

MASSACHUSETTS REGISTRATION OF PROVIDER
ORGANIZATIONS PROGRAM

2017 DATA SUBMISSION MANUAL

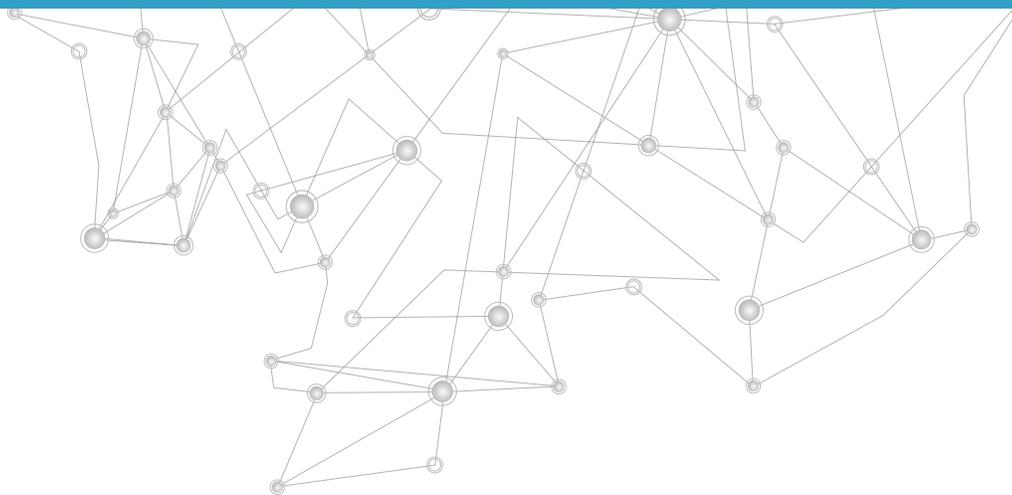


TABLE OF CONTENTS

Glossary of Terms.....	3
Acronyms and Abbreviations	7
General Instructions	8
Summary of Updates.....	12
Background Information File.....	16
Corporate Affiliations File.....	23
Contracting Affiliations File	34
Contracting Entity File.....	39
Facilities File.....	51
Physician Roster File	57
Clinical Affiliations File	64
Financial Statements File	71
Alternative Payment Method and Other Revenue File	80
Attachments	84
Appendix A: Limited Out-of-State Reporting Requirements	86
Appendix B: 2017 Filing Answer Option Conversions Methodology.....	88

GLOSSARY OF TERMS

The terms below have been defined in M.G.L. c. 6D, § 1, M.G.L. c. 12C, § 1, 958 CMR 6.00, *Registration of Provider Organizations*, 957 CMR 11.00, *Registered Provider Organizations Reporting Requirements*, or are defined for the first time in the Data Submission Manual (DSM). Defined terms are capitalized throughout the DSM.

Acute Hospital	The teaching hospital of the University of Massachusetts Medical School and any hospital licensed under M.G.L. c. 111, § 51 and which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the Department of Public Health.
Advanced Care Settings	Sites at which more complex care can be provided for one or more clinical services.
Audited Financial Statements	A complete set of financial statements of an Entity, including the notes to the financial statements, which are subject to an independent audit in accordance with Generally Accepted Auditing Standards (GAAS). The independent auditor issues an opinion as to whether or not the accompanying financial statements are presented fairly in accordance with Generally Accepted Accounting Principles (GAAP).
Campus	The physical area immediately adjacent to the provider’s main buildings and other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings.
Carrier	An insurer licensed or otherwise authorized to transact accident or health insurance under M.G.L. c. 175; a nonprofit hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; and an organization entering into a preferred provider arrangement under M.G.L. c. 176I, but not including an employer purchasing coverage or acting on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term “Carrier” shall not include any Entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services.
Clinical Affiliation	Any relationship between a Provider or Provider Organization and another Entity for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in hospital or other ambulatory settings, co-branding, expedited transfers to Advanced Care Settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, Joint Training Programs, video technology to increase access to expert resources and sharing of hospitalists or intensivists.

Community Advisory Boards	Committees, boards, or other oversight and governance bodies engaging the community of a Provider Organization, including, but not limited to patient and family advisory councils as defined in 105 CMR 130.1801 or community benefits advisory boards.
Consolidating Schedule	A document that accompanies the consolidated Audited Financial Statements, which includes detailed financial statements of subsidiary hospital(s) and the other organizations that comprise the consolidated entity.
Contracting Affiliation	Any relationship between a Provider Organization and another Provider or Provider Organization for the purposes of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services, including for payment rates, incentives, and operating terms, with a Payer or Third-Party Administrator.
Contracting Entity	An Entity that negotiates, represents, or otherwise acts to establish contracts with Payers or Third-Party Administrators for the payment of Health Care Services.
Corporate Affiliation	Any relationship between two Entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control.
Corporately Affiliated Contracting Entity	A Contracting Entity with which the Provider Organization has a Corporate Affiliation.
Entity	A corporation, sole proprietorship, partnership, limited liability company, trust, foundation, or any other organization formed for the purpose of carrying on a commercial or charitable enterprise.
Facility	A licensed institution providing Health Care Services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.
Fiscal Year	The twelve-month period during which a Provider Organization keeps its accounts and which is identified by the calendar year in which it ends.
Global Payment	A type of payment arrangement between payers and Providers that establishes a spending target for a comprehensive set of Health Care Services to be delivered to a specified population during a defined time period.
Health Care Professional	A physician or other health care practitioner licensed, accredited, or certified to perform specified Health Care Services consistent with law.

Health Care Provider or Provider	A provider of Health Care Services or any other person or organization that furnishes, bills or is paid for Health Care Services delivery in the normal course of business or any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the commonwealth to perform or provide Health Care Services.
Health Care Services	Supplies, care and services of medical, Behavioral Health, surgical, optometric, dental, podiatric, chiropractic, therapeutic, diagnostic, preventative, rehabilitative, supportive or geriatric nature including, but not limited to, inpatient and outpatient acute hospital care and services; services provided by a community health center, home health, and hospice care provider, or by a sanatorium, as included in the definition of “hospital” in Title XVIII of the federal Social Security Act, and treatment and care compatible with such services, or by a health maintenance organization.
Initial Registration	The first time a Provider Organization submits an application for Registration, which may include one or more parts.
Joint Training Programs	A training program, including but not limited to student education and graduate medical education, jointly sponsored by one or more Providers or Provider Organizations.
Local Practice Group	A group of Health Care Professionals that functions as a subgroup of a Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons).
Massachusetts Registration of Provider Organizations Program or MA-RPO Program	The Commonwealth program, jointly administered by the Commission and the Center, pursuant to M.G.L. c. 6D, § 11 and § 12 and M.G.L. c. 12C.
Patient Panel	The total number of individual patients seen over the course of the most recent complete 36-month period.
Payer	Any entity, other than an individual, that pays providers for the provision of health care services; provided, that Payer shall include both governmental and private entities; provided further, that Payer shall not include excluded ERISA plans.
Provider Organization or Health System or System	Any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents one or more Health Care Providers in contracting with Carriers or Third-Party Administrators for the payment of Health Care Services; provided that the definition shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations, and any other organization that contracts with Carriers or Third-Party Administrators for payment for Health Care Services.

Risk-Bearing Provider Organization

An Entity subject to the requirements of the Massachusetts Division of Insurance pursuant to M.G.L. c. 176T and any regulations promulgated thereunder.

Third-Party Administrator

An Entity that administers payments for Health Care Services on behalf of a client in exchange for an administrative fee.

Third-Party Contracting Entity

A Contracting Entity with which the Provider Organization does not have a Corporate Affiliation and which establishes at least one contract with Payers or Third-Party Administrators on behalf of at least one of the Provider Organization's corporate affiliates.

ACRONYMS AND ABBREVIATIONS

ACO	Accountable Care Organization
AGO	Massachusetts Attorney General's Office
APM	Alternative Payment Method
CHIA	Center for Health Information and Analysis
CMR	Code of Massachusetts Regulations
CMS	Centers for Medicare and Medicaid Services
D/B/A	Doing-Business-As
DOI	Division of Insurance
DRG	Diagnosis Related Groups
DSM	Data Submission Manual
EHR	Electronic Health Record
EIN	Employer Identification Number
FFS	Fee-for-Service
GAAP	Generally Accepted Accounting Principles
GAAS	Generally Accepted Auditing Standards
HMO	Health Maintenance Organization
HPC	Health Policy Commission
IPA	Independent Practice Association
IRS	Internal Revenue Service
M.G.L.	Massachusetts General Laws
MA-RPO	Massachusetts Registration of Provider Organizations
MCO	Managed Care Organization
NPI	National Provider Identifier
P4P	Pay for Performance
PACE	Program for All Inclusive Care for the Elderly
PCC	Primary Care Clinician Plan
PHO	Physician-Hospital Organization
PPE	Property, Plant and Equipment
POS	Point of Service
PPO	Preferred Provider Organization
SAS	Substance Abuse Services
SCO	Senior Care Options
TPA	Third-Party Administrator

GENERAL INSTRUCTIONS

These instructions have been updated from the 2015 DSM to reflect important program changes. Please read this section carefully.

The Massachusetts Registration of Provider Organizations (MA-RPO) Program is releasing this Data Submission Manual (DSM) for the 2017 filing. The DSM provides the specifications for registration that Provider Organizations subject to regulation [958 CMR 6.00](#), *Registration of Provider Organizations* and [957 CMR 11.00](#), *Registered Provider Organizations Reporting Requirements* must follow. Provider Organizations must complete their 2017 filing by **Monday, July 31, 2017 at 5:00 PM**. Provider Organizations that are subject to 958 CMR 6.00 and 957 CMR 11.00 and have not previously submitted Initial Registration materials should contact program staff at HPC-RPO@state.ma.us for additional instructions.

In the 2017 filing, Provider Organizations will submit detailed information pursuant to the requirements outlined in 958 CMR 6.05(8) and 957 CMR 11.03(1). This will include new information on the organization's financial condition and payment arrangements and updated information that was previously submitted in Initial Registration. **All data submitted to the MA-RPO Program are public.**

The information that Provider Organizations submitted in Initial Registration pursuant to the requirements outlined in 958 CMR 6.00 will be prepopulated in the online submission platform, as noted throughout this DSM. Provider Organizations will be required to review the information submitted as part of Initial Registration, confirm its accuracy, and make any updates, as needed.

After the Provider Organization has completed the 2017 filing, the MA-RPO Program will determine whether the submission is complete or whether additional information is required and notify the Provider Organization as appropriate.

Timing, Accuracy, and Off-cycle Updates

In Initial Registration, Provider Organizations were required to submit information that was accurate as of the day of filing. **To promote standardization across the dataset, Provider Organizations will now be required to provide information that is accurate as of a specific date, as further specified in the DSM.** Any information submitted in Initial Registration that is no longer accurate must be updated in the 2017 filing. Please note that if the Provider Organization plans to make a change which will go into effect after the close of the 2017 filing the Provider Organization will not be required to submit updated information to the MA-RPO Program in the form of an off-cycle update. The Provider Organization will submit updated information in the following year's filing.

The requirement to register with the MA-RPO Program is determined as of January 1, 2017. If a Provider Organization meets a registration threshold as of January 1, 2017, it is required to submit a 2017 filing regardless of whether or not it meets the registration threshold on the submission filing date.

Please note, this section only relates to the Provider Organization's responsibility to submit information to the MA-RPO Program. Provider Organizations must submit all other appropriate notices and documents to the Health Policy Commission (HPC), Center for Health Information and Analysis (CHIA), the Department of Public Health, and other state agencies under the relevant statutory and regulatory requirements.

How to Read the DSM

The information that Provider Organizations must submit in the 2017 filing has been organized into nine files: the Background Information file, the Corporate Affiliations file, the Contracting Affiliations file, the Contracting Entity file, the Facilities file, the Physician Roster file, the Clinical Affiliations file, the Financial Statements file, and the APM and Other Revenue file. Each file contains a series of data elements that the Provider Organization must submit. Data elements that were included in the 2015 DSM must be reviewed and updated as appropriate; new data elements must be completed for the first time. **Data elements that were added or that have significant edits since Initial Registration have been highlighted in the DSM.** The DSM includes the following key information:

Changes since Initial Registration: This section has been added to each of the files that Provider Organizations completed as part of Initial Registration to describe general changes to the structure or content of the file.

How to Update: This section has been added to each of the files that Provider Organizations completed as part of Initial Registration to provide instructions on how to review and update previously submitted data.

Data Element Number: Each data element has been assigned a reference number (e.g., RPO-01). The reference number is used to identify the data element in the online submission platform and the MA-RPO-issued Microsoft Excel templates. In instances where the MA-RPO Program has added a data element to a file, the data element has been given a unique reference number. Data elements that were completed as part of Initial Registration have the same data element number. Missing data element numbers indicate that a question has been removed since Initial Registration.

Data Element Name: Each data element has been assigned a name (e.g., Legal Name of Provider Organization). The name is used to identify the data element in the online submission platform and the MA-RPO-issued Microsoft Excel templates.

Instructions: Each data element is accompanied by specific instructions and question text.

Required: The Required column indicates whether the field must be completed or if it may be left blank. For example, RPO-04: Address Line 2 is not a required data element because not all Provider Organizations have a second address line. However, each Provider Organization that does have a second address line must complete this question. Some data elements are only required if the user selects a certain answer to a previous question. These requirements are also described in the Required column.

Format: The Format column indicates whether the Provider Organization's answer to each data element should be in text, integer, checkbox, or file attachment format. The MA-RPO Program has noted if the user can select more than one answer to a question. In addition, the MA-RPO Program has identified if the user can enter multiple responses to a single question with "Repeat as necessary" in the format column.

How to Submit Data

Provider Organizations will use the [online submission platform](#) to submit 2017 materials to the MA-RPO Program. Information submitted in Initial Registration will be prepopulated in the online submission platform and each primary reporter will receive an e-mail notification when the Provider Organization's materials are available for the 2017 filing period. The primary reporter will be able to edit the prepopulated information, including adding or deleting information, as appropriate. For Entities where a new applicable question has been added, the Entity will have incomplete data and will appear in grey rather than green in the online submission platform. The primary reporter may enter new information or update existing

information in one of two ways: manually entering data by typing or selecting the proper response to a question or, for select files, completing the applicable Microsoft Excel templates and uploading the finalized template into the online submission platform.

Three files, the Physician Roster, the Financial Statements file, and the APM and Other Revenue file are submitted as Microsoft Excel attachments. The Provider Organization will complete the Physician Roster file, the Financial Statements file, and the APM and Other Revenue file by completing an MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the Physician Roster, the Financial Statements file, and the APM and Other Revenue file will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Physician Roster, Financial Statements file, or the APM and Other Revenue file the primary reporter must make the edit within the Microsoft Excel template and upload the revised file attachment to the online submission platform.

The MA-RPO Program has developed a [User Manual](#) with detailed instructions on the use of the online submission platform. The HPC encourages all primary reporters that have questions about how to use the online system or how to complete the Microsoft Excel templates to contact program staff for assistance.

Abbreviated Filings

The HPC worked with Provider Organizations in Initial Registration to determine if they qualify to file an abbreviated filing. Program staff will contact Provider Organizations prior to the 2017 filing period to determine if they still qualify to file an abbreviated filing. Provider Organizations that are approved to file an abbreviated filing are not required to submit a Physician Roster file as part of their 2017 filing. The Third-Party Contracting Entity that the Provider Organization has identified as contracting on behalf of the applicant's physicians will submit the Physician Roster file on behalf of the abbreviated applicant. A Provider Organization that believes that it may qualify for an abbreviated filing should contact program staff.

Limited Out-of-State Reporting Requirements

In reviewing Initial Registration materials, the HPC determined that limited reporting is appropriate for certain large, national Provider Organizations for which a substantial amount of their business is outside of Massachusetts. These requirements are intended to focus the Provider Organization's reporting on Massachusetts. Program staff will contact Provider Organizations prior to the 2017 filing period to determine if they still qualify for Limited Out-of-State Reporting. The specific Limited Out-of-State Reporting requirements for each file are available in Appendix A. A Provider Organization that believes that it may qualify for Limited Out-of-State Reporting should contact program staff.

Training and Educational Opportunities

The MA-RPO Program will provide opportunities for education and training on the process and content of the 2017 filing. Program staff will schedule group training sessions prior to the 2017 filing period that will focus on new requirements and updates that have been made to existing requirements since Initial Registration.

The MA-RPO Program will also offer Provider Organizations the opportunity to schedule a one-on-one meeting with program staff. One-on-one meetings are designed to assist Provider Organizations in applying the program framework to their organizational structure. The MA-RPO Program strongly encourages all registrants to schedule a one-on-one meeting, which must be booked at least one week in advance.

The MA-RPO Program also anticipates releasing Frequently Asked Questions and additional guidance throughout the filing process. These documents will be available on the HPC's website, and primary reporters will be notified by e-mail when new guidance is posted.

Contact Information

Provider Organizations may send any questions to MA-RPO Program staff at HPC-RPO@state.ma.us. Provider Organizations should also review the [Frequently Asked Questions](#) section of the HPC's website, which includes answers to questions from Initial Registration and will be updated to reflect questions from the 2017 filing, as necessary.

SUMMARY OF UPDATES

The table below summarizes the updates that have been made to data elements and submission instructions since the DSM for Initial Registration: Part 2 was released in June 2015, including changes and additions to incorporate the requirements of M.G.L. c. 12C.

File	Description	Data Elements Impacted	Example Impact
General	The MA-RPO Program has updated the definition of a Contracting Entity and the definition of a Third-Party Contracting Entity to reflect Entities that negotiate, represent or otherwise act to establish contracts with <i>Payers</i> or Third-Party Administrators, rather than only with <i>Carriers</i> or Third-Party Administrators. The updated definitions now include Entities that establish contracts with government payers, such as Medicare and Medicaid.	Various	In Initial Registration, a Provider Organization may have reported an Accountable Care Organization (ACO) that only establishes Medicare contracts, such as Medicare Shared Savings, as only a corporate affiliate, rather than as both a corporate affiliate and a Contracting Entity. Under the updated definition, the ACO would now be reported as both a corporate affiliate and a Contracting Entity.
	Provider Organizations will not be required to file off-cycle updates with the MA-RPO Program. If a Provider Organization plans to make a change which will go into effect after the close of the 2017 filing, the Provider Organization will submit updated information to the MA-RPO Program in the following year's filing.	N/A	If a Provider Organization acquires a physician practice after completing its 2017 filing, the Provider Organization is not required to update its materials on file with the MA-RPO Program until the 2018 filing.
	The MA-RPO Program has further refined the Limited Out-of-State Reporting Requirements to focus qualifying Provider Organizations' reporting on Massachusetts. Please refer to Appendix A for the specific requirements.	Various	A Provider Organization that qualifies for Limited Out-of-State Reporting will not be required to report its Facilities that are located in Maine, New Hampshire, Vermont, Rhode Island, Connecticut, or New York.
	In Initial Registration, Provider Organizations were required to submit information that was accurate as of the day of filing. To promote standardization across the dataset, Provider Organizations will now be required to provide information that is accurate as of a specific date, as further specified in the DSM.	Various	A Provider Organization's Corporate Affiliations file must reflect all of the Provider Organization's Corporate Affiliations as of January 1, 2017.
Background Information	The MA-RPO Program has added an answer option to RPO-42: Applicable Files that Provider Organizations can use to indicate whether they are required to complete the APM and Other Revenue file.	RPO-42	If a Provider Organization is not required to submit an APM and Other Revenue file for any of its corporate affiliates, the Provider Organization should select the new answer option in RPO-42.

