



MASSACHUSETTS REGISTRATION OF PROVIDER ORGANIZATIONS PROGRAM

DATA RELEASE NOTES

2015 INITIAL REGISTRATION DATA

PUBLISHED NOVEMBER 2016

MA-RPO INITIAL REGISTRATION DATA RELEASE NOTES

The MA-RPO program has compiled the following considerations that should be kept in mind when using RPO data. Specific questions on the MA-RPO dataset can be directed to program staff at HPC-RPO@state.ma.us.

Publication Date: November 10, 2016

Data Year: Winter 2015

Registering Entity

Because the MA-RPO Program requires registration from the uppermost corporate entity within the organization that has a primary business purpose of health care delivery or management, corporately affiliated entities that separately meet one of the registration thresholds are not required to register separately. Instead, the parent entity filed a single application for registration and reported on each of its corporate affiliates. Health systems that are owned by entities whose primary business purpose is not health care delivery or management did not register at the corporate parent level; these organizations registered at the highest level of corporate ownership within the corporately-integrated system whose business purpose is healthcare delivery or management (e.g., New England Baptist Hospital, Steward Health Care System LLC).

Timing of Collection

The MA-RPO program required each Provider Organization to submit its materials accurate as of the day of submission. Although the deadline for submission was October 30, 2015, some Provider Organizations had finalized data well in advance of the deadline, while many others, due to extensions and the ongoing review process, submitted data that was not finalized until months later. The entire dataset should generally be considered final as of “Winter 2015.” In future collection years, Provider Organizations will be asked to report information that was accurate as of a specific date (e.g., January 1, 2016) to promote standardization.

Abbreviated Applications

Provider Organizations that were approved to file abbreviated applications did not submit a physician roster as part of their filings. These abbreviated applicants establish contracts on behalf of a group of physicians that also participate in a larger physician network. For example, a multi-specialty physician practice may establish some fee-for-service contracts independently while also participating in an Independent Physician Association (IPA) for its risk contracts. If the multi-specialty physician practice attested that all of its physicians would be reported on the IPA’s physician roster, the MA-RPO Program approved the multi-specialty practice to file an abbreviated application. To identify a Provider Organization whose physician roster includes an abbreviated applicant’s physicians, refer to data element RPO-39: Legal Name of Third-Party Contracting Entity(ies) in the abbreviated applicant’s Background Information file, or refer to the list below.

Please note that HealthSouth Corporation does not establish any contracts on behalf of physicians, and therefore has not submitted a physician roster.

The following organizations were approved to file abbreviated applications in 2015:

Abbreviated Applicant	Third-Party Contracting Entity (Provider Organization Legal Name)
Affiliated Pediatric Practices, L.L.C.	Partners Community Physicians Organization, Inc. (Partners HealthCare System, Inc.)
Beth Israel Deaconess Medical Center, Inc.	Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization
Cambridge Public Health Commission	Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization
Cape Cod Healthcare, Inc.	Steward Health Care Network, Inc. (Steward Health Care System LLC)
CentMass Association of Physicians, Inc.	UMass Memorial Health Care, Inc.
Charles River Medical Associates, P.C.	Partners Community Physicians Organization, Inc. (Partners HealthCare System, Inc.)
East Boston Neighborhood Health Center Corporation	BMC Integrated Care Services, Inc. (BMC Health System, Inc.)
Emerson Health System Inc.	Partners Community Physicians Organization, Inc. (Partners HealthCare System, Inc.)
Emerson IPA, Inc.	Partners Community Physicians Organization, Inc. (Partners HealthCare System, Inc.)
Hallmark Health Corporation	Partners HealthCare System, Inc.
Harbor Health Services, Inc.	Steward Health Care Network, Inc. Steward Integrated Care Network, Inc. (Steward Health Care System LLC)
Highland Healthcare Associates IPA, Inc.	New England Quality Care Alliance (Wellforce, Inc.)
Lawrence Memorial IPA, Inc.	Partners HealthCare System, Inc.
Melrose-Wakefield IPA, Inc.	Partners HealthCare System, Inc.
MWA, PC	Baycare Health Partners (Baystate Health, Inc.)
New England Orthopedic Surgeons, Inc	Baystate Health, Inc.
PMG Physician Associates, P.C.	Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization
Seacoast Regional Health System, Inc.	Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization
South Boston Community Health Center	BMC Integrated Care Services, Inc. (BMC Health System, Inc.)
Upham's Corner Health Committee, Inc.	BMC Integrated Care Services, Inc. (BMC Health System, Inc.)
Valley Medical Group, P.C.	Baycare Health Partners (Baystate Health, Inc.) Cooley Dickinson Physician Hospital Organization, Inc. (Parents HealthCare System, Inc.)

