Massachusetts Registration of Provider Organizations Training: 2017 Filing
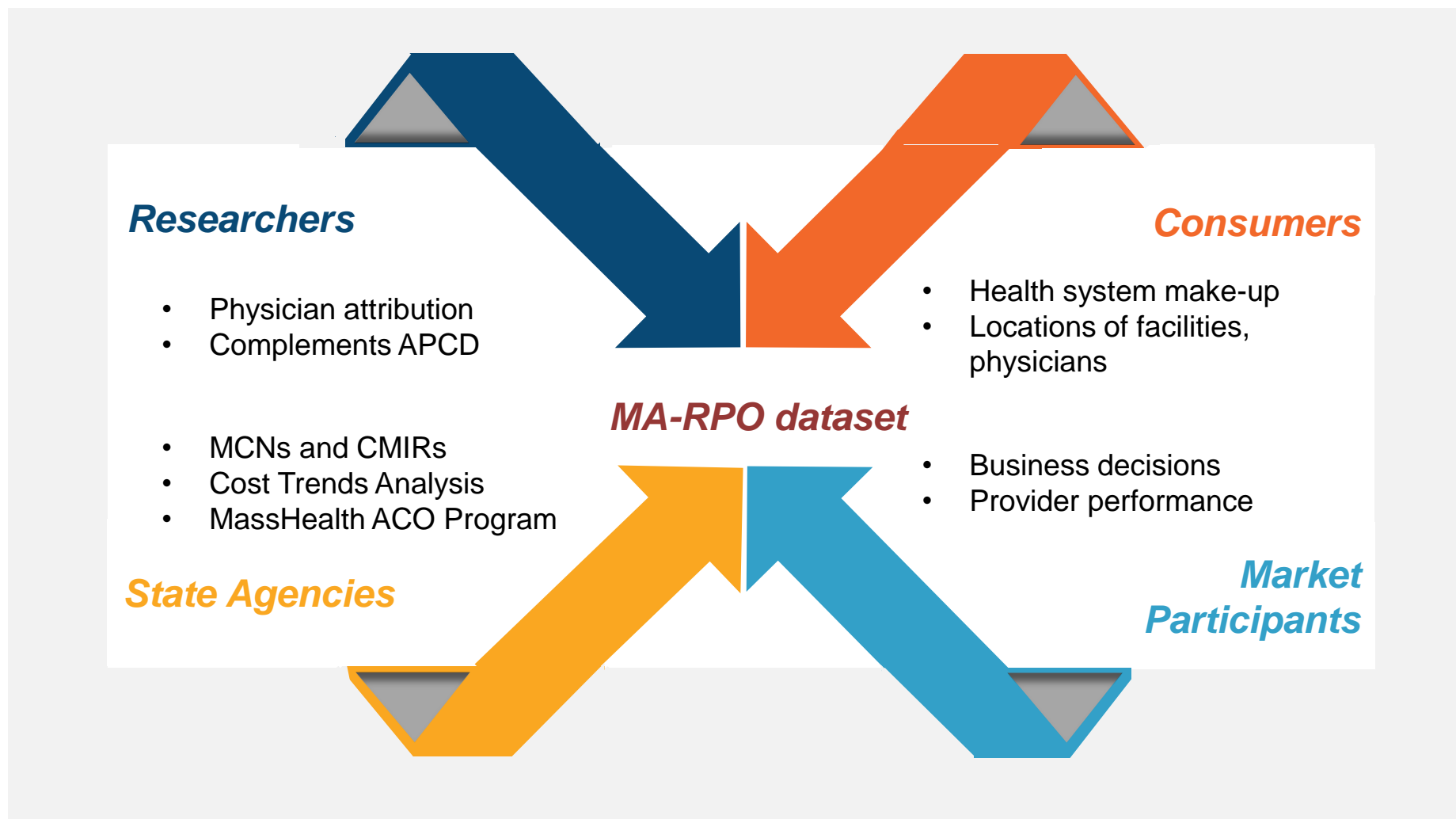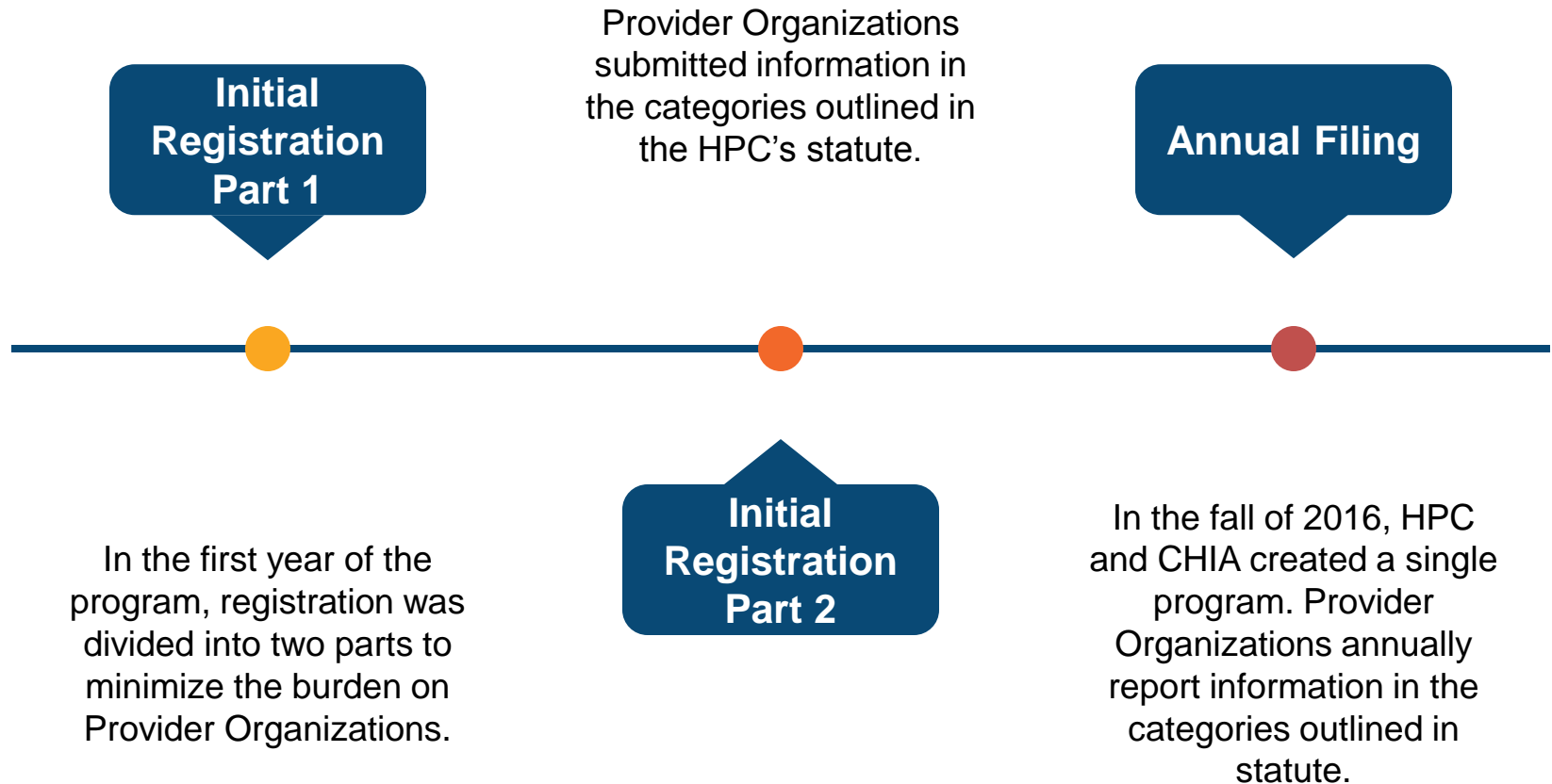
June 2017