File	Description	Data Elements Impacted	Example Impact
Corporate Affiliations	As indicated above, the Contracting Entity and Third-Party Contracting Entity definitions have been updated to include Entities that establish contracts with government payers. Provider Organizations should review their responses to data elements RPO-48, RPO-49, and RPO-50 in the Corporate Affiliations file and make any updates, as necessary.	RPO-48, RPO-49, RPO-50	If the Provider Organization’s corporate affiliate establishes Medicare contracts, such as Medicare Shared Savings, or Medicaid contracts, such as MassHealth ACO, the Provider Organization should respond “Yes” in RPO-48 for that corporate affiliate, even if it does not establish contracts with commercial payers. If a Third-Party Contracting Entity establishes Medicare or Medicaid contracts on behalf of the corporate affiliate, the Provider Organization should report the Third-Party Contracting Entity in RPO-50 and RPO-51, even if it does not establish contracts with commercial payers on behalf of the corporate affiliate.
	The MA-RPO Program has updated the list of Organization Type-Subcategories answer options in data element RPO-53. The MA-RPO Program will prepopulate a response to this data element based on the information provided about the corporate affiliate in Initial Registration.	RPO-53	A Provider Organization will update the Organization Type Subcategory for each of its corporate affiliates that previously responded to this question. Please review Appendix B which describes how the MA-RPO Program prepopulated certain responses to the updated RPO-53 based on the Provider Organization’s previous responses.
Contracting Affiliations	As part of the 2017 filing, a Provider Organization should report all Entities on whose behalf it or a corporate affiliate establishes at least one contract for the payment of Health Care Services with <i>Payers</i> or Third-Party Administrators, rather than only with <i>Carriers</i> or Third-Party Administrators.	Various	If a physician practice participates in the Provider Organization’s Medicare ACO, but not in any of the Provider Organization’s commercial contracts, the Provider Organization was not required to report the physician practice in the Contracting Affiliations file during Initial Registration. The physician practice should now be reported in the Contracting Affiliations file.
	Provider Organizations are not required to report physician practices that are composed of four or fewer physicians as contracting affiliates; Provider Organizations are only required to report physician practices that are composed of five or more physicians. Provider Organizations must report each contracting affiliate that is not a physician practice (e.g., an urgent care center) listed in data element RPO-62 regardless of the size of the organization. Please note that this change only applies to the Contracting Affiliations file. Provider Organizations must report all physicians on whose behalf it establishes one or more contracts with payers or TPAs in the Physician Roster file, regardless of the practice size.	Various	A Provider Organization that reported physician practices composed of four or fewer physicians may remove these entities from its Contracting Affiliations file.

File	Description	Data Elements Impacted	Example Impact
Contracting Entity	The MA-RPO Program has replaced RPO-65: Payers with which the Contracting Entity Contracts with a new question designed to collect information on the types of contracts that each Corporately Affiliated Contracting Entity establishes with various payers or payer categories. The MA-RPO Program has also added a new question to the Contracting Entity file to collect information on provider participation in contracts established by the Corporately Affiliated Contracting Entity.	RPO-65, RPO-65A	Provider Organizations will answer these new questions for each of their Corporately Affiliated Contracting Entities.
	The MA-RPO Program has added an answer option to RPO-73: Upload Physician Roster for Contracting Entities to select if they do not establish contracts with Payers or TPAs on behalf of physicians and therefore are not required to submit a physician roster.	RPO-73	If a Corporately Affiliated Contracting Entity is not required to submit a physician roster because it does not establish contracts on behalf of physicians (e.g., it only establishes contracts on behalf of Facilities), the Provider Organization will select the new option in RPO-73.
Facilities	The MA-RPO Program has removed data element RPO-88: Service Lines. The MA-RPO Program has also updated RPO-87: Available Services to apply to Acute Hospital – Satellites in addition to Clinic – Main Sites and Clinic – Satellites and has slightly revised the answer options to this question.	RPO-87, RPO-88	Provider Organizations should review the answers to RPO-87 that the MA-RPO Program has prepopulated for applicable Facilities. Please review Appendix B which describes how the MA-RPO Program prepopulated certain responses to the updated RPO-87 based on the Provider Organization’s previous responses.
Physician Roster	The MA-RPO Program has removed data elements 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.	Various	Provider Organizations will no longer be required to submit EINs.
	The MA-RPO Program has added data element RPO-93A: Physician License Number.	RPO-93A	Provider Organizations must submit the new required information for each physician.
Clinical Affiliations	Pursuant to M.G.L. c. 6D, §11 and M.G.L. c. 12C, § 8, the MA-RPO Program has added a new type of reportable clinical relationship. If one of the Provider Organization’s corporately affiliated Acute Hospitals, or the employed physician group of such Acute Hospital, has entered into an agreement wherein the Acute Hospital furnishes 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 to patients of another	Various	Provider Organizations must report any newly reportable affiliations. Provider Organizations should also review the Clinical Affiliations that they reported in Initial Registration and indicate whether any of these affiliations also includes a discount arrangement.

File	Description	Data Elements Impacted	Example Impact
	Provider, the Provider Organization must report the Clinical Affiliation.		
Financial Statements	Pursuant to M.G.L. c. 12C, § 9(b)(4), Provider Organizations are required to submit standardized financial information for the Provider Organization named in RPO-01 regarding the financial performance of the entire corporate system and, separately, for each corporate affiliate that is a physician practice. Provider Organizations must also upload the corresponding Audited Financial Statements or internal financial statements (unless these statements are already on file with and available from CHIA, the Division of Insurance (DOI), or the Massachusetts Attorney General's Office (AGO)).	Various	Provider Organizations must submit the required information.
Alternative Payment Method and Other Revenue	Pursuant to M.G.L. c. 12C, Provider Organizations are required to submit information about Alternative Payment Method (APM) and other revenue received or established for services provided in calendar year 2015 for each corporate affiliate that is a physician practice or a contracting organization, respectively.	Various	Provider Organizations must submit the required information.

A. Background Information File

The table below includes the data elements that Provider Organizations will provide about the Provider Organization named in RPO-01. The Provider Organization will answer each question in the Background Information file once. Each question refers to the legal Entity named in RPO-01, except where otherwise noted.

Changes since Initial Registration: The MA-RPO Program has added an answer option to data element RPO-42 for the Provider Organization to indicate if it does not have any corporate affiliates for which it is required to complete the APM and Other Revenue file.

How to Update: The Background Information file will be prepopulated with the data provided by the Provider Organization in Initial Registration. A Provider Organization may edit this information, as necessary, directly in the online submission platform.

Timing: The Background Information file must be accurate as of the date of submission.

Background Information File				
	Name	Instructions	Required	Format
RPO-01	Legal Name of Provider Organization	Enter the legal name of the Provider Organization.	Yes	Text
RPO-02	Doing Business As (D/B/A) or Alternate Name(s) of Provider Organization	Enter all commonly used names by which the Provider Organization named in RPO-01 is known, including any Doing-Business-As names for which the Entity has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary
RPO-03	Address Line 1	Enter Line 1 of the primary business address for the Provider Organization named in RPO-01.	Yes	Text
RPO-04	Address Line 2	Enter Line 2 of the primary business address for the Provider Organization named in RPO-01.	No	Text
RPO-05	Address Line 3	Enter Line 3 of the primary business address for the Provider Organization named in RPO-01.	No	Text
RPO-06	City	Enter the city of the primary business address for the Provider Organization named in RPO-01.	Yes	Text

Background Information File

	Name	Instructions	Required	Format
RPO-07	State	Enter the state of the primary business address for the Provider Organization named in RPO-01.	Yes	Text
RPO-08	Zip Code	Enter the 5-digit zip code of the primary business address for the Provider Organization named in RPO-01.	Yes	Integer
RPO-09	Zip+4 Code	Enter the 4-digit zip code extension of the primary business address for the Provider Organization named in RPO-01.	Yes	Integer
RPO-10	Phone Number	Enter the primary business phone number for the Provider Organization named in RPO-01.	Yes	Integer
RPO-11	Web Address	Enter the web address for the Provider Organization.	No	Text
RPO-12	Primary Reporter Last Name	Enter the last name of the primary reporter. This is the individual who will be responsible for submitting the filing and who will receive all communications, including filing instructions and status alerts, from the MA-RPO Program. The primary reporter does not have to be an employee of the Provider Organization named in RPO-01.	Yes	Text
RPO-13	Primary Reporter First Name	Enter the first name of the primary reporter.	Yes	Text
RPO-14	Primary Reporter Middle Initial	Enter the middle initial of the primary reporter.	Yes	Text
RPO-15	Primary Reporter Address Line 1	Enter Line 1 of the primary physical business address (work location) for the primary reporter.	Yes	Text
RPO-16	Primary Reporter Address Line 2	Enter Line 2 of the primary business address for the primary reporter.	No	Text
RPO-17	Primary Reporter Address Line 3	Enter Line 3 of the primary business address for the primary reporter.	No	Text
RPO-18	Primary Reporter City	Enter the city of the primary business address for the primary reporter.	Yes	Text

Background Information File

	Name	Instructions	Required	Format
RPO-19	Primary Reporter State	Enter the state of the primary business address for the primary reporter.	Yes	Text
RPO-20	Primary Reporter Zip Code	Enter the 5-digit zip code of the primary business address for the primary reporter.	Yes	Integer
RPO-21	Primary Reporter Zip +4 Code	Enter the 4-digit zip code extension of the primary business address for the primary reporter.	Yes	Integer
RPO-22	Primary Reporter Phone Number	Enter the primary business phone number for the primary reporter.	Yes	Integer
RPO-23	Primary Reporter Phone Number Extension	Enter the primary business phone number extension for the primary reporter, if any.	No	Integer
RPO-24	Primary Reporter E-mail Address	Enter the primary business e-mail address for the primary reporter.	Yes	Text
RPO-25	Secondary Reporter Last Name	Enter the last name of the second person that the Provider Organization has designated as its contact for the MA-RPO Program. This secondary reporter will be added to the MA-RPO Program contact list and will receive all communications about the MA-RPO Program. The secondary reporter does not have to be an employee of the Provider Organization named in RPO-01.	Yes	Text
RPO-26	Secondary Reporter First Name	Enter the first name of the secondary reporter.	Yes	Text
RPO-27	Secondary Reporter Middle Initial	Enter the middle initial of the secondary reporter.	Yes	Text
RPO-28	Secondary Reporter Phone Number	Enter the primary business phone number for the secondary reporter.	Yes	Integer
RPO-29	Secondary Reporter Phone Number Extension	Enter the primary business phone number extension for the secondary reporter, if any.	No	Integer

Background Information File

	Name	Instructions	Required	Format
RPO-30	Secondary Reporter E-mail Address	Enter the primary business e-mail address for the secondary reporter.	Yes	Text
RPO-31	Provider Organization Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the Provider Organization named in RPO-01.	Yes	Integer
RPO-32	Provider Organization Tax-Exempt Status	Does the IRS recognize the Provider Organization named in RPO-01 as tax-exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-33	Provider Organization's Corporate Parent	Enter the legal name of the corporate parent of the Provider Organization named in RPO-01, if any. (See Note RPO-33 on page 22)	No	Text
RPO-34	Description of the Provider Organization and its Corporate Affiliates	Briefly describe the Provider Organization named in RPO-01 and the types of services that it provides in conjunction with its corporate affiliates.	Yes	Text
RPO-35	Registration Threshold: Net Patient Service Revenue	Does the Provider Organization, including its corporate affiliates, collectively receive \$25,000,000 or more in annual net patient service revenue from Carriers or Third-Party Administrators (TPAs), or represent one or more Providers or Provider Organizations that collectively receive \$25,000,000 or more in annual net patient service revenue from Carriers or TPAs? For the purposes of this calculation, net patient service revenue is equal to the total revenue received in a Fiscal Year for patient care from any Carrier or Third-Party Administrator net of any contractual adjustments, using best available data. <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-36	Registration Threshold: Patient Panel	Does the Provider Organization, including its corporate affiliates, have a Patient Panel greater than 15,000 patients or represent one or more Providers or Provider Organizations that have a Patient Panel greater than 15,000 patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer

Background Information File

	Name	Instructions	Required	Format
RPO-37	Registration Threshold: Risk-Bearing Provider Organization	Is the Provider Organization named in RPO-01, or any of its corporate affiliates, required to obtain a Risk Certificate or risk certificate waiver from the Division of Insurance, or does the Entity named in RPO-01 represent one or more organizations that is required to obtain a Risk Certificate or risk certificate waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-38	Intent to File Abbreviated Application	If the Provider Organization or any of its corporate affiliates is a contracting affiliate of another Provider Organization, do you intend to submit an abbreviated filing, as allowed under 958 CMR 6.03? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-39	Legal Name of Third-Party Contracting Entity(ies)	Enter the legal name of each Third-Party Contracting Entity that establishes contracts on behalf of the Provider Organization named in RPO-01 or any of its corporate affiliates whose filing will supplement your abbreviated filing.	If the user selected "Yes" in RPO-38	Text; Repeat as necessary
RPO-40	Description of Community Advisory Boards	Briefly describe any Community Advisory Boards that are affiliated with the Provider Organization named in RPO-01 or its corporate affiliates, or select the checkbox below. (See Note RPO-40 on page 22) <input type="checkbox"/> My organization does not have any Community Advisory Boards.	Yes	Text or Checkbox
RPO-41	Governance Filing Requirements	Select the option below that is true for your organization. <input type="checkbox"/> The Provider Organization named in RPO-01 and each of its corporate affiliates is in compliance with all applicable registration and filing requirements for the Corporations Division of the Office of the Secretary of the Commonwealth of Massachusetts and the Non-profit/Charities Division of the Office of the Attorney General of Massachusetts. <input type="checkbox"/> The Provider Organization named in RPO-01 and each of its corporate affiliates is not in compliance with all applicable registration and filing requirements for the Corporations Division of the Office of the Secretary of the Commonwealth of Massachusetts and the Non-profit/Charities Division of the Office of the Attorney General of Massachusetts.	Yes	Checkbox, Single Answer

Background Information File

	Name	Instructions	Required	Format
RPO-42	Applicable Files	Select the options below that are true for your organization. <ul style="list-style-type: none"> <input type="checkbox"/> My organization does not have any reportable Contracting Affiliations. <input type="checkbox"/> My organization does not own or control any licensed Facilities, directly or indirectly. <input type="checkbox"/> My organization has been approved by the MA-RPO Program to submit an abbreviated filing, and is therefore not required to submit a Physician Roster. <input type="checkbox"/> My organization does not have any reportable Clinical Affiliations. <input type="checkbox"/> My organization does not have any corporate affiliates for which it is required to complete the APM and Other Revenue file. 	Yes	Checkbox, Multiple Answers

Notes to the Background Information File

RPO-33: Provider Organization’s Corporate Parent

[Back](#) to Data Element – page 19

Entities are required to register at the uppermost level of their corporate structure, provided that the primary business purpose of this uppermost corporate Entity is health care delivery or management. The Provider Organization will enter “N/A” in response to RPO-33 if the Provider Organization named in RPO-01 is not owned or controlled by any other Entity. If the Provider Organization named in RPO-01 is owned or controlled, whether fully or partially, by an Entity whose primary business purpose is not health care delivery or management (e.g., a venture capital firm), the Provider Organization will list that Entity in RPO-33.

RPO-40: Description of Community Advisory Boards

[Back](#) to Data Element – page 20

The Provider Organization must provide a brief description of its Community Advisory Boards in RPO-40. In responding to this question, Provider Organizations should include not only advisory boards formed by or operating under the Entity named in RPO-01, but also by any of the Provider Organization’s corporate affiliates.

The MA-RPO Program is aware that not all Provider Organizations are required to have Community Advisory Boards. If the Provider Organization does not have any Community Advisory Boards, the Provider Organization can select the checkbox that states “My organization does not have any Community Advisory Boards.”

Many organizations submit reports about their Community Advisory Boards to the AGO. If the Provider Organization has provided information about its Community Advisory Boards to the AGO, the Provider Organization can state that the relevant information is available through the AGO. The Provider Organization should provide a description of each Community Advisory Board for which information is not available through the AGO.

B. CORPORATE AFFILIATIONS FILE

The table below includes the data elements that the Provider Organization will provide about each Entity with which it has a Corporate Affiliation (a corporate affiliate). A Corporate Affiliation is any relationship between two Entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control. In Initial Registration, program staff worked with each Provider Organization to help ensure that all corporate affiliates were listed in the Corporate Affiliations file. However, if the Provider Organization has a new, reportable Corporate Affiliation or determines that it has a reportable Corporate Affiliation that was not reported in Initial Registration, the corporate affiliate should be added to the Corporate Affiliations file in the 2017 filing. This includes both affiliations in which the Provider Organization has a minority ownership or controlling interest and affiliations in which the Provider Organization has an indirect ownership or controlling interest. Provider Organizations that have questions about whether an affiliation is reportable should contact MA-RPO Program staff at HPC-RPO@state.ma.us.

The online submission platform uses the information reported in the Corporate Affiliations file to populate other questions on other tabs. Therefore, the MA-RPO Program recommends completing any updates to the Corporate Affiliations file before reviewing or entering information about the Provider Organization's other relationships. In addition, responses to data element RPO-48 are used to prepopulate answer options in RPO-49 and RPO-63; users should click "save" after making updates to data element RPO-48 so that answer options populate appropriately in these subsequent data elements.

Changes since Initial Registration: The Contracting Entity and Third-Party Contracting Entity definitions have been updated to include Entities that establish contracts with government payers. Provider Organizations should review their responses to data elements RPO-48, RPO-49, and RPO-50 and make any updates, as necessary. The MA-RPO Program has also updated the list of Organization Type-Subcategories answer options in data element RPO-53 and prepopulated a response to this data element using an approach described further in Note RPO-53 and Appendix B: 2017 Filing Answer Option Conversions Methodology.

How to Update: The Corporate Affiliations file will be prepopulated with the data provided by the Provider Organization in Initial Registration. Provider Organizations may edit corporate affiliate data directly in the online submission platform. **The option to edit corporate affiliate data via Microsoft Excel template import is not available for the 2017 filing.**

Timing: The Corporate Affiliations file must reflect all of the Provider Organization's Corporate Affiliations as of January 1, 2017.

