



HEALTH POLICY COMMISSION

Registration of Provider Organizations Program: Helpful Information

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I. Background

On July 2, 2014, the Health Policy Commission (Commission) voted to approve and issue final regulation [958 CMR 6.00](#), *Registration of Provider Organizations*, which went into effect on July 18, 2014. 958 CMR 6.00 was issued pursuant to [M.G.L. c. 6D § 11](#), which directs the Commission to develop and administer a registration program for certain Provider Organizations to report on their organizational, operational, and governance structure.¹ The regulation establishes the registration process and specific reporting requirements. Provider Organizations must renew their registration with the Commission every two years. Provider Organizations registered with the Commission must also report details of their financial and operational performance annually to the Center for Health Information and Analysis (CHIA), pursuant to [M.G.L. c. 12C § 9](#).

Taken together, the Commission's and CHIA's new responsibilities – collectively called the Registration of Provider Organizations (RPO) Program – create the reporting structure necessary to capture ongoing changes in the health care market. This first-in-the-nation provider database will increase transparency around how providers are organized to deliver care. These new requirements reflect the Commonwealth's desire to understand the care delivery system and the variety of market participant structures that exist.

The Commission has engaged with Provider Organizations and other market participants, CHIA, the Division of Insurance, and other agencies across state government to develop the framework for the RPO Program. In developing the program's governing regulation and submission requirements, the Commission applied the following principles:

- Provider Organizations are faced with significant new responsibilities under Chapter 224 of the Acts of 2012. The RPO Program must offer a streamlined process that prioritizes administrative simplification.
- Provider Organizations have existing points of contact with many state agencies. The RPO Program should avoid requesting duplicative data through ongoing coordination with other Commonwealth agencies.
- The RPO Program must balance the importance of collecting data elements with the potential burden to Provider Organizations.

¹ For the regulatory definitions of terms used in this document, please see 958 CMR 6.00, *Registration of Provider Organizations*, available on the Commission's [website](#).

- The RPO Program should phase in over time the types of information that Provider Organizations must report.
- The RPO Program must collect data that will inform policy development while meeting the statutory mandate.

To collect data that are accurate, reliable, and informative, the Commission and Provider Organizations must work in close partnership, especially in the RPO Program’s inaugural year. The Commission anticipates working closely with Provider Organizations and other stakeholders to further enhance the program framework, data submission elements, and registration process. The value of the RPO Program to the Commonwealth depends on mutual collaboration, learning and commitment from both the Commission and Provider Organizations.

II. Program Framework Overview

The Commission has designed a registration framework that first seeks to collect information about the organizational structure of Provider Organizations that meet the registration criteria (see 958 CMR 6.00 and the *Applicability* section of Bulletin: HPC-RPO-2014-01, RPO Data Submission Manual) by identifying its Corporate and Contracting Affiliations, as defined in 958 CMR 6.02. Once a Provider Organization has filed this baseline information, it will be asked to submit additional details about Facilities, Clinical Affiliations, Health Care Professionals, and other types of information that the Provider Organization may file about itself, its corporate affiliates, its contracting affiliates, or a combination thereof.

A **Provider Organization**² is an entity that negotiates, represents, or otherwise acts to establish contracts for healthcare services with Carriers or Third-Party Administrators (TPAs). A Provider Organization may use a variety of methods to establish contracts, including both traditional direct representation and messenger models. A Provider Organization may establish contracts on its own behalf (e.g., a hospital that negotiates its own contracts), negotiate on behalf of other entities, or both. One of the key aims of the RPO Program is to understand key features of each Provider Organization, including its governance and operational structure.

A **Corporate Affiliation** is a relationship that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control. Entities with which the Provider Organization has such a relationship are referred to as its corporate affiliates. Understanding the number, type and characteristics of the Provider Organization’s corporate affiliates offers insight into the structure of the organization and will allow for the identification of similarities and differences in structures across multiple Provider Organizations.

A **Contracting Affiliation** is a relationship that exists for the purpose of negotiating, representing or otherwise acting to establish contracts for the payment of Health Care Services. Every Provider Organizations is party to one or more Contracting Affiliations, given that the act of establishing contracts is central to the definition of a Provider Organization. The other party in the relationship – the entity on whose behalf the contract is established – is referred to as a contracting affiliate. For the purposes of the RPO Program, only entities that are not corporate affiliates should be reported as contracting affiliates. For purposes of the RPO Program, entities that are corporate

² All descriptions and definitions used in this document are paraphrased from 958 CMR 6.02. Regulatory definitions can be found in the final regulation, which is available on the Commission’s [website](#).

affiliates of the Provider Organization and for which the Provider Organization contracts are considered corporate affiliates. An entity may be both a Provider Organization – if it establishes contracts on its own or another’s behalf– and a contracting affiliate – if another entity establishes contracts on its behalf.

