

# Health Care Market Oversight (HCMO) Program Notice of Material Change Transaction

The applicant must complete and submit this notice of proposed material change transaction to [hcmo.info@dhsosha.state.or.us](mailto:hcmo.info@dhsosha.state.or.us).

One important role of the Health Care Market Oversight Program is to notify the community and people living in Oregon when entities propose a material change transaction. This document will be published and serve as the public notice. Contact program staff with any questions or to request technical assistance at [hcmo.info@dhsosha.state.or.us](mailto:hcmo.info@dhsosha.state.or.us).

Note: if any entity involved in the proposed transaction has associated National Provider Identifiers (NPIs), complete and submit the NPI form.

## I. General Information about the Transaction and Entities

1. Name, title, organization, and email address of the individual completing this form on behalf of the applicant.

|               |  |
|---------------|--|
| Name          |  |
| Title         |  |
| Organization  |  |
| Email Address |  |

2. What type of material change transaction is the applicant proposing<sup>1</sup>?

Merger                       Contract                       Other (specify) \_\_\_\_\_  
 Acquisition                       Affiliation

3. What is the proposed effective date of the material change transaction?

4. Briefly describe the applicant completing this notice.

*Provide a brief description of the notifying organization’s ownership, governance, and operational structure. If the applicant is a provider, identify provider type (e.g., hospital, physician group, etc.), number of licensed beds, ownership type (e.g., corporation, partnership, limited liability corporation, etc.), service lines and service area(s). If the applicant is not a provider, describe the applicant’s business. Include the mailing address, website(s), and Federal Tax ID(s) of the applicant.*

5. Briefly describe all other entities involved in the proposed transaction.

*Provide a brief description of the other organization’s or organizations’ ownership, governance, and operational structure, including but not limited to provider type (hospital, physician group, etc.), number of licensed beds, ownership type (corporation, partnership,*

<sup>1</sup> [Link to rules: \(Secretary of State website\)](#)

*limited liability corporation, etc.), service lines and service area(s). Include the mailing address, website(s), and Federal Tax ID(s) of entities involved in the proposed transaction.*

6. Briefly describe the nature and objectives of the proposed material change transaction, 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 transaction.

## **II. Impact from the Proposed Transaction**

7. Explain how the proposed transaction is unlikely to substantially reduce access to affordable health care in Oregon.
8. Explain how the proposed transaction will improve health outcomes for residents of this state or will benefit the public good by achieving at least one of the following:
  - (i) reducing the growth in patient costs. (If the transaction will not reduce the growth in patient costs, explain why the proposed transaction is in the best interest of the public.)
  - (ii) increasing access to services in medically underserved areas.
  - (iii) rectifying historical and contemporary factors contributing to health inequities or access to services.
9. Will the proposed transaction result in a decrease in competition? If yes, describe any anticompetitive effects that may result from the proposed transaction, and if those effects are outweighed by the benefits of the proposed transaction in increasing or maintaining services to underserved populations.
10. 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. *Indicate the date and nature of any other applications, forms, notices, or other materials provided to other state or federal agencies relative to the proposed material change, including but not limited to the Oregon Department of Consumer and Business Services, Oregon Public Health Division, Oregon Department of Justice, U.S. Department of Health and Human Services (e.g., Pioneer ACO or Medicare Shared Savings Program application), Federal Trade Commission, and U.S. Department of Justice.*
11. Will the proposed material change transaction change control of a public benefit corporation or religious corporation?

## **III. Signature**

Certification and attestation are not required. The electronic signature below should be the name entered in Question #1 and an individual who can sign on behalf of the applicant.

Electronic Signature \_\_\_\_\_ Date \_\_\_\_\_