Corporate Affiliations File				
	Name	Instructions	Required	Format
RPO-43	Legal Name of Corporate Affiliate	Enter the legal name of the corporate affiliate.	Yes	Text

Corporate Affiliations File

	Name	Instructions	Required	Format
RPO-44	Corporate Affiliate D/B/A or Alternate Name(s)	Enter all commonly used names by which the corporate affiliate is known, including any Doing-Business-As names for which the corporate affiliate has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary
RPO-45	Corporate Affiliate Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the corporate affiliate, or select N/A if the corporate affiliate does not have an EIN.	Yes	Integer
RPO-46	Corporate Affiliate Zip Code	Enter the 5-digit zip code of the primary physical address for the corporate affiliate, or select N/A if the corporate affiliate does not have a zip code.	Yes	Integer
RPO-47	Corporate Affiliate Tax-Exempt Status	Does the IRS recognize the corporate affiliate as tax-exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-48	Contracting Entity (Contractor) Status	Does the corporate affiliate establish contracts with Payers or TPAs on behalf of one or more Health Care Professionals or Providers, which may include itself? (See Figure 1 on page 29 and Note RPO-48 on page 29) Provider Organizations should click “save” in the online submission platform after entering or updating data element RPO-48 so that answer options populate accordingly in subsequent data elements. <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-49	Legal Name of Corporately Affiliated Contracting Entity	Select the name of each Corporately Affiliated Contracting Entity that establishes contracts with Payers or TPAs on behalf of the corporate affiliate. (See Figure 1 on page 29 and See Note RPO-49 on page 30) <input type="checkbox"/> [Unique Answer 1] <input type="checkbox"/> [Unique Answer 2] <input type="checkbox"/> This corporate affiliate has at least one contract that is established by a Third-Party Contracting Entity. <input type="checkbox"/> This corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of a contract with a Payer or TPA.	Yes	Checkbox, Multiple Answers

Corporate Affiliations File

	Name	Instructions	Required	Format
RPO-50	Legal Name of Third-Party Contracting Entity(ies)	Enter the legal name of the Third-Party Contracting Entity that establishes at least one contract with Payers or TPAs on behalf of the corporate affiliate. (See Note RPO-50 on page 30)	If the user selected “Third-Party Contracting Entity” in RPO-49	Text; Repeat as necessary
RPO-51	Third-Party Contracting Entity EIN	Enter the 9-digit Employer Identification Number (EIN) for the Third-Party Contracting Entity.	If the user entered an Entity in RPO-50	Integer; Repeat as necessary
RPO-52	Organization Type	<p>Select the option(s) below that describes the corporate affiliate’s organization type. (See Note RPO-52 on page 31)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contracting Organizations or Managed Services Organization <input type="checkbox"/> Development/Charitable Organization <input type="checkbox"/> Direct Provider of Patient Care Services (e.g., hospital, nursing home, physician office) <input type="checkbox"/> Financial Organization (e.g., investment, private equity) <input type="checkbox"/> Holding Company <input type="checkbox"/> Inactive Entity <input type="checkbox"/> Licensed Health Insurer <input type="checkbox"/> Professional Liability Organization <input type="checkbox"/> Professional Organization <input type="checkbox"/> Property Holdings or Property Management Company <input type="checkbox"/> Research Organization <input type="checkbox"/> Other; Describe 	Yes	Checkbox, Multiple Answers

Corporate Affiliations File

	Name	Instructions	Required	Format
RPO-53	Organization Type – Subcategories	<p>Select the option(s) below that best describe(s) the direct provider of patient care services. (See Note RPO-53 on page 32)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute Hospital <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Community Health Center <input type="checkbox"/> Chronic Care Hospital <input type="checkbox"/> Freestanding Diagnostic Imaging Center <input type="checkbox"/> Freestanding Laboratory <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospice <input type="checkbox"/> Long-Term Acute Care Hospital <input type="checkbox"/> Mental Health Services Provider: Inpatient <input type="checkbox"/> Mental Health Services Provider: Outpatient <input type="checkbox"/> Nursing Home / Skilled Nursing Facility <input type="checkbox"/> Physician Practice <input type="checkbox"/> Private Duty Nursing <input type="checkbox"/> Rehabilitation Hospital <input type="checkbox"/> Substance Use Disorder Treatment Provider: Inpatient <input type="checkbox"/> Substance Use Disorder Treatment Provider: Outpatient <input type="checkbox"/> Urgent Care Center <input type="checkbox"/> Other Clinic <input type="checkbox"/> Other; Describe 	If the user selected “Direct Provider of Patient Care Services” in RPO-52	Checkbox, Multiple Answers
RPO-54	Legal Name of Corporately Affiliated Entity(ies) with a Direct Ownership or Controlling Interest (Internal Corporate Parent(s))	<p>Enter the legal name of the corporately affiliated Entity that directly owns or controls the corporate affiliate, whether fully or partially. If the corporate affiliate is not owned or controlled, fully or partially, by any other Entity, select the checkbox below. (See Note RPO-54 on page 32)</p> <ul style="list-style-type: none"> <input type="checkbox"/> This corporate affiliate is not owned or controlled, fully or partially, by any other Entity. 	Yes	Text; Repeat as necessary

Corporate Affiliations File

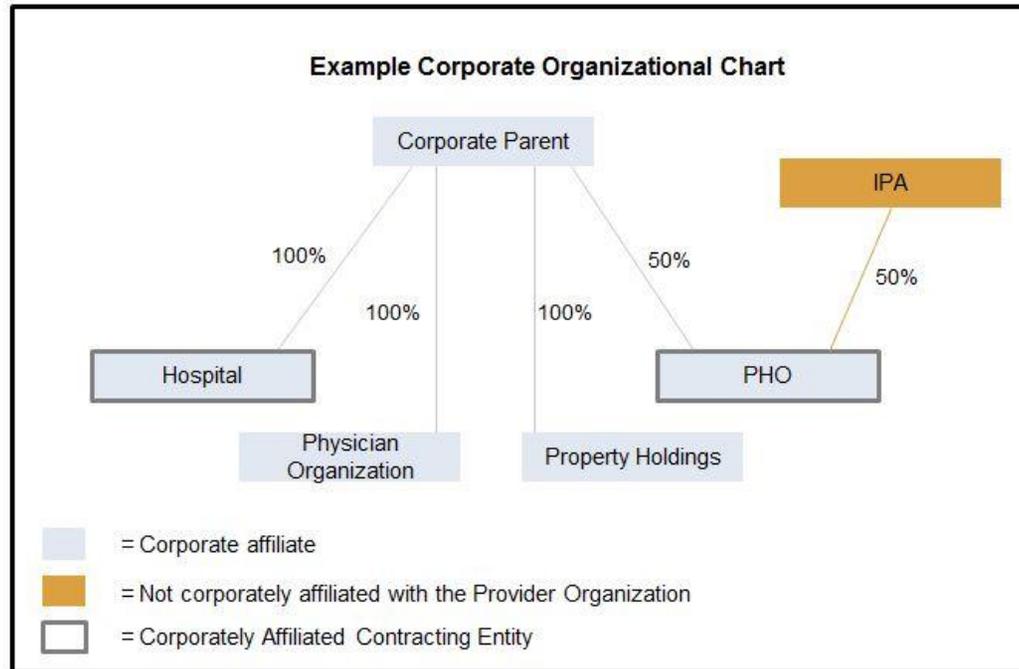
	Name	Instructions	Required	Format
RPO-55	Level of Ownership or Control	<p>Select the option that best characterizes the level of ownership or control that the Entity named in RPO-54 has over the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-54 is the only Entity with an ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-54 has a majority ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-54 has a 50% ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-54 has a minority ownership or controlling interest in the corporate affiliate, but has the largest ownership or controlling interest of all of the corporate affiliate's corporate parents.</p> <p><input type="checkbox"/> The Entity named in RPO-54 has a minority ownership or controlling interest in the corporate affiliate, and does not have the largest ownership or controlling interest of all of the corporate affiliate's corporate parents.</p>	If the user entered an Entity in RPO-54	Checkbox, Single Answer; Repeat as necessary
RPO-56	Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s))	<p>If another Entity (1) is not a corporate affiliate of the Provider Organization named in RPO-01, and (2) has a direct ownership or controlling interest in the corporate affiliate named in RPO-43, enter the legal name of the Entity here or select the option below. (See Note RPO-56 on page 33)</p> <p><input type="checkbox"/> The corporate affiliate named in RPO-43 is owned or controlled by more than six entities with which my organization does not have a Corporate Affiliation.</p>	No	Text; Repeat as necessary or Checkbox
RPO-57	Other Entity with Direct Ownership or Controlling Interest EIN	Enter the 9-digit Employer Identification Number (EIN) for the Entity named in RPO-56.	If the user entered an Entity in RPO-56	Integer; Repeat as necessary

Corporate Affiliations File

	Name	Instructions	Required	Format
RPO-58	Level of Ownership or Control of Corporate Affiliate	<p>Select the option that best characterizes the level of ownership or control that the Entity named in RPO-56 has over the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-56 has a majority ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-56 has a 50% ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-56 has a minority ownership or controlling interest in the corporate affiliate, but has the largest ownership or controlling interest of all of the corporate affiliate's corporate parents.</p> <p><input type="checkbox"/> The Entity named in RPO-56 has a minority ownership or controlling interest in the corporate affiliate, and does not have the largest ownership or controlling interest of all of the corporate affiliate's corporate parents.</p>	If the user entered an Entity in RPO-56	Checkbox, Single Answer; Repeat as necessary

Notes to the Corporate Affiliations File

Figure 1: Example Corporate Organizational Chart



RPO-48: Contracting Entity (Contractor) Status

[Back](#) to Data Element – page 24

RPO-48: Contracting Entity (Contractor) Status asks the Provider Organization to answer whether the corporate affiliate establishes contracts with Payers or TPAs on behalf of one or more Providers, which may include itself. In the example corporate organizational chart ([Figure 1](#)), the Provider Organization – the corporate parent – owns a hospital, a physician organization, and a property holdings company, and has a 50% controlling interest in a Physician-Hospital Organization (PHO). Both the hospital and the PHO establish contracts with Payers and TPAs, thus making them Corporately Affiliated Contracting Entities. The Provider Organization will select “Yes” in response to the Contracting Entity Status question for both the hospital and the PHO.

As part of the 2017 filing, the Contracting Entity and Third-Party Contracting Entity definitions have been updated to include Entities that establish contracts with government payers. Provider Organizations should review their responses to data elements RPO-48, RPO-49, and RPO-50 in the Corporate Affiliations file and make any updates, as necessary.

If the Provider Organization’s corporate affiliate establishes Medicare contracts, such as Medicare Shared Savings, or Medicaid contracts, such as MassHealth ACO, the Provider Organization should respond “Yes” in RPO-48 for that corporate affiliate, even if it does not establish contracts with commercial payers.

The Provider Organization must complete the Contracting Entity file for each Corporately Affiliated Contracting Entity. The online submission platform will prepopulate the Contracting Entity file with the legal name of each identified Corporately Affiliated Contracting Entity. The MA-RPO Program recommends that the Provider Organization complete the Corporate Affiliations file before the Contracting Entity file to allow the system to prepopulate these fields and reduce administrative burden.

RPO-49: Legal Name of Corporately Affiliated Contracting Entity

RPO-50: Legal Name of Third-Party Contracting Entity(ies)

[Back](#) to Data Element RPO-49 – page 24

[Back](#) to Data Element RPO-50 – page 25

If the corporate affiliate is a provider of direct patient care services for which it is reimbursed according to the terms of at least one contract with Payers or TPAs, the Provider Organization must provide the name of each Entity that establishes contracts with Payers or TPAs on behalf of the corporate affiliate.

The Entities that establish contracts on behalf of the corporate affiliate fall into one of two categories: Entities that have a Corporate Affiliation with the Provider Organization (Corporately Affiliated Contracting Entities) and Entities that do not have a Corporate Affiliation with the Provider Organization (Third-Party Contracting Entities). In the Legal Name of Corporately Affiliated Contracting Entity question (RPO-49), the Provider Organization must select the name of each Entity with which the Provider Organization has a Corporate Affiliation that establishes contracts on behalf of the corporate affiliate. Each Provider Organization will have a prepopulated, unique list of possible answers for this question; each corporate affiliate for which the Provider Organization selected “Yes” in response to RPO-48: Contracting Entity (Contractor) Status will appear as a possible answer in RPO-49: Legal Name of Corporately Affiliated Contracting Entity.

In the example corporate organizational chart ([Figure 1](#)), the physician organization is a provider of direct patient care services. When answering RPO-49 for the physician organization, the Provider Organization will have two unique answer options reflecting the two Corporately Affiliated Contracting Entities displayed in this chart: the Hospital and the PHO. If the physician organization has a portion of its contracts negotiated by the hospital and a portion negotiated by the PHO, the Provider Organization will select both the Hospital and the PHO. If the physician organization had 100% of its contracts negotiated through the PHO, the Provider Organization would only select the PHO.

The Provider Organization will also have the option of selecting the following answer option for each corporate affiliate: “This corporate affiliate has at least one contract that is established by a Third-Party Contracting Entity.” A Third-Party Contracting Entity is an Entity with which the Provider Organization does not have a Corporate Affiliation, that establishes at least one contract with Payers or TPAs on behalf of the Provider Organization named in RPO-01 or at least one of the Provider Organization’s corporate affiliates. In RPO-50: Legal Name of Third-Party Contracting Entity, the Provider Organization will provide the name of each Third-Party Contracting Entity.

As noted above, the Contracting Entity and Third-Party Contracting Entity definitions have been updated to include Entities that establish contracts with government payers. Provider Organizations should review their responses to data elements RPO-48, RPO-49, and RPO-50 in the Corporate Affiliations file and make any updates, as necessary. If a Third-Party Contracting Entity establishes Medicare or Medicaid contracts on behalf of the corporate affiliate, but does not establish commercial contracts on the corporate affiliate’s behalf, the Provider Organization should report the Third-Party Contracting Entity in RPO-50 and RPO-51.

If the corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of at least one contract with Payers or TPAs, the Provider Organization will select “This corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of a contract with a Payer or TPA.”

RPO-52: Organization Type

[Back](#) to Data Element – page 25

RPO-52: Organization Type asks the Provider Organization to select the type(s) of organization that describes the corporate affiliate. If the corporate affiliate’s organization type is not listed, the Provider Organization will select “Other; Describe” and provide a brief description (no more than 1-2 sentences) describing the corporate affiliate.

Contracting Organizations or Managed Services Organization – A contracting organization or managed services organization is any Entity whose primary business purpose is to provide contracting, administrative, or management services to a Provider. This may include Physician-Hospital Organizations, Accountable Care Organizations, and Independent Practice Associations. The Provider Organization is not required to select this answer for each corporate affiliate that establishes contracts, but rather those that are primarily engaged in providing contracting or management services.

Development/Charitable Organization – A development/charitable organization is an Entity whose primary business purpose is to solicit and manage charitable contributions to the Provider Organization and promote the advancement of the institution and its community partnerships.

Direct Provider of Patient Care Services – A direct provider of patient care services is an organization that is engaging in the provision of Health Care Services to the Provider Organization’s patients. Examples may include hospitals, community health centers, nursing homes, clinics, physician practices, and clinical laboratories, among others.

Financial Organization – A financial organization is an Entity whose primary business purpose is to manage or invest funds or to provide other financial services to the Provider Organization or its corporate affiliates.

Holding Company – A holding company is an Entity whose primary business purpose is to own or control other corporate Entities.

Inactive Entity – An inactive entity is a legal Entity that does not have any current business activity or future business activity planned within the next twelve months.

Licensed Health Insurer – A licensed health insurer is any Entity that is licensed or otherwise authorized to transact health insurance.

Professional Liability Organization – A professional liability organization is an organization that provides insurance and financial protection to Health Care Providers against the risks and liability of providing Health Care Services.

Professional Organization – A professional organization is a corporate Entity that employs or otherwise organizes physicians and other Health Care Professionals to provide direct patient care services to the Provider Organization’s patients. Independent Practice Associations should not be marked as Professional Organizations, but rather as contracting organizations or managed services organizations.

Property Holdings or Property Management Company – A property holdings or property management company is an Entity whose primary business purpose is to own and/or manage real estate assets.

Research Organization – This organization type includes, but is not limited to, contract research organizations. The Provider Organization should select this option for each of its corporate affiliates that is engaged in health care research.

RPO-53: Organization Type – Subcategories

[Back](#) to Data Element – page 26

The MA-RPO Program has updated the list of Organization Type-Subcategories answer options in data element RPO-53 to align with the list of answer options used in the Contracting Affiliations file in data element RPO-62: Organization Type. The MA-RPO Program has prepopulated a response to this data element based on the information provided about the corporate affiliate in Initial Registration. Please refer to Appendix B: 2017 Filing Answer Option Conversions Methodology for additional information. The Provider Organization may edit this field as appropriate.

RPO-54: Legal Name of Corporately Affiliated Entity(ies) with a Direct Ownership or Controlling Interest (Internal Corporate Parent(s))

[Back](#) to Data Element – page 26

In RPO-54, the Provider Organization will list the name of each corporate affiliate that has a direct ownership or controlling interest in the corporate affiliate. If the Provider Organization were completing the questions for the Hospital in the example corporate organizational chart ([Figure 1](#)), it would list the Corporate Parent in RPO-54, as the Corporate Parent is the sole corporate member of the Hospital. The Provider Organization can enter multiple

names in response to this question if its corporate affiliate is directly owned or controlled by multiple corporate affiliates. The Provider Organization will respond to RPO-55: Level of Ownership or Control, for each Entity that it entered in RPO-54.

In RPO-54, the Provider Organization should only enter the name of the corporately affiliated Entity with a direct ownership or controlling interest. If the Provider Organization was completing the Corporate Affiliations file for the PHO in the example corporate organizational chart ([Figure 1](#)), the Provider Organization would list the Corporate Parent in RPO-54. The Independent Practice Association (IPA) would not be named in RPO-54, but rather in RPO-56: Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s)), because the Provider Organization does not have a Corporate Affiliation with the IPA.

RPO-56: Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s))

[Back](#) to Data Element – page 27

If the Provider Organization has a corporate affiliate that is partially owned or controlled by an Entity that the Provider Organization does not own or control (e.g., a joint venture), the Provider Organization will list the name of the other Entity or Entities that have an ownership or controlling interest in the corporate affiliate in RPO-56. If the corporate affiliate is wholly owned or controlled by the Provider Organization (directly or indirectly), the Provider Organization does not have to complete questions RPO-56 through RPO-58. The Provider Organization can enter multiple names in response to this question if the corporate affiliate is directly owned or controlled by multiple other Entities, and will answer RPO-57 and RPO-58 on behalf of each Entity named in RPO-56. When answering this question for the PHO in the example corporate organizational chart ([Figure 1](#)) the Provider Organization would list the IPA in RPO-56 because the Provider Organization does not have a Corporate Affiliation with the IPA.

If the Provider Organization has a corporate affiliate that is owned or controlled by more than six different Entities with which the Provider Organization does not have a Corporate Affiliation, the Provider Organization is not required to list each Entity, but rather should check the option “The corporate affiliate named in RPO-43 is owned or controlled by more than six entities with which my organization does not have a Corporate Affiliation.”

C. CONTRACTING AFFILIATIONS FILE

The table below includes the data elements that the Provider Organization will provide for each Entity with which it has a Contracting Affiliation (a contracting affiliate). A Contracting Affiliation, as defined in 957 CMR 11.00 and the DSM, is any relationship between a Provider Organization and another Provider or Provider Organization for the purposes of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services, including for payment rates, incentives, and operating terms, with a Payer or TPA. The Contracting Affiliations file should only include non-owned entities on whose behalf the Provider Organization establishes contracts. Entities should be reported regardless of whether they are participating in commercial contracts or public payer programs and contracts (e.g., Medicare Shared Savings Program, MassHealth Managed Care Organization (MCO) contracts).

For the purposes of the Contracting Affiliations file, a contracting affiliate is an organization, rather than an individual physician. If the Provider Organization has Physician Participation Agreements with individual physicians, but does not have an agreement at the organizational level (e.g., medical group), the Provider Organization is not required to list the individual physicians in the Contracting Affiliations file. To reduce administrative burden, Provider Organizations are not required to report physician practices that are composed of four or fewer physicians as contracting affiliates; Provider Organizations are only required to report physician practices that are composed of five or more physicians. Provider Organizations must report each contracting affiliate that is not a physician practice (e.g., an Urgent Care Center) listed in data element RPO-62 regardless of the size of the organization. **Provider Organizations must report all physicians on whose behalf they establish at least one contract in the Physician Roster file regardless of whether the physician's practice has been reported in the Contracting Affiliations file.**

The online submission platform uses the information from the Contracting Affiliations file to populate other questions on other tabs. Therefore, the MA-RPO Program recommends completing any updates to the Contracting Affiliations file before reviewing or entering information in the Contracting Entity file.

Changes since Initial Registration: The MA-RPO Program has updated the definition of a Contracting Affiliation. Provider Organizations must report all Entities on whose behalf it or a corporate affiliate establishes at least one contract for the payment of Health Care Services with Payers or TPAs, rather than only with Carriers or TPAs. Additionally, the MA-RPO Program has created a new threshold such that physician practices are not required to be reported as contracting affiliates if the practice includes four or fewer physicians. The MA-RPO Program also added three new answer options to data element RPO-62: Chronic Care Hospital, Freestanding Laboratory, and Private Duty Nursing.

How to Update: The Contracting Affiliations file will be prepopulated with the data provided by the Provider Organization in Initial Registration. Provider Organizations may edit listed contracting affiliates data directly in the online submission platform or by entering updated information into the MA-RPO-issued Microsoft Excel template and importing the template into the online submission platform. The MA-RPO Program strongly recommends updating data directly in the online submission platform; however, a prepopulated Microsoft Excel template will be available upon request by contacting program staff. As a reminder, when a Provider Organization imports a template, any existing data in the online submission platform will be overwritten by the information in the template. For example, if a Provider Organization added a contracting affiliate manually in the online submission platform, and that

contracting affiliate is not listed in the template that is being imported, the system will delete that contracting affiliate from the Contracting Affiliations file in the online submission platform if the template is imported.

Timing: The Contracting Affiliations file must reflect all of the Provider Organization’s Contracting Affiliations as of January 1, 2017.

