathleen Healy; Katharine. Eshghi@umassmemorial.org;

John.Glassburn@umassmemorial.org

Cc:

Rodman, Rebecca (DPH); Szent-Gyorgyi, Lara (DPH); Clarke, Lucy (DPH); Bhuiya, Nazmim

(DPH); Lohnes, Sherman (DPH); Mackie, Walter (DPH)

Subject:

Follow up Re: UMass Memorial Health Care and Harrington Health Care System

Dear Kathleen,

We write to clarify two questions regarding our discussion of the transfer of ownership within Harrington Health Care System and UMass Memorial Health Care.

Based on the information that we have received and on the discussion of October 15, 2020, the DoN program has determined the following:

- 1. the Applicant is the parent organization- UMass Memorial Health Care
- 2. the filing fee is based on the Total Value of Harrington Health Care System as defined in our regulation and in the Filing Fee Advisory of May 12, 2017. https://www.mass.gov/doc/filing-fee-guideline/download

Please feel free to contact us if you have any additional questions or concerns.

Best, Lynn

Lynn Conover, MBA
DoN Analyst
Department of Public Health

From: Szent-Gyorgyi, Lara (DPH)

Sent: Friday, October 16, 2020 10:25 AM

To: Clarke, Lucy (DPH); Conover, Lynn (DPH); Rodman, Rebecca (DPH)

Subject: FW: UMass Memorial Health Care and Harrington Health Care System

From: Kathleen Healy <khealy@verrill-law.com>

Sent: Tuesday, October 6, 2020 2:47 PM

To: Szent-Gyorgyi, Lara (DPH) < Lara. Szent-Gyorgyi@mass.gov>

Cc: 'William Mandell' <bill@piercemandell.com>; 'Glassburn, John' <John.Glassburn@umassmemorial.org>; 'Eshghi, Katharine' <Katharine.Eshghi@umassmemorial.org>; 'margaret.cooke@state.ma.us' <margaret.cooke@state.ma.us>;

Lohnes, Sherman (DPH) < sherman.lohnes@mass.gov>

Subject: RE: UMass Memorial Health Care and Harrington Health Care System

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Lara,

Thank you for your message. Attached please find a letter describing the transaction between UMass Memorial Health Care, Inc. and Harrington Healthcare System, Inc. As we have mentioned, the parties intend to file an application for a determination of need. We would like schedule a time when we can discuss with you the timeline for the regulatory review in light of the pandemic and coordinate the determination of need filing with the suitability review. If you and Sherman suggest a few times that are convenient for you in the next week, the parties will try to make one of those times work.

Thanks again and we look forward to working with you.

Best, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH Portland, ME / Boston, MA T (207) 253-4710

khealy@verrill-law.com verrilldana.com/khealy



From: Szent-Gyorgyi, Lara (DPH) [mailto:lara.szent-gyorgyi@state.ma.us]

Sent: Friday, September 25, 2020 10:20 AM

To: Kathleen Healy

Cc: 'William Mandell'; 'Glassburn, John'

Subject: RE: UMass Memorial Health Care and Harrington Health Care System

Good morning,

I will be picking up my work cell phone this morning and will send you that number once I have it. Either email or cell phone is fine for reaching me.

Regarding applications, the guidelines found at the link below are currently in place. Essentially, applications submitted since as of March 10 have not been issued a filing date.

At such time when that changes a notice will be distributed and the website will be updated.

https://www.mass.gov/service-details/don-guidelines-and-policy-advisories

From:

Kathleen Healy

Sent:

Monday, November 9, 2020 9:16 AM

To:

'Conover, Lynn (DPH)'; 'William Mandell'; 'Glassburn, John'

Subject:

Notice of Intent to File

Attachments:

DoN Notice of Intent (Verrill Draft of 11-6-20)(14227688.3).docx

Good morning, Lynn,

UMMHC and Harrington plan to submit the attached Notice of Intent to File tomorrow afternoon to the Worcester Telegram for publication on Monday, November 16th. Could you please review the attached and let us know if you have any comments about the content. We are planning on publishing in the Telegram only because it serves the towns served by the Project.

Thank you, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH Portland, ME / Boston, MA T(207) 253-4710





From: Szent-Gyorgyi, Lara (DPH) [mailto:lara.szent-gyorgyi@state.ma.us]

Sent: Friday, September 25, 2020 10:20 AM

To: Kathleen Healy

Cc: 'William Mandell'; 'Glassburn, John'

Subject: RE: UMass Memorial Health Care and Harrington Health Care System

Good morning,

I will be picking up my work cell phone this morning and will send you that number once I have it. Either email or cell phone is fine for reaching me.

Regarding applications, the guidelines found at the link below are currently in place. Essentially, applications submitted since as of March 10 have not been issued a filing date.

At such time when that changes a notice will be distributed and the website will be updated.

https://www.mass.gov/service-details/don-guidelines-and-policy-advisories

Best

Lara

This email and any attachment was sent from the law firm Verrill Dana, LLP. It may contain information that is privileged and confidential. If you suspect that you were not intended to receive it, please delete it and notify us as soon as possible. Thank you.

From: Kathleen Healy

Sent: Friday, November 6, 2020 11:12 AM

To: 'Mackie, Walter (DPH)'; 'William Mandell'; 'Glassburn, John'

Cc: Carlson, Stephanie (DPH)

Subject: RE: UMMHC and Harrington Health Care System NOIA

Attachments: OrgChart CURRENT.PDF

Good morning, Walter,

Thanks to you and Stephanie for your time this morning. We agree with the questions you have outlined below, although the question on the CORI forms is more specific. We understand that CORI forms must be submitted by the Applicant (Harrington Memorial Hospital) and UMass Memorial Community Hospitals, Inc. (not UMMHC the ultimate parent). Can you please confirm?

Summary of Transaction

The proposed transaction involves a corporate affiliation between UMass Memorial Health Care, Inc. ("UMMHC") and Harrington HealthCare System, Inc. Pursuant the proposed transaction, UMass Memorial Community Hospitals, Inc. ("UMMCH") will become the sole corporate member of Harrington HealthCare System, Inc. Harrington HealthCare System, Inc. is the sole corporate member of Harrington Memorial Hospital, Inc. and will remain the sole corporate member of Harrington Memorial Hospital, Inc. after the closing of the transaction.

Organizational Chart

Attached please find UMMHC's organizational chart. After the closing of the proposed transaction, Harrington HealthCare System, Inc. will become a sister entity of Marlborough Hospital.

Thank you, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH Portland, ME / Boston, MA T(207) 253-4710

khealy@verrill-law.com verrilldana.com/khealy



From: Mackie, Walter (DPH) [mailto:walter.mackie@state.ma.us]

Sent: Friday, November 6, 2020 10:49 AM

To: Kathleen Healy; 'William Mandell'; 'Glassburn, John'

Cc: Carlson, Stephanie (DPH)

Subject: Re: UMMHC and Harrington Health Care System NOIA

Good morning,

It was nice talking to everyone this morning. Below are the questions I need to get you answers for:

- Who needs to submit CORI releases to the Department?
- Does the applicant need to submit the suitability application disclosure form for question G1?
- What, if anything, does the applicant need to submit for question G4 and will cross referencing the DoN process itself be enough to satisfy G4 on the licensure end of things?

Let me know if I missed anything. Once I hear back from you and have the org chart I will reach out to Rebecca and Sherman for guidance.

If you have any questions or need anything from the Department, feel free to contact me via email or my work cell at any time.

Best Regards,

Walter Mackie, J.D.
Licensure Unit Coordinator
Division of Health Care Facility Licensure & Certification
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752

Cell: (781) 234-8633 Office: (617) 753-8036

Email: Walter.Mackie@State.MA.US

From: Kathleen Healy < khealy@verrill-law.com Sent: Thursday, November 5, 2020 10:23 AM

To: Mackie, Walter (DPH); Lohnes, Sherman (DPH); 'William Mandell'; 'Glassburn, John'

Cc: Carlson, Stephanie (DPH)

Subject: RE: UMMHC and Harrington Health Care System NOIA

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi, Walter, Would you have time to discuss briefly? We are available today from 2:30-4 and tomorrow from 10-12. Thanks, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH Portland, ME / Boston, MA T(207) 253-4710

From:

Kathleen Healy

Sent:

Monday, November 2, 2020 3:58 PM

To:

Lohnes, Sherman (DPH); Mackie, Walter (DPH); 'William Mandell'; 'Glassburn, John'

Subject:

UMMHC and Harrington Health Care System NOIA

Good afternoon Sherman and Walter,

UMass Memorial Health Care, Inc. (UMMHC) and Harrington Healthcare System, Inc. (HHCS) are beginning work on the Notice of Intent to Acquire application for the change of ownership of Harrington Memorial Hospital, Inc. (HMH). Pursuant to the proposed transaction, UMass Memorial Community Hospitals, Inc. (UMMCH) will become the sole corporate member of HHCS. HHCS will remain the sole corporate member of HMH.

We have the following questions about the application and would appreciate your guidance:

- 1. We understand the applicant to be HMH. We plan to list UMMCH as the sole member of HHCS on the NOIA application and provide CORI forms for the UMMCH Board (not UMMHC the ultimate parent of UMMCH). Is that correct? We also plan to provide CORI forms for the HMH Board. Is that correct?
- 2. In the past, we have submitted resumes or short biographies for the board members. Are biographies still acceptable?
- 3. In light of the notarization requirement for the authentication of signature for the CORI form, is remote notarization acceptable?

Thank you in advance with your assistance with these questions.

Best, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH Portland, ME / Boston, MA T(207) 253-4710



From:

Kathleen Healy

Sent:

Tuesday, October 6, 2020 2:47 PM

To:

'Szent-Gyorgyi, Lara (DPH)'

Cc:

'William Mandell'; 'Glassburn, John'; 'Eshghi, Katharine'; 'margaret.cooke@state.ma.us';

'sherman.lohnes@state.ma.us'

Subject:

RE: UMass Memorial Health Care and Harrington Health Care System

Attachments:

Department of Public Health.pdf

Lara,

Thank you for your message. Attached please find a letter describing the transaction between UMass Memorial Health Care, Inc. and Harrington Healthcare System, Inc. As we have mentioned, the parties intend to file an application for a determination of need. We would like schedule a time when we can discuss with you the timeline for the regulatory review in light of the pandemic and coordinate the determination of need filing with the suitability review. If you and Sherman suggest a few times that are convenient for you in the next week, the parties will try to make one of those times work.

Thanks again and we look forward to working with you.

Best, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH Portland, ME / Boston, MA T (207) 253-4710

khealy@verrill-law.com verrilldana.com/khealy



From: Szent-Gyorgyi, Lara (DPH) [mailto:lara.szent-gyorgyi@state.ma.us]

Sent: Friday, September 25, 2020 10:20 AM

To: Kathleen Healy

Cc: 'William Mandell'; 'Glassburn, John'

Subject: RE: UMass Memorial Health Care and Harrington Health Care System

Good morning,

I will be picking up my work cell phone this morning and will send you that number once I have it. Either email or cell phone is fine for reaching me.

Regarding applications, the guidelines found at the link below are currently in place. Essentially, applications submitted since as of March 10 have not been issued a filing date.

At such time when that changes a notice will be distributed and the website will be updated.

https://www.mass.gov/service-details/don-guidelines-and-policy-advisories

Best

Lara

From:

Kathleen Healy

Sent:

Wednesday, September 23, 2020 3:18 PM

To:

'Lara.Szent-Gyorgyi@mass.gov'

Cc:

'William Mandell'; 'Glassburn, John'

Subject:

UMass Memorial Health Care and Harrington Health Care System

Good afternoon, Ms. Szent-Gyorgi,

I represent UMass Memorial Health Care with respect to the proposed corporate affiliation between Umass Memorial Health Care ("UMMHC") and Harrington Health Care System ("HHCS") (collectively, the "Parties"). UMMHC asked me to reach out to you. I understand that your office contacted Andy Levine because it received information that the Parties do not intend to file a determination of need application for the proposed corporate affiliation. The Parties do, in fact, intend to file a determination of need application for the proposed corporate affiliation. The Parties are in the process of obtaining board approvals to move forward with the transaction and are also in the process of negotiating a definitive agreement.

We plan to be back in touch in the next two weeks or so, but would be glad to speak with you before then if you would like.

Thank you, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH One Portland Square Portland, ME 04101-4054

One Federal Street, 20th Floor Boston, MA 02110

T (207) 253-4710



Verrill

KATHLEEN G. HEALY PARTNER khealy@verrill-law.com Direct: 207-253-4710

12 FEDERAL STREET, 20th FLOOR BOSTON, MASSACHUSETTS 02110 617-309-2600 • FAX 617-309-2601 ONE PORTLAND SQUARE PORTLAND, MAINE 04112-0586 207-774-4000 • FAX 207-774-7499 www.vertill-law.com

October 6, 2020

Via E-Mail - Lara. Szent-Gyorgyi@mass.gov

Lara Szent-Gyorgyi, Director Determination of Need Program Massachusetts Department of Public Health Boston, Massachusetts 02108

Re: Request for Consultation: Harrington Healthcare System, Inc.

Dear Lara:

Pursuant to 105 CMR 100.210(A)(1)(d), Harrington Healthcare System, Inc. ("Applicant") hereby requests consultation with the Massachusetts Department of Public Health regarding the proposed corporate affiliation between the Applicant and UMass Memorial Health Care, Inc. ("UMMHC") pursuant to which UMass Memorial Community Hospitals, Inc. ("UMMCH") will become the sole corporate member of the Applicant. The Applicant intends to submit an application to the Department of Public Health for a Determination of Need under 105 CMR 100.000 et seq ("DoN Application") in connection with a transfer of ownership of Harrington Memorial Hospital, Inc. (the "Hospital"). As you are aware, evidence that the Applicant has consulted with all government agencies with relevant licensure, certification, or other regulatory oversight of the Applicant is required as part of the application process.

The Applicant is a Massachusetts nonprofit corporation that owns and operates an integrated health system comprised of the Hospital, an acute care community hospital in Southbridge, Massachusetts, and other service providers that serve a primary service area of the Towns of Southbridge, Sturbridge, Charlton, Dudley, Wales, Webster, Holland, and Fiskdale, Massachusetts. The Applicant is the sole corporate member of the Hospital.

UMMHC is a nonprofit corporation that owns and operates an integrated health care system comprised of a network of hospitals and other service providers that serve residents of the greater Worcester area. UMMHC is the sole corporate member of UMMCH and certain other affiliates.

The Applicant and UMMHC executed an Affiliation Agreement on September 30, 2020, pursuant to which UMMCH will become the sole corporate member of the Applicant ("Transaction"). The Applicant and UMMHC believe that the proposed Transaction will allow each party to further their common nonprofit mission of promoting the health of the communities they serve, and will enhance the Hospital's ability to maintain its status as a high quality, financially secure community hospital, which

Massachusetts Department of Public Health Page 2 October 6, 2020

will allow it to continue to meet and better respond to the health care needs of patients and the community in its service area.

The Applicant plans to file a DoN Application in November. The Applicant and UMMHC would welcome the opportunity to discuss this proposed affiliation in more detail. If you have any questions related to the DoN Application or the Transaction, please contact me by e-mail at khealy@verrill-law.com.

Very truly yours,

Kathleen G. Healy

lathly B. Huly

KGH/pp

Kate Eshghi, Senior Vice President & General Counsel, UMass Memorial Health Care
John R. Glassburn, Associate General Counsel, UMass Memorial Health Care
William M. Mandell, Esquire, Pierce & Mandell, P.C.
Margaret Cooke, General Counsel, Department of Public Health – margaret.cooke@state.ma.us
Sherman Lohnes, Director, Division of Health Care Facility Licensure & Certification sherman.lohnes@state.ma.us

From:

Kathleen Healy < khealy@verrilldana.com>

Sent:

Tuesday, October 6, 2020 2:09 PM

To:

'william.matlack@state.ma.us'

Cc:

'John.Glassburn@umassmemorial.org'; 'Eshghi, Katharine'; 'William Mandell';

'michael.mackenzie@state.ma.us'; 'courtney.aladro@mass.gov'

Subject:

Request for Consultation - OAG

Attachments:

MA Attorney General.pdf

Will,

Please find attached a letter describing the proposed transaction between UMass Memorial Health Care, Inc. and Harrington Healthcare System, Inc., as well as a request for consultation. We look forward to speaking to you and your colleagues.