Applicable Files and Questions

Provider Organizations were required to complete only the files that were applicable to their organization. For example, physician practices that do not own any licensed facilities were not required to complete the Facilities file. Data element RPO-42 in the Background Information files indicates which files were applicable to a given Provider Organization.

Data elements that have been left blank may have been left blank for different reasons. In some cases, such as a DBA name, an Entity may not have responded because the context of the specific data element did not apply to the Entity. An Entity without a DBA name left that data element blank. In other cases, data elements may have been left blank based on the Entity's previous responses to other data elements. The online submission platform utilized question logic to determine which data elements were required and which were not based on an Entity's previous responses.

Individual Physician Participation Agreements

Contracting entities, such as IPAs or Physician-Hospital Organizations (PHOs) can affiliate with their participating providers in different ways. In some cases, the contracting entity will sign a group participation agreement with a physician practice; in other cases, the members of a physician practice will sign individual physician participation agreements with the contracting entity. Provider Organizations that only have signed agreements with individual physicians – rather than physician practices – were not required to list any entities in the Contracting Affiliations file. This file was designed to collect information at the organizational level (e.g., hospital, physician practice, VNA, etc.), not at the individual physician level. These physicians will, however, appear in the corresponding Physician Roster.

As a result, entities that contract directly with individual physicians may not have a Contracting Affiliations file (e.g., Mount Auburn Cambridge Independent Practice Association or UMass Memorial Health Care, Inc.). Other entities that both have group participation agreements and contracts with individual physicians will only list their participating groups in the Contracting Affiliations file (e.g., Steward Health Care System, Inc.).

To fully understand whether a Provider Organization establishes contracts on behalf of physicians that it does not employ, the MA-RPO program recommends searching the Provider Organization's physician roster for physicians with an Employed Status (data element RPO-99) of "No."

Contracting Entities

A Contracting Entity is an Entity that negotiates, represents, or otherwise acts to establish contracts with Carriers or Third-Party Administrators (TPA) for the payment of Health Care Services. This includes private commercial payers, Medicare Accountable Care Organizations, Medicare Advantage, and Medicaid Managed Care. This does not include Entities formed specifically for participation in Shared Savings Programs, as Medicare is not considered a Carrier or TPA. Corporate affiliates that only participate in the Medicare Shared Savings Program will have selected "No" in data element RPO-48: Contracting Entity Status.

The MA-RPO Program anticipates updates to the definition of a Contracting Entity in future collection years to include government payers.

Pediatricians

The MA-RPO program asks Provider Organizations to use their own internal methodology when determining whether or not to classify a physician as a pediatrician. In the event that the Provider Organization did not have an existing methodology to classify physicians as pediatricians, the MA-RPO program asked that they consider classifying a physician as a pediatrician if a majority of the physician's patients are pediatric patients.

Multiple Physician Rosters within a Provider Organization

Provider Organizations were required to submit a separate physician roster for each Corporately Affiliated Contracting Entity. This requirement was meant to ensure that Provider Organizations with multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of distinct groups of physicians can attribute physicians to the proper Contracting Entity. This requirement is why a Provider Organization such as Wellforce reported two physician rosters, one on behalf of New England Quality Care Alliance, Inc. and one on behalf of The Lowell General Hospital.

Recognizing that a Provider Organization may have multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of the same group of physicians, the MA-RPO program allowed such organizations to fulfill the physician roster requirement for one or more Corporately Affiliated Contracting Entities through the physician roster of another Corporately Affiliated Contracting Entity. This allowance is why a Provider Organization such as Children's Medical Center Corporation has filed just one physician roster on behalf of its three Contracting Entities.

Physician Roster Timing

Provider Organizations were asked to submit their rosters so that they would reflect the contracts that were currently in effect at the time of submission. Therefore, if a physician was covered by at least one contract established by one of the Provider Organization's Contracting Entities at the time of submission, then the physician would be included in the physician roster. If a physician was planning to join the Provider Organization's contracts at a future date, then that physician would not be reported by the Provider Organization.

Employer Identifier Numbers (EINs)

The MA-RPO program has excluded EINs from certain fields of the physician roster to protect cases in which a physician's Social Security Number may have accidentally been reported. EINs have been deleted from RPO-101: Primary Site of Practice EIN, RPO-110: Secondary Site of Practice EIN, RPO-119: Medical Group EIN, RPO-122: Local Practice Group 1 EIN, and RPO-125: Local Practice Group 2 EIN.

Reporting of Clinical Affiliations

Provider Organizations were only required to report clinical relationships that included at least one of their corporately affiliated Acute Hospitals. Where a Clinical Affiliation exists between an Acute Hospital and a physician organization, for example, the relationship would be reported by the organization that owns or controls the Acute Hospital. A Provider Organization that was not corporately affiliated with an Acute Hospital was therefore not required to report any Clinical Affiliations in Initial Registration. Please see the [2015 Data Submission Manual](#) for additional information on reportable Clinical Affiliations.