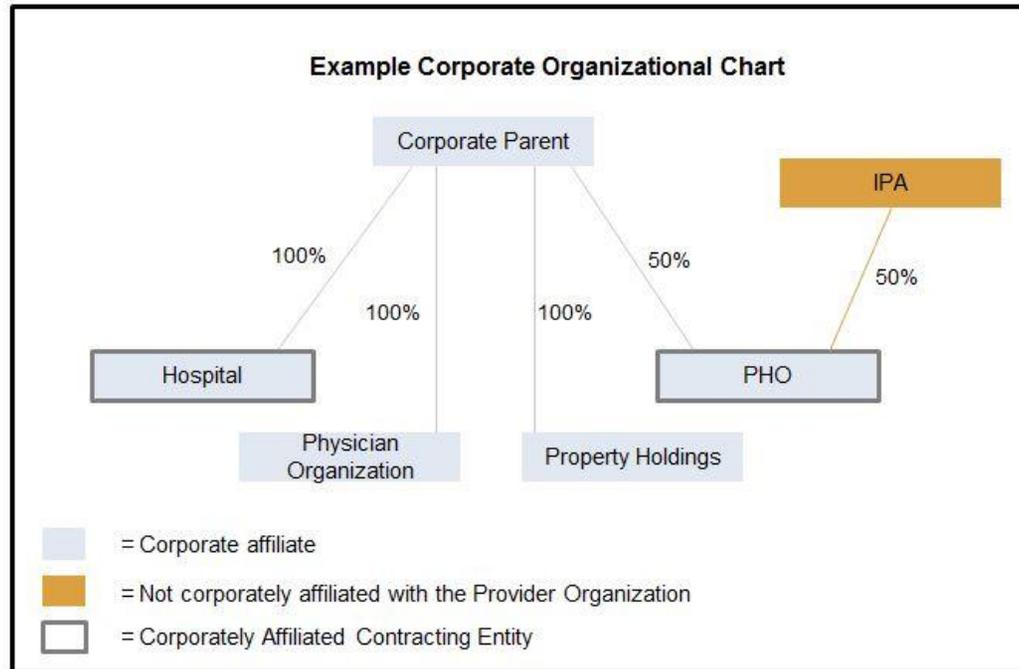
Contracting Affiliations File				
	Name	Instructions	Required	Format
RPO-59	Legal Name of Contracting Affiliate	Enter the legal name of the contracting affiliate. (See Note RPO-59 on page 37)	Yes	Text
RPO-60	Contracting Affiliate D/B/A or Alternate Name(s)	Enter all commonly used names by which the contracting affiliate is known, including any Doing-Business-As names for which the contracting affiliate has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary
RPO-61	Contracting Affiliate Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the contracting affiliate. Individual Social Security Numbers should not be included under any circumstances. Leave this field blank if the EIN is a Social Security Number.	Yes	Integer
RPO-62	Organization Type	Select the option(s) below that describe the contracting affiliate’s organization type. If you are using the MA-RPO-issued Microsoft Excel template to complete this question, enter the appropriate two-digit or three-digit answer code(s), separated by a semi-colon, in the template.	Yes	Checkbox, Multiple Answers

Contracting Affiliations File

	Name	Instructions	Required	Format
		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Acute Hospital (10) <input type="checkbox"/> Ambulatory Surgery Center (11) <input type="checkbox"/> Community Health Center (12) <input type="checkbox"/> Contracting Entity or Managed Services Organization (13) <input type="checkbox"/> Chronic Care Hospital (130) <input type="checkbox"/> Freestanding Diagnostic Imaging Center (14) <input type="checkbox"/> Freestanding Laboratory (131) <input type="checkbox"/> Home Health Agency (15) <input type="checkbox"/> Hospice (16) <input type="checkbox"/> Long Term Acute Care Hospital (17) <input type="checkbox"/> Mental Health Services Provider: Inpatient (18) </div> <div style="width: 48%;"> <input type="checkbox"/> Mental Health Services Provider: Outpatient (19) <input type="checkbox"/> Nursing Home / Skilled Nursing Facility (20) <input type="checkbox"/> Physician Practice (21) <input type="checkbox"/> Private Duty Nursing (132) <input type="checkbox"/> Rehabilitation Hospital (22) <input type="checkbox"/> Substance Use Disorder Treatment Provider: Inpatient (23) <input type="checkbox"/> Substance Use Disorder Treatment Provider: Outpatient (24) <input type="checkbox"/> Urgent Care Center (25) <input type="checkbox"/> Other Clinic (26) <input type="checkbox"/> Other; Describe (27) </div> </div>		
RPO-63	Legal Name of Corporately Affiliated Contracting Entity	<p>Select the name of each Corporately Affiliated Contracting Entity that establishes contracts with Payers or TPAs on behalf of the contracting affiliate. Provider Organizations that choose to complete this question using the MA-RPO-issued Microsoft Excel template should review the special instructions in the template for completing this question. (See Note RPO-63 on page 37 and Figure 1 on page 37)</p> <input type="checkbox"/> [Unique Answer 1] <input type="checkbox"/> [Unique Answer 2]	Yes	Checkbox, Multiple Answers

Notes to the Contracting Affiliations File

Figure 1: Example Corporate Organizational Chart



RPO-59: Legal Name of Contracting Affiliate

[Back](#) to Data Element – page 35

As part of the 2017 filing, a Provider Organization must report all Entities on whose behalf it or a corporate affiliate establishes at least one contract for the payment of Health Care Services with *Payers* or *Third-Party Administrators*, rather than only with *Carriers* or *Third-Party Administrators*. For instance, if a physician practice participates in the Provider Organization’s Medicare ACO, but not in any of the Provider Organization’s commercial contracts, the Provider Organization was not required to report the physician practice in the Contracting Affiliations file during Initial Registration. The physician practice must now be reported in the Contracting Affiliations file.

RPO-63: Legal Name of Corporately Affiliated Contracting Entity

[Back](#) to Data Element – page 36

The Provider Organization must provide the name of each Corporately Affiliated Contracting Entity that establishes contracts with Payers or TPAs on behalf of the contracting affiliate. Each Provider Organization will have a unique list of possible answers for this question; each corporate affiliate for which the Provider Organization selected “Yes” in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file will appear as a possible answer in RPO-63: Legal Name of Corporately Affiliated Contracting Entity. In the example corporate organizational chart ([Figure 1](#)), both the hospital and the PHO establish contracts with Payers and TPAs, and are therefore considered Corporately Affiliated Contracting Entities. The hospital and the PHO would thus both appear as possible answers to question RPO-63 as Corporately Affiliated Contracting Entities that could establish contracts on behalf of the contracting affiliate. The Provider Organization is only required to indicate which of those Corporately Affiliated Contracting Entities establish contracts on behalf of the contracting affiliate. The Provider Organization is not required to indicate whether the contracting affiliate has contracts that are established by an Entity with which the Provider Organization does not have a Corporate Affiliation. Please note that if the Provider Organization chooses to complete this file using the MA-RPO-issued Microsoft Excel template, the Provider Organization will be asked to provide the 9-digit EIN of the Corporately Affiliated Contracting Entity or entities, rather than the legal name.

D. CONTRACTING ENTITY FILE

The table below includes the data elements that the Provider Organization will provide about each of the Provider Organization’s Corporately Affiliated Contracting Entities. A Corporately Affiliated Contracting Entity is a Contracting Entity with which the Provider Organization has a Corporate Affiliation. Each corporate affiliate for which the Provider Organization selected “Yes” in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file is considered a Corporately Affiliated Contracting Entity. The online submission platform uses the information from the Provider Organization’s Corporate Affiliations file and Contracting Affiliations file to populate information on the Contracting Entity tab. Therefore, the MA-RPO Program strongly recommends completing any updates to the Corporate Affiliations file and the Contracting Affiliations file before reviewing or entering information in the Contracting Entity tab.

Changes since Initial Registration: The MA-RPO Program has revised data element RPO-65 and added a new data element RPO-65A. The MA-RPO Program has also added an answer option to data element RPO-73 for Contracting Entities to indicate that they do not establish contracts with Payers or TPAs on behalf of physicians and are therefore not required to submit a physician roster.

How to Update: The Contracting Entity file will be prepopulated with the data provided by the Provider Organization in Initial Registration. Provider Organizations may answer new questions or edit Contracting Entity data directly in the online submission platform.

Timing: The Contracting Entity file must reflect all contracts in place as of January 1, 2017.

Contracting Entity File				
	Name	Instructions	Required	Format
RPO-64	Legal Name of Corporately Affiliated Contracting Entity	Enter the legal name of the Corporately Affiliated Contracting Entity. (See Note RPO-64 on page 46)	Yes	Text
RPO-65	Contracts by Payer Category (Establishment)	Select each type of contract that the Corporately Affiliated Contracting Entity establishes with each Payer or Payer category. (See Note RPO-65 on page 46)	Yes	Checkbox, Multiple Answers

Contracting Entity File

	Name	Instructions	Required	Format
		<p>Private Commercial: Blue Cross Blue Shield</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pay for Performance (P4P) <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> Fee for Service (FFS) <input type="checkbox"/> Other <p>Private Commercial: Harvard Pilgrim Health Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other <p>Private Commercial: Tufts Health Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other <p>Private Commercial: Fallon</p> <ul style="list-style-type: none"> <input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other 		

- Private Commercial: Health New England**
- P4P
- Global Payment
- Bundled Payment
- Other APM
- FFS
- Other
- Private Commercial: Neighborhood Health Plan**
- P4P
- Global Payment
- Bundled Payment
- Other APM
- FFS
- Other
- Other Private Commercial**
- P4P
- Global Payment
- Bundled Payment
- Other APM
- FFS
- Other
- Medicare**
- Medicare Advantage
- ACO
- Bundled Payment Programs
- FFS
- Other
- Medicaid**
- MCO
- MassHealth ACO
- Senior Care Options/ Program for All Inclusive Care for the Elderly/ OneCare
- FFS/PCC
- Other

Contracting Entity File

	Name	Instructions	Required	Format										
<p>RPO-65A</p>	<p>Contracts by Payer Category (Participation)</p>	<p>For each Payer or Payer category, select each type of contract in which the corporate or contracting affiliate participates that was established by <u>this</u> Corporately Affiliated Contracting Entity. This question must be answered for each corporate affiliate and each contracting affiliate on whose behalf the Corporately Affiliated Contracting Entity establishes at least one contract. (See Note RPO-65A on page 46)</p> <table border="0"> <tr> <td data-bbox="520 402 1045 597"> <p>Private Commercial: Blue Cross Blue Shield</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p> </td> <td data-bbox="1087 402 1633 597"> <p>Private Commercial: Health New England</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p> </td> </tr> <tr> <td data-bbox="520 617 1045 808"> <p>Private Commercial: Harvard Pilgrim Health Care</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p> </td> <td data-bbox="1087 617 1633 808"> <p>Private Commercial: Neighborhood Health Plan</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p> </td> </tr> <tr> <td data-bbox="520 828 1045 1019"> <p>Private Commercial: Tufts Health Plan</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p> </td> <td data-bbox="1087 828 1633 1019"> <p>Other Private Commercial</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p> </td> </tr> <tr> <td data-bbox="520 1039 1045 1230"> <p>Private Commercial: Fallon</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p> </td> <td data-bbox="1087 1039 1633 1230"> <p>Medicare</p> <p><input type="checkbox"/> Medicare Advantage <input type="checkbox"/> ACO <input type="checkbox"/> Bundled Payment Programs <input type="checkbox"/> FFS <input type="checkbox"/> Other</p> </td> </tr> <tr> <td data-bbox="520 1234 1045 1412"></td> <td data-bbox="1087 1234 1633 1412"> <p>Medicaid</p> <p><input type="checkbox"/> MCO <input type="checkbox"/> MassHealthACO <input type="checkbox"/> SCO/ PACE/ OneCare <input type="checkbox"/> FFS/PCC <input type="checkbox"/> Other</p> </td> </tr> </table>	<p>Private Commercial: Blue Cross Blue Shield</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Private Commercial: Health New England</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Private Commercial: Harvard Pilgrim Health Care</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Private Commercial: Neighborhood Health Plan</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Private Commercial: Tufts Health Plan</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Other Private Commercial</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Private Commercial: Fallon</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Medicare</p> <p><input type="checkbox"/> Medicare Advantage <input type="checkbox"/> ACO <input type="checkbox"/> Bundled Payment Programs <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>		<p>Medicaid</p> <p><input type="checkbox"/> MCO <input type="checkbox"/> MassHealthACO <input type="checkbox"/> SCO/ PACE/ OneCare <input type="checkbox"/> FFS/PCC <input type="checkbox"/> Other</p>	<p align="center">Yes</p>	<p align="center">Checkbox, Multiple Answer</p>
<p>Private Commercial: Blue Cross Blue Shield</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Private Commercial: Health New England</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>													
<p>Private Commercial: Harvard Pilgrim Health Care</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Private Commercial: Neighborhood Health Plan</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>													
<p>Private Commercial: Tufts Health Plan</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Other Private Commercial</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>													
<p>Private Commercial: Fallon</p> <p><input type="checkbox"/> P4P <input type="checkbox"/> Global Payment <input type="checkbox"/> Bundled Payment <input type="checkbox"/> Other APM <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>	<p>Medicare</p> <p><input type="checkbox"/> Medicare Advantage <input type="checkbox"/> ACO <input type="checkbox"/> Bundled Payment Programs <input type="checkbox"/> FFS <input type="checkbox"/> Other</p>													
	<p>Medicaid</p> <p><input type="checkbox"/> MCO <input type="checkbox"/> MassHealthACO <input type="checkbox"/> SCO/ PACE/ OneCare <input type="checkbox"/> FFS/PCC <input type="checkbox"/> Other</p>													

Contracting Entity File				
	Name	Instructions	Required	Format
RPO-66	Contracting for Affiliated Providers	<p>Does the Contracting Entity establish contracts on behalf of any Health Care Professionals that it, or a corporate affiliate of the Provider Organization named in RPO-01, does not employ, or on behalf of a Provider with which the Contracting Entity does not have a Corporate Affiliation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Yes	Checkbox, Single Answer
RPO-67	Services Offered to Contracting Affiliates	<p>Select each service that the Contracting Entity offers to Health Care Professionals or Providers that are not employed or owned by the Provider Organization named in RPO-01 or any of its corporate affiliates. (See Note RPO-67 on page 47)</p> <p><input type="checkbox"/> Administrative Support: Billing <input type="checkbox"/> Administrative Support: General <input type="checkbox"/> Care Management <input type="checkbox"/> Carrier Contract Management <input type="checkbox"/> Information Technology <input type="checkbox"/> Other Management <input type="checkbox"/> Professional Training <input type="checkbox"/> None of the above</p>	If the user selected "Yes" in RPO-66	Checkbox, Multiple Answers
RPO-68	Global Payment	<p>Select the answer that best describes if the Contracting Entity establishes contracts that include Global Payments for participating Providers or Provider Organization(s). (See Note RPO-68 on page 47)</p> <p><input type="checkbox"/> The Contracting Entity only establishes contracts with Global Payments through which it is eligible for surpluses, but is not responsible for deficits. <input type="checkbox"/> The Contracting Entity establishes contracts with Global Payments through which it is eligible for surpluses and responsible for deficits. <input type="checkbox"/> The Contracting Entity does not establish any contracts that include a Global Payment.</p>	Yes	Checkbox, Single Answer

Contracting Entity File

	Name	Instructions	Required	Format
RPO-69	Global Payments – Eligibility for Surplus	Select the answers that best describe which types of Providers are eligible for surplus under any of the Contracting Entity’s Global Payment arrangements. (See Note RPO-69 on page 48) <ul style="list-style-type: none"> <input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialists – Behavioral Health <input type="checkbox"/> Specialists – Non-Behavioral Health <input type="checkbox"/> Hospital(s) <input type="checkbox"/> Post-Acute <input type="checkbox"/> Ancillary <input type="checkbox"/> Other <input type="checkbox"/> None of the above 	If the user selected Option 1 or Option 2 in RPO-68	Checkbox, Multiple Answers
RPO-70	Global Payments – Responsibility for Deficits	Select the answers that best describe which types of Providers are responsible for deficits under any of the Contracting Entity’s Global Payment arrangements. (See Note RPO-70 on page 48) <ul style="list-style-type: none"> <input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialists – Behavioral Health <input type="checkbox"/> Specialists – Non-Behavioral Health <input type="checkbox"/> Hospital(s) <input type="checkbox"/> Post-Acute <input type="checkbox"/> Ancillary <input type="checkbox"/> Other <input type="checkbox"/> None of the above 	If the user selected Option 2 in RPO-68	Checkbox, Multiple Answers

Contracting Entity File				
	Name	Instructions	Required	Format
RPO-71	Global Payments – Withholds	<p>Select the answer(s) that best describe if and how the Contracting Entity uses withholds with regard to its subdivisions (or, if the Contracting Entity does not use subdivisions, with regard to individual physicians). (See Note RPO-71 on page 49)</p> <p><input type="checkbox"/> In the case of organizational surplus, the Contracting Entity returns withholds to all subdivisions (or individual physicians).</p> <p><input type="checkbox"/> In the case of organizational surplus, the Contracting Entity returns withholds only to subdivisions that meet performance metrics (or individual physicians that meet performance metrics).</p> <p><input type="checkbox"/> In the case of organizational deficit, the Contracting Entity does not return withholds to any subdivision (or individual physicians).</p> <p><input type="checkbox"/> In the case of organizational deficit, the Contracting Entity returns withholds only to subdivisions that meet performance metrics (or individual physicians that meet performance metrics).</p> <p><input type="checkbox"/> The Contracting Entity uses other methods to determine whether to return withholds.</p> <p><input type="checkbox"/> Not applicable; the Contracting Entity does not use or make decisions about the return of withholds.</p>	If the user selected Option 2 in RPO-68	Checkbox, Multiple Answers
RPO-72	Global Payments – Distribution of Surplus/Deficit	<p>Select the answer that best describes how the Contracting Entity determines the methodology by which subdivisions distribute surplus funds and/or deficit responsibility to their component subdivisions. (See Note RPO-72 on page 49)</p> <p><input type="checkbox"/> The Contracting Entity determines the method by which subdivisions allocate surplus and/or deficit.</p> <p><input type="checkbox"/> The Contracting Entity sets standards regarding allocation of surplus and/or deficit that subdivisions must follow.</p> <p><input type="checkbox"/> Subdivisions are required to inform the Contracting Entity how they decide to allocate surplus and/or deficit.</p> <p><input type="checkbox"/> The Contracting Entity does not have any subdivisions and therefore the Contracting Entity makes all decisions about allocation of surplus and/or deficit to individual physicians.</p> <p><input type="checkbox"/> None of the above.</p>	If the user selected Option 1 or Option 2 in RPO-68	Checkbox, Single Answer

Contracting Entity File

	Name	Instructions	Required	Format
<p>RPO-73</p>	<p>Upload Physician Roster</p>	<p>Select the option below that best describes how you are providing the physician roster for the Contracting Entity. (See Note RPO-73 on page 49 and Section F – Physician Roster File on page 57)</p> <p><input type="checkbox"/> I have imported the physician roster for the Contracting Entity on the File Attachments tab of the online submission platform.</p> <p><input type="checkbox"/> The MA-RPO Program has approved my request to submit an abbreviated filing, and I am therefore not required to submit a physician roster for the Contracting Entity.</p> <p><input type="checkbox"/> The physician roster requirement is being met for this Contracting Entity through the roster of another Corporately Affiliated Contracting Entity, as allowed by the MA-RPO Program.</p> <p><input type="checkbox"/> This Contracting Entity does not establish contracts with Payers or TPAs on behalf of physicians and is therefore not required to submit a physician roster.</p>	<p>Yes</p>	<p>Checkbox, Single Answer</p>

Notes to the Contracting Entity File

RPO-64: Legal Name of Corporately Affiliated Contracting Entity

[Back](#) to Data Element – page 39

The legal name of each of the Provider Organization’s Corporately Affiliated Contracting Entities will be prepopulated in the online submission platform. Each corporate affiliate for which the Provider Organization selected “Yes” in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file will appear in the Contracting Entity file.

RPO-65: Contracts by Payer Category (Establishment)

RPO-65A: Contracts by Payer Category (Participation)

[Back](#) to Data Element RPO-65 – page 39

[Back](#) to Data Element RPO-65A – page 41

In RPO-65, the Provider Organization will select each type of contract that the Corporately Affiliated Contracting Entity *establishes* with each listed Payer or Payer category. In RPO-65A, the Provider Organization will select each type of contract in which its corporate and/or contracting affiliates participate that was established by the Corporately Affiliated Contracting Entity named in RPO-65. In RPO-65A, Provider Organizations **do not** need to provide information on the types of contracts that their contracting affiliates have established themselves or that are established by other Contracting Entities.