Best,

Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH Portland, ME / Boston, MA T (207) 253-4710



Verrill

KATHLEEN G. HEALY PARTNER khealy@verrill-law.com Direct: 207-253-4710 12 FEDERAL STREET, 20th FLOOR BOSTON, MASSACHUSETTS 02110 617-309-2600 • FAX 617-309-2601 ONE PORTLAND SQUARE PORTLAND, MAINE 04112-0586 207-774-4000 • FAX 207-774-7499 www.verrill-law.com

October 6, 2020

Via E-Mail - william.matlack@state.ma.us

William T. Matlack Chief, Antitrust Division Commonwealth of Massachusetts Office of the Attorney General Maura Healey One Ashburton Place, 18th Floor Boston, Massachusetts 02108

Re:

Request for Consultation: Harrington Healthcare System, Inc.

Dear Will:

Pursuant to 105 CMR 100.210(A)(1)(d), Harrington Healthcare System, Inc. ("Applicant") hereby requests consultation with the Massachusetts Office of the Attorney General Maura Healey regarding the proposed corporate affiliation between the Applicant and UMass Memorial Health Care, Inc. ("UMMHC") pursuant to which UMass Memorial Community Hospitals, Inc. ("UMMCH") will become the sole corporate member of the Applicant. The Applicant intends to submit an application to the Department of Public Health for a Determination of Need under 105 CMR 100.000 et seq ("DoN Application") in connection with a transfer of ownership of Harrington Memorial Hospital, Inc. (the "Hospital"). As you are aware, evidence that the Applicant has consulted with all government agencies with relevant licensure, certification, or other regulatory oversight of the Applicant is required as part of the application process.

The Applicant is a Massachusetts nonprofit corporation that owns and operates an integrated health system comprised of the Hospital, an acute care community hospital in Southbridge, Massachusetts, and other service providers that serve a primary service area of the Towns of Southbridge, Sturbridge, Charlton, Dudley, Wales, Webster, Holland, and Fiskdale, Massachusetts. The Applicant is the sole corporate member of the Hospital.

UMMHC is a nonprofit corporation that owns and operates an integrated health care system comprised of a network of hospitals and other service providers that serve residents of the greater Worcester area. UMMHC is the sole corporate member of UMMCH and certain other affiliates.

The Applicant and UMMHC executed an Affiliation Agreement on September 30, 2020, pursuant to which UMMCH will become the sole corporate member of the Applicant ("Transaction"). The Applicant and UMMHC believe that the proposed Transaction will allow

Commonwealth of Massachusetts Office of the Attorney General Maura Healey Page 2 October 6, 2020

each party to further their common nonprofit mission of promoting the health of the communities they serve, and will enhance the Hospital's ability to maintain its status as a high quality, financially secure community hospital, which will allow it to continue to meet and better respond to the health care needs of patients and the community in its service area.

The Applicant plans to file a DoN Application in November. The Applicant and UMMHC would welcome the opportunity to discuss this proposed affiliation in more detail. If you have any questions related to the DoN Application or the Transaction, please contact me by e-mail at khealy@verrill-law.com.

Very truly yours,

Kathleen G. Healy

Worthly B. Huly

KGH/pp

cc: Kate Eshghi, Senior Vice President & General Counsel, UMass Memorial Health Care John R. Glassburn, Associate General Counsel, UMass Memorial Health Care William M. Mandell, Esquire, Pierce & Mandell, P.C. Michael MacKenzie, MA AGO, Antitrust Division – michael.mackenzie@state.ma.us Courtney Aladro, MA AGO – courtney.aladro@mass.gov

From:

Kathleen Healy < khealy@verrilldana.com>

Sent:

Thursday, October 1, 2020 1:24 PM

To:

'Matlack, William (AGO)'; William Mandell

Cc:

Leff, Daniel (AGO); John.Glassburn@umassmemorial.org; John Van Lonkhuyzen;

Hoffman, Jerome (JAX - X27330, TAL - X35654)

Subject:

RE: Harrington HealthCare System / UMass Memorial Health Care.

Will,

Thanks for your email. The parties signed a definitive agreement yesterday, September 30th. We plan to send a letter to you and the Public Charities Division describing the transaction early next week and will provide you with courtesy copies of any materials filed with Massachusetts or federal agencies.

Best, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH Portland, ME / Boston, MA T (207) 253-4710

khealy@verrill-law.com verrilldana.com/khealy



From: Matlack, William (AGO) [mailto:william.matlack@state.ma.us]

Sent: Thursday, October 1, 2020 11:30 AM

To: Kathleen Healy <khealy@verrilldana.com>; William Mandell <bill@piercemandell.com>

Cc: Leff, Daniel (AGO) <daniel.leff@state.ma.us>; John.Glassburn@umassmemorial.org; John Van Lonkhuyzen <jvanlonkhuyzen@verrilldana.com>; Hoffman, Jerome (JAX - X27330, TAL - X35654) <Jerome.Hoffman@hklaw.com>

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

Good morning Kate and Bill.

Any update on this matter?

Thanks, Will

From: Kathleen Healy < khealy@verrill-law.com>

Sent: Tuesday, August 18, 2020 8:04 AM

To: Matlack, William (AGO) < william.matlack@mass.gov >; William Mandell < bill@piercemandell.com >

Cc: Leff, Daniel (AGO) < Daniel.Leff@mass.gov >; John.Glassburn@umassmemorial.org; John Van Lonkhuyzen

< ivanlonkhuyzen@verrill-law.com >; Hoffman, Jerome (JAX - X27330, TAL - X35654) < Jerome.Hoffman@hklaw.com >

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

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Hello, Will,

Thanks for checking-in. The Parties still anticipate voting on whether to proceed with the transaction in September and are working on the terms of a definitive agreement. We will update you in September.

Best, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH One Portland Square Portland, ME 04101-4054 T (207) 253-4710

khealy@verrill-law.com verrilldana.com/khealy



From: Matlack, William (AGO) [mailto:william.matlack@state.ma.us]

Sent: Monday, August 17, 2020 11:38 AM

To: Kathleen Healy < khealy@verrilldana.com >; William Mandell < bill@piercemandell.com >

Cc: Leff, Daniel (AGO) < daniel.leff@state.ma.us>

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

Good morning Kate and Bill.

Although it is not September yet, I wonder if you have any update on timing or otherwise at this point regarding this proposed transaction.

Hope you are well.

Best, Will

William T. Matlack
Chief, Antitrust Division
Commonwealth of Massachusetts
Office of Attorney General Maura Healey
One Ashburton Place, 18th Fl.
Boston, MA 02108
o (617) 963-2414 m (617) 913-6162
William.Matlack@mass.gov

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From: Matlack, William (AGO) Sent: Friday, June 12, 2020 9:53 AM

To: Kathleen Healy < khealy@verrill-law.com >; William Mandell < bill@piercemandell.com >

Cc: Leff, Daniel (AGO) < <u>Daniel.Leff@mass.gov</u>>; Aladro, Courtney (AGO) < <u>courtney.aladro@mass.gov</u>>; Lyons, Matthew (AGO) < <u>matthew.lyons@mass.gov</u>>; Hoffman, Jerome (JAX - X27330, TAL - X35654) < <u>Jerome.Hoffman@hklaw.com</u>>; John Van Lonkhuyzen < <u>ivanlonkhuyzen@verrill-law.com</u>>; John.Glassburn@umassmemorial.org

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

Thanks for the update Kate.

Best, Will

From: Kathleen Healy < khealy@verrill-law.com>

Sent: Friday, June 12, 2020 9:39 AM

To: Matlack, William (AGO) < william.matlack@mass.gov >; William Mandell < bill@piercemandell.com >

Cc: Leff, Daniel (AGO) < <u>Daniel.Leff@mass.gov</u>>; Aladro, Courtney (AGO) < <u>courtney.aladro@mass.gov</u>>; Lyons, Matthew (AGO) < <u>matthew.lyons@mass.gov</u>>; Hoffman, Jerome (JAX - X27330, TAL - X35654) < <u>Jerome.Hoffman@hklaw.com</u>>;

John Van Lonkhuyzen < <u>ivanlonkhuyzen@verrill-law.com</u>>; <u>John.Glassburn@umassmemorial.org</u>

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

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Good morning, Will,

The parties expect to provide a more substantive update on timing in September. They are still of the view that a definitive agreement will be signed in September at the earliest, with a closing at the end of the year at the earliest, and more likely in early 2021.

We hope you all remain healthy, too, and enjoy the weekend.

Best, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH One Portland Square Portland, ME 04101-4054 T (207) 253-4710



From: Matlack, William (AGO) [mailto:william.matlack@state.ma.us]

Sent: Wednesday, June 10, 2020 3:39 PM

To: William Mandell < bill@piercemandell.com >; Kathleen Healy < khealy@verrilldana.com >

Cc: Leff, Daniel (AGO) < daniel.leff@state.ma.us >; Aladro, Courtney (AGO) < courtney.aladro@state.ma.us >; Lyons,

Matthew (AGO) <<u>matthew.lyons@state.ma.us</u>>; Hoffman, Jerome (JAX - X27330, TAL - X35654) <<u>Jerome.Hoffman@hklaw.com</u>>; John Van Lonkhuyzen <<u>ivanlonkhuyzen@verrilldana.com</u>>;

John.Glassburn@umassmemorial.org

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

Hi all. Last we spoke in mid-April you gave us an estimate of your timing in terms of completing due diligence and reaching a definitive agreement regarding the above-referenced proposed transaction.

I wonder if you could let us know if that estimate is the same or different as things stand now?

We hope each of you are staying well in these challenging times.

Best, Will

William T. Matlack

Chief, Antitrust Division
Commonwealth of Massachusetts
Office of Attorney General Maura Healey
One Ashburton Place, 18th FI.
Boston, MA 02108
o (617) 963-2414 m (617) 913-6162
William.Matlack@mass.gov

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From: William Mandell < bill@piercemandell.com>

Sent: Monday, April 27, 2020 11:55 AM

To: Kathleen Healy < khealy@verrill-law.com >; Matlack, William (AGO) < william.matlack@mass.gov >

Cc: Leff, Daniel (AGO) < <u>Daniel.Leff@mass.gov</u>>; Aladro, Courtney (AGO) < <u>courtney.aladro@mass.gov</u>>; Lyons, Matthew (AGO) < <u>matthew.lyons@mass.gov</u>>; Hoffman, Jerome (JAX - X27330, TAL - X35654) < <u>Jerome.Hoffman@hklaw.com</u>>;

John Van Lonkhuyzen < ivanlonkhuyzen@verrill-law.com >; John.Glassburn@umassmemorial.org

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

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Agreed

Bill



William M. Mandell

Pierce & Mandell, P.C. 11 Beacon Street, Suite 800 Boston, MA 02108 (617) 720-2444 Phone (617) 720-3693 Fax (617) 619-7231 Direct Fax bill@piercemandell.com www.piercemandell.com

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IRS CIRCULAR 230 DISCLOSURE: There is no tax advice in this email.

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From: Kathleen Healy < khealy@verrill-law.com >

Sent: Monday, April 27, 2020 11:42 AM

To: 'Matlack, William (AGO)' < william.matlack@state.ma.us >; William Mandell < bill@piercemandell.com >

Cc: Leff, Daniel (AGO) < daniel.leff@state.ma.us; Aladro, Courtney (AGO) < courtney.aladro@state.ma.us; Lyons,

Matthew (AGO) <<u>matthew.lyons@state.ma.us</u>>; Hoffman, Jerome (JAX - X27330, TAL - X35654) <<u>Jerome.Hoffman@hklaw.com</u>>; John Van Lonkhuyzen <<u>jvanlonkhuyzen@verrill-law.com</u>>;

John.Glassburn@umassmemorial.org

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

Thanks for your e-mail, Will. We would be glad to provide you and your colleagues with courtesy copies of any materials filed with Massachusetts and federal agencies pertaining to this transaction. Best, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH One Portland Square Portland, ME 04101-4054 T (207) 253-4710



From: Matlack, William (AGO) [mailto:william.matlack@state.ma.us]

Sent: Monday, April 27, 2020 11:02 AM

To: William Mandell < bill@piercemandell.com>

Cc: Leff, Daniel (AGO) < daniel.leff@state.ma.us; Aladro, Courtney (AGO) < courtney.aladro@state.ma.us; Lyons,

Matthew (AGO) < matthew.lyons@state.ma.us >; Hoffman, Jerome (JAX - X27330, TAL - X35654)

<<u>Jerome.Hoffman@hklaw.com</u>>; John Van Lonkhuyzen <<u>jvanlonkhuyzen@verrilldana.com</u>>; Kathleen Healy

< khealy@verrilldana.com >; John.Glassburn@umassmemorial.org

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

Hi all, thank you for the call with our Antitrust and Non-Profit Organizations/Public Charities Divisions on April 14 regarding the status of the above-referenced matter, it was very helpful.

This email is to memorialize my request and your respective agreements to provide copies to the MA Attorney General's Office of all documents your respective clients provide to other MA or Federal agencies regarding the proposed transaction. As I believe I mentioned, please send them to my attention. Please also let me know if you are sending physical materials to our office so we can make appropriate arrangements.

In addition, please let us know if things change regarding timing or otherwise on this matter.

Best, Will Matlack

William T. Matlack Chief, Antitrust Division Commonwealth of Massachusetts Office of Attorney General Maura Healey One Ashburton Place, 18th Fl. Boston, MA 02108 o (617) 963-2414 m (617) 913-6162 William Matlack@mass.gov

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From: William Mandell < bill@piercemandell.com>

Sent: Saturday, April 11, 2020 8:32 PM

To: Matlack, William (AGO) < william.matlack@mass.gov>

Cc: Leff, Daniel (AGO) < <u>Daniel.Leff@mass.gov</u>>; Aladro, Courtney (AGO) < <u>courtney.aladro@mass.gov</u>>; Lyons, Matthew (AGO) < <u>matthew.lyons@mass.gov</u>>; Hoffman, Jerome (JAX - X27330, TAL - X35654) < <u>Jerome.Hoffman@hklaw.com</u>>;

John Van Lonkhuyzen < ivanlonkhuyzen@verrill-law.com >; Kathleen Healy < khealy@verrill-law.com >;

John.Glassburn@umassmemorial.org

Subject: RE: Harrington HealthCare System / UMass Memorial Health Care.

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Hi Will:

Everyone on our end can do a call with you and your team on Tuesday, April 14 at 12:30 PM

Let me know if that works and I will have my assistant circulate a call-in number on Monday

Let me also introduce via this email the lawyers involved in this transaction

My anti-trust co-counsel for HHCS, Jerome Hoffman of Holland & Knight

UMMHC Counsels:

John R. Glassburn III, Associate General Counsel, UMass Memorial Health Care, Inc.

Kathleen G. Healy, Verrill

John W. VanLonkhuyzen, Verrill (UMMHC anti-trust counsel)

We understand the agenda for the call will be:

- > Update on the anticipated timing of the proposed UMMHC HHCS transaction
- > Will there be a HSR filing?

Bill



William M. Mandell

Pierce & Mandell, P.C. 11 Beacon Street, Suite 800 Boston, MA 02108 (617) 720-2444 Phone (617) 720-3693 Fax (617) 619-7231 Direct Fax bill@piercemandell.com www.piercemandell.com

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From:

William Mandell

bill@piercemandell.com>

Sent:

Saturday, April 11, 2020 8:32 PM

To:

Matlack, William (AGO)

Cc:

Leff, Daniel (AGO); Aladro, Courtney (AGO); Lyons, Matthew (AGO); Hoffman, Jerome

(JAX - X27330, TAL - X35654); John Van Lonkhuyzen; Kathleen Healy;

John.Glassburn@umassmemorial.org

Subject:

RE: Harrington HealthCare System / UMass Memorial Health Care.

