

Health Care Market Oversight (HCMO) Program

HCMO-1: Notice of Material Change Transaction

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact us by email at hcmo.info@oha.oregon.gov or by phone at 503-945-6161. We accept all relay calls.

General Instructions

Pursuant to Oregon Revised Statute (ORS) 415.501, an entity to a material change transaction must submit a Notice to the Oregon Health Authority (OHA) notifying OHA of such transaction. This form must be used to comply with this statutory mandate.

You must file this Notice electronically with OHA, in a portable document form (pdf), by email to hcmo.info@oha.oregon.gov **no less than 180 days** before the expected closing date of your material change transaction.

The Notice is not complete until all required information is satisfactorily provided, and the 180-calendar day pre-merger period will not run until OHA deems the Notice complete. To avoid delays to your transaction, due diligence is required to complete this form correctly. The Notice will be published and serve as notice to the public. Contact program staff with any questions or to request technical assistance at hcmo.info@oha.oregon.gov.

Who must file a Notice

Under ORS 415.501, an entity entering into a transaction that constitutes a material change must submit written notice to OHA of such material change.

A material change transaction includes:

- A. A transaction in which at least one party had average revenue of \$25 million or more in the preceding three fiscal years and another party:
 - i. Had an average revenue of at least \$10 million in the preceding three fiscal years; or
 - ii. In the case of a new entity, is projected to have at least \$10 million in revenue in the first full year of operation at normal levels of utilization or operation as prescribed by the authority by rule.

Out-of-state entities

If a transaction involves a health care entity in this state and an out-of-state entity, a transaction that otherwise qualifies as a material change transaction must submit this Notice if the transaction may result in increases in the price of health care or limit access to health care services in this state. See [OHA Guidance on Out-of-State Entities](#).

Confidentiality

Information on this Notice form shall be a public record and will be posted on OHA's website. Pursuant to ORS 415.501(13), OHA shall maintain the confidentiality of all confidential information and documents that are not publicly available that are obtained in relation to a material change transaction and may not disclose the information or documents to any person without the consent of the person who provided the information or document. Information and documents described in this paragraph are exempt from disclosure under Oregon Public Records Law (ORS 192.311 to 192.478).

Entities must follow the requirements of Oregon Administrative Rule (OAR) 409-070-0070 when designating portions of a Notice and any documents submitted by the applicant in support of the Notice as confidential. See [OHA Use of Confidential Information Guidance](#).

Definitions

"Acquisition" occurs when:

- a) Another person acquires control of the health care entity including acquiring a controlling interest as described in OAR 409-070-0025;
- b) Another person acquires, directly or indirectly, voting control of more than fifty percent (50%) of any class of voting securities of the health care entity other than a domestic insurer as described in OAR 409-070-0025(1)(c);
- c) Another person acquires all or substantially all of the health care entity's assets and operations;
- d) Another person undertakes to provide the health care entity with comprehensive management services; or
- e) The health care entity merges tax identification numbers or corporate governance with another entity.

"Legal entity name" means legal business name as reported with Internal Revenue Service.

"Merger" means a consolidation between two or more organizations, including two or more organizations joining through a common parent organization or two or more organizations forming a new organization.

"NPI" means 10-digit National Provider Identification number issued by the Centers for Medicare and Medicaid Services (CMS).

"Tax ID" means 9-digit federal tax identification number also known as an employer identification number (EIN) assigned by the Internal Revenue Service.

"Transaction" means:

- a) A merger of a health care entity with another entity;
- b) An acquisition of one or more health care entities by another entity;

- c) New contracts, new clinical affiliations and new contracting affiliations that will eliminate or significantly reduce, as defined by the authority by rule, essential services (see [Essential Services and Significant Reduction](#) guidance);
- d) A corporate affiliation involving at least one health care entity; or
- e) Transactions to form a new partnership, joint venture, accountable care organization, parent organization or management services organization.