Pay for Performance (P4P) - Pay for performance contracts are a type of payment arrangement with a public or commercial payer that reimburses Providers for achieving certain quality or efficiency benchmarks. For the purposes of the Contracting Entity file, P4P contracts are reported separately from risk contracts (e.g., global payment contracts, bundled payment contracts, and other APM contracts).

Global Payments - Global Payments are a type of payment arrangement between Payers and Providers where budgets for health care spending are set either prospectively or retrospectively for a comprehensive set of services for a broadly defined population. Contract must include at a minimum: physician services and inpatient and outpatient hospital services.

Bundled Payments - Bundled Payments are payment arrangements where budgets for health care spending are set for a defined episode of care for a specific condition (e.g., knee replacement) delivered by Providers across multiple provider types.

Other APM - All other payment arrangements not based on a FFS model including, but not limited to, supplemental payments for the Patient-Centered Medical Home (PCMH) arrangements and limited budget payment arrangements.

Fee-for-Service (FFS) – FFS contracts are payment arrangements where a payer pays a provider for each service rendered, based on an agreed upon price for each service. FFS payments include Diagnosis Related Groups (DRGs), per-diem payments, fixed procedure code-based fee schedule (e.g., Medicare’s Ambulatory Payment Classifications (APCs)), and discounted charges-based payments. For the purpose of the Contracting Entity file, FFS contracts are reported separately from P4P or risk contracts.

The answer options for the Medicare and Medicaid categories reflect specific offerings for each of these payers. In RPO-65 and RPO-65A, Provider Organizations should select “MassHealth Accountable Care Organization (ACO)” to indicate formation of or participation in, respectively, any of the MassHealth ACO model designs.

The names of the Provider Organization’s corporate and contracting affiliates will be prepopulated in the online submission platform based on information provided in Initial Registration in either RPO-49: Legal Name of Corporately Affiliated Contracting Entity for corporate affiliates and RPO-63: Legal Name of Corporately Affiliated Contracting Entity for contracting affiliates.

RPO-67: Services Offered to Contracting Affiliates

[Back](#) to Data Element – page 42

In RPO-67, the Provider Organization will select the categories of services that the Contracting Entity offers to the Health Care Professionals or Providers that are not employed or owned by the Provider Organization.

Administrative Support: Billing – Examples may include billing, coding, auditing, and revenue cycle services.

Administrative Support: General – Examples may include human resources, compliance, Provider credentialing, accreditation, practice management, and administrative staff training and development.

Care Management – Examples may include case management, population health management programs, data analytics, quality improvement programs, utilization review, disease management, and pharmacy management.

Carrier Contract Management – Examples may include development of incentive distribution methodologies, Carrier contract compliance services, and contract enforcement and dispute resolution.

Information Technology – Examples may include providing, monitoring or training practices on Electronic Health Record (EHR) systems, supporting Meaningful Use certification, establishing EHR interfaces between Providers, electronic prescribing, and server maintenance.

Other Management – Examples may include legal services, risk management, group purchasing, real estate management, and physician recruitment and retention.

Professional Training – Examples may include continuing medical education and professional advancement training.

RPO-68: Global Payment

[Back](#) to Data Element – page 42

Global Payments are a type of payment arrangement between Payers and Providers where budgets for health care spending are set either prospectively or retrospectively for a comprehensive set of services for a broadly defined population.

Some Global Payment contracts require that if the Provider spends less than the spending target, the Payer will share some or all of the surplus. If the Contracting Entity only negotiates Global Payment contracts of this type, select the first option.

Some Global Payment contracts require both that the Payer share any surplus and that if the Provider spends more than the spending target, the Provider or the Contracting Entity absorb some or all of the additional costs. If the Corporately Affiliated Contracting Entity negotiates any Global Payment contracts of this type, select the second option.

RPO-69: Global Payments – Eligibility for Surplus

[Back](#) to Data Element – page 43

Eligibility for surplus means that if the Corporately Affiliated Contracting Entity spends less than the Global Payment spending target and therefore will receive a surplus payment from the Payer, Providers participating in the Global Payment contract may be eligible to receive part of this surplus payment.

The Provider Organization should select each type of Provider that is eligible for surplus, regardless of whether all Providers of that type are eligible. For example, even if some, but not all, primary care physicians are eligible for surplus, the Provider Organization should select “Primary Care Physicians.”

The Provider Organization can select “None of the above” in response to this question. The Provider Organization should select this answer if no Provider receives a share of surplus funds. This might be the case if all surplus funds were retained at the level of the Corporately Affiliated Contracting Entity to cover the costs of administering the contracts, or retained as a reserve against future deficit.

RPO-70: Global Payments – Responsibility for Deficits

[Back](#) to Data Element – page 43

Responsibility for deficits means that if the Corporately Affiliated Contracting Entity spends more than the Global Payment spending target and therefore owes the Payer a deficit re-payment, Providers participating in the Global Payment contract may be required to contribute to this re-payment. This includes:

- Direct re-payment (i.e., transfer of funds from the Provider to the Payer or to the Contracting Entity to be forwarded to the Payer);
- Loss of funds withheld by the Payer from claims payments pending final contract settlement;
- Loss of funds withheld by the Contracting Entity from claims payments pending contract settlement.

The Provider Organization should select each type of Provider that is responsible for deficits, regardless of whether all Providers of that type are responsible. For example, even if some, but not all, primary care physicians are responsible for deficits, the Provider Organization should select “Primary Care Physicians.”

The Provider Organization can select “None of the above” in response to this question. The Provider Organization should select this answer if it manages actual or potential future deficits owed to Payers exclusively through mechanisms that spread risk evenly across the organization, rather than mechanisms that require subdivisions (e.g., medical groups, Local Practice Groups, hospitals) to contribute to re-paying the deficit based on their performance on cost, quality, or other metrics. Examples may include:

- Using a reserve fund built from member dues, past profits or margins, or past surplus from Global Payment contracts

- Using a line of credit
- Maintaining a reinsurance (stop-loss) policy

RPO-71: Global Payments – Withholds

[Back](#) to Data Element – page 44

Contracting entities that receive surpluses from or owe deficits to Payers under Global Payment arrangements generally must further distribute surpluses to and collect deficits from some or all of the Providers participating in the Global Payment contract. A subdivision is the organizational structure that receives surplus funds from the Contracting Entity or gives deficit funds to the Contracting Entity. In many cases, subdivisions are legal Entities, such as PHOs, medical groups, or hospitals. In other cases, Contracting Entities may combine several legal Entities, such as medical groups, into a single subdivision, such as a Local Practice Group, which may not be a distinct legal Entity. Alternately, there may not be an organizational structure below the Contracting Entity; there may only be individual physicians. Thus, the nature of the “subdivision” will vary based on the structure of the Contracting Entity.

The term “withhold” includes funds withheld by Payers where the Contracting Entity is responsible for determining how to allocate any withhold returned to the organization following the end-of-year settlement, as well as funds withheld by the Contracting Entity (typically in addition to any funds withheld by the Payer) pending the end-of-year settlement.

The Provider Organization should answer this question about any withholds for which it determines the circumstances under which subdivisions receive withheld funds. If all withheld funds are returned by the Payer directly to the Providers from whom funds were withheld, the Provider Organization should select: “Not applicable; the Contracting Entity does not make decisions about the return of withholds.”

RPO-72: Global Payments – Distribution of Surplus/Deficit

[Back](#) to Data Element – page 44

Subdivisions usually need to distribute surplus to and/or collect deficits from component subdivisions. For example, a Contracting Entity may contract for several PHOs, and in turn each PHO may consist of several medical groups. In this case, the medical groups may be the component subdivisions of the PHO. In other cases, especially where the subdivisions are smaller medical groups, the subdivision will consist of individual physicians with no further intermediate structure. Subdivisions often have methods to govern the distribution of surplus and collection of deficit from their component subdivisions or individual physicians. This question is asking about the level of control and/or knowledge that the Contracting Entity has with respect to the methods its subdivisions use to distribute surplus to and/or collect deficits from their component subdivisions and/or individual physicians.

Contracting entities that are medical groups may not have an organizational structure below the Contracting Entity; they may only have individual physicians. In this case, there is no subdivision in the Contracting Entity, and the Contracting Entity should select: “The Contracting Entity does not have any subdivisions and therefore the Contracting Entity makes all decisions about allocation of surplus and/or deficit to individual physicians.”

RPO-73: Upload Physician Roster

[Back](#) to Data Element – page 45

A separate physician roster must be submitted for each Corporately Affiliated Contracting Entity. This requirement is 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. However, the MA-RPO Program recognizes that a Provider Organization may have multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of the same group of physicians. Such Provider Organizations may, at the sole discretion of the MA-RPO Program, be permitted to fulfill the physician roster requirement for one or more Corporately Affiliated Contracting Entities through the physician roster of another Corporately Affiliated Contracting Entity. Organizations wishing to pursue this option are required to attend a one-on-one meeting with program staff to discuss their contracting structure.

The MA-RPO Program has added an answer option for Provider Organizations to select if any of their Corporately Affiliated Contracting Entities do not establish contracts with Payers or TPAs on behalf of physicians (i.e., the Corporately Affiliated Contracting Entity only establishes contracts on behalf of Facilities) and therefore are not required to submit a physician roster.

E. FACILITIES FILE

The table below includes the data elements that the Provider Organization will provide about its or its corporate affiliates' licensed Facilities. A Facility is a licensed institution providing Health Care Services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings. The Provider Organization is not required to report its contracting affiliates' or clinical affiliates' licensed Facilities, nor is it required to report its sites of care that are unlicensed. If the Provider Organization named in RPO-01 and its corporate affiliates do not have any licensed Facilities, the Provider Organization does not have to complete this file.

For the purposes of completing the Facilities file, Campus means the physical area immediately adjacent to the Provider's main buildings and other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings. The Provider Organization may report a Campus as a single entry in the Facilities file, rather than listing each building or address that makes up the Campus separately, provided that all of the licensed buildings, areas, and structures located on the Campus are operating under a single license. If there are multiple buildings in a 250-yard radius that are not all covered by the same license, each separately licensed Facility must be reported on a separate line.

The Provider Organization must report each of its licensed satellite locations separately, unless the satellite is considered to be part of a Campus that has already been reported. The Provider Organization's responses to the questions below should be answered as they pertain to the Facility or Campus, rather than how they pertain to the license.

Changes since Initial Registration: The MA-RPO Program has removed data element RPO-88 and updated RPO-87 to apply to Acute Hospital – Satellites in addition to Clinic – Main Sites and Clinic – Satellites with slightly revised answer options. The MA-RPO Program has prepopulated a response to this data element using an approach described further in Note RPO-87 and Appendix B: 2017 Filing Answer Option Conversions Methodology.

How to Update: The Facilities file will be prepopulated with the data provided by the Provider Organization in Initial Registration. Provider Organizations may edit Facilities data directly in the online submission platform or by entering updated information into the MA-RPO-issued Microsoft Excel template and importing the template into the online submission platform. The MA-RPO Program strongly recommends updating data directly in the online submission platform; however, a prepopulated Microsoft Excel template will be made available upon request by contacting program staff. As a reminder, when you import a template, any existing data in the system will be overwritten by the information in the template. For example, if you add a Facility manually in the online submission platform, and the Facility is not listed in the template, the system will delete the Facility from your list if you import the template.

Timing: The Facilities file must reflect all of the Provider Organization's Facilities as of January 1, 2017.

Facilities File

	Name	Instructions	Required	Format
RPO-74	Name(s) of Facility	Enter any commonly used names of the Facility, including any Doing-Business-As names for which a D/B/A certificate has been filed as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	Yes	Text; Repeat as necessary
RPO-75	Facility Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) under which the Facility operates.	Yes	Integer
RPO-76	Facility National Provider Identifier(s) (NPI)	Enter each organizational National Provider Identifier (NPI) associated with the Facility.	No	Integer; Repeat as necessary
RPO-77	Address Line 1	Enter Line 1 of the Facility's physical address.	Yes	Text
RPO-78	Address Line 2	Enter Line 2 of the Facility's physical address.	No	Text
RPO-79	Address Line 3	Enter Line 3 of the Facility's physical address.	No	Text
RPO-80	City	Enter the city of the Facility's physical address.	Yes	Text
RPO-81	State	Enter the state of the Facility's physical address.	Yes	Text
RPO-82	Zip Code	Enter the 5-digit zip code of the Facility's physical address.	Yes	Integer
RPO-83	License Number(s)	Enter the Facility's license number(s).	Yes	Text and Integer; Repeat as necessary
RPO-84	License Type(s)	<p>Select the option(s) corresponding to the Facility license type(s). If you are using the MA-RPO-issued Microsoft Excel template to complete this question, enter the appropriate two-digit answer code(s), separated by a semi-colon, in the template.</p> <p><input type="checkbox"/> Acute Hospital – Main Site (28)</p> <p><input type="checkbox"/> Acute Hospital – Satellite (29)</p>	Yes	Checkbox, Multiple Answers

Facilities File

	Name	Instructions	Required	Format
		<input type="checkbox"/> Adult Day Health Program (30) <input type="checkbox"/> Birth Center (31) <input type="checkbox"/> Clinic – Main Site (32) <input type="checkbox"/> Clinic – Satellite (33) <input type="checkbox"/> End Stage Renal Disease Facility (34) <input type="checkbox"/> Freestanding Clinical Laboratory (35) <input type="checkbox"/> Hospice (36) <input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities (37) <input type="checkbox"/> Mammography Facility (38) <input type="checkbox"/> Mental Health Facility – Class II (39) <input type="checkbox"/> Mental Health Facility – Class III (40) <input type="checkbox"/> Mental Health Facility – Class IV (41) <input type="checkbox"/> Mental Health Facility – Class V (42) <input type="checkbox"/> Mental Health Facility – Class VI (43) <input type="checkbox"/> Mental Health Facility – Limited Class VI (44) <input type="checkbox"/> Mental Health Facility – Class VII (45) <input type="checkbox"/> Mental Health Facility – Class VIII (46) <input type="checkbox"/> Non-Acute Hospital – Main Site (47) <input type="checkbox"/> Non-Acute Hospital – Satellite (48) <input type="checkbox"/> Nursing Home (49) <input type="checkbox"/> Rest Home (50) <input type="checkbox"/> Substance Abuse Services (SAS) – Acute – Acupuncture (51) <input type="checkbox"/> SAS – Acute – Outpatient Detoxification (52) <input type="checkbox"/> SAS – Acute – Inpatient Detoxification – Medically Managed (53) <input type="checkbox"/> SAS – Acute – Inpatient Detoxification – Medically Monitored (54) <input type="checkbox"/> SAS – Acute – Inpatient Detoxification – Clinically Managed (55) <input type="checkbox"/> SAS – Outpatient – First Offender Driver Alcohol Education (56) <input type="checkbox"/> SAS – Outpatient – Outpatient Counseling (57) <input type="checkbox"/> SAS – Outpatient – Second Offender Aftercare (58) <input type="checkbox"/> SAS – Opioid Treatment (59) <input type="checkbox"/> SAS – Residential Rehabilitation – Adults – Transitional Support Services (60) <input type="checkbox"/> SAS – Residential Rehabilitation – Adults – Social Model Recovery (61)		

Facilities File

	Name	Instructions	Required	Format
		<input type="checkbox"/> SAS – Residential Rehabilitation – Adults – Recovery Home (62) <input type="checkbox"/> SAS – Residential Rehabilitation – Adults – Therapeutic Community (63) <input type="checkbox"/> SAS – Residential Rehabilitation – Families (64) <input type="checkbox"/> SAS – Residential Rehabilitation – Adolescents (65) <input type="checkbox"/> SAS – Residential Rehabilitation – Operating Under the Influence Second Offenders (66) <input type="checkbox"/> Other (67)		
RPO-85	Type of Facility	Select the option(s) below that best describes the Facility type. If you are using the MA-RPO-issued Microsoft Excel template to complete this question, enter the appropriate two-digit answer code(s), separated by a semi-colon, in the template. <input type="checkbox"/> Ambulatory Surgery Center (68) <input type="checkbox"/> Community Mental Health Center (69) <input type="checkbox"/> Dental Clinic (70) <input type="checkbox"/> Federally Qualified Community Health Center (71) <input type="checkbox"/> Freestanding Diagnostic Imaging Center (72) <input type="checkbox"/> Freestanding Urgent Care Center (73) <input type="checkbox"/> Limited Services Clinic (74) <input type="checkbox"/> Satellite Emergency Facility (75) <input type="checkbox"/> General Clinic / Other (76)	If the user selected “Clinic – Main Site” or “Clinic – Satellite” in RPO-84	Checkbox, Multiple Answers
RPO-86	Provider-Based Status	Is this Facility billed to Medicare as a provider-based organization? (See Note RPO-86 on page 56) <input type="checkbox"/> Yes <input type="checkbox"/> No	If the user selected “Clinic – Main Site,” “Clinic – Satellite,” or “Acute Hospital – Satellite” in RPO-84	Checkbox, Single Answer

Facilities File

	Name	Instructions	Required	Format
RPO-87	Available Services	<p>Select the service(s) available at this Facility. If you are using the MA-RPO-issued Microsoft Excel template to complete this question, enter the appropriate two-digit or three-digit answer code(s), separated by a semi-colon, in the template. (See Note RPO-87 on page 56)</p> <p> <input type="checkbox"/> Medical (77) <input type="checkbox"/> Surgical (78) <input type="checkbox"/> Dental (79) <input type="checkbox"/> Mental Health (80) <input type="checkbox"/> Physical Medicine/ Rehabilitation (81) <input type="checkbox"/> Substance Use Disorder Treatment (82) <input type="checkbox"/> Radiology (85) <input type="checkbox"/> None of the Above (133) </p>	<p>If the user selected “Acute Hospital – Satellite,” “Clinic – Main Site,” or “Clinic – Satellite,” in RPO-84</p>	<p>Checkbox, Multiple Answers</p>
RPO-89	Facility Type – Non-Acute Hospital	<p>Select the option that best describes the Facility type. If you are using the MA-RPO-issued Microsoft Excel template to complete this question, enter the appropriate three-digit answer code(s), separated by a semi-colon, in the template.</p> <p> <input type="checkbox"/> Long-Term Acute Care Hospital (120) <input type="checkbox"/> Psychiatric Hospital (121) <input type="checkbox"/> Rehabilitation Hospital (122) <input type="checkbox"/> Other (123) </p>	<p>If the user selected “Non-Acute Hospital – Main Site,” or “Non-Acute Hospital – Satellite” in RPO-84</p>	<p>Checkbox, Multiple Answers</p>

Notes to the Facilities File

RPO-86: Provider-Based Status

[Back](#) to Data Element – page 54

Please see federal regulation [42 CFR 413.65](#), Requirements for a Determination that a Facility or an Organization has Provider-Based Status, for relevant definitions.

RPO-87: Available Services

[Back](#) to Data Element – page 55

The MA-RPO Program has removed data element RPO-88: Service Lines, which was previously applicable to Acute Hospital – Satellites. The MA-RPO Program has updated RPO-87: Available Services to apply to Acute Hospital – Satellites in addition to Clinic – Main Sites and Clinic – Satellites and has slightly revised the answer options to this question. The MA-RPO Program has prepopulated a response to this data element based on the information provided about the Facility in Initial Registration. Please refer to Appendix B: 2017 Filing Answer Option Conversions Methodology for additional information. The Provider Organization may edit this field as appropriate.

F. PHYSICIAN ROSTER FILE

The table below includes the data elements that the Provider Organization will provide about physicians on whose behalf at least one of its Corporately Affiliated Contracting Entities establishes at least one contract with Payers or TPAs. A separate physician roster must be submitted for each Corporately Affiliated Contracting Entity. This requirement is 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. However, the MA-RPO Program recognizes that a Provider Organization may have multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of the same group of physicians. Such Provider Organizations may, at the discretion of the MA-RPO Program, be permitted to fulfill the physician roster requirement for one or more Corporately Affiliated Contracting Entities through the physician roster of another Corporately Affiliated Contracting Entity. Organizations wishing to pursue this option are required to attend a one-on-one meeting with the MA-RPO Program to discuss their contracting structure.