AGENDA

- **Background**

- **Updates since Initial Registration**

- **New Files**

- **Online Submission Platform**

- **Questions**

The MA-RPO dataset can provide value to a wide variety of end users

Researchers

- Physician attribution
- Complements APCD

- MCNs and CMIRs
- Cost Trends Analysis
- MassHealth ACO Program

State Agencies

Consumers

- Health system make-up
- Locations of facilities, physicians

- Business decisions
- Provider performance

Market Participants

MA-RPO dataset

Data are available on the MA-RPO Program website.

HPC

MA-RPO Program Annual Filing

Initial Registration Part 1

Provider Organizations submitted information in the categories outlined in the HPC's statute.

Annual Filing

Initial Registration Part 2

In the first year of the program, registration was divided into two parts to minimize the burden on Provider Organizations.

In the fall of 2016, HPC and CHIA created a single program. Provider Organizations annually report information in the categories outlined in statute.

HPC

Approach to Program Development and Administration

Collaborative Program Development	Single-Agency Program Administration

HPC · CHIA. ➡ HPC

Agencies jointly define and prioritize data elements and design the online submission platform	HPC administers the program by holding training sessions, serving as the Provider Organizations' point of contact, and reviewing submitted files

Benefits

- Reduces potential confusion and administrative burden on Provider Organizations
- One annual filing to a single program
- One point of contact for Provider Organizations
- No off-cycle updates

HPC

Priority Areas for Collection

M.G.L. c. 12C, § 9		
(b)(1)	organizational charts showing the ownership, governance and operational structure of the provider organization, including any clinical affiliations and community advisory boards	Review and update
(b)(2)	the number of affiliated health care professional full-time equivalents by license type, specialty, name and address of principal practice location and whether the professional is employed by the organization	Review and update
(b)(3)	the name and address of licensed facilities…	Review and update
(b)(4)	a comprehensive financial statement, including information on parent entities and corporate affiliates as applicable…	New data elements
(b)(5)	information on stop-loss insurance and any non-fee-for-service payment arrangements	New data elements
(b)(6)	information on clinical quality, care coordination and patient referral practices	Future collection
(b)(7)	information regarding expenditures and funding sources for payroll, teaching, research, advertising, taxes or payments-in-lieu-of-taxes and other non-clinical functions	Future collection
(b)(8)	information regarding charitable care and community benefit programs	Satisfied elsewhere for certain entities
(b)(9)	for any risk-bearing provider organization, certificate from the division of insurance under chapter 176U	Satisfied elsewhere
(b)(10)	such other information as the center considers appropriate as set forth in the center's regulations	Future collection

M.G.L. c. 12C, § 8		
(a)	any agreements through which provider agrees to furnish another provider with a discount, rebate or any other type of refund or remuneration in exchange for, or in any way related to, the provision of health care services.	New data elements

HPC

6

2017 Filing

- Materials are due by **October 31, 2017**.

- Materials must be submitted through the **online submission platform** which will open later this spring; information submitted in Initial Registration will be **prepopulated**.

- Program staff strongly encourage scheduling a **one-on-one meeting**.

- Provider Organizations should have received a **pre-filing checklist** in April. This form is designed to assist your organization in completing its 2017 filing.

- We are always happy to answer questions: HPC-RPO@state.ma.us

HPC

2017 Filing

Timing

- Provider Organizations are required to provide information that is **accurate as of a specific date**.

File:	Timing:
Background Information	Accurate as of date of submission
Corporate Affiliations	Accurate as of January 1, 2017
Contracting Affiliations	Accurate as of January 1, 2017
Contracting Entity	Accurate as of January 1, 2017
Facilities	Accurate as of January 1, 2017
Physician Roster	Accurate as of January 1, 2017
Clinical Affiliations	Accurate as of January 1, 2017
Financial Statements	Most recently available fiscal year (must be made available no later than 100 days after fiscal year end)
APM and Other Revenue	Revenue received/established for services provided in CY 2015

- Any information submitted in Initial Registration that is no longer accurate **must be updated** according to the date listed above.

- Off-cycle updates are not required.

HPC

AGENDA

- **Background**
- **Updates since Initial Registration**
- **New Files**
- **Online Submission Platform**
- **Questions**

Background Information File – Overview

Background Information File	
Description:	Includes identifying information about the Provider Organization and acts as a cover sheet to the application
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	Yes
Timing:	Accurate as of the date of submission (with exceptions)

HPC

Background Information File - Updates

Description of Update

New answer option in RPO-42: Applicable Files

☐ My organization does not have any corporate affiliates for which it is required to complete the APM and Other Revenue file.

