# Health Care Market Oversight (HCMO) Program HCMO-2: Request for Emergency Exemption from Material Change Transaction Review

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.

A health care entity should complete this form to request emergency exemption from material change transaction review. Under OAR 409-070-0022, Oregon Health Authority (OHA) may exempt an otherwise covered transaction from review if there is an emergency situation that immediately threatens health care services, and the proposed transaction is urgently needed to protect the interest of consumers and to preserve the solvency of an entity.

Submit this completed form, in a portable document form (pdf), by email to hcmo.info@oha.oregon.gov. OHA may request additional information or discussion as needed to determine emergency exemption status. OHA will post the completed form on the Health Care Market Oversight Program website for public comment in accordance with OAR 409-070-0022. OHA will strive to accommodate an expedient review of this application for emergency exemption but must consider each application on a case-by-case basis.

## Parties to the proposed transaction

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

|  |  |
| --- | --- |
| Party A (Applicant) | Click or tap here to enter text. |
| Party B:  | Click or tap here to enter text. |

Click or tap here to enter text.

1. Provide the requested information for Party A.

|  |  |
| --- | --- |
| Legal entity name | Click or tap here to enter text. |
| Assumed name | Click or tap here to enter text. |
| Tax ID | Click or tap here to enter text. |
| Mailing address | Click or tap here to enter text. |
| Website | Click or tap here to enter text. |
| Contact Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

1. Provide the legal name, assumed name, Tax ID, mailing address, and website of all other parties to the transaction.

Click or tap here to enter text.

## About the proposed transaction

1. Is the transaction urgently necessary to maintain the solvency of an entity involved in this transaction?

[ ]  Yes [ ]  No

If yes, explain why and include a complete statement of the facts, circumstances, and conditions which justify emergency exemption.

 Click or tap here to enter text.

1. When is the threatened entity anticipated to become insolvent without this proposed transaction? (e.g., how many days cash on hand does the entity have?)

Click or tap here to enter text.

1. Is the transaction in the interest of consumers?

[ ]  Yes [ ]  No

If yes, explain why and include any other relevant information not already provided that justifies the emergency exemption.

 Click or tap here to enter text.

1. Provide a detailed explanation of all the terms, conditions and agreements of the transaction and the manner in which such terms, conditions and agreements will respond to the conditions necessitating expedited consideration of the emergency exemption application (e.g., how will the transaction change ownership/governance, how will the transaction change providers or support staff). Attach supporting documentation as needed.

 Click or tap here to enter text.

1. Has any entity involved in the material change transaction engaged with consumers about the proposed transaction and received input from consumers?

[ ]  Yes [ ]  No

 If yes, describe.

 Click or tap here to enter text.

1. As a result of the emergency transaction, will there be a significant reduction or elimination of essential services? Please see [Essential Services and Significant Reduction](https://www.oregon.gov/oha/HPA/HP/HCMOPageDocs/HCMO-Essential-Services-and-Significant-Reduction-Guidance-FINAL.pdf) guidance document.

 Click or tap here to enter text.

1. Ideally, by what date does the applicant want a decision from OHA?
Click or tap here to enter text.

## 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 \_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me, this \_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_