Additional defined terms can be found at ORS 415.500 et seq. and OAR 409-070-0000 to -0085.

I. Parties to the proposed transaction

List the entity name for all parties to the proposed transaction. Add extra rows as needed for additional parties.

Party A (Applicant)	Samaritan Health Services, Inc
Party B:	Santiam Memorial Hospital

Click or tap here to enter text.

II. Contact information for the parties

Provide contact information for the proposed transaction, as requested below.

1. Provide information for Party A.

Legal entity name	Samaritan Health Services, Inc.
Assumed name	NA
Tax ID	93-0951989
Mailing address	2300 NW Walnut Blvd, Ste. 1-A, Corvallis, OR 97330
Website	www.samhealth.org
Contact Name	Tyler Jacobsen
Title	VP, Chief Legal Officer
Phone	541-768-4478
Cell Phone	NA
Email	tjacobsen@samhealth.org

Is Party A represented by legal counsel for this transaction?

Yes

No

Provide information regarding Party A's legal counsel, if applicable.

Name	Click or tap here to enter text.
Firm	Click or tap here to enter text.
Address	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email Address	Click or tap here to enter text.

2. Provide information for Party B.

Legal entity name	Santiam Memorial Hospital
Assumed name	Santiam Hospital & Clinics
Tax ID	93-0415219
Mailing address	1401 N. 10 th Ave, Stayton, OR 97383
Website	www.santiamhospital.org
Contact Name	Maggie Hudson
Title	President & Chief Executive Officer
Phone	503-769-9236
Cell Phone	NA
Email	Mhudson@santiamhospital.org

Is Party B represented by legal counsel for this transaction?

Yes

No

Provide information regarding Party B's legal counsel, if applicable.

Name	Click or tap here to enter text.
Firm	Click or tap here to enter text.

Address	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email Address	Click or tap here to enter text.

For any additional Parties, please provide a supplemental attachment describing the information requested in Section 2.

3. Provide a billing contact for payment of review fees.

Name	Samaritan Health Services, Inc.
Address	2300 NW Walnut Blvd, Ste. 1-A, Corvallis, OR 97330
Phone	541-768-4478
Email Address	tjacobsen@samhealth.org

III. About the proposed transaction

4. Provide the type of material change transaction. (See OAR 409-070-0010 for definitions of transactions subject to review.)

- Merger
- Acquisition
- Affiliation
- Contract
- Other (specify)_____

5. What is the anticipated effective date of the proposed material change transaction?
June 1, 2025

6. Briefly describe the proposed material change transaction, including:

a. Goals and objectives

Please see Appendix A, P. 1

b. Summary of transaction terms

Please see Appendix A, P.2

- c. Why the transaction is necessary or warranted

Please see Appendix A, P.3

- d. Any exchange of funds between the parties, including the nature, source and amount of funds or other consideration (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).

Please See Appendix A, P.4

- 7. Describe the negotiation or transaction process that resulted in the entities entering into an agreement.

Please see Appendix A, P.5

- a. How the entities were identified (e.g., did one party approach the other, did one party engage in a bid/auction process, etc.)

Please see Appendix A, P.5

- b. Any due diligence performed by any of the parties to the transaction. Provide any products, reports, or analyses resulting from due diligence processes.

Please see Appendix A, P.5

- 8. Will the proposed material change transaction change control of a public benefit corporation or religious corporation?

Yes

No

- 9. List any applications, forms, notices, or other materials that have been submitted to any other state or federal agency regarding the proposed material change transaction. Include the data and nature of any submissions. This includes, but is 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.

Please see Appendix A, P.7

- a. If a pre-merger notification was filed with the Federal Trade Commission or U.S. Department of Justice, please attach the pre-merger notification filing along with this notice submission.

Click or tap here to enter text.

IV. About the entities involved in the proposed transaction

10. Describe Party A.

Please see Appendix A

- a. Describe Party A's business, including business lines or segments

Please see Appendix A, P.9-25

- b. Describe Party A's governance and operational structure (including ownership of or by a health care entity)

Please see Appendix A, P. 9-25

- c. Provide a diagram or chart showing the organizational structural and relationships between business entities.