Example Impact

If your organization is not required to submit an APM and Other Revenue file for any of its corporate affiliates, you should select the new answer option in RPO-42.

HPC

Corporate Affiliations File – Overview

Corporate Affiliations File	
Description:	Includes identifying information about each of the Provider Organization's corporate affiliates
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	Yes
Timing:	Accurate as of 1/1/17

HPC

Corporate Affiliations File - Updates

Description of Update

- The Contracting Entity and Third-Party Contracting Entity definitions have been updated to include Entities that establish contracts with government payers.

- Review your organization's responses to data elements RPO-48, RPO-49, and RPO-50 in the Corporate Affiliations file and make any updates, as necessary.

Example Impact

If one of your corporate affiliates establishes Medicare contracts, such as Medicare Shared Savings, or Medicaid contracts, such as MassHealth ACO, you should respond "Yes" in RPO-48 for that corporate affiliate, even if it does not establish contracts with commercial payers.

HPC

Corporate Affiliations File - Updates

Description of Update

- The MA-RPO Program has updated the list of Organization Type-Subcategories answer options in data element RPO-53.

- Program staff will prepopulate a response to this data element based on the information provided about the corporate affiliate in Initial Registration.

Example Impact

Physician practice for which no Facility license is required	➡	**Physician practice**
Licensed Facility or Facilities	➡	**Left blank**

See Appendix B of the DSM for the full methodology. Review the prepopulated responses and make any updates, as necessary.

HPC

Contracting Affiliations File – Overview

Contracting Affiliations File	
Description:	Includes identifying information about each of the Provider Organization's contracting affiliates
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	No
Timing:	Accurate as of 1/1/17

HPC

Contracting Affiliations File - Updates

Description of Update

Report all Entities on whose behalf your organization 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.

Example Impact

If a physician practice participates in your organization's Medicare ACO, but not in any of your commercial contracts, you were 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.

HPC

Contracting Affiliations File - Updates

Description of Update

- Provider Organizations are not required to report physician practices that are composed of four or fewer 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.

Example Impact

- If your organization previously reported physician practices composed of four or fewer physicians, you may remove these entities from the Contracting Affiliations file.

- **This change only applies to the Contracting Affiliations file. All physicians must be reported in the physician roster, regardless of practice size.**

HPC

Contracting Entity File – Overview

Contracting Entity File	
Description:	Includes information about each of the Provider Organization's Corporately Affiliated Contracting Entities
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	Yes
Timing:	Accurate as of 1/1/17

HPC

Contracting Entity File – RPO-65

Select each type of contract that the Corporately Affiliated Contracting Entity _establishes_ with each Payer or Payer category.

Example Corporately Affiliated Contracting Entity

	P4P	Global Payment	Bundled Payment	Other APM	FFS	None
Payer	Select All ☐	Select All ☐	Select All ☐	Select All ☐	Select All ☐	Select All ☐
BCBS	☐	☐	☐	☐	☐	☐
HPHC	☐	☐	☐	☐	☐	☐
THP	☐	☐	☐	☐	☐	☐
Fallon	☐	☐	☐	☐	☐	☐
HNE	☐	☐	☐	☐	☐	☐
NHP	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

	Advantage	ACO	Bundled Payment	FFS	Other
Medicare	☐	☐	☐	☐	☐

	MCO	MassHealth ACO	SCO/ PACE/ OneCare	FFS/ PCC	Other
Medicaid	☐	☐	☐	☐	☐

HPC

Contracting Entity File – RPO-65A

Select each type of contract in which the corporate or contracting affiliate _participates_ that was established by this Corporately Affiliated Contracting Entity.