The Commission will provide detailed instructions on how to report the required information in the Data Submission Manual (DSM), which the Commission will publish as an administrative bulletin. On July 22, 2014, the Commission released its first DSM (Bulletin: HPC-RPO-2014-01) to specify requirements for Part 1 of Initial Registration; the Commission anticipates developing additional DSMs with input from Provider Organizations and other stakeholders as the RPO Program evolves.

III. Initial Registration, Registration Renewal, and Off-Cycle Updates

Provider Organizations that meet the criteria for registration as of July 18, 2014 are required to file an application for registration with the Commission in accordance with the most current version of the DSM, pursuant to 958 CMR 6.05(1). The first time that a Provider Organization files an application is Initial Registration (958 CMR 6.02). In the first year of the RPO Program, Initial Registration will be split into two phases: *Initial Registration: Part 1 (IR: Part 1)* and *Initial Registration: Part 2 (IR: Part 2)*. The Commission created this two-part process to give Provider Organizations an opportunity to ask questions about the terms used in the regulation and the DSM before filing full registration requirements. The *IR: Part 1* materials are designed to gather information about the framework of the Provider Organization’s organizational structure; the materials ask broad questions about the Provider Organization itself and for a list of its corporate affiliates and contracting affiliates. The Commission will use this framework as a basis for additional questions about the nature of these relationships, as well as details about Facilities, Health Care Professionals, Clinical Affiliations, and other information in *IR: Part 2* (see 958 CMR 6.05(8)).

In some cases, the Provider Organization’s responsibility to register may be partially or fully met through the registration of another Provider Organization, such as when the Provider Organization in question is also the corporate affiliate or the contracting affiliate of another registering Provider Organization.

Provider Organization & Corporate Affiliate: No Registration Required

If a Provider Organization meets the criteria for registration and is also the subsidiary of another registering Provider Organization, the Provider Organization in question does not have to submit any application materials to the Commission directly.

For example, if a hospital with annual Net Patient Service Revenue (NPSR) of \$30 million and a Patient Panel of 20,000 patients in the last Fiscal Year negotiated at least one of its own contracts with Carriers or TPAs, that hospital meets the definition of a Provider Organization and meets Registration Threshold 1, as set forth in 958 CMR 6.04(1)(a). If the hospital were owned by a larger health system that negotiated a portion of the hospital’s contracts with Carriers or TPAs, that health system would also be considered a Provider Organization and would also meet Registration Threshold 1. Rather than require both the health system and the hospital to submit applications for registration, 958 CMR 6.04(2) requires the health system to be the sole registrant for both the system and hospital in this scenario. The hospital would not have to file any materials with the Commission.

Provider Organization & Contracting Affiliate: Abbreviated Application Required

If a Provider Organization meets the criteria for registration and is also a contracting affiliate of another registering Provider Organization, the Provider Organization in question may fulfill its requirement to register by submitting an abbreviated application to the Commission.

Using the same example as above, a hospital with annual NPSR of \$30 million and a Patient Panel of 20,000 patients in the last Fiscal Year that negotiates at least one of its own contracts with Carriers or TPAs meets the definitions of a Provider Organization and meets Registration Threshold 1. However, if the large health system does not own the hospital but negotiates a portion of the hospital's contracts, the hospital would be a contracting affiliate of the health system. In this scenario, the hospital is both a Provider Organization and a contracting affiliate and is required to submit an abbreviated application for registration to the Commission. The abbreviated application will help minimize the amount of duplicative information that the health system and the hospital have to report. The health system is required to submit a full application for registration and to report the hospital as a contracting affiliate.

Registration Renewal

A Provider Organization's registration will be valid for a 24-month period after completing Initial Registration, at which time the Provider Organization will be required to undergo Registration Renewal (958 CMR 6.05(4)). During Registration Renewal, Provider Organizations will be required to update the information on file with the Commission and potentially submit any new information required in the application for registration, as specified in the most recent DSM at the time of renewal.

Off-Cycle Updates

In addition to completing Initial Registration and biennial Registration Renewal, Provider Organizations may be required to provide off-cycle updates to the information on file with the Commission (958 CMR 6.05 (11)). Updates are required if a Provider Organization makes a change that required: a) a Determination of Need by the Department of Public Health; b) the filing of a material change notice with the Commission; or c) an essential services filing with the Department of Public Health.