Please see Appendix A, P.11

- d. List all of Party A's business entities currently licensed to operate in Oregon using [HCMO-1b: Business Entities form](#). Provide the business name, assumed business name, business structure, date of incorporation, jurisdiction, principal place of business, and FEIN for each entity.

Click or tap here to enter text.

- e. Provide financial statements for the most recent three fiscal years. If Party A also operates outside of Oregon, provide financial statements both for Party A nationally and for Party A's Oregon business.

Click or tap here to enter text.

- f. Describe and identify Party A's health care business. Provide responses to i-ix as applicable:

Please see Appendix A, P. 9-25

- i. Provider type (hospital, physician group, etc.)

Please see Appendix A, P. 9-25

- ii. Service lines, both overall and in Oregon

Please see Appendix A, P. 9-25

- iii. Products and services, both overall and in Oregon

Please see Appendix A, P. 9-25

- iv. Number of staff and FTE, both overall and in Oregon

Please see Appendix A, P. 9-25

- v. Geographic areas served, both overall and in Oregon

Please see Appendix A, P. 9-25

- vi. Addresses of all facilities owned or operated using [HCMO-1c: Facilities and Locations form](#)

Click or tap here to enter text.

- vii. Annual number of people served in Oregon, for all business, not just business related to transaction

Please see Appendix A, P. 9-25

- viii. Annual number of services provided in Oregon

Please see Appendix A, P. 9-25

- ix. For hospitals, number of licensed beds

Please see Appendix A, P. 9-25

11. Describe Party B.

Please see Appendix A. P. 26-27

- a. Describe Party B's business, including business lines or segments

Please see Appendix A. P. 26-27

- b. Describe Party B's governance and operational structure (including ownership of or by a health care entity)

Please see Appendix A. P. 26-27

- c. Provide a diagram or chart showing the organizational structural and relationships between business entities.

Please see Appendix A. P. 26-27

- d. List all of Party B's business entities currently licensed to operate in Oregon using [HCMO-1b: Business Entities form](#). Provide the business name, assumed business name, business structure, date of incorporation, jurisdiction, principal place of business, and FEIN for each entity.

Click or tap here to enter text.

- e. Provide financial statements for the most recent three fiscal years. If Party B operates outside of Oregon, provide financial statements both for Party B nationally and for Party B's Oregon business.

Click or tap here to enter text.

- f. Describe and identify Party B's health care business. Provide responses to i-ix as applicable.

Please see Appendix A. P. 26-27

- i. Provider type (hospital, physician group, etc.)

Please see Appendix A. P. 26-27

- ii. Service lines, both overall and in Oregon

Please see Appendix A. P. 26-27

- iii. Products and services, both overall and in Oregon

Please see Appendix A. P. 26-27

- iv. Number of staff and FTE, both overall and in Oregon

Please see Appendix A. P. 26-27

- v. Geographic areas served, both overall and in Oregon

Please see Appendix A. P. 26-27

- vi. Addresses of all facilities owned or operated using [HCMO-1c: Facilities and Locations form](#)

Click or tap here to enter text.

- vii. Annual number people served in Oregon, for all business, not just business related to transaction

Please see Appendix A. P. 26-27

viii. Annual number of services provided in Oregon

Please see Appendix A. P. 26-27

ix. For hospitals, number of licensed beds

Please see Appendix A. P. 26-27

For any additional Parties, please provide a supplemental attachment describing the information requested in Section 11 (a) – (f).

12. Describe all mergers, acquisitions, and joint ventures that closed in the ten (10) years prior to filing this notice of material change transaction involving any entities party to the current proposed transaction, the same or related services, and health care entities. For each previous transaction, include:

- a. Legal names of all entities party to the transaction
- b. Type of transaction
- c. Description of the transaction
- d. Date the transaction closed

Please see Appendix A, P. 27

13. Describe any anticipated changes resulting from the proposed material change transaction, including:

- a. Operational structure
 - i. Provide a chart or diagram showing the pre- and post-transaction organizational structure and relationships between entities.