Example Corporately Affiliated Contracting Entity

Example Corporate Affiliate 1 ▶

	P4P	Global Payment	Bundled Payment	Other APM	FFS	None
Payer	Select All ☐	Select All ☐	Select All ☐	Select All ☐	Select All ☐	Select All ☐
BCBS	☐	☐	☐	☐	☐	☐
HPHC	☐	☐	☐	☐	☐	☐
THP	☐	☐	☐	☐	☐	☐
Fallon	☐	☐	☐	☐	☐	☐
HNE	☐	☐	☐	☐	☐	☐
NHP	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

	Advantage	ACO	Bundled Payment	FFS	Other
Medicare	☐	☐	☐	☐	☐

	MCO	MassHealth ACO	SCO/ PACE/ OneCare	FFS/ PCC	Other
Medicaid	☐	☐	☐	☐	☐

HPC

20

Contracting Entity File - Updates

Description of Update

New answer option in RPO-73: Upload Physician Roster

☐ 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.

Example Impact

If your Corporately Affiliated Contracting Entity does not establish contracts on behalf of physicians (e.g., it only establishes contracts on behalf of Facilities), you may select the new option in RPO-73.

HPC

# Facilities File – Overview

Facilities File	
Description:	Includes information about each of the Provider Organization's licensed facilities
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	No
Timing:	Accurate as of 1/1/17

HPC

Facilities File - Updates

Description of Update

- RPO-88: Service Lines has been removed. RPO-87: Available Services has been updated to apply to Acute Hospital – Satellites in addition to Clinic – Main Sites and Clinic – Satellites.

- Program staff will prepopulate a response to this data element based on the information provided about the Facility in Initial Registration.
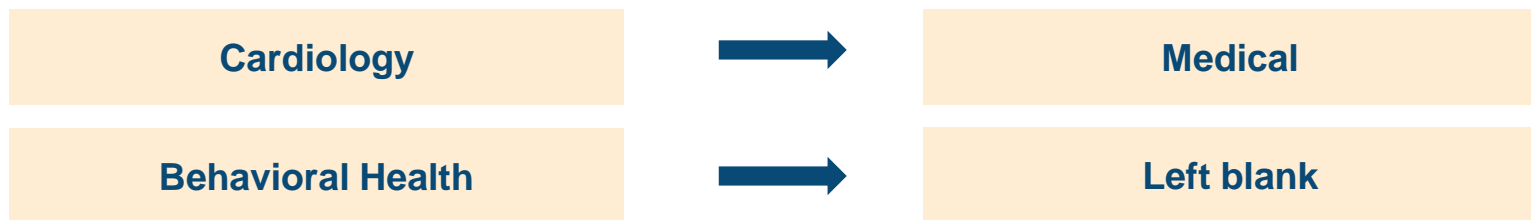
Example Impact

Cardiology	➡	Medical
Behavioral Health	➡	Left blank

See Appendix B of the DSM for the full methodology. Review the prepopulated responses and make any updates, as necessary.

HPC

Physician Roster File – Overview

Physician Roster File	
Description:	Includes information about each physician on whose behalf the Corporately Affiliated Contracting Entity establishes contracts with Payers or Third-Party Administrators
How to Update:	Microsoft Excel file attachment
Applicable to All Provider Organizations:	No - abbreviated applicants exempted
Timing:	All physicians participating in at least one contract on 1/1/17

HPC

Physician Roster File - Updates

Description of Update

- The following data elements have been removed:
    - 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
    - RPO-125: Local Practice Group 2 EIN

- Data element RPO-93A: Physician License Number has been added.

Example Impact

- You will add the physician's Massachusetts license number, but will no longer be required to submit any EINs.

HPC

Physician Roster File - Updates

Description of Update

Report all physicians on whose behalf your organization 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.

Example Impact

If a physician participates in the your organization's Medicare ACO, but not in any of your commercial contracts, you were not required to report the physician in the Physician Roster during Initial Registration. The physician is now required to be reported as part of the Physician Roster.