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John R. Glassburn III, Associate General Counsel, UMass Memorial Health Care, Inc.

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John W. VanLonkhuyzen, Verrill (UMMHC anti-trust counsel)

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From:

Kathleen Healy

Sent:

Friday, October 9, 2020 2:39 PM

To:

'Lois.johnson@state.ma.us'

Cc:

'Eshghi, Katharine'; 'John.Glassburn@umassmemorial.org'; 'William Mandell'

Subject:

Request for Consultation - HPC

Attachments:

Health Policy Commission.pdf

Dear Ms. Johnson,

I represent UMass Memorial Health Care, Inc. with respect to a proposed transaction with Harrington Healthcare System, Inc. Please find attached a letter describing the proposed transaction, as well as a request for consultation. We look forward to speaking to you and your colleagues.

Best, Kate

Kathleen G. Healy PARTNER

Admitted in ME, MA and NH

One Portland Square Portland, ME 04101-4054

One Federal Street, 20th Floor Boston, MA 02110

T (207) 253-4710



Verrill

KATHLEEN G. HEALY PARTNER khealy@verrill-law.com Direct: 207-253-4710 12 FEDERAL STREET, 20th FLOOR BOSTON, MASSACHUSETTS 02110 617-309-2600 • FAX 617-309-2601

ONE PORTLAND SQUARE PORTLAND, MAINE 04112-0586 207-774-4000 • FAX 207-774-7499 www.verrill-law.com

October 9, 2020

Via E-Mail - lois.johnson@mass.gov

Lois H. Johnson, General Counsel Health Policy Commission 50 Milk Street, 8th Floor Boston, Massachusetts 02109

Re: Request for Consultation: Harrington Healthcare System, Inc.

Dear Ms. Johnson:

Pursuant to 105 CMR 100.210(A)(1)(d), Harrington Healthcare System, Inc. ("Applicant") hereby requests consultation with the Health Policy Commission regarding the proposed corporate affiliation between the Applicant and UMass Memorial Health Care, Inc. ("UMMHC") pursuant to which UMass Memorial Community Hospitals, Inc. ("UMMCH") will become the sole corporate member of the Applicant. The Applicant intends to submit an application to the Department of Public Health for a Determination of Need under 105 CMR 100.000 et seq ("DoN Application") in connection with a transfer of ownership of Harrington Memorial Hospital, Inc. (the "Hospital"). As you are aware, evidence that the Applicant has consulted with all government agencies with relevant licensure, certification, or other regulatory oversight of the Applicant is required as part of the application process.

The Applicant is a Massachusetts nonprofit corporation that owns and operates an integrated health system comprised of the Hospital, an acute care community hospital in Southbridge, Massachusetts, and other service providers that serve a primary service area of the Towns of Southbridge, Sturbridge, Charlton, Dudley, Wales, Webster, Holland, and Fiskdale, Massachusetts. The Applicant is the sole corporate member of the Hospital.

UMMHC is a nonprofit corporation that owns and operates an integrated health care system comprised of a network of hospitals and other service providers that serve residents of the greater Worcester area. UMMHC is the sole corporate member of UMMCH and certain other affiliates.

The Applicant and UMMHC executed an Affiliation Agreement on September 30, 2020, pursuant to which UMMCH will become the sole corporate member of the Applicant ("Transaction"). The Applicant and UMMHC believe that the proposed Transaction will allow each party to further their common nonprofit mission of promoting the health of the communities they serve, and will enhance the Hospital's ability to maintain its status as a high quality,

Health Policy Commission Page 2 October 9, 2020

financially secure community hospital, which will allow it to continue to meet and better respond to the health care needs of patients and the community in its service area.

The Applicant plans to file a DoN Application in November. The Applicant and UMMHC would welcome the opportunity to discuss this proposed affiliation in more detail. If you have any questions related to the DoN Application or the Transaction, please contact me by e-mail at khealy@verrill-law.com.

Very truly yours,

Kathleen G. Healy

lathy B. Huly

KGH/pp

cc: Kate Eshghi, Senior Vice President & General Counsel, UMass Memorial Health Care John R. Glassburn, Associate General Counsel, UMass Memorial Health Care William M. Mandell, Esquire, Pierce & Mandell, P.C.

Verrill

KATHLEEN G. HEALY PARTNER khealy@verrill-law.com Direct: 207-253-4710 12 FEDERAL STREET, 20th FLOOR BOSTON, MASSACHUSETTS 02110 617-309-2600 • FAX 617-309-2601

ONE PORTLAND SQUARE PORTLAND, MAINE 04112-0586 207-774-4000 • FAX 207-774-7499 www.verrill-law.com

October 9, 2020

Via E-Mail - Steven.sauter@state.ma.us

Steven Sauter, Director
Executive Office of Health and Human Services
Office of Providers and Plans
MassHealth
100 Hancock Street, 6th Floor
Quincy, Massachusetts 02171

Re: Request for Consultation: Harrington Healthcare System, Inc.

Dear Mr. Sauter:

Pursuant to 105 CMR 100.210(A)(1)(d), Harrington Healthcare System, Inc. ("Applicant") hereby requests consultation with the Executive Office of Health and Human Services regarding the proposed corporate affiliation between the Applicant and UMass Memorial Health Care, Inc. ("UMMHC") pursuant to which UMass Memorial Community Hospitals, Inc. ("UMMCH") will become the sole corporate member of the Applicant. The Applicant intends to submit an application to the Department of Public Health for a Determination of Need under 105 CMR 100.000 et seq ("DoN Application") in connection with a transfer of ownership of Harrington Memorial Hospital, Inc. (the "Hospital"). As you are aware, evidence that the Applicant has consulted with all government agencies with relevant licensure, certification, or other regulatory oversight of the Applicant is required as part of the application process.

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MassHealth Executive Office of Health and Human Services Page 2 October 9, 2020

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Very truly yours,

Kathleen G. Healy

lathly B. Huly

KGH/pp

cc: Kate Eshghi, Senior Vice President & General Counsel, UMass Memorial Health Care John R. Glassburn, Associate General Counsel, UMass Memorial Health Care William M. Mandell, Esquire, Pierce & Mandell, P.C.

APPLICATION BY UMASS MEMORIAL HEALTH CARE, INC. FOR DETERMINATION OF NEED FOR CHANGE IN OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 3

[Notice of Intent]

TELEGRAM&GAZETTE

Translate to



mailto:DPH.DON@State.MA.US





LEGAL NOTICES

PLANNING BOARD NOTICE of PUBLIC HEARING

Notice is hereby given that the Planning Board will hold a Public Hearing on Wednesday, December 2, 2020 at 7:30 PM by remote participation on the petition of Roland Meunier applying for a Special Permit for an accessory apartment at 72 Beaman Road as required by Princeton Zoning Bylaws Section XVII, 1. Property is identified on Assessors Map #4, Lot 31.

A copy of the application may be reviewed at the Town Hall, Monday-Thursday from 8:00 AM to 4:00 PM—by appointment, call 978-464-2100. All interested parties are invited to attend remotely online or by phone using GoToMeeting access codes to be posted in the meeting agendas on the Town Website public meeting calendar.

Princeton Planning Board John Mirick, Chairman Nov. 16 & 24, 2020

Public Announcement Concerning a Proposed Health Care Project

On November 30, 2020, UMass Memorial Health Care, Inc. ("Applicant"), located at One Biotech Park, 365 Planation Street, Worcester, Massachusetts 01605, intends to file an application for a Notice of Determination of Need with the Department of Public Health with respect to a change in the corporate control of Harrington Memorial Hospital, Inc. ("HMH") located at 100 South Street, South-bridge, Massachusetts 01550. The Applicant intends to acquire control of HMH by becoming the sole corporate member of HMH's parent organization, Harrington HealthCare System, Inc. ("Projec-t"). HMH is a nonprofit community hospital. The total value of the Project based on net patient service revenue is \$143,325,965. The Applicant does not anticipate any price or service impacts on the Applicant's existing patient panel as a result of the Project. Any ten taxpayers of Massachusetts may register in connection with the intended Application by no later than December 30, 2020 or 30 days from the Filing Date, whichever is later, by contacting the Department of Public Health Determination of Need Program at Department of Public Health, Attention: Program Director, Determination of Need Program, 250 Washington Street, 4th Floor. Boston, Massachusetts 02108 DPH.DON@State.MA.US.

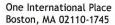
November 16, 2020

Webster Conservation Commission

APPLICATION BY UMASS MEMORIAL HEALTH CARE, INC. FOR DETERMINATION OF NEED FOR CHANGE IN OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 4

[Factor 4 – Independent CPA Analysis]



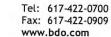


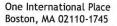
Tel: 617-422-0700 Fax: 617-422-0909 www.bdo.com

Analysis of the Reasonableness of Assumptions Used For and Feasibility of Projected Financials of:

UMass Memorial Heath Care, Inc.

For the Years Ending September 30, 2021 Through September 30, 2025







December 14, 2020

UMass Memorial Healthcare, Inc. Harrington HealthCare System, Inc. c/o Mr. Thomas Sullivan Chief Financial Officer Harrington HealthCare System, Inc. 100 South Street Southbridge, MA 01550

RE: Analysis of the Reasonableness of Assumptions and Projections Used to Support the Financial Feasibility and Sustainability of the Proposed Project

Dear Mr. Sullivan:

Enclosed is a copy of our report on the reasonableness of assumptions used for and feasibility of the financial projections for UMass Memorial Healthcare, Inc. Please contact me to discuss this report once you have had an opportunity to review.

Sincerely,

BDO USA, LLP

Steve Doneski Partner, BDO USA LLP

TABLE OF CONTENTS

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l.	EXECUTIVE SUMMARY	. 2
II.	RELEVANT BACKGROUND INFORMATION	. 2
III.	SCOPE OF REPORT	. 6
IV.	SOURCES OF INFORMATION UTILIZED	. 7
٧.	REVIEW OF THE PROJECTIONS	. 8
VI.	FEASIBILITY	. 14

December 14, 2020

UMass Memorial Healthcare, Inc. Harrington HealthCare System, Inc. c/o Mr. Thomas Sullivan Chief Financial Officer Harrington HealthCare System, Inc. 100 South Street Southbridge, MA 01550

RE: Analysis of the Reasonableness of Assumptions and Projections Used to Support the Financial Feasibility and Sustainability of the Proposed Project

Dear Mr. Sullivan:

We have performed an analysis related to the reasonableness and feasibility of the financial projections (the "Projections") of UMass Memorial Healthcare, Inc. ("UMass Memorial Healthcare", "UMMHC" or "the Applicant"), related to the proposed integration and corporation affiliation between UMMHC and Harrington HealthCare System, Inc. ("Harrington HealthCare" or "HHCS"), whereby HHCS shall become a local community health system within the UMMHC system (the "Proposed Project"). This report details our analysis and findings with regard to the reasonableness of assumptions used in the preparation of the Projections and feasibility of the projected financial results prepared by the management of UMMHC and HHCS ("Management"). This report is to be used by UMMHC in connection with its Determination of Need ("DON") Application - Factor 4(a) and should not be distributed or relied upon for any other purpose.



I. <u>EXECUTIVE SUMMARY</u>

The scope of our review was limited to an analysis of the consolidated UMMHC five-year financial projections for the Applicant for the fiscal years ending September 30, 2021 through 2025 prepared by Management and the supporting documentation in order to render an opinion as to the reasonableness of assumptions used in the preparation and feasibility of the Projections. The scope of our analysis excluded UMMHC's fiscal year 2020 financial results. Notably, although the Applicant's fiscal year 2020 financial statements were not final (i.e., audited) as of the date of our review procedures, they were based on actual historical results and therefore not part of the Projections.

The Projections exhibit a cumulative operating EBITDA surplus of approximately 0.2 percent of cumulative projected revenue for UMMHC for the five years from FY 2021 through 2025. Based upon our review of the relevant documents and analysis of the Projections, we determined the anticipated operating EBITDA surplus is a reasonable expectation and based upon feasible financial assumptions. Accordingly, we determined that the Projections are reasonable and feasible, and not likely to have a negative impact on the Applicant's patient panel or result in a liquidation of UMMHC's assets. A detailed explanation of the basis for our determination of reasonableness and feasibility is contained within this report.

II. RELEVANT BACKGROUND INFORMATION

The Applicant, UMass Memorial Health Care, Inc. is a Massachusetts nonprofit corporation that owns and operates an integrated health care system comprised of a network of hospitals, including one academic teaching hospital and two community hospitals, as well as other health care providers that serve the residents of Central Massachusetts. UMMHC is the sole corporate member of UMass Memorial Community Hospitals, Inc. ("UMMCH") and certain other affiliates.



Harrington HealthCare System, Inc. is a Massachusetts nonprofit corporation that owns and operates an integrated health system comprised of the following three affiliates: (1) Harrington Memorial Hospital, Inc. ("HMH"), which operates an acute care community hospital with two campuses located in Southbridge and Webster, Massachusetts; (2) Harrington Physician Services, Inc. ("HPS"), which operates a primary care and multi-specialty community medical practice that has offices in South Worcester County and includes the primary service area of the towns of Southbridge, Sturbridge, Charlton, Dudley, Wales, Webster, Holland, and Fiskdale, Massachusetts; and (3) Harrington Healthcare Provider Organization Inc. ("HHPO"), a taxable nonprofit managed care contracting organization, in which HMH has 50 percent ownership interest.

On September 30, 2020, HHCS and UMMHC entered into an Affiliation Agreement, pursuant to which UMMHC will become the sole corporate member of HHCS. HHCS and UMMHC believe that the proposed corporate affiliation, which builds on the longstanding relationship between the parties, will allow the parties to further their common nonprofit missions of promoting the health of the communities they serve, and will enhance HMH's ability to maintain its status as a high quality, financially secure community hospital, which will allow it to continue to meet and better respond to the health care needs of patients and the communities in its service area.

The Proposed Project will also permit HHCS to have greater access to capital for service, equipment and physical plant improvements that will result in better access to community-based high quality care for patients in the Harrington HealthCare service area. For example, the Proposed Project will enable HHCS to obtain more advanced health information technology that will enhance and expand the use of health data for accountable care and other value-based and population health managed care contracts and allow HHCS to better manage patient care by improving the quality of care while lowering the cost of care for the residents of the Harrington Healthcare service area.



In addition, HHCS and UMMHC believe the Proposed Project will strengthen HHCS' ability to recruit physicians, which will enhance access to primary and specialty care and support the existence of high quality and cost-effective care in the HHCS service area, an area with limited public transportation. The Proposed Project will also allow UMMHC to expand its physician and community hospital network to ensure that patients continue to have access to high quality, cost-effective health care services in the most appropriate clinical setting. UMass Memorial Medical Center regularly operates at capacity and often has no room for additional patients, so it is a key priority of UMMHC to keep hospital-based care local for patients who can be served by a community hospital. UMMHC's strategy is to support clinical care in its community hospitals in order to keep care accessible and affordable. The greater alignment with HHCS is intended to allow patients in the HHCS service area to remain in that service area. Although HMH currently relies on UMMHC for specialists, the Proposed Project will further align specialist coverage between the two systems. Without this specialist support, HMH would be hard-pressed to keep coverage. Increased specialist coverage by UMMHC to the HHCS service area will expand access in South Worcester County, and allow HMH and HPS to provide high quality care and avoid the outmigration of patients to more expensive tertiary level care.

Importantly, the Proposed Project advances UMMHC's strategic priority of health equity and fully integrates HHCS into UMMHC's health equity work. The Proposed Project includes community investment funding for social determinants of health in the HHCS service area including housing, food insecurity, behavioral health and opioid addiction and transportation, all which have been identified by the HHCS Community Health Needs Assessment. The Proposed Project also identifies specific goals for increasing local hiring and inclusive, local and sustainable purchasing. The Proposed Project specifically targets resources towards needs identified in the HHCS Community Health Needs Assessment and other identified local health disparities.