The roster shall include all physicians on whose behalf the Corporately Affiliated Contracting Entity establishes contracts, even if the physician is not explicitly named in the contract with a Payer or TPA. The roster shall not include physicians on whose behalf the Corporately Affiliated Contracting Entity does not establish contracts even if they have admitting privileges at a corporately affiliated hospital or moonlight at the hospital. The roster is only required to include information about physicians; nurse practitioners, physician assistants, and other Health Care Professionals are not required to be reported in the 2017 filing. **Provider Organizations must report all physicians on whose behalf they establish at least one contract regardless of whether the physician's practice has been reported in the Contracting Affiliations file.**

Differentiating Between Practice Sites, Medical Groups and Local Practice Groups

The Physician Roster file contains data elements regarding a physician's practice site(s), medical group, and Local Practice Group(s). The MA-RPO Program recognizes that not all Provider Organizations will have distinct practice sites, medical groups, and Local Practice Groups.

- A **practice site** is the physical location where the physician is providing direct patient care services. This site may or may not be owned by the physician's medical group. Each physician must have a primary practice site listed in the Physician Roster. If the physician provides direct patient care services at more than one physical location, the Provider Organization must enter the physician's secondary practice site as well.
- A **medical group** is the solo or group practice with which the physician is associated. Large medical groups may have multiple practice sites, whereas small medical groups may only have one practice site. The medical group may have the same NPIs as each of its practice sites. Some physicians (e.g., hospitalists) may not be members of a medical group.
- A **Local Practice Group** is a group of Health Care Professionals that function as a subgroup of the Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons). Other commonly used names for Local Practice Groups include Regional Service Organizations, Local Care Organizations, or Local Care Units. Local Practice Groups often include physicians from multiple medical groups who practice in the same region, or who are affiliated with the same hospital. A Local Practice Group may or may not be a separate legal Entity. Not all Provider Organizations will have Local Practice Groups. If the Provider Organization does not organize its Health Care Professionals into Local Practice Groups, leave RPO-121 through RPO-126 blank. The MA-RPO Program strongly recommends scheduling a one-on-one meeting with program staff to discuss which groups, if any, should be considered Local Practice Groups for your organization.

Completing the Physician Roster File

The table below states that the secondary practice site, medical group, and Local Practice Group fields are not required. These fields have been marked as not required because not every physician will have a secondary site of practice, medical group, or Local Practice Group. However, if a physician does have a secondary site of practice, a medical group, or a Local Practice Group, the Provider Organization is required to complete these questions.

Many of the data elements included below are collected by Massachusetts Health Quality Partners (MHQP) from Massachusetts payers and provider groups and stored in MHQP's Massachusetts Provider Database (MPD). Providers may want to use their existing MHQP physician data as a starting point to streamline the process of completing the MA-RPO Physician Roster file. If you are interested in exploring this option, please contact MHQP at MPD@MHQP.org.

The MA-RPO Program recognizes that the structure and organization of Provider Organizations' internal databases may not match the MA-RPO Program's required format for the Physician Roster file. The MA-RPO Program invites Provider Organizations that are unsure how to convert their internal databases into the required format to contact program staff for assistance.

Abbreviated Filing Special Instructions

A Provider Organization that has received approval to submit an abbreviated filing is not required to provide a physician roster.

Changes since Initial Registration: The MA-RPO Program has removed data elements 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 and added data element RPO-93A: Physician License Number.

How to Update: The Provider Organization will complete the Physician Roster file by completing an MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the Physician Roster will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Physician Roster information, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform.

Timing: The Physician Roster must include all physicians **participating in at least one contract on January 1, 2017** that was established by the Corporately Affiliated Contracting Entity.

Physician Roster File				
	Name	Instructions	Required	Format
RPO-90	Physician Last Name	Enter the physician's last name.	Yes	Text
RPO-91	Physician First Name	Enter the physician's first name.	Yes	Text

Physician Roster File

	Name	Instructions	Required	Format
RPO-92	Physician Middle Initial	Enter the physician's middle initial.	No	Text
RPO-93	Physician NPI	Enter the physician's individual NPI issued by the Centers for Medicare & Medicaid Services (CMS).	Yes	Integer
RPO-93A	Physician License Number	Enter the physician's license number issued by the Massachusetts Board of Registration in Medicine.	Yes	Integer
RPO-94	Physician Specialty 1	Enter the physician's specialty. (See Note RPO-94 on page 62)	Yes	Text
RPO-95	Physician Specialty 2	Enter the physician's second specialty. If the physician does not have a second specialty, leave this field blank.	No	Text
RPO-96	Primary Care Provider Status	Indicate whether the physician is a primary care provider, a specialist, or both. (See Note RPO-96 on page 62) <input type="checkbox"/> Primary care provider <input type="checkbox"/> Specialist <input type="checkbox"/> Both	Yes	Checkbox, Single Answer
RPO-97	Pediatrician Status	Is the physician a pediatrician? (See Note RPO-97 on page 62) <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-98	Hospitalist Status	Is the physician a hospitalist? (See Note RPO-98 on page 62) <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-99	Employed Status	Is the physician employed by the Provider Organization named in RPO-01 or one of its corporate affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer
RPO-100	Primary Site of Practice Name	Enter the name of the primary medical office, site, or Facility where the physician provides care. (See Note RPO-100 on page 62)	Yes	Text

Physician Roster File

	Name	Instructions	Required	Format
RPO-102	Primary Site of Practice NPI(s)	Enter each organizational NPI associated with the primary medical office, site, or Facility where the physician provides care. (See Note RPO-102 on page 63)	No	Integer; Repeat as necessary
RPO-103	Primary Site of Practice Address Line 1	Enter Line 1 of the address for the primary site of care where the physician provides care.	Yes	Text
RPO-104	Primary Site of Practice Address Line 2	Enter Line 2 of the address for the primary site of care where the physician provides care.	No	Text
RPO-105	Primary Site of Practice Address Line 3	Enter Line 3 of the address for the primary site of care where the physician provides care.	No	Text
RPO-106	Primary Site of Practice City	Enter the city of the primary site of care where the physician provides care.	Yes	Text
RPO-107	Primary Site of Practice State	Enter the state of the primary site of care where the physician provides care.	Yes	Integer
RPO-108	Primary Site of Practice Zip Code	Enter the 5-digit zip code of the primary site of care where the physician provides care.	Yes	Text
RPO-109	Secondary Site of Practice Name	If the physician provides care at a second medical office, site, or Facility, enter the name of that office, site, or Facility.	No	Text
RPO-111	Secondary Site of Practice NPI(s)	Enter each organizational NPI associated with the secondary medical office, site, or Facility where the physician provides care. (See Note RPO-111 on page 63)	No	Integer; Repeat as necessary
RPO-112	Secondary Site of Practice Address Line 1	Enter Line 1 of the address for the secondary site where the physician provides care, if any.	No	Text
RPO-113	Secondary Site of Practice Address Line 2	Enter Line 2 of the address for the secondary site where the physician provides care, if any.	No	Text

Physician Roster File

	Name	Instructions	Required	Format
RPO-114	Secondary Site of Practice Address Line 3	Enter Line 3 of the address for the secondary site where the physician provides care, if any.	No	Text
RPO-115	Secondary Site of Practice City	Enter the city of the secondary site where the physician provides care, if any.	No	Text
RPO-116	Secondary Site of Practice State	Enter the state of the secondary site where the physician provides care, if any.	No	Text
RPO-117	Secondary Site of Practice Zip Code	Enter the 5-digit zip code of the secondary site where the physician provides care, if any.	No	Integer
RPO-118	Medical Group Name	Enter the name of the medical group with which the physician is affiliated. (See Note RPO-118 on page 62)	No	Text
RPO-120	Medical Group NPI(s)	Enter each organizational NPI associated with the medical group. (See Note RPO-120 on page 63)	No	Integer; Repeat as necessary
RPO-121	Local Practice Group 1 Name	Enter the name of the Local Practice Group of which the physician is a member, if any. (See Note RPO-121 on page 62)	No	Text
RPO-123	Local Practice Group 1 NPI(s)	Enter each organizational NPI associated with the Local Practice Group named in RPO-121, if any. (See Note RPO-123 on page 63)	No	Integer; Repeat as necessary
RPO-124	Local Practice Group 2 Name	Enter the name of the second Local Practice Group of which the physician is a member, if any.	No	Text
RPO-126	Local Practice Group 2 NPI(s)	Enter each organizational NPI associated with the Local Practice Group named in RPO-124, if any. (See Note RPO-126 on page 63)	No	Integer; Repeat as necessary

Notes to the Physician Roster File

RPO-94: Physician Specialty 1

[Back](#) to Data Element – page 59

The Provider Organization must report each physician's specialty. The Provider Organization may choose to use an established taxonomy, such as the AMA physician specialty groups or the CMS physician specialty codes, or it can use its internal classification system. To the extent possible, the Provider Organization should report the specialty that the physician practices in, rather than the specialty the physician was trained in, if there is a difference between the two specialties.

RPO-96: Primary Care Provider Status

[Back](#) to Data Element – page 59

In RPO-96, the Provider Organization must indicate whether the physician is a primary care provider, a specialist, or both. The MA-RPO Program is not providing a minimum number of hours per week or minimum percentage of clinical hours that the Provider Organization must use to make this determination. Physicians that hold themselves out as primary care providers or that spend a significant amount of their clinical time providing primary care services are considered primary care providers for the purposes of the Physician Roster file.

RPO-97: Pediatrician Status

[Back](#) to Data Element – page 59

In RPO-97, the Provider Organization must indicate whether the physician is a pediatrician. The MA-RPO Program is not providing a minimum number of hours per week or minimum percentage of clinical hours that the Provider Organization must use to make this determination. Physicians, including both primary care providers and specialists, that hold themselves out as pediatricians or that spend a significant amount of their clinical time seeing pediatric patients are considered pediatricians for the purposes of the Physician Roster file.

RPO-98: Hospitalist Status

[Back](#) to Data Element – page 59

In RPO-98, the Provider Organization must indicate whether the physician is a hospitalist. The MA-RPO Program is not providing a minimum number of hours per week or minimum percentage of clinical hours that the Provider Organization must use to make this determination. Physicians that hold themselves out as hospitalists or that spend a significant amount of their clinical time providing comprehensive medical care to hospitalized patients are considered hospitalists for the purposes of the Physician Roster file.

RPO-100: Primary Site of Practice Name

RPO-118: Medical Group Name

RPO-121: Local Practice Group 1 Name

[Back](#) to Data Element RPO-100 – page 59

[Back](#) to Data Element RPO-118 – page 61

[Back](#) to Data Element RPO-121 – page 61

The MA-RPO Program recognizes that not all Provider Organizations will have distinct practice sites, medical groups, and Local Practice Groups.

- A **practice site** is the physical location where the physician is providing direct patient care services. This site may or may not be owned by the physician's medical group. Each physician must have a primary practice site listed in the Physician Roster. If the physician provides direct patient care services at more than one physical location, the Provider Organization must enter the physician's secondary practice site as well.
- A **medical group** is the solo or group practice with which the physician is associated. Large medical groups may have multiple practice sites, whereas small medical groups may only have one practice site. The medical group may have the same NPIs as each of its practice sites. Some physicians (e.g., hospitalists) may not be members of a medical group.
- A **Local Practice Group** is a group of Health Care Professionals that function as a subgroup of the Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons). Other commonly used names for Local Practice Groups include Regional Service Organizations, Local Care Organizations, or Local Care Units. Local Practice Groups often include physicians from multiple medical groups who practice in the same region, or who are affiliated with the same hospital. A Local Practice Group may or may not be a separate legal Entity. Not all Provider Organizations will have Local Practice Groups. If the Provider Organization does not organize its Health Care Professionals into Local Practice Groups, leave RPO-121 through RPO-126 blank. The MA-RPO Program strongly recommends scheduling a one-on-one meeting with program staff to discuss which groups, if any, should be considered Local Practice Groups for your organization.

RPO-102: Primary Site of Practice NPI(s)

RPO-111: Secondary Site of Practice NPI(s)

RPO-120: Medical Group NPI(s)

RPO-123: Local Practice Group 1 NPI(s)

RPO-126: Local Practice Group 2 NPI(s)

[Back](#) to Data Element RPO-102 – page 60

[Back](#) to Data Element RPO-111 – page 60

[Back](#) to Data Element RPO-120 – page 61

[Back](#) to Data Element RPO-123 – page 61

[Back](#) to Data Element RPO-126 – page 61

For each practice site, medical group, and Local Practice Group, the Provider Organization must report each organizational provider NPI associated with the Entity. This field can be repeated as many times as necessary. Please note that the individual provider NPIs of the physicians employed by or practicing at the practice site, medical group, or Local Practice Group should not be included in this list.

G. CLINICAL AFFILIATIONS FILE

A Clinical Affiliation is defined as any relationship between a Provider or Provider Organization and another Entity for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in hospital or other ambulatory settings, co-branding, expedited transfers to Advanced Care Settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, Joint Training Programs, video technology to increase access to expert resources and sharing of hospitalists or intensivists. As noted below, in the 2017 filing, Provider Organizations are only required to report a subset of these relationships.

For the purposes of the MA-RPO Program, Clinical Affiliations exist between organizations, not individuals. The Provider Organization is not required to report relationships that its individual physicians may have with other organizations. For example, if the Provider Organization employs a physician who has independently negotiated an agreement to work shifts at another hospital, the Provider Organization does not have to report a Clinical Affiliation with the hospital. Similarly, if the Provider Organization has entered into a physician staffing agreement with an individual physician, that Provider Organization does not have to report a Clinical Affiliation with that individual physician.

The MA-RPO Program seeks to collect information about the Provider Organization's relationships to other organizations that provide, or whose corporate affiliates provide, direct patient care services. The Provider Organization does not have to report relationships that exist exclusively between the Provider Organization and a drug maker, a device manufacturer, a Payer, or another Entity that does not provide direct patient care services.

The MA-RPO Program has narrowed the scope of reportable affiliations to minimize administrative burden and to focus on those relationships most likely to be strategic. A Clinical Affiliation must meet the reporting threshold described below before it is considered reportable for the 2017 filing. A relationship that is captured in the definition of a Clinical Affiliation (e.g., expedited transfers to Advanced Care Settings), but that does not meet the threshold below, does not have to be reported during the 2017 filing. If the Provider Organization does not have any Clinical Affiliations that meet the threshold below, the Provider Organization does not have to complete this file.

Reportable Clinical Affiliations Threshold:

1. The Clinical Affiliation must include at least one Entity with which the Provider Organization does not have a Corporate Affiliation; and
2. The Clinical Affiliation must include at least one of the Provider Organization's corporately affiliated Acute Hospitals, or the employed physician group of such an Acute Hospital. If the Provider Organization is not corporately affiliated with an Acute Hospital, it is not required to report any Clinical Affiliations; and
3. The Clinical Affiliation must include at least one of the following types of relationships that has been memorialized in writing among the affiliates:
 - a. Co-branding

- b. Co-located services
- c. Complete or substantial staffing of an Acute Hospital service line
- d. The provision of funds to establish or enhance EHR Interconnectivity
- e. Establishment of a preferred provider relationship
- f. Regular and ongoing receipt of telemedicine services from another Acute Hospital
- g. Establishment of a provider-to-provider discount arrangement

The remainder of this section describes each of the seven types of Clinical Affiliations described above and states which party(ies) to the Clinical Affiliation is (are) required to report the relationship to the MA-RPO Program.

A. Co-branding

A co-branding relationship is reportable when an Acute Hospital, or its employed physician group, and another Entity have decided to publicize their partnership to the public. Examples of co-branding include, but are not limited to, advertisements (TV, radio, internet, billboards), signage, brochures, letterhead, and web pages. A sign listing the occupants of a medical office building does not, on its own, constitute co-branding.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital or the employed physician group of an Acute Hospital whose brand is being used is required to report a co-branding Clinical Affiliation. As such, if co-branding is occurring between two Acute Hospitals, both Provider Organizations that are corporately affiliated with the Acute Hospitals must report the Clinical Affiliation. By contrast, if the co-branding is occurring between an Acute Hospital and a physician practice, or another Entity that is not an Acute Hospital, only the Provider Organization that is corporately affiliated with the Acute Hospital is required to report the Clinical Affiliation.

B. Co-located services

The Provider Organization must report co-located services when another Entity operates a site to provide Health Care Services in, or on the Campus of, the Provider Organization's corporately affiliated Acute Hospital, whether at the Acute Hospital's main site or at a satellite location that is also operating under the Acute Hospital's license. To constitute co-located services, the Entity's site must be fixed in that location and it must be providing direct patient care services at that site on at least a weekly basis. A diagnostic laboratory or imaging center operating in, or on the Campus of, an Acute Hospital would constitute co-located services. However, staffing at one Acute Hospital by the employed physician of another Acute Hospital does not, on its own, constitute co-location.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital where the co-location is occurring is required to report Clinical Affiliations involving co-located services. The Provider Organization that establishes a site in, or on the Campus of, an Acute Hospital with which it is not corporately affiliated does not have to report the Clinical Affiliation.

C. Complete or substantial physician staffing of an Acute Hospital service line

The Provider Organization must report the sharing of physician resources when an Entity with which it is not corporately affiliated is providing complete or substantial staffing of an Acute Hospital inpatient or outpatient service line, either at the main site or a satellite site of the Acute Hospital. Note that service lines are defined at a relatively broad level (e.g., pediatrics, cardiology, hospital medicine, intensive care medicine); staffing of sub-specialties exclusively (e.g. pediatric oncology, electrophysiology, etc.) do not themselves constitute a reportable Clinical Affiliation for the purposes of the 2017 filing. Accordingly, the MA-RPO Program would expect substantial staffing of an Acute Hospital's pediatric service line to trigger reporting of the Clinical Affiliation, but would not expect substantial staffing of an Acute Hospital's pediatric oncology service, on its own, to trigger reporting of the Clinical Affiliation, even if the pediatric oncology service was staffed entirely by another Entity. Examples of complete or substantial physician staffing of an Acute Hospital service line include, but are not limited to: a) a group of pathologists that provide nearly all of the pathology services for an Acute Hospital; b) an Acute Hospital that contracts with a private anesthesiology group to be the primary provider of anesthesia services in the hospital; c) a group of surgeons that perform a substantial number of the surgical cases performed at an Acute Hospital; and d) the employed physicians of one Acute Hospital providing a substantial amount of the oncology services at another Acute Hospital.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital whose service line is being staffed is required to report Clinical Affiliations involving complete or substantial physician staffing of an Acute Hospital service line. The Entity that is providing complete or substantial staffing of an Acute Hospital service line does not have to report this relationship.

D. The provision of funds to establish or enhance EHR Interconnectivity

If the Provider Organization has provided funds to, or received funds from, an Entity with which it is not corporately affiliated for the purpose of establishing or enhancing EHR Interconnectivity between the Entity and at least one of the Provider Organization's Acute Hospitals, the affiliation must be reported.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital with which EHR Interconnectivity is being established or enhanced is required to report this type of Clinical Affiliation. As such, if EHR Interconnectivity is being established or enhanced between two Acute Hospitals and funds are being exchanged, both Provider Organizations that have Corporate Affiliations with the Acute Hospitals must report the Clinical Affiliation.

E. Establishment of a preferred provider relationship

The Provider Organization must report any relationships memorialized in writing among the affiliates that establish one of the Provider Organization's corporately affiliated Acute Hospitals or the employed physician group of such Acute Hospital as a preferred provider of emergency, tertiary, or specialty care for the patients of an Entity with which the Provider Organization is not corporately affiliated. In the 2017 filing, the MA-RPO Program is limiting reportable preferred provider relationships for specialty care to the service lines of cardiology, obstetrics/gynecology, oncology, orthopedics, and pediatrics.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital or employed physician group that has been designated the preferred provider of care is required to report this type of Clinical Affiliation. The Provider Organization that has designated another Acute Hospital as its preferred provider of emergency, tertiary, or specialty care does not have to report this relationship.

F. Regular and ongoing receipt of telemedicine services from another Acute Hospital

If the Provider Organization’s corporately affiliated Acute Hospital receives regular, ongoing telemedicine services from another Acute Hospital, or its employed physician group, the Provider Organization must report a Clinical Affiliation.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital that is receiving telemedicine services (e.g., is seeking consultation, diagnosis, or advice) is required to report this type of Clinical Affiliation. The Provider Organization that is providing telemedicine services does not have to report this relationship.