HPC

Clinical Affiliations File – Overview

Clinical Affiliations File	
Description:	Includes information about each Entity with which the Provider Organization has a Clinical Affiliation
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	No
Timing:	Accurate as of 1/1/17

Clinical Affiliations File - Updates

Description of Update

New type of reportable clinical relationship:

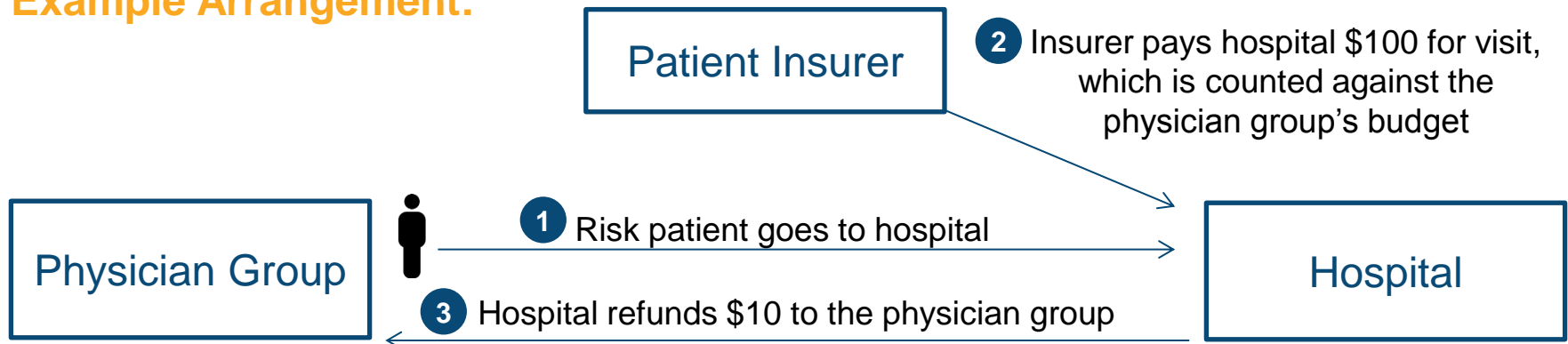❑ Establishment of a provider-to-provider discount arrangement

Example Impact

Provider Organizations must report any newly reportable affiliations. Provider Organizations also must review the Clinical Affiliations that they reported in Initial Registration and indicate whether any of these affiliations also includes a discount arrangement.

HPC

Establishment of a Provider-to-Provider Discount Arrangement

Discount Arrangement

- Reportable when an Acute Hospital, or the employed physician group of an 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.**

- 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**.

- Does <u>not</u> 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.

Example Arrangement:

```
Patient Insurer                    ② Insurer pays hospital $100 for visit,
                                      which is counted against the
                                      physician group's budget

Physician Group    ① Risk patient goes to hospital       Hospital
                   ③ Hospital refunds $10 to the physician group
```

HPC

Establishment of a Provider-to-Provider Discount Arrangement

If you have reported a Discount Arrangement in RPO-130, you will be asked to answer the following questions:

RPO-133A — Types of Patients

- 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:

  ☐ Patients for whom the clinical affiliate is at risk
  ☐ Patients for whom the clinical affiliate is not at risk

RPO-133B — Discount Returned to Patient's Insurer

- Indicate if the written agreement specifies whether a portion of the discount is returned to the patient's insurer:

  ☐ Yes
  ☐ No

RPO-133C — Framework for Providing the Discount

- Select the answer that best describes the general framework for providing the discount:

  ☐ A percentage of facility and/or professional payments received for services provided to each eligible patient.
  ☐ A fixed sum of money for services provided to each eligible patient (*The amount of the discount may vary by service provided*).
  ☐ Other; Describe

RPO-133D — Quality Metrics

- Select the answer that describes whether quality measures are incorporated into the provision of the discount:

  ☐ The amount or provision of the discount is contingent on meeting certain quality measures.
  ☐ The amount or provision of the discount is not contingent on meeting certain quality measures.

HPC

30

Recommended Order for Completing Files

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 the online submission platform, responses to RPO-48 are used to prepopulate answer options in RPO-49 and RPO-63. Responses to RPO-49 and RPO-63 are then used to populate RPO-65A.

| Corporate Affiliations File | → | Contracting Affiliations File | → | Contracting Entity File |

Users should **click "save"** after making updates to any of these data elements so that answer options populate appropriately in subsequent data elements.