HHCS currently provides significant behavioral health services in its service area, including an inpatient psychiatric unit at the HMH Southbridge campus, an Addiction Immediate Care program, and an inpatient co-occurring diagnosis unit at the HMH Webster campus. The Proposed Project expressly allows HHCS to continue to provide and further develop these services.

Finally, the Proposed Project will allow HHCS to remain financially viable. Any degradation in HHCS's revenue, which will be certain to occur without the Proposed Project, would make it difficult for HHCS to maintain the necessary level of hospital and other medical services in its community, which is geographically isolated and has a high proportion of minority, low income residents who are insured through government programs. The Proposed Project will allow HHCS, as an affiliate of UMMHC, to improve access to high quality care in the Harrington HealthCare service area with no expected material impact on rates of payment. While HMH has some services that do not operate at a loss, HHCS experiences annual financial losses overall. As with the remaining independent community health systems/hospitals in Massachusetts, HHCS' future long-term viability as a standalone community hospital is threatened. The Proposed Project will strengthen HHCS' financial viability through financial support, operational efficiencies, and greater clinical alignment.

In sum, the Proposed Project, will add measurable public health value for the patient panels served by both UMMHC and HHCS and will permit HHCS to continue to provide high quality, low cost health care to the residents of South Worcester County.

III. SCOPE OF REPORT

The scope of this report is limited to an analysis of the five-year Projections for the fiscal years ending September 30, 2021 through 2025, prepared by Management, and the supporting documentation in order to render an opinion as to the reasonableness of assumptions used in the



preparation and feasibility of the Projections. Reasonableness is defined within the context of this report as supportable and proper, given the underlying information. Feasibility is defined as based on the assumptions used, the Proposed Projects are not likely to result in a liquidation of the underlying assets or the need for reorganization.

This report is based on prospective financial information provided to us by Management. BDO understands the prospective financial information was developed as of November 25, 2020 and is still representative of Management's expectations as of the drafting of this report. BDO has not audited or performed any other form of attestation services on the projected financial information related to the operations of UMMHC (or HHCS).

If BDO had audited the underlying data, matters may have come to our attention that would have resulted in our using amounts that differ from those provided. Accordingly, we do not express an opinion or any other assurances on the underlying data or projections presented or relied upon in this report. We do not provide assurance on the achievability of the results forecasted by the Applicant because events and circumstances frequently do not occur as expected, and the achievement of the forecasted results is dependent on the actions, plans, and assumptions of Management. We reserve the right to update our analysis in the event that we are provided with additional information.

IV. SOURCES OF INFORMATION UTILIZED

In formulating our conclusions contained in this report, we reviewed documents produced by Management as well as third party industry data sources. The documents and information upon which we relied are identified below or are otherwise referenced in this report:



- Financial Model for UMMHC & HHCS individually and on a combined basis for the periods ending September 30, 2021 through September 30, 2025;
- Proposed fiscal year 2021 UMMHC Budget Presentation to the UMMHC Finance Committee on September 22, 2020, which also includes discussions regarding fiscal year 2020 performance;
- 3. Affiliation Agreement by and between UMass Memorial Healthcare and Harrington Healthcare Systems, dated September 30, 2020;
- 4. Draft UMMHC Application Form for DON Application;
- Audited Financial Statements for both UMass Memorial Healthcare, Inc. and Harrington HealthCare System, Inc. for Fiscal Years Ended September 30, 2019 and 2018;
- 6. UMass Memorial Healthcare Quarterly Report ended June 30, 2020
- 7. RMA Annual Statement Studies, published by The Risk Management Association;
- 8. Definitive Healthcare data;
- 9. IBISWorld Industry Report, Hospitals in the US, dated October 2020;

V. REVIEW OF THE PROJECTIONS

This section of our report summarizes our review of the reasonableness of the assumptions used and feasibility of the Projections. Notably, Management indicated the Projections exclude the impact of inflation on both operating revenue and operating expenses after FY 2021. As such, the Projections consider only the impact of volume on both projected revenue (i.e., the number of patient days, discharges, cases/procedures, WRVUs, etc.) and operating expenses (i.e., the number of case/procedures, FTEs, etc.) for the remainder of the projected period (FY 2022 through FY 2025). Per discussions with Management, we understand that historically the impact of inflation has been similar for both operating revenue and operating expenses. We were not provided with, and therefore did not review, any historical information pertaining to the historical impact of inflation for either operating revenue or operating expenses and therefore relied on Management's



assumption that the impact of inflation would be neutral (the impact of inflation on operating revenue and operating expenses would offset) from FY 2022 to FY 2025. We understand Management discussed this simplifying assumption with staff members from the Massachusetts Department of Public Health prior to preparing the Projections.

The following table presents the Key Metrics, as defined below, which compare the forecasted operating results of the performance of UMMHC after the affiliation to market information from RMA Annual Studies ("RMA"), IBISWorld, and Definitive Healthcare to assess the reasonableness of the Projections.

Key Financial Metrics and Ratios			Projected			And the second	Industry Data (1)	
Post-Affiliation UMMHC Projection	2021	2022	2023	2024	2025	RMA - Medical and Surgical Hospitals	IBIS - Hospitals in the US	Definitive Healthcare
Profitability								The dittined to
Operating Margin (%)	-0.1%	0.0%	0.0%	0.0%	0.1%	2.2%	NA	-6.2%
Excess Margin (%)	0.3%	0.3%	0.4%	0.4%	0.4%	1.1%	NA	1.9%
Debt Service Coverage Ratio (x)	2.9x	3.2x	3.0x	3.4x	3.4x	NA	NA NA	NA NA
Liquidity						- INA	INA	INA
Days Available Cash and Investments on Hand (#)	134.2	132.6	133.8	134.6	136.2	NA	NA	14.6
Operating Cash Flow (%)	3.1%	4.2%	4.6%	4.7%	4.7%	NA NA	6.6%	NA (
Solvency						110	0.0%	IIA (
Ratio of Long Term Debt to Total Capitalization (%)	37.6%	35.7%	33.3%	31.2%	29.1%	37.5%	NA	NA
Ratio of Cash Flow to Long Term Debt (%)	15.0%	21.5%	25.5%	27.2%		NA NA	NA NA	NA NA
Net Assets Without Donor Restrictions (\$ in thousands)	\$ 1,050,934	\$ 1,088,108	\$ 1,131,142			NA NA	NA NA	NA NA
Total Net Assets (\$ in thousands)	\$ 1,158,220	\$1,198,394	\$ 1,244,519	1,000	\$ 1,334,390	\$60,308	NA NA	NA NA

Faatnotes:

(1) Industry data metrics based on each data source's respective definitions and may differ from the definitions listed below. Further, we note industry metrics only include hospitals and do not reflect health systems, including physician organizations.

(2) Profit before taxes margin from RMA data and net income margin from Definitive Healthcare data treated as an equivalent to excess margin.

(3) Operating Cash Flow does not take into account of the cash outflow from taxes.

The Key Metrics fall into three primary categories: profitability, liquidity, and solvency. Profitability metrics are used in the evaluation of management performance in how efficiently resources are utilized. Liquidity metrics, including common ratios such as "days of available cash and investments on hand", measure the quality and adequacy of assets to meet current obligations as they come due. Solvency metrics measure the company's ability to take on and service debt obligations. Additionally, certain metrics can be applicable to multiple categories. The table below shows how each of the Key Metrics is calculated.



Key Financial Metrics and Ratios	
Ratio Definitions	Calculation
Profitability	
Operating Margin (%)	(Loss)/Gain on Operations Divided by Total Operating Revenue
Excess Margin (%)	Excess of Revenue Divided by (Total Operating Revenues + Non-Operating Income)
Debt Service Coverage Ratio (x)	(Excess of Revenue + Depreciation and Amortization + Interest) Divided by (Principal Payments and Interest)
Liquidity	
Days Available Cash and Investments on Hand (#)	(Cash and Investments) Divided by [(Total Operating Expenses Less Depreciation and Amortization) Divided by 365 Days]
Operating Cash Flow (%)	(Operating Income + Depreciation + Change in Working Capital) Divided by Total Operating Revenue
Solvency	
Ratio of Long Term Debt to Total Capitalization (%)	Long Term Debt (Noncurrent Portion of Long Term Debt + Long Term Lease Obligations) Divided by Total Capitalization (Long Term Debt and Unrestricted Net Assets)
Ratio of Cash Flow to Long Term Debt (%)	Total Cash Flows from Operations (Operating Income + Depreciation + Change in Working Capital) Divided by Long Term Debt (Noncurrent Portion of Long Term Debt + Long Term Lease Obligations)
Net Assets Without Donor Restrictions (\$ in thousands)	Total Unrestricted Net Assets
Total Net Assets (\$ in thousands)	Total Net Assets

1. Revenue

We analyzed the projected revenue within the Projections. Revenue for the Applicant includes net patient service revenue and other operating revenue. We note that the cumulative net patient revenue comprises 92.9 percent of the cumulative total net revenue from FY 2021 through FY 2025.

Total operating revenue for the Projections are expected to grow by 3.7 percent in FY 2021 when compared to FY 2020. We note that FY 2020 revenue includes approximately \$158.0 million in Provider Relief Funds received from the U.S. Department of Health & Human Services ("HHS") pursuant to the CARES Act. For the remainder of the Projection Period (FY 2022 through FY 2025), Management projected revenue growth of 0.0 percent. As noted previously, the FY 2022 through FY 2025 revenue projections consider changes in volume only, not the impact of inflation or price increases. Total operating revenue in FY 2021 for UMMHC, which represents 94.6 percent of the total combined operating revenue within the Projections, reflects the budget presented to and approved by the UMMHC Finance Committee. Per the budget presentation, revenue growth in FY 2021 is largely due to Management's expectation that operations will return to normal after being



significantly impacted by the global pandemic caused by COVID-19. The return to normal operations is largely offset by the absence of Provider Relief Funds under the CARES Act in FY 2021. When compared with FY 2019 (the last year of normal operations prior to COVID-19), FY 2021 revenue is expected to increase by approximately 10.2 percent. Management indicated that this expected revenue growth relates to several initiatives that UMMHC has implemented since FY 2018 which will enable the Applicant to operate more efficiently. One such initiative is UMMHC's ambulatory transformation which has helped the Applicant more efficiently utilize its existing clinical network and staff. Another example is UMMHC's implementation of a new comprehensive electronic health record ("HER") system in FYs 2018 and 2019. UMMHC also plans to continue to add new clinical staff (surgeons, physicians, etc.) in areas where there is unmet need within its system, like urology. As a result of UMMHC's various operating improvement initiatives, the Applicant expects to be able to allocate patients with low acuity cases more efficiently and enable senior physicians to focus more on providing care to an expanded patient group with higher acuity levels. As a result, accepting higher level acuity cases will help increase UMMHC's volume and value per unit metrics. The operating revenue growth (in FY 2021) is also supported by the operational return of facilities and staffs that were not available in FY 2020.

In order to determine the reasonableness of the projected revenue, we reviewed the underlying assumptions upon which Management relied. Based upon our review of the information provided and the discussions noted above, we understand Management relied upon historical operating results and anticipated demographic trends in UMMHC service area. The revenue growth anticipated for FY 2021 is below the three year compound annual growth rate ("CAGR") and also within the range of annual revenue growth rates for the Applicant between FY 2017 and FY 2020 as indicated in the table below.



	FY2021 Growth	CAGR (2017 - 2020)	Annual Growth Range (2017 - 2020)
Revenue Projection	3.7%	4.7%	2.2% - 6.3%

Based upon the foregoing, it is our opinion that the revenue growth projected by Management reflects a reasonable estimation of future revenue of UMMHC. We note that the assumed revenue growth of 0.0 percent beyond FY 2021 is based solely on Management's consideration of changes in volume only, not the impact of inflation or price increases beyond FY 2021. We further note that Management's assumption of de minimis volume growth beyond FY 2021 is consistent with recent historical and projected demographic trends in UMMHC's service areas ranging from 0.4 percent to 0.5 percent annually.

2. Operating Expenses

We analyzed each of the categorized operating expenses for reasonableness and feasibility related to the Projections. The operating expenses in the analysis include salaries and wages, employee benefits, professional fees, purchased services, pharmacy, medical supplies, non-medical supplies, utilities, insurance, rental leases, other direct expenses, system allocation expenses, depreciation and amortization, and interest expenses. Total expenses within the Projections are projected to grow by 3.1 percent and 10.0 percent in FY 2021 in comparison to FY 2020 and FY 2019, respectively. Thereafter, similar to operating revenue, Management held operating expenses constant, assuming a 0.0 percent growth for FY 2022 through FY 2025, except for interest expense which is projected based on UMMHC's projected level of debt and current terms.

The following table indicates the increase in FY 2021 is slightly below the three year compound annual growth rate ("CAGR") and the annual revenue growth rate between FY 2017 and FY 2020. The main drivers of the slightly lower expense growth are the operational improvement plan,



transformation initiatives, and other investments made by UMMHC in FY 2017 through FY 2019 as discussed in the revenue section. Collectively, these efforts are expected to enable UMMHC to operate more efficient and cut down on administrative costs. In addition, since most of these investments have been completed, UMMHC's consulting and other professional services expenses are expected decrease.

	FY2021 Growth	CAGR (2017 - 2020)	Annual Growth Range (2017 - 2020)
Expense Projection	3.1%	4.9%	3.5% - 6.8%

Based upon the foregoing, it is our opinion that the operating expenses within the Projections reflect reasonable estimation of future expenses of the Applicant. We note that the projected total expenses as a percentage of total revenue range from 99.9 percent to 100.1 percent from FY 2021 to FY 2025. We further note that this level of total expenses is consistent with the combined historical total expenses as a percentage of total revenue which ranged from 99.9 percent to 101.2 percent from FY 2017 to FY 2020.

3. Capital Expenditures

Management indicated there is no significant investment or growth capital expenditures in the Projections, except the plan to replace certain obsolete equipment at UMMHC in 2020. Our understanding is the FY 2020 capital expenditures budget was approved by UMMHC's finance committee. For FY 2022 through FY 2025, the capital expenditures were projected to be consistent with the forecasted depreciation and amortization. Based upon the foregoing, it is our opinion that the capital expenditures projected by Management reflect reasonable estimation of future capital outlay of UMMHC.



VI. <u>FEASIBILITY</u>

We analyzed the Projections and Key Metrics for the Proposed Project. In preparing our analysis we

considered multiple sources of information including industry metrics, historical results, and

Management expectations. It is important to note that the Projections do not account for any

anticipated changes in accounting standards. These standards, which may have a material impact

on individual future years, are not anticipated to have a material impact on the aggregate

Projections.

Within the projected financial information, the Projections exhibit a cumulative operating EBITDA

surplus of approximately 0.2 percent of cumulative projected operating revenue for the five years

from FY 2021 through FY 2025. Based upon our review of the relevant documents and analysis of

the Projections, we determined the anticipated EBITDA surplus is a reasonable expectation and

based upon feasible financial assumptions. Accordingly, we determined that the Projections are

reasonable and feasible, and not likely to have a negative impact on the patient panel or result in

a liquidation of assets of UMMHC.