Please see Appendix A, P. 29-30

b. Corporate governance and management

Please see Appendix A, P. 30

c. Investments or initiatives

Please see Appendix A, P. 30

d. Type and level of staffing

Please see Appendix A, P. 30

- e. Type and level of services provided
Please see Appendix A, P. 30
- f. Number and type of locations
Please see Appendix A, P. 30
- g. Geographic areas served
Please see Appendix A, P. 30
- h. For providers, payer contracts and payer mix
Please see Appendix A, P. 30
- i. For insurance carriers, provider contracts and networks
Please see Appendix A, P. 30
- j. Other contractual arrangements, including contracts with suppliers, partners, ancillary service providers, PBMs, or management services organizations
Please see Appendix A, P. 30

V. Impacts from the proposed material change transaction

14. Describe how the proposed material change transaction will impact the public and people served by the entities in Oregon.

Please see Appendix A, P. 31

- a. If there are any anticipated negative effects, describe how the entities will seek to mitigate negative impacts.

Please see Appendix A, P. 31

15. Explain how the proposed material change transaction will:

- a. Impact health outcomes for people in Oregon. Provide applicable data, metrics, or documentation to support your statements.

Please see Appendix A, P. 31-34

- b. Benefit the public good by reducing the growth in health care costs. Provide applicable data, metrics, or documentation to support your statements.

Please see Appendix A, P. 35

- c. Benefit the public good by increasing access to services for medically underserved populations. Provide applicable data, metrics, or documentation to support your statements.

Please see Appendix A, P. 35-36

- d. Benefit the public good by rectifying historical and contemporary factors contributing to health inequities or access to services. Provide applicable data, metrics, or documentation to support your statements.

Please see Appendix A, P. 37

- e. If the transaction will not benefit the public good as described in b-d, explain why this proposed material change transaction is in the best interest of the public.

Please see Appendix A, P. 38

16. Describe any competitive effects that may result from the proposed material change transaction.

Please see Appendix A, P. 32

- a. Will the proposed material change transaction result in a decrease in competition?

Please see Appendix A, P. 38

- i. If yes, describe any anticompetitive effects that will result from the proposed transaction.

Click or tap here to enter text.

- ii. If yes, describe any plans to mitigate potential anticompetitive effects, including any divestiture plans.

Click or tap here to enter text.

- b. Provide applicable data, metrics, or documentation to support your statements.

Click or tap here to enter text.

17. Describe the proposed material change transaction's impact on the financial stability of any entity involved in the transaction.

Please see Appendix A, P. 38-39

VI. Supplemental materials

Submit the following materials, if applicable, with your submission.

- [HCMO-1a: NPI form](#) (required for health care provider entities)

- [HCMO-1b: Business Entities form](#) (required parties with multiple business entities licensed to operate in Oregon)
- [HCMO-1c: Facilities and Locations form](#)
- Pre- and post-transaction organizational structure diagram
- Copies of all current agreements and term sheets for the proposed transaction
- Financial statements for all entities for the most recent three fiscal years
- Copies of current governance documents for all entities (for examples, bylaws, articles of incorporation, corporate charter, etc.)
- Documentation or analytic support for your responses, as applicable
- Redaction log

VII. Certification

I, the undersigned, being first duly sworn, do say:

1. I have read ORS 415.500 et seq. and OARs 409-070-0000 to 409-070-0085.
2. I have read this Notice of Material Change Transaction and the information contained therein is accurate and true.

Signed on the 28 day of October, 20 24.



SUBSCRIBED AND SWORN TO before me, this 28 day of October, 2024.



Notary Public in and for Oregon

My Commission Expires: October 03, 2025