G. Establishment of a provider-to-provider discount arrangement

If one of the Provider Organization’s corporately affiliated Acute Hospitals, or the employed physician group of such Acute Hospital, has entered into an agreement wherein the Acute Hospital, or the employed physician group of such Acute Hospital, furnishes 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 to patients of another Provider or Provider Organization (hereinafter referred to as a Discount Arrangement), then the Provider Organization must report the arrangement as a Clinical Affiliation. Reportable Discount Arrangements refer to those furnished by an Acute Hospital, or the employed physician group of such Acute Hospital, to another Provider or Provider Organization. For example, if Acute Hospital X provides a discount on the rate it has negotiated with a payer for certain services provided to patients of Physician Group Y that have been referred to Acute Hospital X, then the Provider Organization corporately affiliated with Acute Hospital X will report the relationship with Physician Group Y. Discount Arrangements do not include relationships with payers (e.g., an Acute Hospital’s agreement to a certain discount off of its charges as part of a payer contract), drug makers, or device manufacturers.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital that is furnishing the discount is required to report this type of Clinical Affiliation. A Provider Organization that is receiving a discount does not have to report this relationship.

Summary of the Clinical Affiliations Reporting Requirement by Type of Affiliation	
Type of Affiliation	Reporting Requirement
Co-branding	Reported by each Provider Organization that is corporately affiliated with an Acute Hospital (or the employed physician group of an Acute Hospital) whose brand is being used.
Co-located services	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital where the co-location occurs.

Complete or substantial staffing of an Acute Hospital service line	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital whose service line is being staffed.
The provision of funds to establish or enhance EHR Interconnectivity	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital with which EHR Interconnectivity is being established or enhanced.
Establishment of a preferred provider relationship	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital (or the employed physician group of the Acute Hospital) that has been designated as the preferred provider.
Regular and ongoing receipt of telemedicine services from another Acute Hospital	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital that is receiving telemedicine services.
Establishment of a provider-to-provider discount arrangement	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital (or the employed physician group of an Acute Hospital) that is furnishing a discount.

Changes since Initial Registration: As described above, the MA-RPO Program has added one new type of reportable clinical relationship, establishment of a provider-to-provider discount arrangement. Provider Organizations should review the Clinical Affiliations that they reported in Initial Registration and indicate whether any of these affiliations also includes a discount component. Provider Organizations should also report any newly reportable affiliations.

How to Update: The Clinical Affiliations file will be prepopulated with the data provided by the Provider Organization in Initial Registration. Provider Organizations may edit listed Clinical Affiliations data directly in the online submission platform or by entering updated information into the MA-RPO-issued Microsoft Excel template and importing the template into the online submission platform. The MA-RPO Program strongly recommends updating data directly in the online submission platform; however, a prepopulated Microsoft Excel template will be available upon request by contacting program staff. As a reminder, when you import a template, any existing data in the system will be overwritten by the information in your template. For example, if you added a clinical affiliate manually in the online submission platform, and that clinical affiliate is not listed in your template, the system will delete that clinical affiliate from your list if you import the template.

Timing: The Clinical Affiliations file must reflect all of the Provider Organization’s Clinical Affiliations as of January 1, 2017.

Clinical Affiliations File				
	Name	Instructions	Required	Format
RPO-127	Legal Name of Clinical Affiliate	Enter the legal name of the clinical affiliate.	Yes	Text

Clinical Affiliations File

	Name	Instructions	Required	Format
RPO-128	Clinical Affiliate EIN	Enter the 9-digit Employer Identification Number (EIN) under which the clinical affiliate operates.	Yes	Integer
RPO-129	Participating Acute Hospitals	Enter the legal name of each Acute Hospital or employed physician group of the Acute Hospital that is corporately affiliated with the Provider Organization named in RPO-01 that is participating in this affiliation.	Yes	Text; Repeat as Necessary
RPO-130	Clinical Affiliation Type(s)	<p>Select each type of affiliation that characterizes the relationship. If you are using the MA-RPO-issued Microsoft Excel template to complete this question, enter the appropriate three-digit answer code(s), separated by a semi-colon, in the template.</p> <p> <input type="checkbox"/> Co-branding (124) <input type="checkbox"/> Co-located services (125) <input type="checkbox"/> Complete or substantial physician staffing of an Acute Hospital service line (126) <input type="checkbox"/> Provision of funds to establish or enhance EHR interconnectivity (127) <input type="checkbox"/> Establishment of a preferred provider relationship (128) <input type="checkbox"/> Regular and ongoing receipt of telemedicine services from another Acute Hospital (129) <input type="checkbox"/> Establishment of a provider-to-provider discount arrangement (134) </p>	Yes	Checkbox, Multiple Answers
RPO-131	Clinical Affiliation Start Date	<p>Select the date range that best describes when any Clinical Affiliation with this clinical affiliate began.</p> <p> <input type="checkbox"/> Before 2005 <input type="checkbox"/> 2005-2009 <input type="checkbox"/> 2010-2015 <input type="checkbox"/> 2016-present </p>	Yes	Checkbox, Single Answer
RPO-132	Description of the Affiliation	Briefly describe the nature, scope, and the scale of the relationship with this affiliate, including whether the affiliation encompasses features not described in RPO-130 and which service lines are encompassed by the affiliation.	Yes	Text
RPO-133	Provision or Receipt of Capital for Service Site Development	<p>Select the answer that describes whether the Clinical Affiliation includes the provision or receipt of capital for service site development.</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	Yes	Checkbox, Single Answer

Clinical Affiliations File

	Name	Instructions	Required	Format
RPO-133A	Types of Patients	<p>Select the answer(s) that describes the types of patients for which the Acute Hospital, or employed physician group of the Acute Hospital, furnishes the discount. If you are using the MA-RPO-issued Microsoft Excel template to complete this question, enter the appropriate three-digit answer code(s), separated by a semi-colon, in the template.</p> <p><input type="checkbox"/> Patients for whom the clinical affiliate is at risk (135) <input type="checkbox"/> Patients for whom the clinical affiliate is not at risk (136)</p>	If the user selected “Establishment of a provider-to-provider discount arrangement” in RPO-130	Checkbox, Multiple Answers
RPO-133B	Discount Returned to Patient’s Insurer	<p>Indicate if the written agreement specifies whether a portion of the discount is returned to the patient’s insurer:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	If the user selected “Establishment of a provider-to-provider discount arrangement” in RPO-130	Checkbox, Single Answer
RPO-133C	Framework for Providing the Discount	<p>Select the answer that best describes the general framework for providing the discount:</p> <p><input type="checkbox"/> The discount is calculated as a percentage of facility and/or professional payments received for services provided to each eligible patient. <input type="checkbox"/> The discount is a fixed sum of money for services provided to each eligible patient (<i>The amount of the discount may vary by service provided</i>). <input type="checkbox"/> Other; Describe</p>	If the user selected “Establishment of a provider-to-provider discount arrangement” in RPO-130	Checkbox, Single Answer
RPO-133D	Quality Metrics	<p>Select the answer that describes whether quality measures are incorporated into the provision of the discount:</p> <p><input type="checkbox"/> The amount or provision of the discount is contingent on meeting certain quality measures. <input type="checkbox"/> The amount or provision of the discount is not contingent on meeting certain quality measures.</p>	If the user selected “Establishment of a provider-to-provider discount arrangement” in RPO-130	Checkbox, Single Answer

H. FINANCIAL STATEMENTS FILE

The table below includes the data elements that the Provider Organization will provide about:

- The Provider Organization named in RPO-01, regarding the financial performance of the entire corporate system; and
- Each corporate affiliate that is a physician practice, as identified in RPO-53.

This standardized financial information represents cumulative, year-to-date data from the Entity's Balance Sheet, Statement of Operations, and Statement of Cash Flow. These statements must be prepared in accordance with Generally Accepted Accounting Principles (GAAP).

If a Provider Organization combines any physician practices as part of the consolidating information of its Audited Financial Statements, then it may complete a single Financial Statements file for these entities rather than completing a separate Financial Statements file for each Entity. If the Provider Organization would like to complete a single Financial Statements file for any of its physician practices, the MA-RPO Program requires scheduling a one-on-one meeting with program staff to discuss which physician practices, if any, should be reported together as part of the Financial Statements file.

The Provider Organization will complete the Financial Statements file by completing an MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the Financial Statements file will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Financial Statements information, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform.

All values reported will be in whole dollar amounts. If the Provider Organization reports its Audited Financial Statements in the thousands value, the values reported in the Microsoft Excel template will be in the total amount. For example, if the organization reports 500,000 as the value in the thousands, it will be reported as 500,000,000 on this template to ensure comparability across submissions. Please enter any negative values in parenthesis, such as (500,000,000). The template has fields where the user can indicate any variance from the Audited Financial Statements as well as a text explanation for the variance, as necessary.

For each Entity, the Provider Organization must also upload the most recent Audited Financial Statements in a PDF format, unless its most recent Audited Financial Statements are already on file with, and available from, CHIA, DOI, or the AGO. If an organization does not prepare Audited Financial Statements, please contact MA-RPO Program staff at HPC-RPO@state.ma.us.

Timing: On the date of submission, the Provider Organization must provide information on its most recently available fiscal year. Financial statements must be made available no later than 100 days after the Entity's fiscal year end.

Financial Statements File				
	Name	Instructions	Required	Format
RPO-138	Legal Name(s) of Corporate Affiliate(s) For Which This Financial Statements File Will Be Completed	Enter the legal name(s) of the corporate affiliate(s) for which this Financial Statements file will be completed.	Yes	Text
RPO-139	Audited Financial Statements Upload	<p>Select the option below that best describes how you are providing Audited Financial Statements for this Entity.</p> <p><input type="checkbox"/> I have uploaded the Audited Financial Statements for this Entity, which includes all notes to the Audited Financial Statements and Consolidating Schedules, on the File Attachments tab of the online submission platform.</p> <p><input type="checkbox"/> The Entity has filed its Audited Financial Statements for the corresponding time period with CHIA, DOI, or the AGO.</p> <p><input type="checkbox"/> Other; Describe.</p>	Yes	Checkbox, Single Answer
RPO-140	Financial Statements Year	Enter the start and end dates of the fiscal year (mm/dd/yyyy – mm/dd/yyyy) for which you are completing the Financial Statements template.	Yes	Text
Balance Sheet				
ASSETS				
Current Assets				
RPO-141	Cash and Cash Equivalents	Enter any short-term, highly-liquid investments (including note receivables) with a maturity of 3 months or less, excluding amounts whose use is limited by Board designation or other arrangements under trust agreements or with third-party payers.	Yes	Integer
RPO-142	Short-Term Investments	Enter any investments in equity or fixed-income securities with a maturity of 3 to 12 months.	Yes	Integer
RPO-143	Current Assets Whose Use is Limited	Enter any current portion of assets whose use is limited, as Board-designated, trustee-held, and other designations.	Yes	Integer
Receivables				

RPO-144	Net Patient Accounts Receivable	Enter any patient accounts receivable, less an allowance for uncollectible and contractual adjustments.	Yes	Integer
RPO-145	Receivables Due from Affiliates	Enter any transferred funds (including loans, advance transfers, and equity contributions made) that are expected to be received from affiliated entities within the current accounting period.	Yes	Integer
RPO-146	Third-Party Settlements	Enter any amounts reported as current that represent final settlements due to the Entity.	Yes	Integer
RPO-147	Other Current Assets	Enter all other current assets not included in RPO-144 through RPO-146.	Yes	Integer
RPO-148	<i>Total Current Assets</i>	Equals the sum of RPO-141 through RPO-147. <i>Formula (no entry).</i>	N/A	Integer
Non-Current Assets				
RPO-149	Non-Current Assets Whose Use is Limited	Enter any non-current portion of assets, whose use is limited, either identified as Board-designated, trustee-held, and other designations.	Yes	Integer
RPO-150	Contribution Receivables	Enter any contributions, pledges, gifts, and bequests from donors that are not expected to be collected during the current period.	Yes	Integer
RPO-151	Interest in Net Assets	Enter any interest in net assets of a beneficiary organization if those entities have an on-going economic interest in one another.	Yes	Integer
RPO-152	Investment in Affiliates	Enter any amounts recorded as equity investments in other entities, which are related to the Entity.	Yes	Integer
RPO-153	Gross Property, Plant, and Equipment (PPE)	Enter the gross value of land, buildings, equipment, construction in progress, and capitalized leases.	Yes	Integer
RPO-154	Less: Accumulated Depreciation	Enter any depreciation of PPE and amortization of capitalized leases.	Yes	Integer
RPO-155	<i>Net PPE</i>	The net amount of land, buildings, equipment, construction in progress, and capitalized leases. Equals the difference of RPO-154 from RPO-153. <i>Formula (no entry).</i>	N/A	Integer
RPO-156	Other Non-Current Assets	Enter all other non-current assets.	Yes	Integer
RPO-157	<i>Total Non-Current Assets</i>	Equals the sum of RPO-149 through RPO-152, and RPO-155 through RPO-156. <i>Formula (no entry).</i>	N/A	Integer

RPO-158	<i>Total Assets</i>	Equals the sum of RPO-148 and RPO-157. <i>Formula (no entry).</i>	N/A	Integer
LIABILITIES AND NET ASSETS or EQUITY				
Current Liabilities				
RPO-159	Current Long-Term Debt	Enter the current portion of long-term debt, capital leases, and notes payable.	Yes	Integer
RPO-160	Estimated Third-Party Settlements	Enter any amounts received from third parties which may be in excess of allowable amounts and may therefore be paid back to third parties or else resolved favorably and recognized as revenue in the future. Also the current portion of deferred revenue.	Yes	Integer
RPO-161	Current Liabilities Due to Affiliates	Enter any transferred funds (including loans, advances, transfers, and equity contributions received) that are expected to be paid or returned to affiliated entities within the current accounting period.	Yes	Integer
RPO-162	Other Current Liabilities	Enter all other current liabilities.	Yes	Integer
RPO-163	<i>Total Current Liabilities</i>	Equals the sum of RPO-159 through RPO-162. <i>Formula (no entry).</i>	N/A	Integer
Long-Term Liabilities				
RPO-164	Long-Term Debt Net of Current Portion	Enter any long-term debt (does not include current portion), obligations under capital leases and notes payable.	Yes	Integer
RPO-165	Non-Current Liabilities Due to Affiliates	Enter any transferred funds (including loans, advances, transfers, and equity contributions received) that are expected to be paid or returned to affiliated entities, beyond the current accounting cycle.	Yes	Integer
RPO-166	Other Non-Current Liabilities	Enter all other non-current liabilities.	Yes	Integer
RPO-167	<i>Total Non-Current Liabilities</i>	Equals the sum of RPO-164 through RPO-166. <i>Formula (no entry).</i>	N/A	Integer
RPO-168	<i>Total Liabilities</i>	Equals the sum of RPO-163 and RPO-167. <i>Formula (no entry).</i>	N/A	Integer
Net Assets or Equity				

RPO-169	Net Unrestricted Assets	Enter the net assets that are neither permanently restricted nor temporarily restricted by donor imposed stipulations or Equity.	Yes	Integer
RPO-170	Net Temporarily Restricted Assets	Enter the net assets resulting from (i) contributions and other assets whose use is limited by donor imposed stipulations that either expire with the passage of time or can be fulfilled and removed by actions pursuant to those stipulations, (ii) other assets enhancement and diminishments subject to same kind of stipulations, or (iii) reclassification to (or from) other classes of net assets as a consequence of donor-imposed stipulations, their fulfillment and removal by actions pursuant to those stipulations.	Yes	Integer
RPO-171	Net Permanently Restricted Assets	Enter the net assets resulting from (i) contributions and other assets whose use is limited by donor imposed stipulations that neither expire with the passage of time nor can be fulfilled and removed by actions of the organization, (ii) other asset enhancements and diminishments subject to the same kind of stipulations, and (iii) reclassification to (or from) other classes of net assets as a consequence of donor-imposed stipulations.	Yes	Integer
RPO-172	<i>Total Net Assets or Net Equity</i>	Equals the sum of RPO-169 through RPO-171. <i>Formula (no entry).</i>	N/A	Integer
RPO-173	<i>Total Liabilities and Net Assets or Equity</i>	Equals the sum of RPO-168 and RPO-172. <i>Formula (no entry).</i>	N/A	Integer
Statement of Operations				
Operating Revenue				
RPO-174	Net Patient Service Revenue	Enter the Net Patient Service Revenue received. This should be calculated as Gross Patient Service Revenue less contractual adjustments, less charity / free care charges, less courtesy or policy discounts and less the provision for bad debt. Amounts received from indigent patients and free care programs (Health Safety Net) should be included. Amounts received from capitation arrangements, less any medical expenses that are paid to other Providers or Provider Organizations for the care of patients covered by capitation contracts, should also be included.	Yes	Integer
RPO-175	Other Operating Revenue	Enter any revenue from services other than health care provided to patients, as well as sales and services to non-patients.	Yes	Integer
RPO-176	Net Assets Released from Restrictions Used for Operations	Enter any net assets released from donor restrictions by incurring expenses and thus satisfying donor stipulations or by occurrence of other events or passage of a particular time period, specified by donor(s).	Yes	Integer

RPO-177	<i>Total Operating Revenue</i>	Equals the sum of RPO-174 through RPO-176. <i>Formula (no entry).</i>	N/A	Integer
Non-Operating Revenue				
RPO-178	Investment Income	Enter all investment income (includes interest income, dividend income, and realized gains/losses from sale of investment actively traded, as well as interest income and dividend income on passive investments).	Yes	Integer
RPO-179	Net Contribution Revenue	Enter any donation, gift, or bequest cash or other assets from a donor, and that are not revocable, repayable, or reciprocal.	Yes	Integer
RPO-180	Change in Interest from Net Assets	Enter any revenue from Interest in Net Assets. For the definition of Interest in Net Assets, see RPO-151.	Yes	Integer
RPO-181	Non-Operating Gains/Losses	Enter any gains and losses that result from a provider peripheral or incidental transaction. These may include (i) Subsidies received from governmental or community agencies, (ii) Net realized gains/losses resulting from increases and decreases in the value of “passive invests,” and (iii) Gains/losses on sale or disposal of assets.	Yes	Integer
RPO-182	Equity Method of Alternative Investments	Enter any gains and losses that result from alternative investments where the investor is in the position to influence the operating or financial decision of the alternative investments. Alternative investments may include (i) tangible assets and (ii) financial assets such as commodities, private equity, distressed securities and hedge funds. An alternative investment is an investment other than stocks, bonds, and cash.	Yes	Integer
RPO-183	<i>Total Non-Operating Revenue</i>	Equals the sum of RPO-178 through RPO-182. <i>Formula (no entry).</i>	N/A	Integer
RPO-184	<i>Total Unrestricted Revenue, Gains, and Other Support</i>	Equals the sum of RPO-177 and RPO-183. <i>Formula (no entry).</i>	N/A	Integer
Expenses				
RPO-185	Salary and Benefit Expense	Enter in any salaries, wages, and cost of fringe benefits, such as paid vacations and contribution to pension funds. Salaries refer to amounts of compensation. Wages refer to the pay earned by employees at a certain rate per hour, day, or week.	Yes	Integer

RPO-186	Depreciation and Amortization Expense	Depreciation is the allocation of the cost of tangible fixed assets. Amortization refers to allocation of cost of intangible assets (for example, periodic payments on capital leases). Enter any depreciation and amortization expenses.	Yes	Integer
RPO-187	Interest Expense	Enter any charges made for the use of money over a period of time.	Yes	Integer
RPO-188	Health Safety Net Assessment	Enter any payments to the Health Safety Net.	Yes	Integer
RPO-189	Other Operating Expenses	Enter all other expenses not reported in RPO-185 through RPO-188.	Yes	Integer
RPO-190	Net Nonrecurring Gains or Losses	Enter amounts related to one-time/non-recurring or highly infrequent gains or losses. This category may include: gains/losses from the sale of land or lines of businesses, casualty or natural disaster losses.	Yes	Integer
RPO-191	<i>Total Expenses including Nonrecurring Gains/Losses</i>	Equals the sum of RPO-185 through RPO-190. <i>Formula (no entry).</i>	N/A	Integer
RPO-192	<i>Total Excess of Revenue, Gains, and Other Support</i>	Equals the difference of RPO-191 from RPO-184. <i>Formula (no entry).</i>	N/A	Integer
Other Changes in Unrestricted Net Assets				
RPO-193	Transfers from (to) Parent/Affiliates	Enter any funds transferred from (to) parent/affiliates.	Yes	Integer
RPO-194	Other Changes in Unrestricted Net Assets	Enter any changes in unrestricted net assets not reported in RPO-192 and RPO-193.	Yes	Integer
RPO-195	<i>Total Increase or Decrease in Unrestricted Net Assets</i>	Equals the sum of RPO-192 through RPO-194. <i>Formula (no entry).</i>	N/A	Integer
RPO-196	Changes in Unrestricted Assets Related to Pension Activities	Enter amounts related to Changes in Unrestricted Assets Related to Pension Activities other than the annual net periodic pension expense.	Yes	Integer