Respectively submitted,

Sincerely,

Steve Doneski

BDO USALLEP

Partner, BDO USA LLP

APPLICATION BY
UMass Memorial Health Care, Inc.
FOR DETERMINATION OF NEED
UNDER 105 CMR 100.600-603
FOR CHANGE IN OWNERSHIP
OF
HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 5

[HPC Notices of Material Change Forms]

APPLICATION BY UMASS MEMORIAL HEALTH CARE, INC. FOR DETERMINATION OF NEED FOR CHANGE IN OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 5

[HPC Notices of Material Change Forms]



NOTICE OF MATERIAL CHANGE FORM

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. 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. 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

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:	December 8, 2020
1.	Name: UMass Memorial Healt	h Care, Inc.			
	Federal TAX ID#	MA DPH I	acility ID#	NPI	[#
2.	04-3358566				
Con	NTACT INFORMATION				
3.	Business Address 1: One Biotech	Park, 365 Plantati	on Street		
4.	Business Address 2:				
5.	City: Worcester	State: MA		Zip Code: 0160	5
6.	Business Website: www.umassm	emorialhealthcare	org		
7.	Contact First Name: Katharine		Contact Last	Name: Eshghi	
8.	Title: Senior Vice President a	nd General Couns	el		
9.	Contact Phone: 508-334-1700		Extension:		
10_	Contact Email: katharine.eshghi	@umassmemorial	org		

DESCRIPTION OF ORGANIZATION

11. Briefly describe your organization.

UMass Memorial Health Care, Inc. ("UMMHC"), is a Massachusetts nonprofit corporation that owns and operates an integrated health care system comprised of a network of hospitals, including one academic teaching hospital and two community hospitals, as well as other health care providers that serve the residents of Central Massachusetts. UMMHC is the sole corporate member of UMass Memorial Community Hospitals, Inc. ("UMMCH") and certain other affiliates.

Type of Material Change
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.

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:

The proposed material change involves the affiliation of Harrington HealthCare System, Inc ("HHCS") with UMMHC, pursuant to which UMMCH will become the sole corporate member of HHCS. UMMHC will then become the "ultimate parent" of HHCS. HHCS and UMMHC believe that the proposed corporate affiliation (the "Project") will allow the parties to further their common nonprofit mission of promoting the health of the communities they serve, and will enhance Harrington Memorial Hospital's ability to maintain its status as a high quality, financially secure community hospital, which will allow it to continue to meet and better respond to the health care needs of patients and the communities in its service area through the following:

Permitting HHCS to have greater access to capital for service, equipment and physical plant improvements

- Enabling HHCS to obtain more advanced health information technology that will enhance and expand the use of health data for accountable care and other value-based population health management
- Strengthening HHCS' ability to recruit physicians and other licensed professionals to the Harrington service area, which will improve access to primary and specialty care and support the provision of high quality and cost-effective care in community-based settlings in the Harrington service area
- Fully integrating HHCS into UMMHC's Anchor Mission work through specific commitments regarding community investment funding to address social determinants of health and specific goals for increasing local hiring and inclusive, local and sustainable purchasing in the Harrington service area

• Fully integrating HHCS into UMMHC's Health Equity work including system level strategic work on addressing health disparities and diversity and inclusion within the workforce

Maintaining, enhancing, and expanding behavioral health services

No consideration is being paid for the transaction. UMMHC is committed to keeping the current health care services provided by HHCS in the local communities, and, through clinical collaborations and capital investments, anticipates supporting and further enhancing those services. UMMHC has made specific commitments regarding capital investments, community investment funding, physician recruitment efforts, and the maintenance of acute care and other hospital service lines in the HHCS community. HHCS will retain significant autonomy and local control subject to the reserve powers that will be vested in UMMCH.

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:

The material change builds on the long-standing relationship between the parties and will allow a close and effective coordination between HHCS and UMMHC to enhance the quality of, expand access to, and lower the overall cost of the care they provide to their communities through:

- Population health initiatives that improve access to care in the Harrington service area
- Effective integration of care across a broad continuum of services from primary to tertiary care throughout a wide geographic area
- Building on the existing clinical collaborations and referral patterns between academic and community providers, with a focus on providing care in the
 most cost-effective and appropriate settings and the retention of more complex cases in the community through further specialist coverage and, where
 appropriate, telehealth support such as E-ICU services; the full utilization of the community settings is a high priority given the persistent capacity issues
 at UMass Memorial Medical Center and the need to preserve the Medical Center's resources for tertiary services and other services that cannot be
 delivered in a community setting
- · Promoting the academic mission of UMMHC by enhancing and expanding clinical training opportunities in both academic and community environments

HHCS and UMMHC do not anticipate that the Project will have a significant impact on reimbursement rates. Currently, both Harrington employed and independent community physicians participate in managed care contracts through Harrington HealthCare Provider Organization Inc., which already contracts with and participates in the UMMHC Managed Care Network. Harrington Memorial Hospital's relative prices are generally comparable to UMMHC's community hospitals.

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:

UMMHC and HHCS filed a Notice of Intent to Acquire with the Department of Public Health (12/7/2020). UMMHC will file a Determination of Need Application with the Department of Public Health. UMMHC and HHCS provided notice of the Material Change to the Massachusetts Attorney General (10/6/2020) and MassHealth (10/9/2020).

SUPPLEMENTAL MATERIALS

18. Submit the following materials, if applicable, under separate cover to <a href="https://example.com/ht

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]

ADDITIONAL 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.

8th December 20
Signed on the _____day of _____, under the pains and penalties of perjury

Signature:

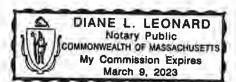
Katharine Eshghi

Name_

Senior Vice President and General Counsel

Title:

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW!



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)

EXPLANATIONS AND DEFINITIONS

-		V 11
1.	Name	Legal business name as reported with Internal Revenue Service. This may be the parent organization or local Provider Organization name.
2.	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.
3.	Business Address 1	Address location/site of applicant
4.	Business Address 2	Address location/site of applicant continued often used to capture suite number, etc.
5.	City, State, Zip Code	Indicate the City, State, and Zip Code for the Provider Organization as defined by the US Postal Service.
6.	Business Website	Business website URL
7.	Contact Last Name, First Name	Last name and first name of the primary administrator completing the registration form.
8.	Title:	Professional title of the administrator completing the registration form.
9.	Contact Telephone and Extension	10-digit telephone number and telephone extension (if applicable) for administrator completing the registration form
10.	Contact Email	Contact email for administrator
11.	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.
12.	Type of Material Change	"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 14. 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:

- Impact of the Proposed Material Change
- Costs
- 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

16.	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.
17.	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).



NOTICE OF MATERIAL CHANGE FORM

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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

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:	December 8, 2020
1.	Name: UMass Memorial Healt	h Care, Inc.			
	Federal TAX ID#	MA DPH I	acility ID#	NPI	[#
2.	04-3358566				
Con	NTACT INFORMATION				
3.	Business Address 1: One Biotech	Park, 365 Plantati	on Street		
4.	Business Address 2:				
5.	City: Worcester	State: MA		Zip Code: 0160	5
6.	Business Website: www.umassm	emorialhealthcare	org		
7.	Contact First Name: Katharine		Contact Last	Name: Eshghi	
8.	Title: Senior Vice President a	nd General Couns	el		
9.	Contact Phone: 508-334-1700		Extension:		
10_	Contact Email: katharine.eshghi	@umassmemorial	org		

DESCRIPTION OF ORGANIZATION

11. Briefly describe your organization.

UMass Memorial Health Care, Inc. ("UMMHC"), is a Massachusetts nonprofit corporation that owns and operates an integrated health care system comprised of a network of hospitals, including one academic teaching hospital and two community hospitals, as well as other health care providers that serve the residents of Central Massachusetts. UMMHC is the sole corporate member of UMass Memorial Community Hospitals, Inc. ("UMMCH") and certain other affiliates.

Type of Material Change
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.

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:

The proposed material change involves the affiliation of Harrington HealthCare System, Inc ("HHCS") with UMMHC, pursuant to which UMMCH will become the sole corporate member of HHCS. UMMHC will then become the "ultimate parent" of HHCS. HHCS and UMMHC believe that the proposed corporate affiliation (the "Project") will allow the parties to further their common nonprofit mission of promoting the health of the communities they serve, and will enhance Harrington Memorial Hospital's ability to maintain its status as a high quality, financially secure community hospital, which will allow it to continue to meet and better respond to the health care needs of patients and the communities in its service area through the following:

Permitting HHCS to have greater access to capital for service, equipment and physical plant improvements

- Enabling HHCS to obtain more advanced health information technology that will enhance and expand the use of health data for accountable care and other value-based population health management
- Strengthening HHCS' ability to recruit physicians and other licensed professionals to the Harrington service area, which will improve access to primary and specialty care and support the provision of high quality and cost-effective care in community-based settlings in the Harrington service area
- Fully integrating HHCS into UMMHC's Anchor Mission work through specific commitments regarding community investment funding to address social determinants of health and specific goals for increasing local hiring and inclusive, local and sustainable purchasing in the Harrington service area

• Fully integrating HHCS into UMMHC's Health Equity work including system level strategic work on addressing health disparities and diversity and inclusion within the workforce

Maintaining, enhancing, and expanding behavioral health services

No consideration is being paid for the transaction. UMMHC is committed to keeping the current health care services provided by HHCS in the local communities, and, through clinical collaborations and capital investments, anticipates supporting and further enhancing those services. UMMHC has made specific commitments regarding capital investments, community investment funding, physician recruitment efforts, and the maintenance of acute care and other hospital service lines in the HHCS community. HHCS will retain significant autonomy and local control subject to the reserve powers that will be vested in UMMCH.

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:

The material change builds on the long-standing relationship between the parties and will allow a close and effective coordination between HHCS and UMMHC to enhance the quality of, expand access to, and lower the overall cost of the care they provide to their communities through:

- Population health initiatives that improve access to care in the Harrington service area
- Effective integration of care across a broad continuum of services from primary to tertiary care throughout a wide geographic area
- Building on the existing clinical collaborations and referral patterns between academic and community providers, with a focus on providing care in the
 most cost-effective and appropriate settings and the retention of more complex cases in the community through further specialist coverage and, where
 appropriate, telehealth support such as E-ICU services; the full utilization of the community settings is a high priority given the persistent capacity issues
 at UMass Memorial Medical Center and the need to preserve the Medical Center's resources for tertiary services and other services that cannot be
 delivered in a community setting
- · Promoting the academic mission of UMMHC by enhancing and expanding clinical training opportunities in both academic and community environments

HHCS and UMMHC do not anticipate that the Project will have a significant impact on reimbursement rates. Currently, both Harrington employed and independent community physicians participate in managed care contracts through Harrington HealthCare Provider Organization Inc., which already contracts with and participates in the UMMHC Managed Care Network. Harrington Memorial Hospital's relative prices are generally comparable to UMMHC's community hospitals.

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:

UMMHC and HHCS filed a Notice of Intent to Acquire with the Department of Public Health (12/7/2020). UMMHC will file a Determination of Need Application with the Department of Public Health. UMMHC and HHCS provided notice of the Material Change to the Massachusetts Attorney General (10/6/2020) and MassHealth (10/9/2020).

SUPPLEMENTAL MATERIALS

18. Submit the following materials, if applicable, under separate cover to <a href="https://example.com/ht

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]

ADDITIONAL 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.

8th December 20
Signed on the _____day of _____, under the pains and penalties of perjury

Signature:

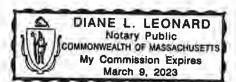
Katharine Eshghi

Name_

Senior Vice President and General Counsel

Title:

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW!



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)

EXPLANATIONS AND DEFINITIONS

-		V 11
1.	Name	Legal business name as reported with Internal Revenue Service. This may be the parent organization or local Provider Organization name.
2.	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.
3.	Business Address 1	Address location/site of applicant
4.	Business Address 2	Address location/site of applicant continued often used to capture suite number, etc.
5.	City, State, Zip Code	Indicate the City, State, and Zip Code for the Provider Organization as defined by the US Postal Service.
6.	Business Website	Business website URL
7.	Contact Last Name, First Name	Last name and first name of the primary administrator completing the registration form.
8.	Title:	Professional title of the administrator completing the registration form.
9.	Contact Telephone and Extension	10-digit telephone number and telephone extension (if applicable) for administrator completing the registration form
10.	Contact Email	Contact email for administrator
11.	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.
12.	Type of Material Change	"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 14. 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:

- Impact of the Proposed Material Change
- Costs
- 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

16.	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.
17.	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).



NOTICE OF MATERIAL CHANGE FORM

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. 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. 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 <u>HPC-Notice@state.ma.us</u>;

Office of the Attorney General HCD-6D-NOTICE@state.ma.us;

Center for Health Information and Analysis 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: 12/08/2020										
1.	Name: Harrington Healthcare	System, Inc.											
2.	Federal TAX ID #	MA DPH Facility ID #	NPI#										
	80-0518491												
CONTACT INFORMATION													
3.	Business Address 1:100 South Stree	et											
4.	Business Address 2:												
5.	City: Southbridge	State: Massachusetts	Zip Code: 01550										
6.	Business Website: https://www.harringtonhospital.org/												
7.	Contact First Name: Ed	Contact Last Name: Moore											
8.	Title: President & CEO												
9.	Contact Phone: (508) 765-9771 Extension:												
10.	Contact Email: emoore@harringtor	nhospital.org											
DES	CRIPTION OF ORGANIZATION												
11. Briefly describe your organization. Harrington HealthCare System, Inc. ("HHCS") is a Massachusetts nonprofit corporation that owns and operates an integrated health system comprised of the following three affiliates: (1) Harrington Memorial Hospital, Inc. ("HMH"), which operates an acute care community hospital with two campuses located in Southbridge and Webster, Massachusetts; (2) Harrington Physician Services, Inc. ("HPS"), which operates a primary care and multi-specialty community medical practice that has offices in South Worcester County and includes the primary service area of the towns of Southbridge, Sturbridge, Churbridge, Churbridge, Webster, Holland, and Fiskdale, Massachusetts; as well as Brimfield, Spencer, Brookfield, East Brookfield, West Brookfield, and Oxford, Massachusetts; and Thompson and Woodstock CT; and (3) Harrington Healthcare Provider Organization Inc. ("HHPO"), a Massachusetts nonprofit corporation that operates a physician hospital organization in connection with HHCS's integrated health system. HHCS is the sole corporate member of HMH. HHPO's nonprofit membership is comprised of (1) Hospital Members; and (2) Physician Members. HHPO's Physician Members include physicians who have satisfied certain eligibility criteria set forth in HHPO's Bylaws including, but not limited to, being a member of HMH's Medical Staff in good standing. To the extent HHPO may be a "Provider Organization" as such term is defined in 958 CMR 7.02, it joins in this Notice of Material Change in connection with the Material Change described below.													
_													
Түр	E 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;													

13. What is the proposed effective date of the proposed Material Change? Promptly upon receipt of regulatory approvals.

current or future contracting on behalf of one or more Providers or Provider Organizations.

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

MATERIAL CHANGE NARRATIVE

Briefly describe the nature and objectives of the proposed Material Change, including any exchange of funds between the 14 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:

UMass Memorial Health Care, Inc. ("UMMHC"), is a Massachusetts nonprofit corporation that owns and operates an integrated health care system comprised of a network of hospitals and other service providers that serve residents of Central Massachusetts. UMMHC is the sole corporate member of UMass Memorial Community Hospitals, Inc. ("UMMCH") and certain other affiliates. The proposed material change involves the affiliation of HHCS. UMMHC will become the sole corporate member of HHCS. UMMHC will be come the sole corporate member of HHCS. HHCS and UMMHC believe that the proposed corporate affiliation (the "Project") will allow the parties to further their common nonprofit mission of promoting the health of the communities they serve, and will enhow the HMH's ability to maintain its status as a high quality, financially secure community hospital, which will allow it to continue to meet and better respond to the health care needs of patients and the communities in its service area through the following:

- Permitting HHCS to have greater access to capital for service, equipment, and physical plant improvements

- remitting rittos to nave greater access to capital for service, equipment, and physical plant improvements
 Enabling HHCS to obtain more advanced health information technology that will enhance and expand the use of health data for accountable care and other value-based population health management
 Strengthening HHCS' ability to recruit physicians and other licensed professionals to the Harrington service area, which will improve access to primary and specialty care and support the provision of high quality and cost-effective care
 in community-based settings in the Harrington service area
 Fully integrating HHCS into UMMHC's Anchor Mission work through specific commitments regarding community investment funding to address social determinants of health and specific goals for increasing local hiring and inclusive, local
 and sustainable purchasing in the Harrington service area
 Fully integrating HHCS into UMMHC's Health Equity work including system level strategic work on addressing health disparities and diversity and inclusion within the workforce
 Maintaining, enhancing, and expanding behavioral health services

No consideration is being paid for the transaction. UMMHC is committed to keeping the current health care services provided by HHCS in the local communities, and, through clinical collaborations and capital investments, anticipates supporting and further enhancing those services. UMMHC has made specific commitments regarding capital investments, community, investment funding, physician recruitment efforts, and the maintenance of acute care and other hospital service lines in the HHCS community. HHCS will retain significant autonomy and local control subject to the reserve powers that will be vested in DIMMCH.