If a Provider Organization makes one of the changes described above and that change affects information on file with Commission, the Provider Organization must update the affected information within 21 calendar days of the effective date of the change. The Provider Organization is not required to update all of its information on file; it is only required to update the information affected by the change. The Commission anticipates publishing instructions on how to provide an off-cycle update in the spring of 2015.

IV. Information Files Overview: Initial Registration: Parts 1 and 2

The RPO Program's governing statute and regulation specify many categories of information for the Commission to collect. In the first year of the program, the Commission has prioritized submission of a subset of these categories. The Commission's goal is to minimize the burden on Provider Organizations in the first year while still collecting important information in furtherance of the program. After the first year of the RPO program, the Commission may update the DSM to require Provider Organizations to submit additional information.

The Initial Registration materials have been organized into the following files:

Initial Registration: Part 1

1. Background Information File: Part 1
2. Corporate Affiliations File: Part 1
3. Contracting Affiliations File: Part 1
4. Forms & Supporting Documentation File: Part 1

Initial Registration: Part 2

1. Background Information File: Part 2
2. Corporate Affiliations File: Part 2
3. Contracting Affiliations File: Part 2
4. Facilities and Sites File
5. Physician Roster File
6. Clinical Affiliations File
7. Forms & Supporting Documentation File: Part 2

Many of the same files are included in both *IR: Part 1* and *IR: Part 2*. The *IR: Part 1* files ask for broad information that is primarily limited to the name and identification of corporate and contracting affiliates. Provider Organizations will not be asked to submit duplicative information in *IR: Part 2*; any information submitted in *IR: Part 1* will be automatically added by the Commission to the Provider Organization's online application for registration. In *IR: Part 2*, Provider Organizations will provide additional detail in these files. The descriptions of each file, below, do not distinguish between data collected in *IR: Part 1* and *IR: Part 2*. For details on the information that must be submitted in *IR: Part 1*, please see the data specifications in the DSM.

The Background Information File includes questions about the Provider Organization, including a description of the organization, its governance and organizational structure, and its funds flow model. Provider Organizations will submit corporate and operational organizational charts with the Background Information File.

The Corporate Affiliations File asks the Provider Organization to list every entity in which it has a partial or complete ownership or controlling interest, whether or not that entity provides direct clinical services. The Provider Organization will also list its corporate parent(s), if applicable. Provider Organizations will provide high-level information on each corporate affiliate (e.g., tax status, address) and will indicate whether or not the Provider Organization negotiates contracts on behalf of that corporate affiliate. If the Provider Organization negotiates contracts on behalf of a corporate affiliate, the Provider Organization will be required to provide additional information.

The Contracting Affiliations File asks the Provider Organization to list the entities on whose behalf it negotiates, represents or otherwise acts to establish contracts with Carriers or TPAs. This list will not include any entity that the Provider Organization owns or controls because the Provider Organization will have listed those entities in the Corporate Affiliations file (see Section II for further explanation). The Provider Organization will also provide details on the nature of the relationship between the Provider Organization and each contracting affiliate.

In the Facilities and Sites File, a Provider Organization will list all practice sites and licensed facilities associated with itself, its corporate affiliates, and its contracting affiliates. The questions in this file will be limited to the facility or site name, address, and general licensure and tax identification information.

The Physician Roster File will list all of the physicians that are employed by or affiliated with the Provider Organization, its corporate affiliates, and/or its contracting affiliates. Required fields will include the physician name, National Provider Identifier, specialty, and primary and secondary sites of practice.

In the Clinical Affiliations File, Provider Organizations will list each entity that has a Clinical Affiliation with one of the Provider Organization's acute care hospitals. In addition to providing the name of each affiliate, the Provider Organization will describe the nature of the relationship between the affiliate and the hospital.

The Forms and Supporting Documents File generally consists of necessary forms that Provider Organizations must submit to the Commission, such as an affidavit of truthfulness and a user agreement that will grant the Provider Organization access to the online RPO Submission Platform.

Please note that any information submitted to the Commission pursuant to M.G.L. c. 6D, § 11 and 958 CMR 6.00 in connection with the Registration of Provider Organizations program is subject to the public records law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7.