RPO-197	Changes in Accounting Principle/Other	Enter any adjustments from changes in accounting principle.	Yes	Integer
RPO-198	<i>Total Increase or Decrease in Unrestricted Net Assets</i>	Equals the sum of RPO-195 through RPO-197. <i>Formula (no entry).</i>	N/A	Integer
Statement of Cash Flow				
Operating Activities				
RPO-199	Change in Net Assets	Enter any increase/decrease in net assets.	Yes	Integer
RPO-200	Adjustments to Reconcile Changes in Net Assets to Net Cash	Enter any non-cash items, non-operating cash flows and changes in operating assets and liabilities.	Yes	Integer
RPO-201	Transfers from(to) Parent or Affiliates	Enter any funds transferred from (to) parent/affiliates.	Yes	Integer
RPO-202	Increases or Decreases to Operating Cash	Enter all other increases/decreases in cash (working capital) not reported in RPO-200 and RPO-201.	Yes	Integer
RPO-203	<i>Total Net Cash Provided by Operating Activities</i>	Equals the sum of RPO-199 through RPO-202. <i>Formula (no entry).</i>	N/A	Integer
Investing Activities				
RPO-204	Capital Expenditures	Enter any cash flows related to the acquisition of property, plant and equipment.	Yes	Integer
RPO-205	Other Cash Used in Investing Activities	Enter any other current and non-current changes in assets as a result of investing activities not reported in RPO-204.	Yes	Integer
RPO-206	<i>Total Net Cash Used in Investing Activities</i>	Equals the sum of RPO-204 and RPO-205. <i>Formula (no entry).</i>	N/A	Integer
Financing Activities				
RPO-207	Proceeds from Issuance of Long-Term Debt	Enter any cash proceeds from long-term debt and capital leases.	Yes	Integer

RPO-208	Payments on Long-Term Debt and Capital Lease Obligations	Enter any repayment of long-term debt and capital leases.	Yes	Integer
RPO-209	Transfers from (to) Parent/Affiliates	Enter any funds transferred from (to) parent/affiliates.	Yes	Integer
RPO-210	Other Cash Used in Financing Activities	Enter any inflow/outflow of cash used for financing purposes and not reported in RPO-207 through RPO-209.	Yes	Integer
RPO-211	<i>Total Net Cash Used in Financing Activities</i>	Equals the sum of RPO-207 through RPO-210. <i>Formula (no entry).</i>	N/A	Integer
RPO-212	<i>Total Net Increase /Decrease in Cash and Cash Equivalents</i>	Equals the sum of RPO-203, RPO-206, and RPO-211. <i>Formula (no entry).</i>	N/A	Integer
RPO-213	Cash and Cash Equivalents, Beginning of Year	Enter the balance of cash and cash equivalents at the beginning of the year.	Yes	Integer
RPO-214	<i>Total Cash and Cash Equivalents, End of Year</i>	Equals the sum of RPO-212 and RPO-213. <i>Formula (no entry).</i>	N/A	Integer

I. ALTERNATIVE PAYMENT METHOD (APM) AND OTHER REVENUE FILE

The file below includes the data elements that Provider Organizations will provide about APM and other revenue received or established during calendar year 2015. The Provider Organization will complete the file for its corporately affiliated physician practices and contracting organizations, as further described below.

The Provider Organization will complete the APM and Other Revenue file by completing an MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the APM and Other Revenue file will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the APM and Other Revenue information, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform. In limited circumstances, an organization can be both a physician practice and a contracting organization; please label the Microsoft Excel template to indicate for which type of Entity you are completing the template.

All values reported will be in whole dollar amounts. If the Provider Organization reports its revenue in the thousands value, the values reported in the Microsoft Excel template will be in the total amount. For example, if the organization reports 500,000 as the value in the thousands, it will be reported as 500,000,000 on this template to ensure comparability across submissions. Please enter any negative values in parenthesis, such as (500,000,000).

Physician Practices

The Provider Organization will complete a separate APM and Other Revenue file for each of its corporate affiliates that is a physician practice, as indicated in RPO-53. Provider Organizations do not need to complete this file for non-owned physician practices.

When completing the file on behalf of a physician practice, the Provider Organization will report the revenue that the physician practice *received* in each category for services provided in 2015. Each row should sum to 100% of a physician practice's revenue for a given payer-insurance category.

In general, the MA-RPO Program expects that if a Provider Organization has multiple corporately affiliated physician practices that are all owned by the same internal corporate parent, and if the internal corporate parent does not have an ownership or controlling interest in any other entities, the Provider Organization may submit a single APM and Other Revenue file with aggregate revenue figures for the applicable physician practices. If the Provider Organization would like to complete a single APM and Other Revenue file for any of its physician practices, the MA-RPO Program requires scheduling a one-on-one meeting with program staff to discuss which physician practices, if any, should be reported together as part of the APM and Other Revenue file.

Contracting Organization

The Provider Organization will also complete a separate APM and Other Revenue file for each of its contracting organizations. For the purposes of this file, a contracting organization is typically defined as a corporate affiliate for which the Provider Organization selected "Yes" in RPO-48 (identifying the affiliate as a Corporately Affiliated Contracting Entity) **and** "Contracting Organization/Managed Services Organization" in RPO-52. A Provider Organization **is not required to submit** an APM and Other Revenue file for each of its Corporately Affiliated Contracting Entities if the entity does not have an organization type of "Contracting Organization/Managed Services Organization" reported in RPO-52. For example, many Provider Organizations have acute care hospitals that are Corporately Affiliated Contracting Entities; however, such entities would not be identified as a "Contracting Organization/Managed Services Organization" in RPO-52 and would thus not be required to complete the APM and Other Revenue file.

When completing the file on behalf of a contracting organization, the Provider Organization will report the revenue that the contracting organization *established* in each category for services provided in 2015. If a Provider Organization's contracting organization establishes a contract but does not have information on the amount of revenue collected pursuant to the terms of the contract (e.g., some FFS contracts for which payments are made directly to the participating Provider and are not subsequently reported to the contracting organization), the Provider Organization should indicate that it does not receive the relevant data.

Timing: For physician practices, the Provider Organization will report all revenue *received* in each category for services provided in 2015. For contracting organizations, the Provider Organization will report all revenue pertaining to contracts *established* by the contracting organization in each category for services provided in 2015.

Please adhere to the following guidelines when completing the template:

1. Include Point of Service (POS) payments under Health Maintenance Organization (HMO).
2. Include Indemnity payments and any other products (e.g., Exclusive Provider Organization plans) under Preferred Provider Organization (PPO).
3. Pay for performance (P4P) contracts are arrangements with a public or commercial Payer that reimburse Providers for achieving certain quality or efficiency benchmarks. For the purposes of this template, P4P contracts are reported separately from downside risk contracts.
4. Risk contracts are contracts with a public or commercial Payer for payment for health care services that incorporate a per member per month budget against which claims costs are settled for purposes of determining the withhold returned, surplus paid, and/or deficit charged, including contracts that subject the entity to very limited or minimal "downside" risk.
5. Fee-for-Service (FFS) arrangements are those where a Payer pays a Provider for each service rendered, based on an agreed upon price for each service. FFS payments include Diagnosis Related Groups (DRGs), per-diem payments, fixed procedure code-based fee schedule (e.g. Medicare's Ambulatory Payment Classifications), and discounted charges-based payments. For the purposes of this template, FFS arrangements do not include payments under P4P contracts or risk contracts.
6. Other payer revenue is revenue under P4P contracts, risk contracts, or FFS arrangements other than those categories already identified, such as management fees and supplemental fees (and other non-claims based, non-incentive, non-surplus/deficit, non-quality bonus revenue).
7. Claims-based revenue is the total revenue that a provider received from a public or commercial Payer under a P4P contract or a risk contract for each service rendered, based on an agreed upon price for each service before any retraction for risk settlement is made. Claims-based revenue should include any patient cost sharing amounts.
8. Incentive-based revenue is the total revenue a Provider received under a P4P contract that is related to quality or efficiency targets or benchmarks established by a public or commercial Payer.

9. Budget surplus/ (deficit) revenue is the total revenue a Provider received or was retracted upon settlement of the efficiency-related budgets or benchmarks established in a risk contract.
10. Quality incentive revenue is the total revenue that a Provider received from a public or commercial Payer under a risk contract for quality-related targets or benchmarks established by the public or commercial Payer.
11. Provider Organizations do not need to distinguish between HMO and PPO products for revenue reported in the Other Government or Other lines of the template.
12. Include Medicare Advantage, supplemental Medicare plans, and prescription drug plans in the Commercial Medicare line of the template.
13. Include any Health Safety Net, Veterans Affairs, and Tricare revenue in the Other Government line of the template.
14. Include any self-pay, workers compensation, and other revenue in the Other line of the template.
15. Provider Organizations shall provide explanatory notes (e.g., explanation of blank fields) and additional information at their discretion by uploading this information as a note on the File Attachments tab.

Alternative Payment Method and Other Revenue File

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Payer Revenue			Total
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue							
Payer	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both	
Aetna																
Blue Cross Blue Shield																
CIGNA																
Fallon Community Health Plan																
Harvard Pilgrim Health Care																
Health New England																
Neighborhood Health Plan																
Tufts Health Plan																
United Healthcare																
Other Commercial																
Total Commercial																
MassHealth MCO																
MassHealth SCO/PACE/OneCare																
Other MassHealth																
Total MassHealth																
Commercial Medicare																
Traditional Medicare																
Total Medicare																
Other Government																
Other																
GRAND TOTAL																

J. ATTACHMENTS

Provider Organizations will use the File Attachments tab to upload files that are provided in Microsoft Excel format including the Physician Roster, the Financial Statements file, and the APM and Other Revenue file. Each Microsoft Excel template should be renamed with the name of the Corporate Affiliate or Corporately Affiliated Contracting Entity for which the file is being submitted.

The table below includes the additional elements that the Provider Organization will upload on the File Attachments tab.

File Attachments				
	Name	Instructions	Required	Format
RPO-135	Corporate Organizational Chart	Upload a corporate organizational chart. The Provider Organization is not required to upload a new file if the corporate organizational chart that was submitted in Initial Registration is still accurate. (See Note RPO-135 on page 85)	Yes	File Upload
RPO-136	Affidavit of Truthfulness and Proper Submission	Upload a completed version of the MA-RPO-issued Affidavit of Truthfulness and Proper Submission form, signed by two duly authorized representatives of the Provider Organization named in RPO-01. The Provider Organization <u>cannot</u> use the same Affidavit of Truthfulness and Proper Submission that it submitted in Initial Registration to complete this requirement. A new affidavit must be signed and uploaded.	Yes	File Upload
RPO-137	Audited Financial Statements	Upload the Audited Financial Statements in PDF format for each Provider Organization named in RPO-01 and each corporate affiliate that is a physician practice. Internal financial statements may be submitted if the Entity does not prepare Audited Financial Statements in the regular course of its business.	Yes	File Upload

Notes to the Attachments

RPO-135: Corporate Organizational Chart

[Back](#) to Data Element – page 84

The Provider Organization must submit a full corporate organizational chart. The corporate organizational chart must adhere to the following guidelines:

1. The organizational chart must be updated to be accurate as of January 1, 2017.
2. The organizational chart must show all Entities (clinical or non-clinical) that are owned (wholly or partially) or controlled by the Provider Organization.
3. The organizational chart must depict the Provider Organization's parent company(ies), if any. For example, a wholly-owned physician organization will not depict a parent company; a large for-profit health care system with a corporate holding company as a parent will depict that Entity.
4. Each Entity must be depicted separately from each other Entity such that its relationship to other corporate Entities can be clearly understood.
5. If a subsidiary of the Provider Organization depicted on the chart has its own Corporate Affiliations, those relationships and organizations must also be depicted.
6. If an organization is unable to fully depict its affiliates on a single chart, separate charts may be submitted, provided that the relationship between all Entities is clear.
7. The organizational chart must depict the level of ownership or control of each subsidiary, if the level is less than 100%. For example, where the Provider Organization has partial ownership or control in a joint venture (clinical or non-clinical), the percent ownership/control must be indicated.
8. The organizational chart must distinguish between clinical and non-clinical Entities. For example, clinical and non-clinical Entities may be differentiated using a separate color or shape.
9. The organizational chart must include a key or legend.
10. The organizational chart may be produced in any software (e.g., PowerPoint, Word, Visio), but must be submitted as a .PDF file.

APPENDIX A: LIMITED OUT-OF-STATE REPORTING REQUIREMENTS

The requirements for Provider Organizations that have received approval for Limited Out-of-State Reporting are listed below for each file. For additional instructions on how to complete each file, please refer to the relevant section of the DSM. Provider Organizations that have received approval for Limited Out-of-State Reporting should also submit a brief qualitative description of their Facilities and physicians located in New England and New York, including, but not limited to, the name, location, and approximate size of each of these entities. Provider Organizations may upload this description as a file attachment in the online submission platform.

Corporate Affiliations File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to report each corporate affiliate that meets at least one of the criteria below (reportable corporate affiliates). The Provider Organization must include each reportable corporate affiliate in its Corporate Affiliations file and on the corporate organizational chart. Provider Organizations are not required to report corporate affiliates that do not fall into any of the categories below:

1. Any corporate affiliate that is physically located in Massachusetts or that is incorporated or doing business in Massachusetts.
2. Any corporate affiliate that is located outside of Massachusetts but which provides one or more of the following services to a corporate affiliate located in Massachusetts: legal, financial, fundraising, educational, IT, management, quality improvement, purchasing, or insurance coverage.
3. All entities other than the corporate parent that own or control a reportable corporate affiliate that are not otherwise reported pursuant to these guidelines (e.g., holding companies). This will ensure the MA-RPO Program can understand each reportable corporate affiliate's relationship to the corporate parent.

Contracting Affiliations File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to report each contracting affiliate that has at least one Facility or site located within Massachusetts. Contracting affiliates that are located exclusively outside of Massachusetts may be excluded.

Contracting Entity File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to submit a Contracting Entity file for each reportable corporate affiliate for which it selected "Yes" in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file provided that the Contracting Entity establishes contracts on behalf of Facilities and/or physicians that are located in Massachusetts.

Facilities File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to report each licensed Facility that is physically located in Massachusetts.

Physician Roster

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to submit a physician roster for each of its Contracting Entities reported in the Contracting Entity file.

The Provider Organization should only include physicians with a Primary Site of Practice or Secondary Site of Practice that is physically located in Massachusetts.

Clinical Affiliations File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to report each clinical affiliate of its corporately affiliated Acute Hospitals that are located in Massachusetts.

Financial Statements File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to complete the Financial Statements file for the Provider Organization named in RPO-01 and any physician practice that meets the definition of a reportable corporate affiliate as outlined above.

APM and Other Revenue

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to complete the APM and Other Revenue file for any physician practice or contracting organization that meets the definition of a reportable corporate affiliate as outlined above.

APPENDIX B: 2017 FILING ANSWER OPTION CONVERSIONS METHODOLOGY

In order to promote administrative simplification for Provider Organizations and standardization across files, the MA-RPO Program is updating the list of answer options for two existing data elements: RPO-53: Organization Type Sub-Categories (Corporate Affiliations file) and RPO-87: Available Services (Facilities file). Given that Provider Organizations completed these data elements in Initial Registration, where applicable, the MA-RPO Program will convert the Provider Organization's existing answers into the new answer options as described below.

In some cases, the MA-RPO Program will not convert an existing answer option into a new answer option; for example, the MA-RPO Program is not converting the existing answer option "Behavioral Health Provider for which no Facility license is required" in RPO-53 into a new answer option, because the new answer options differentiate between mental health services providers and substance use disorder services providers, and the existing answer options do not provide sufficient information for the MA-RPO Program to make an accurate conversion.

If a Provider Organization has selected multiple answer options for a corporate affiliate or a facility, the MA-RPO Program will select each of the corresponding new answer options when possible. For example, if the Provider Organization selected "Orthopedics" and "Physical Medicine and Rehabilitation" in RPO-87 the MA-RPO Program will convert the Provider Organization's answers into both "Medical" and "Physical Medicine/ Rehabilitation."

Program staff will make these changes before your 2017 filing is accessible in the online submission platform. When you log in for the first time, you will see the updated data. For Entities where staff could not convert an existing answer option into a new answer option as described above, the Entity will have incomplete data and will appear in grey rather than green. If the conversion methodology has resulted in an incomplete or inaccurate answer for a corporate affiliate or Facility, please update this information directly in the online submission platform, as needed.

RPO-53: Organization Type Sub-Categories

New Answer Options in RPO-53

Acute Hospital
Ambulatory Surgery Center
Community Health Center
Chronic Care Hospital
Freestanding Diagnostic Imaging Center
Freestanding Laboratory
Home Health Agency
Hospice
Long Term Acute Care Hospital
Mental Health Services Provider: Inpatient
Mental Health Services Provider: Outpatient
Nursing Home / Skilled Nursing Facility
Physician Practice
Private Duty Nursing
Rehabilitation Hospital
Substance Use Disorder Treatment Provider: Inpatient
Substance Use Disorder Treatment Provider: Outpatient
Urgent Care Center
Other Clinic
Other

Original Answer	Conversion
Licensed Facility or Facilities	Leave blank
Behavioral health Provider for which no Facility license is required	Leave blank
Home health agency for which no Facility license is required	Home Health Agency
Physician practice for which no Facility license is required	Physician Practice
Urgent care center for which no Facility license is required	Urgent Care Center
Other; Describe	Leave blank
Multiple Answer Options	Leave blank

RPO-87: Available Services

The MA-RPO program is removing data element RPO-88, which was applicable for Facilities with the following license types: Clinic – Main Site, Clinic – Satellite, Acute Hospital – Satellite. All Facilities with one of these license types will instead be required to complete RPO-87, which was previously only applicable to Facilities with a license type of Clinic – Main Site or Clinic – Satellite.

New Answer Options in RPO-87

- Medical
- Surgical
- Dental
- Mental Health
- Physical Medicine/ Rehabilitation
- Substance Use Disorder Treatment
- Radiology
- None of the Above

Conversion for facilities that have already completed RPO-87 (i.e., Facilities with a license type of Clinic –Main Site or Clinic – Satellite)

Original Answer	Conversion
Medical	Medical
Surgical	Surgical
Dental	Dental
Mental Health	Mental Health
Physical Rehabilitation	Physical Medicine / Rehabilitation
Substance Abuse	Substance Use Disorder Treatment
Birth Center	None
Mobile Medical	None
Radiology	Radiology
Pharmacy	None
Limited Services	Medical

Conversion for facilities that had an answer option reported in RPO-88, but were not required to complete RPO-87 (i.e., Facilities with a license type of Acute Hospital – Satellite)

Original Answer	Conversion
Allergy/Immunology	Medical
Anesthesiology	Medical
Behavioral Health	Leave Blank
Cardiology	Medical
Dermatology	Medical
Emergency Medicine	Medical
Endocrinology/ Diabetes/ Metabolism	Medical
Family/General Practice	Medical
Gastroenterology	Medical

Geriatrics	Medical
Hematology	Medical
Hepatology	Medical
Internal Medicine	Medical
Medical Genetics	Medical
Nephrology	Medical
Neurological Surgery	Surgery
Neurology	Medical
Obstetrics and Gynecology	Medical
Oncology	Medical
Ophthalmology	Medical
Orthopedics	Medical
Otolaryngology	Medical
Pathology	Medical
Pediatrics	Medical
Physical Medicine and Rehabilitation	Physical Medicine/ Rehabilitation
Plastic Surgery	Surgery
Preventive Medicine	Medical
Pulmonary Medicine	Medical
Radiology	Radiology
Surgery	Surgery
Urology	Medical
Other	Leave Blank