Briefly describe the anticipated impact of the proposed Material Change, including but not limited to any anticipated 15. impact on reimbursement rates, care referral patterns, access to needed services, and/or quality of care:

The material change builds on the long-standing relationship between the parties and will allow a close and effective coordination between HHCS and UMMHC to enhance the quality of, expand access to, and lower the overall cost of the care they provide to their communities through:

- Population health initiatives that improve access to care in the Harrington service area
- Effective integration of care across a broad continuum of services from primary to tertiary care throughout a wide

geographic area

- Building on the existing clinical collaborations and referral patterns between academic and community providers, with a focus on providing care in the most cost-effective and appropriate settings and the retention of more complex cases in the community through further specialist coverage and, where appropriate, telehealth support such as E-ICU services; the full utilization of the community settings is a high priority given the persistent capacity issues at UMass Memorial Medical Center and the need to preserve the Medical Center's resources for tertiary services and other services that cannot be delivered in a community setting
- · Promoting the academic mission of UMMHC by enhancing and expanding clinical training opportunities in both academic and community environments

HHCS and UMMHC do not anticipate that the Project will have a significant impact on reimbursement rates. Currently, both Harrington employed and independent community physicians participate in managed care contracts through HHPO, which already contracts with and participates in the UMMHC Managed Care Network. HMH's relative prices are generally comparable to UMMHC's community hospitals.

DEVELOPMENT OF THE MATERIAL CHANGE

10	6. I	Descri	be any	other	M	aterial	Changes	you antici	pate mal	king i	n the	e next	12	month	ıs:

None at this time

Indicate the date and nature of any applications, forms, notices or other materials you have submitted regarding 17. the proposed Material Change to any other state or federal agency:

UMMHC and HHCS filed a Notice of Intent to Acquire with the Department of Public Health (12/7/2020). UMMHC will file a Determination of Need Application with the Department of Public Health. UMMHC and HHCS provided notice of the Material Change to the Massachusetts Attorney General (10/6/2020) and MassHealth (10/9/2020).

SUPPLEMENTAL MATERIALS

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]

ALDUANDEDLE TREDITIONNESS AND PROPERSY BMISSION

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 274 day of December , 20 20, under the pains and penalties of perjury

Signature More Steller

Name: Thomas J Sullivan

Title: Up Fingure " Treasuren

FORM MUST BE NOTARIZED IN THE SPACE PROVIDED BELOW

Copies of this application have been submitted electronically as follows:

Office of the Attorney General (1)

Center for Health Information and Analysis (1)

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.
2.	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.
3.	Business Address 1	Address location/site of applicant
4.	Business Address 2	Address location/site of applicant continued often used to capture suite number, etc.
5.	City, State, Zip Code	Indicate the City, State, and Zip Code for the Provider Organization as defined by the US Postal Service.
6.	Business Website	Business website URL
7.	Contact Last Name, First Name	Last name and first name of the primary administrator completing the registration form.
8.	Title:	Professional title of the administrator completing the registration form.
9.	Contact Telephone and Extension	10-digit telephone number and telephone extension (if applicable) for administrator completing the registration form
10.	Contact Email	Contact email for administrator
11.	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.
12.	Type of Material Change	**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 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 14. 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
- 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
- Paver Mix
- Service Area(s)
- Service Line(s)
- Service Mix

15. Impact of the Proposed Material Change

16.	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.
17.	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).

APPLICATION BY UMASS MEMORIAL HEALTH CARE, INC. FOR DETERMINATION OF NEED FOR CHANGE IN OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 6

[Articles of Organization]



Name Approved

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

ARTICLES OF ORGANIZATION

(General Laws, Chapter 180)

ARTICLE I

The exact name of the corporation is:

UMass Memorial Health Care, Inc.

ARTICLE II

The purpose of the corporation is to engage in the following activities:

See page 2a attached hereto and made a part hereof.

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ARTICLE III

A corporation may have one or more classes of members. If it does, the designation of such classes, the manner of election or appointments, the duration of membership and the qualification and rights, including voting rights, of the members of each class, may be set forth in the by-laws of the corporation or may be set forth below:

The corporation shall have no members.

ARTICLE IV

**Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

See pages 4a-4d attached hereto and made a part hereof.

ARTICLE V

The by-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers, whose names are set out on the following page, have been duly elected.

**If there are no provisions, state "None".

Note: The preceding four (4) articles are considered to be permanent and may only be changed by filing appropriate Articles of Amendment.

CONTINUATION PAGES ARTICLES OF ORGANIZATION OF UMASS MEMORIAL HEALTH CARE, INC.

- 2. The purpose of the corporation is to engage in the following activities:
 - **(1)** To develop and coordinate an integrated health care delivery system that includes multiple health care providers and provides opportunities for and supports medical education and training; to support the advancement of the knowledge and practice of, and education and research in, medicine, surgery, nursing and all other subjects relating to the care, treatment and healing of humans and in that connection to support promote and enhance the academic medical programs and activities of the University of Massachusetts Medical School; to improve the health and welfare of all persons; to develop, sponsor and promote services and programs that are charitable, scientific or educational and that address the physical and mental needs of the community at large, provided that the corporation shall operate exclusively for the benefit of UMass Memorial Medical Center, Inc. and other charitable organizations or hospitals that are controlled by or under common control with the corporation in the conduct of their charitable, educational and scientific functions, and provided further, that the corporation shall not engage in the practice of medicine.
 - (2) To receive in trust or otherwise and from whatever source, and administer, gifts, legacies and devises, grants and grants-in-aid, whether unrestricted or for specific purposes; to cooperate with, contribute to and support other organizations in promoting the purposes of this corporation, including all corporations affiliated with this corporation that are determined to be exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986 (the "Code"); and to do all things incidental to the foregoing;
 - (3) To conduct any business that may lawfully be carried on by a corporation formed under Chapter 180 of the General Laws of Massachusetts and that is not inconsistent with this corporation's qualification as an organization described in Section 501(c)(3) of the Code.

- 4. Other Lawful Provisions for Conduct and Regulation of the Business and Affairs of the Corporation, for its Voluntary Dissolution, and for Limiting, Defining and Regulating the Powers of the Corporation and of its Trustees and Members (if any) or any class of Members.
- 4.1. The corporation shall have in furtherance of its corporate purposes all of the powers specified in Section 6 of Chapter 180 and in Sections 9 and 9A of Chapter 156B of the Massachusetts General Laws (except those provided in paragraph (m) of said Section 9) as now in force or as hereafter amended, and may carry on any operation or activity referred to in Article 2 to the same extent as might an individual, either alone or in a joint venture or other arrangement with others, or through a wholly or partly owned or controlled corporation; provided, however, that no such power shall be exercised in a manner inconsistent with said Chapter 180 or any other chapter of the Massachusetts General Laws or inconsistent with the exemption from federal income tax to which the corporation shall be entitled under Section 501(c)(3) of the Internal Revenue Code.
 - 4.2. The trustees may make, amend or repeal the by-laws in whole or in part.
- 4.3. The Corporation shall have no members. Any action or vote required or permitted to be taken by members may be taken by the same percentage of the trustees.
- 4.4. No trustee or officer of the corporation shall be personally liable to the corporation for monetary damages for breach of fiduciary duty as such trustee or officer notwithstanding any provision of law imposing such liability, except to the extent that such exemption from liability is not permitted under Chapter 180 of the Massachusetts General Laws.
- 4.5.(a) The corporation shall, to the extent legally permissible, indemnify each person who serves as one of its trustees or officers, or who serves at its request as a member, trustee or officer of another organization or in a capacity with respect to any employee benefit plan (each such person being called in this Section 4.5 a "Person") against all liabilities and expenses, including amounts paid in satisfaction of judgments, in compromise or as fines and penalties, and counsel fees, reasonably incurred by such Person in connection with the defense or disposition of any action, suit or other proceeding, whether civil or criminal, in which such Person may be involved or with which such Person may be threatened, while in office or thereafter, by reason of being or having been such a Person, except with respect to any matter as to which such Person shall have been adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his or her action was in the best interests of the corporation or, to the extent that such matter relates to service at the request of the corporation for another organization or an employee benefit plan, in the best interests of such organization or of the participants or beneficiaries of such employee benefit plan. Such best interests shall be deemed to be the best interests of the corporation for the purposes of this Section 4.5.

- (b) Notwithstanding the foregoing, as to any matter disposed of by a compromise payment by any Person, pursuant to a consent decree or otherwise, no indemnification either for said payment or for any other expenses shall be provided unless such compromise shall be approved as in the best interests of the corporation, after notice that it involves such indemnification, (a) by a disinterested majority of the trustees then in office; or (b) by a majority of the disinterested trustees then in office, provided that there has been obtained an opinion in writing of independent legal counsel to the effect that such Person appears to have acted in good faith in the reasonable belief that his or her action was in the best interests of the corporation.
- (c) Expenses, including counsel fees, reasonably incurred by any Person in connection with the defense or disposition of any such action, suit or other proceeding may be paid from time to time by the corporation in advance of the final disposition thereof upon receipt of an undertaking by such Person to repay the amounts so paid if such Person ultimately shall be adjudicated to be not entitled to indemnification under this Section 4.5. Such an undertaking may be accepted without reference to the financial ability of such Person to make repayment.
- (d) The right of indemnification hereby provided shall not be exclusive. Nothing contained in this Section shall affect any other rights to indemnification to which any Person or other corporate personnel may be entitled by contract or otherwise under law.
- (e) As used in this Section 4.5, the term "Person" includes such Person's respective heirs, executors and administrators, and a "disinterested" trustee is one against whom in such capacity the proceeding in question, or another proceeding on the same or similar grounds, is not then pending.
- 4.6.(a) No person shall be disqualified from holding any office by reason of any interest. In the absence of fraud, any trustee or officer of this corporation, or any concern in which any such trustee or officer has any interest, may be a party to, or may be pecuniarily or otherwise interested in, any contract, act or other transaction (collectively called a "transaction") of this corporation, and
 - (1) such transaction shall not be in any way invalidated or otherwise affected by that fact; and
 - (2) no such trustee or officer or concern shall be liable to account to this corporation for any profit or benefit realized through any such transaction;

provided, however, that such transaction either was fair at the time it was entered into or is authorized or ratified by a majority of the trustees who are not so interested and to whom the nature of such interest has been disclosed. No interested trustee of this corporation may vote or may be counted in determining the existence of a quorum at any meeting at which such transaction shall be authorized, but may participate in discussion thereof.

- (b) For purposes of this Section 4.6, the term "interest" shall include personal interest and also interest as a trustee, officer, stockholder, shareholder, director, member or beneficiary of any concern; and the term "concern" shall mean any corporation, association, trust, partnership, firm, person or other entity other than this corporation.
- (c) No transaction shall be avoided by reason of any provisions of this paragraph 4.6 which would be valid but for such provisions.
- 4.7. No part of the assets or net earnings of the corporation shall inure to the benefit of any officer or trustee of the corporation or any individual; no substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation except to the extent permitted by Section 501(h) of the Internal Revenue Code; and the corporation shall not participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office. It is intended that the corporation shall be entitled to exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code and shall not be a private foundation under Section 509(a) of the Internal Revenue Code.
- 4.8. If and so long as the corporation is a private foundation (as that term is defined in Section 509 of the Internal Revenue Code), then notwithstanding any other provisions of the articles of organization or the by-laws of the corporation, the following provisions shall apply:
 - A) the income of the corporation for each taxable year shall be distributed at such time and in such manner as not to subject the corporation to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, and
 - B) the corporation shall not engage in any act of self dealing (as defined in Section 4941(d) of the Internal Revenue Code), nor retain any excess business holdings (as defined in Section 4943(c) of the Internal Revenue Code), nor make any investments in such manner as to subject the corporation to tax under Section 4944 of the Internal Revenue Code, nor make any taxable expenditures (as defined in Section 4945(d) of the Internal Revenue Code).
- 4.9. Upon the liquidation or dissolution of the corporation, after payment of all of the liabilities of the corporation or due provision therefor, all of the assets of the corporation shall be disposed of pursuant to Massachusetts General Laws, Chapter 180, Section 11A, to UMass Memorial Medical Center, Inc. so long as it is then exempt from Federal income tax under Section 501(c)(3) of the Code and otherwise 50% to the University of Massachusetts and 50% to one or more corporations exempt from Federal income tax under Section 501(c)(3) of the Code or an instrumentality of The Commonwealth of Massachusetts selected by a majority of the Trustees then in office.

- 4.10. The corporation shall not discriminate in administering its policies and programs or in the employment of its personnel on the basis of race, color, religion, national or ethnic origin, sex, handicap or otherwise.
- 4.11. All references herein: (i) to the Internal Revenue Code shall be deemed to refer to the Internal Revenue Code of 1986, as now in force or hereafter amended; (ii) to the General Laws of The Commonwealth of Massachusetts, or any chapter thereof, shall be deemed to refer to said General Laws or chapter as now in force or hereafter amended; and (iii) to particular sections of the Internal Revenue Code or said General Laws shall be deemed to refer to similar or successor provisions hereafter adopted.

The name, residential address and post office address of each trustee and officer of the corporation is as follows:

	Name	Residential Address	Post Office Address
President and Chief Executi	ve		
Officer:	Peter H. Levine, M.D.	9 Aylesbury Road Worcester, MA 01609	119 Belmont Street Worcester, MA 01605
Treasurer:	Arthur R. Russo, M.D.	12 Massachusetts Avenue Worcester, MA 01609	55 Lake Avenue North Worcester, MA 01655
Secretary:	Arthur R. Russo, M.D.	12 Massachusetts Avenue Worcester, MA 01609	55 Lake Avenue North Worcester, MA 01655
Trustees:	Peter H. Levine, M.D.	9 Aylesbury Road Worcester, MA 01609	119 Belmont Street Worcester, MA 01605
	Arthur R. Russo, M.D.	12 Massachusetts Avenue Worcester, MA 01609	55 Lake Avenue North Worcester, MA 01655



The effective date of organization of the corporation shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing.

N/A

ARTICLE VII

The information contained in Article VII is not a permanent part of the Articles of Organization.

a. The street address (post office boxes are not acceptable) of the principal office of the corporation in Massachusetts is: 55: Lake Avenue North

Worcester, MA 01655

b. The name, residential address and post office address of each director and officer of the corporation is as follows:

b. The name, resi	dentiai address and post on	ice address of each director and officer of	the corporation is as follows:
	NAME	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
President:			
Treasurer:		•	
Cierk:			
Directors: (or officers having the powers of directors)	See page 7a attach	ed hereto and made a part here	eof.

- c. The fiscal year of the corporation shall end on the last day of the month of: September
- d. The name and business address of the resident agent, if any, of the corporation is: $_{
 m N/A}$

I/We, the below signed incorporator(s), do hereby certify under the pains and penalties of perjury that I/we have not been convicted of any crimes relating to alcohol or gaming within the past ten years. I/We do hereby further certify that to the best of my/our knowledge the above-named officers have not been similarly convicted. If so convicted, explain.

IN WITNESS WHEREOF AND UNDER THE PAINS AND PENALTIES OF PERJURY, I/we, whose signature(s) appear below as incorporator(s) and whose name(s) and business or residential address(es) are clearly typed or printed beneath each signature, do hereby associate with the intention of forming this corporation under the provisions of General Laws, Chapter 180 and do hereby sign these pricles of Organization as incorporator(s) this 27th day of February 1997.

Peter H. Levine, M.D.

Memorial Health Care, Inc.