V. Training and Educational Opportunities

The Commission's goal in the months leading up to *IR: Part 1* is to provide ample opportunities for education and training so that registering Provider Organizations feel confident and comfortable in their ability to complete the *IR: Part 1* requirements in October – November of 2014. The Commission has scheduled two training sessions in August that will provide an overview of the registration program framework and the process for completing *IR: Part 1*. Information on *IR: Part 2* will not be included. These training sessions will cover the same information; the Commission recommends that all registering Provider Organizations attend one of the sessions. The Commission anticipates uploading a recording of the training to its website for those that are unable to attend a session in person.

Registration of Provider Organizations Training
Thursday, August 14, 2014
10:00 am – 12:00 pm
Massachusetts Hospital Association
5 New England Executive Park
Burlington, MA 01803

Registration of Provider Organizations Training
Tuesday August 26, 2014
10:00 am – 12:00 pm
Massachusetts Medical Society
860 Winter Street
Waltham, MA 02451

To sign up for one of the training sessions listed above, please visit the Commission's [website](#). The Commission may hold additional training sessions if there is sufficient interest.

If a Provider Organization has questions that the training materials do not address, it may schedule a one-on-one meeting with the Commission. These meetings are not mandatory and will not address *IR: Part 2* questions. These meetings are designed to assist Provider Organizations that may be unsure how to apply the registration program framework to their organizational structure. The content of these meetings will be limited to the specific questions that the Provider Organization identifies in its Meeting Request Form.

The individual who will serve as the Primary Reporter for the Provider Organization should attend this meeting.

To sign up for a one-one-one meeting, Provider Organizations must complete the Meeting Request Form send it to HPC-RPO@state.ma.us with the subject line “Meeting Request Form_[Provider Organization Name]” by **no later than Wednesday, October 15, 2014 at 5:00pm EDT**. Instructions for completing the Meeting Request Form are located in Appendix A. Provider Organizations are encouraged to sign-up as early as possible to ensure sufficient time for meeting scheduling. The Commission will not accept requests for one-one-one meetings before it has held its first RPO training session, listed above, and a Provider Organization should not request a one-on-one meeting until after it has attended or viewed one of these RPO training sessions.

Once the Commission has reviewed the Provider Organization’s Meeting Request Form, it will send the Provider Organization a link that it can use to sign up for a meeting. The meetings will take place in September and October of 2014. Provider Organizations must sign up for a one-on-one meeting no later than 2 weeks before the date of the meeting. See Appendix A for further details.

In lieu of one-on-one meetings, Provider Organizations may send questions and comments to Kara Vidal, Program Manager for System Performance, at HPC-RPO@state.ma.us. Provider Organizations should also review the Frequently Asked Questions section of the Commission’s website, which will be populated before the *IR: Part 1* process and updated as necessary.

Key Upcoming Dates

Initial Registration: Part 1 Key Dates	
Action	Date
Training Session at the Massachusetts Hospital Association	Thursday, August 14, 2014 10:00 am – 12:00 pm
Training Session at the Massachusetts Medical Society	Tuesday August 26, 2014 10:00 am – 12:00 pm
<i>Deadline to Submit Meeting Request Form to Commission One-on-one meetings are not required. Provider Organizations that opt to meet with the Commission are encouraged to submit their forms as early as possible to ensure sufficient time for meeting scheduling.</i>	Wednesday, October 15, 2014 5:00pm
<i>Initial Registration: Part 1 Opens</i>	Wednesday, October 1, 2014 9:00am
<i>Initial Registration: Part 1 Closes</i>	Friday, November 14, 2014 5:00pm

Appendix A: Meeting Request Form

Provider Organizations that require a meeting with the Commission must complete a Meeting Request Form and return it to the Commission by no later than **Wednesday, October 15, 2014 at 5:00pm EDT**. The Meeting Request Form is available on the Commission's website. Meetings will be booked on a first-come, first-served basis and Provider Organizations with preferred dates and times should register early. Meeting Request Forms will not be accepted until August 18, 2014 to ensure that Provider Organizations have had the opportunity to attend a training session.

Once a Provider Organization has submitted its completed Meeting Request Form, it will receive a link through which it can register for a meeting. Completed surveys should be saved in a separate word document with the file name: "Meeting Request Form_[Provider Organization Name]" and sent as an e-mail attachment to HPC-RPO@state.ma.us with the subject line "Meeting Request Form_[Provider Organization Name.]"

The Commission will not discuss *IR: Part 2* requirements in these meetings. The content of the meeting will be limited to the specific questions that Provider Organizations list on their Meeting Request Forms. Provider Organizations that choose not to meet with the Commission may still submit questions about the registration framework and process to HPC-RPO@state.ma.us.