University of Massachusetts Medical Center 55 Lake Avenue North

Worcester, MA 01605-2982

Worcester, MA 01655

Note: If an existing corporation is acting as incorporator, type in the exact name of the corporation, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said corporation and the title be/she holds or other authority by which such action is taken.

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF ORGANIZATION

(General Laws, Chapter 180)

STORE JONWEALTH ME COMMONWEALTH 97 MAR - 4 PH 12: 04 COMPORATION OTVISION

I hereby certify that, upon examination of these Articles of Organization, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$ 35.0 having been paid, said articles are deemed to have been filed with me this 44.4 day of 44.5 Cff 19 97.

Effective date:

WILLIAM FRANCIS GALVIN

Iple Transingalin

Secretary of the Commonwealth

TO BE FILLED IN BY CORPORATION Photocopy of document to be sent to:

<u>Anne P. Ogilby, Esq.</u>	
Ropes & Gray	
One International Place	
Boston, MA 02110	
Telephone: (617) 951-7000	

FEDERAL IDENTIFICATION

NO. <u>04-3358566</u>

(Memorial Health Care, Inc.) Fee: \$35.00

(UMass)

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512 081

ARTICLES OF *CONSORDATION*/ *MERGER.

(General Laws, Chapter 180, Section 10) Domestic and Domestic Corporations

*CONSTRUCTOR *merger of	(N)	Memori	al Healt	h Care.	_Inc.		
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						1987	;
	_						_
	<u></u>	UMass	Memorial	Health	Care,	Inc.	_
				the const	tituent c	orporations, in	ito
	(2)	UMass	Memorial	Health	Care,	Inc.	
 The undersigned officers of each of the constitue The agreement of *KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	s duly adopt	ed in acc	cordance an	d compliar	nce with	the requiremen	
3. The resulting or surviving corporation shall f any of its members or to any person who was a written request and without charge.						-	•
4. The effective date of the *XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	the Secret	ary of th	e Common	wealth. If	a <i>later</i> e		
5. (For a merger) (a) The following amendments to the Articles o pursuant to the agreement of merger:	-			g corporat	tion have	e been effécted	i
See page 5a attached hereto and	d made a	part	hereof.				

*Delete the inapplicable word.

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(For a consolidati	on)	1 m		-		.,
	the resulting corporat	ion is to engage	in the followin	g activities:	•	
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of the members of	each class, may be set i	forth in the byla	ws of the corpo	oration or may be	set forth below:	
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for its voluntary dis	rovisions, if any, for the solution, or for limiting	ne conduct and i	regulation of the	e business and af owers of the corn	fairs of the resulting	ng corporation,
	class of members, are		Samuel mo bo	·······································	·	·
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	N/A				-	,
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- 6. The information contained in Item 6 is *not* a *permanent* part of the Articles of Organization of the *restands*/ *surviving corporation.
- (a) The street address of the *KHKHHNg / *surviving corporation in Massachusetts is: (post office boxes are not acceptable)
 55 Lake Avenue North
 Worcester, MA 01655

CONTINUATION PAGES ARTICLES OF MERGER OF MEMORIAL HEALTH CARE, INC. WITH AND INTO UMASS MEMORIAL HEALTH CARE, INC.

Υ.

The following amendments to the Articles of Organization of the surviving corporation have been effected pursuant to the agreement of merger:

Section 4.5.(a) shall be deleted in its entirety and the following Section 4.5.(a) shall be substituted therefor:

4.5.(a) The corporation shall, to the extent legally permissible, indemnify each person who serves as one of its trustees or officers, or who serves at its request as a member, trustee or officer of another organization or in a capacity with respect to any employee benefit plan and may, to the extent legally permissible, indemnify any employee or member of any committee of the corporation, the Physician Advisory Board or any of its committees (each such person being called in this Section 4.5 a "Person") against all liabilities and expenses, including amounts paid in satisfaction of judgments, in compromise or as fines and penalties, and counsel fees, reasonably incurred by such Person in connection with the defense or disposition of any action, suit or other proceeding, whether civil or criminal, in which such Person may be involved or with which such Person may be threatened, while in office or thereafter, by reason of being or having been such a Person, except with respect to any matter as to which such Person shall have been adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his or her action was in the best interests of the corporation or, to the extent that such matter relates to service at the request of the corporation for another organization or an employee benefit plan, in the best interests of such organization or of the participants or beneficiaries of such employee benefit plan. Such best interests shall be deemed to be the best interests of the corporation for the purposes of this Section 4.5.

The name, residential address and post office address of each trustee and officer of the corporation is as follows:

	Name	Residential Address	Post Office/Business Address
President/ Chief Executive Officer:	Peter H. Levine	9 Aylesbury Road Worcester, MA 01609	UMass Memorial Health Care, Inc. 119 Belmont Street Worcester, MA 01605
Executive Vice President/Chief Operating Officer:	Arthur R. Russo	12 Massachusetts Avenue Worcester, MA 01609	UMass Memorial Health Care, Inc. 55 Lake Avenue North Worcester, MA 01605
Treasurer:	Richard A. Elwell	44 Hobbs Road Pelham, NH 03076	
Secretary:	Joyce A. Kirby	86 Farragut Road Swampscott, MA 01907	
Chairperson:	Robert S. Karam	500 Albany Street Fall River, MA 02720	Karam Financial Group 456 Rock Street Fall River, MA 02720
Vice Chairperson:	Lois B. Green	2 Rutland Terrace Worcester, MA 01609	
Trustees:	David L. Bennett	7 Mt. View Drive Paxton, MA 01612	Bennett & Forts, P.C. 1093 Main Street Holden, MA 01520
	Sarah Garfield Berry	29 Metcalf Street Worcester, MA 01609	AG Edward & Sons, Inc. 10 Mechanic Street Worcester, MA 01608-2498
	John H. Budd	75 Highland Street Holden, MA 01520	18 Chestnut Street Worcester, MA 01608
	Dix F. Davis	47 Pine Hill Road Princeton, MA 01541	Allmerica Asset Management 440 Lincoln Street Worcester, MA 01605-6935
	Dennis M. Dimitri	39 Whitman Road Worcester, MA 01609	295 Lincoln Street Worcester, MA 01605
	Michael T. Foley	40 Jason Street Arlington, MA 02174	22 Mill Street, Suite 110 Arlington, MA 02174
		15	

Richard H. Glew	50 Berwick Street Paxton, MA 01602	Memorial Hospital 119 Belmont Street Worcester, MA 01605
Lois B. Green	2 Rutland Terrace Worcester, MA 01609	
M. Howard Jacobson	46 Powder Hill Way Westborough, MA 01581	
Robert S. Karam	500 Albany Street Fall River, MA 02720	Karam Financial Group 456 Rock Street Fall River, MA 02720
William D. Kelleher	6 Westwood Drive Worcester, MA 01609	Better Homes and Gardens 194 Park Avenue Worcester, MA 01609
Aaron Lazare	95 Dorset Road Waban, MA 02168	University of Massachusetts 55 Lake Avenue North Worcester, MA 01655
Steven W. Lenhardt	380 Highland Avenue Winchester, MA 01890	University of Massachusetts 1 Beacon Street, 26th Floor Boston, MA 02108
Peter H. Levine, M.D.	9 Aylesbury Road Worcester, MA 01609	UMass Memorial Health Care, Inc. 119 Belmont Street Worcester, MA 01605
Peter K. Lewenberg	47 Mary Ellen Road Waban, MA 02168	MAI-Alper 10 Burr Street Framingham, MA 01701
Cynthia M. McMullen	17 Indian Hill Road Paxton, MA 01602	Doherty Memorial High School 219 Highland Street Worcester, MA 01609
Kerri Osterhaus	285 Plantation Street, #1 Worcester, MA 01605	University of Massachusetts 55 Lake Avenue North Worcester, MA 01605
Arthur R. Russo	12 Massachusetts Avenue Worcester, MA 01609	UMass Memorial Health Care, Inc. 55 Lake Avenue North Worcester, MA 01605
Richard Stanton	67 Governors Avenue Medford, MA 02155	University of Massachusetts 55 Lake Avenue North Worcester, MA 01655
Sumner B. Tilton	770 Salisbury Street Townhouse #419 Worcester, MA 01608	Fletcher, Tilton & Whipple 370 Main Street Worcester, MA 01608

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(b) The name, residentia	al address and pos	st office addr	ess of each d	irector and off	ficer of the *gex	niisg ,∕*survi	ving corporation is:
NAME	•	RESIDENT	ITAL ADDRI	ESS (4) (1) (2).	POST	OFFICE ADD	RESS
President:	-						
Treasurer: See	pages 6b-6c	attached	l hereto a	ind made a	part hered	śŕ.	
Clerk:	1			en e			
Directors:						•	
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(c) The fiscal year (i.e. t	tax year) of the *g	xxxixixx / *s er	surviving cor	poration shal	l end on the la	st day of the	month of:
(d) The name and busin							
N/A				المراجع والمعارض		• ,	
The undersigned officer to their respective corp corporations and duly a General Laws, Chapter	orations that the approved by the n	agreement (of *xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ΦΩX/*merge	er has been dul	y executed o	n behalf of such
TO BE EXECUTED ON	BEHALF OF EA	CH CONST	TUENT CO	RPORATION	ı		
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of <u>Memorial Healt</u>	h Caro Inc				inder in State #		
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Fren Car	en MA					Se	cretary
			· -,				MAKK HIGGSHASAK XXIM
of UMass Memoria	ıl Health Car	e, Inc.				**	

(Name of constituent corporation)

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF *CONSOLIDATIONX *MERGER

(General Laws, Chapter 180, Section 10)

Domestic and Domestic Corporations

I hereby app	rove the within A	rticles of *Conso	Marxork / "Merger and
the filing fee	in the amount of	\$ <u>35</u>	, having been paid
said articles	are deemed to hav	ve been filed wit	n me this
day of	enc	, 19 <i>.98</i>	
•	.		
	. ,	•	
Effective dat	te:		·

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

ÇQRPORATION DIVIŞIÖN

TO BE FILLED IN BY CORPORATION Photocopy of document to be sent to:

	Anne P. Ogilby, Esq.	
	Ropes & Gray One International Place	
<u> </u>	Boston, MA 02110-2624	
Telephone:	(617) 951-7472	

MA SOC Filing Number: 201945425600 Date: 12/12/2019 3:50:00 PM



The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$15.00

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

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(General Laws, Chapter				
Identification Numbe	r: <u>043358566</u>			
We, ERIC DICKSO	N, MD X President	Vice President,		
and <u>KATHARINE</u>	E <u>SHGHI</u> <u>Clerk X</u> As	sistant Clerk ,		
	IAL HEALTH CARE, INC TECH PARK 365 PLAN		<u>ΓΕR</u> , <u>MA</u> <u>01605</u> <u>USA</u>	
do hereby certify that these Articles of Amendment affecting articles numbered:				
Article 1	X Article 2	Article 3	X Article 4	
	(Select those articles 1,	2, 3, and/or 4 that are being	g amended)	

of the Articles of Organization were duly adopted at a meeting held on $\underline{12/11/2019}$, by vote of: $\underline{0}$ members, \underline{X} directors, or 0 shareholders,

being at least two-thirds of its members/directors legally qualified to vote in meetings of the corporation (or, in the case of a corporation having capital stock, by the holders of at least two thirds of the capital stock having the right to vote therein):

ARTICLE I

The exact name of the corporation, **as amended**, is: (Do not state Article I if it has not been amended.)

ARTICLE II

The purpose of the corporation, **as amended**, is to engage in the following business activities: (Do not state Article II if it has not been amended.)

THE CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITA BLE, SCIENTIFIC AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE (THE "CODE"), AND IS ORGANIZED AND SHALL BE OP ERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF OR TO CAR RY OUT THE PURPOSES OF UMASS MEMORIAL MEDICAL CENTER, INC., MARLBOROUGH H OSPITAL, UMASS MEMORIAL HEALTH ALLIANCE-CLINTON HOSPITAL, INC., UMASS MEMO RIAL MEDICAL GROUP, INC., UMASS MEMORIAL BEHAVIORAL HEALTH SYSTEM, INC., UMASS MEMORIAL COMMUNITY HOSPITALS, INC., UMASS MEMORIAL HEALTH VENTURES, IN C., UMASS MEMORIAL REALTY, INC., COMMUNITY HEALTHLINK, INC., CENTRAL NEW ENG LAND HEALTHALLIANCE, INC., HEALTHALLIANCE HOME HEALTH AND HOSPICE, INC. AND SUCH OTHER AFFILIATED CHARITABLE ORGANIZATIONS OR HOSPITALS THAT (I) ARE EXE MPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE CODE AND (II) ARE CLASSIFIED A S OTHER THAN PRIVATE FOUNDATIONS UNDER SECTION 509(A)(1) OR 509(A)(2) OF THE CO

DE (COLLECTIVELY, THE "SUPPORTED ORGANIZATIONS"). IN THIS CAPACITY, THE CORPOR ATION WILL ENGAGE IN THE FOLLOWING ACTIVITIES: (1) TO DEVELOP AND COORDINATE AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT INCLUDES MULTIPLE HEALTH CA RE PROVIDERS AND PROVIDES OPPORTUNITIES FOR AND SUPPORTS MEDICAL EDUCATIO N AND TRAINING; TO SUPPORT THE ADVANCEMENT OF THE KNOWLEDGE AND PRACTICE OF, AND EDUCATION AND RESEARCH IN, MEDICINE, SURGERY, NURSING AND ALL OTHER SUBJECTS RELATING TO THE CARE, TREATMENT AND HEALING OF HUMANS AND IN THAT CONNECTION TO SUPPORT, PROMOTE AND ENHANCE THE ACADEMIC MEDICAL PROGRA MS AND ACTIVITIES OF THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL; TO IMP ROVE THE HEALTH AND WELFARE OF ALL PERSONS; TO DEVELOP, SPONSOR AND PROMO TE SERVICES AND PROGRAMS THAT ARE CHARITABLE, SCIENTIFIC OR EDUCATIONAL AND THAT ADDRESS THE PHYSICAL AND MENTAL NEEDS OF THE COMMUNITY AT LARGE, PRO VIDED THAT THE CORPORATION SHALL NOT ENGAGE IN THE PRACTICE OF MEDICINE; (2) T O RECEIVE IN TRUST OR OTHERWISE AND FROM WHATEVER SOURCE, AND ADMINISTER, G IFTS, LEGACIES AND DEVISES, GRANTS AND GRANTS-IN-AID, WHETHER UNRESTRICTED O R FOR SPECIFIC PURPOSES; TO COOPERATE WITH, CONTRIBUTE TO AND SUPPORT THE SU PPORTED ORGANIZATIONS IN PROMOTING THE PURPOSES OF THIS CORPORATION, AND T O DO ALL THINGS INCIDENTAL TO THE FOREGOING; AND (3) TO CONDUCT ANY BUSINESS THAT MAY LAWFULLY BE CARRIED ON BY A CORPORATION FORMED UNDER CHAPTER 180 OF THE GENERAL LAWS OF MASSACHUSETTS AND THAT IS NOT INCONSISTENT WITH THIS CORPORATION'S QUALIFICATION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE.

ARTICLE III

A corporation may have one or more classes of members. *As amended,* the designation of such classes, the manner of election or appointments, the duration of membership and the qualifications and rights, including voting rights, of the members of each class, may be set forth in the by-laws of the corporation or may be set forth below:

ARTICLE IV

As amended, other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the business entity, or of its directors or members, or of any class of members, are as follows: (If there are no provisions state "NONE")

ARTICLE 4 OF THE CORPORATION'S ARTICLES REMAIN UNCHANGED EXCEPT ARTICLE 4.9 OF THE CORPORATION'S ARTICLES IS AMENDED AS FOLLOWS: 4.9 UPON THE LIQUIDATIO N OR DISSOLUTION OF THE CORPORATION, AFTER PAYMENT OF ALL OF THE LIABILITIES OF THE CORPORATION OR DUE PROVISION THEREFOR, ALL OF THE ASSETS OF THE CORPORATION SHALL BE DISPOSED OF PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPT ER 180, SECTION 11A, TO UMASS MEMORIAL MEDICAL CENTER, INC. SO LONG AS IT IS THE N EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AND OTH ERWISE 50% TO THE UNIVERSITY OF MASSACHUSETTS AND 50% TO ONE OR MORE SUPPORTED ORGANIZATIONS THAT ARE THEN EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AND ARE SELECTED BY A MAJORITY OF THE TRUSTEES THEN IN OFFICE OR, IF NONE OF SUCH ENTITIES ARE THEN EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE, TO SUCH ONE OR MORE OTHER ENTITIES EXEM PT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE OR AN INSTRUMENTALITY OF THE COMMONWEALTH OF MASSACHUSETTS SELECTED BY A MAJORITY OF THE TRUSTEES THEN IN OFFICE.

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the

amendment, a *later* effective date not more than *thirty days* after such filing, in which event the amendment will become effective on such later date.

Later Effective Date:

Signed under the penalties of perjury, this 12 Day of December, 2019, <u>ERIC DICKSON, MD</u>, its, President / Vice President, <u>KATHARINE ESHGHI</u>, Clerk / Assistant Clerk.

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MA SOC Filing Number: 201945425600 Date: 12/12/2019 3:50:00 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:

December 12, 2019 03:50 PM

WILLIAM FRANCIS GALVIN

Heteram Frain Galier.

Secretary of the Commonwealth

MA SOC Filing Number: 202093556910 Date: 6/11/2020 1:52:00 PM



The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$15.00

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

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therein):

(General Laws, Chapter 180, Section 7)				
Identification Number: 043358566				
We, ERIC DICKSON, MD X President Vice President,				
and KATHARINE ESHGHI Clerk X Assistant Clerk ,				
of <u>UMASS MEMORIAL HEALTH CARE, INC.</u> located at: <u>ONE BIOTECH PARK</u> <u>365 PLANTATION ST.</u> <u>WORCESTER</u> , <u>MA</u> <u>01605</u> <u>USA</u>				
do hereby certify that these Articles of Amendment affecting articles numbered:				
Article 1 Article 2 Article 3 Article 4				
(Select those articles 1, 2, 3, and/or 4 that are being amended)				
of the Articles of Organization were duly adopted at a meeting held on $6/10/2020$, by vote of: 0 members, x directors, or 0 shareholders, being at least two-thirds of its members/directors legally qualified to vote in meetings of the corporation (or, in the case				

ARTICLE I

of a corporation having capital stock, by the holders of at least two thirds of the capital stock having the right to vote

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RATED HEALTH CARE DELIVERY SYSTEM THAT INCLUDES MULTIPLE HEALTH CARE PROVI DERS AND PROVIDES OPPORTUNITIES FOR AND SUPPORTS MEDICAL EDUCATION AND TR AINING; TO SUPPORT THE ADVANCEMENT OF THE KNOWLEDGE AND PRACTICE OF, AND E DUCATION AND RESEARCH IN, MEDICINE, SURGERY, NURSING AND ALL OTHER SUBJECTS RELATING TO THE CARE, TREATMENT AND HEALING OF HUMANS AND IN THAT CONNECTI ON TO SUPPORT, PROMOTE AND ENHANCE THE ACADEMIC MEDICAL PROGRAMS AND AC TIVITIES OF THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL; TO IMPROVE THE H EALTH AND WELFARE OF ALL PERSONS; TO DEVELOP, SPONSOR AND PROMOTE SERVICES AND PROGRAMS THAT ARE CHARITABLE, SCIENTIFIC OR EDUCATIONAL AND THAT ADDRE SS THE PHYSICAL AND MENTAL NEEDS OF THE COMMUNITY AT LARGE, PROVIDED THAT T HE CORPORATION SHALL NOT ENGAGE IN THE PRACTICE OF MEDICINE; (2) TO RECEIVE IN TRUST OR OTHERWISE AND FROM WHATEVER SOURCE, AND ADMINISTER, GIFTS, LEGACIE S AND DEVISES, GRANTS AND GRANTS-IN-AID, WHETHER UNRESTRICTED OR FOR SPECIFI C PURPOSES; TO COOPERATE WITH, CONTRIBUTE TO AND SUPPORT THE SUPPORTED ORG ANIZATIONS IN PROMOTING THE PURPOSES OF THIS CORPORATION, AND TO DO ALL THI NGS INCIDENTAL TO THE FOREGOING; AND (3) TO CONDUCT ANY BUSINESS THAT MAY L AWFULLY BE CARRIED ON BY A CORPORATION FORMED UNDER CHAPTER 180 OF THE GE NERAL LAWS OF MASSACHUSETTS AND THAT IS NOT INCONSISTENT WITH THIS CORPOR ATION'S QUALIFICATION AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE.

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As amended, other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the business entity, or of its directors or members, or of any class of members, are as follows: (If there are no provisions state "NONE")

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a *later* effective date not more than *thirty days* after such filing, in which event the amendment will become effective on such later date.

Later Effective Date:

Signed under the penalties of perjury, this 11 Day of June, 2020, <u>ERIC DICKSON, MD</u>, its, President / Vice President, KATHARINE ESHGHI, Clerk / Assistant Clerk. MA SOC Filing Number: 202093556910 Date: 6/11/2020 1:52:00 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:

June 11, 2020 01:52 PM

WILLIAM FRANCIS GALVIN

Heteram Frain Dalies

Secretary of the Commonwealth

APPLICATION BY UMASS MEMORIAL HEALTH CARE, INC. FOR DETERMINATION OF NEED FOR CHANGE IN OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 7

[Affidavit of Truthfulness and Compliance]



Massachusetts Department of Public Health Determination of Need Affidavit of Truthfulness and Compliance with Law and Disclosure Form 100.405(B)

Instructions: Complete Information below. When complete check the box "This document is ready to print:". This will date stamp and

Version: 7-6-17

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 Include all attachments as requested. 20121712-TO Original Application Date: December 17, 2020 Application Number: Applicant Name: UMass Memorial Health Care, Inc. Application Type: Transfer of Ownership Applicant's Business Type: © Corporation C Limited Partnership C Partnership C Trust CLLC Other (No The undersigned certifies under the pains and penalties of perjury: The Applicant is the sole corporate member or sole shareholder of the Health Facility[ies] that are the subject of this Application; I have read 105 CMR 100.000, the Massachusetts Determination of Need Regulation; Lunderstand and agree to the expected and appropriate conduct of the Applicant pursuant to 105 CMR 100.800; 3. I have read this application for Determination of Need including all exhibits and attachments, and certify that all of the 4. information contained herein is accurate and true; I have submitted the correct Filing Fee and understand it is nonrefundable pursuant to 105 CMR 100.405(B); 5. I have submitted the required copies of this application to the Determination of Need Program, and, as applicable, to all б. Parties of Record and other parties as required pursuant to 105 CMR 100.405(B); I have caused, as required, notices of intent to be published and duplicate copies to be submitted to all Parties of Record, and 7. 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 100.405(C), et seq.; I have caused proper notification and submissions to the Secretary of Environmental Affairs pursuant to 105 CMR 8. 100.405(E) and 301 CMR 11.00; 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 9. accordance with 105 CMR 100.405(G); Pursuant to 105 CMR 100.210(A)(3), I certify that both the Applicant and the Proposed Project are in material and 10. substantial compliance and good standing with relevant federal, state, and local laws and regulations, as well as with all ** previously issued Notices of Determination of Need and the terms and Conditions attached therein; I have read and understand the limitations on solicitation of funding from the general public prior to receiving a Notice of 11, Determination of Need as established in 105 CMR 100.415; lunderstand that, if Approved, the Applicant, as Holder of the DoN, shall become obligated to all Standard Conditions 12. 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 105 CMR 100.360; Pursuant to 105 CMR 100.705(A), I certify that the Applicant has Sufficient Interest in the Site or facility; and 13. Pursuant to 105 CMR 100.705(A), I certify that the Proposed Project is authorized under applicable zoning by-laws or 14. ordinances, whether or not a special permit is required; or, a. 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, b. The Proposed Project is exempt from zoning by-laws or ordinances. Corporation: Attach a copy of Articles of Organization/Incorporation, as amended Type name here ERIC W. W Type name here Richard Siegrist Board Chair for Corporation Name

*been informed of

★★ issued in compliance with 105 CMR 100.00, the Massachusetts Determination of Need Regulation effective January 27, 2017

This document is ready to print:	Date/time Stamp:	
This document is ready to print:	Date/time Stamp:	

APPLICATION BY UMASS MEMORIAL HEALTH CARE, INC. FOR DETERMINATION OF NEED FOR CHANGE IN OWNERSHIP OF HARRINGTON MEMORIAL HOSPITAL, INC.

EXHIBIT 8

[Filing Fee]

INVOICE NO.	CODE	DESCRIPTION	Health Care, Inc. WORCES GROSS AMT.	DISCOUNT	ECK NOO2102744 NET AMT.
ON FILING Isg: HARR	FEE-20 INGTON F	11/12/2020 ILING - B/UP - DB	286,651.93	.00	286,651.93

State Sales Tax Exemption No. 04-3358566

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

UMass Memorial Health Care, Inc.

306 Belmont St, Ste 150 Worcester, MA 01604

CHECK DATE 11/25/20

BANK OF AMERICA WORCESTER, MA

51-44

No. 0210274458

Two Hundred Eighty-Six Thousand Six Hundred Fifty-One and 93/100 Dollars

CHECK AMOUNT

**286,651.93

PAY

COMM OF MA DEPT PUBLIC HEALTH 99 CHAUNCY ST BOSTON MA 02111



AUTHORIZED SIGNATURE(S)

(1 MANUAL SIGNATURE REQUIRED FOR \$100,000 OR OVER)

UMMHC Factor 2 Responses

F2.a. Cost Containment:

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The Proposed Project, which involves UMMCH, a subsidiary of UMMHC, becoming the sole corporate member of HHCS, and Harrington Memorial Hospital becoming a community hospital in the UMMHC health system, does not directly include new or expanded services. The Proposed Project does support the continuation of the provision of cost effective, local care in the HHCS service area. It will allow residents served by Harrington Memorial Hospital to continue to receive their care locally, as well as allow HHCS to further develop its relationship with UMass Memorial Medical Center for both tertiary and subspecialist levels of care. It is anticipated that by enabling residents to continue to receive their care locally in Central Massachusetts, total medical expense (TME) will remain lower because patients will not need to seek care outside of Central Massachusetts, in particular, at the Boston area health care systems, which traditionally have had higher TME than UMMHC as referenced in Exhibit F1-7. As a result, the Proposed Project is aligned with the Commonwealth's goals for cost containment.

In addition, the Proposed Project provides HHCS and Harrington Memorial Hospital with the long-term financial stability necessary to move forward with initiatives to contribute to the Commonwealth's goals of cost containment, improved quality and greater access. One such initiative recently approved by DPH is the centralization and expansion of Harrington's inpatient adult psychiatric unit on its Webster campus¹. Planned in conjunction with DPH and the Department of Mental Health and supported by an anticipated capital commitment of approximately \$1,200,000 from the Commonwealth, this initiative will expand access to inpatient adult psychiatric care for residents of the Harrington service area and help to address the regional and state-wide critical delays in admitting adult patients needing inpatient psychiatric care.

While HHCS's inpatient psychiatric initiative is not part of the Proposed Project and Determination of Need application filed by UMMHC, HHCS was able to move forward with it because of the long-term financial stability and organizational strength made possible by its anticipated affiliation with UMMHC.

Furthermore, the improved management of patient care along the full continuum of care, including tertiary and community level inpatient care, ambulatory and post-acute care, will be enhanced by keeping the patients in the combined and integrated UMMHC community. When care goes outside of UMMHC, to Boston or even Western Massachusetts, the care becomes fragmented, communication becomes difficult, information can be lost and utilization is often increased unnecessarily (e.g., duplication of tests). The closer affiliation between UMMHC and HHCS will allow for better communication and more coordinated care, particularly once the UMMHC electronic health record system is extended to HHCS. This is better for the patients and better for the financial success of value-

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¹ Harrington Memorial Hospital's application for DPH approval of the inpatient adult psychiatric beds Proposed Project, including the construction and renovation of Harrington's Webster campus to accommodate 24 inpatient adult psychiatric beds (14 existing beds to be moved from Southbridge campus to Webster campus, plus 10 additional beds) was approved on February 5, 2021 by the DPH DON Program.

based programs by reducing unnecessary emergency department usage, readmissions and the overall cost of care.

F2.b. Public Health Outcomes:

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

This Proposed Project is not a new service or expansion of service, but a preservation of necessary services. Were the proposed affiliation not to go forward, over time there is a risk of a significant degradation in access to necessary care in the HHCS service area with resulting significant negative impact on the health of the Harrington community.

The primary need identified that is being addressed by the Proposed Project is the continuation of high quality, comprehensive services locally for the Harrington community. Without this Project, HHCS is at risk of financial hardship and reduced resources over time, which could lead to reduced services, access, and other constraints resulting from insufficient funds. The Project will provide financial stability, as well as the management, administrative resources and expertise to help HHCS survive and thrive.

UMMHC shares the mission and vision of HHCS and is committed to the population it serves. UMMHC also has the tools, understanding of shared challenges, and synergies in operations, as well as the capital reserves necessary to support HHCS. By sustaining the financial viability of HHCS, the Proposed Project will ensure that the community will have greater certainty that services will continue to be available locally, reducing the likelihood of delays in and barriers to accessing health care.

UMMHC is confident that the affiliation between UMMHC and HHCS will ensure a strong base of committed individuals employed by both organizations and rooted in their respective communities. UMMHC expects that the Proposed Project, including the explicit Anchor Mission commitments, will result in new local hiring and local purchasing, as well as community-based investments, which will also improve the economic wellbeing of the region, addressing the social determinants of health and improving the health and wellbeing of the HHCS community.

F2.c: Delivery System Transformation:

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

Because the proposed transaction has not yet closed, UMMHC does not currently have access to Harrington Memorial Hospital's patient panel data. However, UMMHC and HHCS anticipate incorporating a deep understanding of the social determinants of health specific to the HHCS service area into the overall delivery of care through the integrated UMMHC system. UMMHC's approach, which it would extend to HHCS following the completion of the proposed transaction, will include the following activities:

• CommunityHELP Adoption, also known as Aunt Bertha, is a nationally recognized platform that provides an opportunity to have updated community resource information with quick accessibility to support awareness of assets and to be used by providers and the community at large. UMMHC

CommunityHELP system would incorporate the community resources available in Southern Worcester County and HHCS's overall service area. This process will involve engaging community groups in the area as well as participation on the CommunityHELP Advisory Committee whose mission is to improve and ensure continuously updated information and knowledge of best practices in reaching vulnerable populations.

- •UMMHC would also assess and utilize data compiled through Harrington Memorial Hospital's Community Health Needs Assessment which will provide information on the key social determinants of health in the area to guide the community health improvement strategies.
- PFAC: UMMHC would work closely with Harrington Memorial Hospital's PFAC Committee to understand and address patients' interests, needs and concerns, and solicit feedback from patients and local residents. UMMHC would specifically pursue ethnic/racial diversity in the PFAC representation and its solicitation of input.
- •UMMHC has a well-established and highly-regarded interpreter services program for Limited English speaking populations and those who are deaf or hard of hearing to support HHCS's existing services.
- Anchor Mission: UMMHC would incorporate the Anchor Mission best practices to address social determinants of health through several efforts: place-based investments (e.g., in affordable housing), local purchasing, local hiring/developing a workforce pipeline and utilizing employee volunteerism for community engagement and support.
- •UMMHC Equity Focus: Health equity and workforce equity are key strategic priorities for UMMHC informing the Anchor Mission, quality improvement work and overall system strategy. UMMHC will bring its equity resources and focus to HHCS and its Service Area to benefit all patients in the HHCS Service Area and the communities served by HHCS.