HPC

AGENDA

- **Background**

- **Updates since Initial Registration**

- **New Files**

- **Online Submission Platform**

- **Questions**

Financial Statements File – Overview

Financial Statements File	
Description:	Includes standardized summary financial information about the organization and corporately affiliated physician practices
How to Complete:	Microsoft Excel file attachment
Applicable to All Provider Organizations:	Yes
Timing:	Most recently available fiscal year; must be made available no later than 100 days after the Entity's fiscal year end.

Financial Statements File

- The Provider Organization named in RPO-01, regarding the **financial performance of the organization**.

- Each **corporate affiliate** that is a **physician practice**, as identified in RPO-53.

- For each applicable Entity, the Provider Organization will provide:

  - Standardized **summary financial statement information** including a Balance Sheet, Statement of Operations, and Statement of Cash Flow

  - The Entity's **most recent** Audited Financial Statements, unless these statements are already on file with CHIA, DOI, or the AGO

HPC

Financial Statements File

Data Entry:

- Report all values in **whole dollar amounts**.

- Report the **total amount** for each value (e.g., if your organization reports 500,000 as the value in the thousands in its AFS, it will be reported as 500,000,000 on this template).

- Enter any **negative values in parenthesis**.

Physician Practice Roll up:

- If your organization combines any physician practices as part of the consolidating information of its AFS, it may complete a single Financial Statements file for these entities rather than completing separate files for each practice.

- **Please contact program staff to discuss which physician practices, if any, should be reported together.**

HPC

APM and Other Revenue File – Overview

APM and Other Revenue File	
Description:	Includes revenue by payer type and payment type
How to Complete:	Microsoft Excel file attachment
Applicable to All Provider Organizations:	No
Timing:	Revenue received/established for services provided in CY 2015

APM and Other Revenue File

Contracting Organizations

Complete a separate file for each **contracting organization** (typically defined as a corporate affiliate with "Yes" in RPO-48 and "Contracting Organization/MSO" in RPO-52).

Physician Practices

Complete a separate file for each corporate affiliate that is a **physician practice**.

Do not complete the file for non-owned physician practices.

HPC

APM and Other Revenue File

Contracting Organizations	**Physician Practices**
Reports revenue that the contracting organization **established** in each category for services provided in 2015.	Reports revenue that the physician practice **received** in each category for services provided in 2015.

If a **contracting organization** establishes a contract but <u>does not </u>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 reported to the contracting organization), the Provider Organization should indicate that it does not receive the relevant data.

HPC

38

APM and Other Revenue File: Physician Practices

Example Physician Practice

Received

BCBS: $10,000
Tufts: $4,000
HPHC: $4,000
Aetna: $2,000

Total: $20,000

Physician practices report revenue <u>received</u> in each category for services provided in 2015.

APM and Other Revenue File: Contracting Organizations

Example Contracting Organization

Established[*]

BCBS: $10,000
Tufts: $4,000
HPHC: $4,000
Aetna: $2,000

Total: $20,000

Received

BCBS: $0
Tufts: $0
HPHC: $0
Aetna: $0

Total: $0

Contracting organizations report revenue <u>established</u> in each category for services provided in 2015.

[*]Contracting organizations may also establish FFS contracts for which payments are made directly to participating providers and not reported to the contracting organization, therefore the amounts listed for each payer in the example may only represent risk or P4P contracts.

HPC

APM and Other Revenue File

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																

HPC

APM and Other Revenue File

Data Entry:

- Report all values in **whole dollar amounts**.

- Report the **total amount** for each value (e.g., if your organization reports 500,000 as the value in the thousands, it will be reported as 500,000,000 on this template).

- Enter any **negative values in parenthesis**.

Physician Practice Roll up:

- If your 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, you may be able to submit a single APM and Other Revenue file on behalf of those physician practices.

- **Please contact program staff to discuss which physician practices, if any, should be reported together.**

HPC

AGENDA

- **Background**

- **Updates since Initial Registration**

- **New Files**

- **Online Submission Platform**

- **Questions**

Online Submission Platform

Export/ Print Functionality

- Users can click the "Download RPO Data" button to export their complete application into an Excel spreadsheet.

- Each file downloads into a separate tab of the Excel spreadsheet.
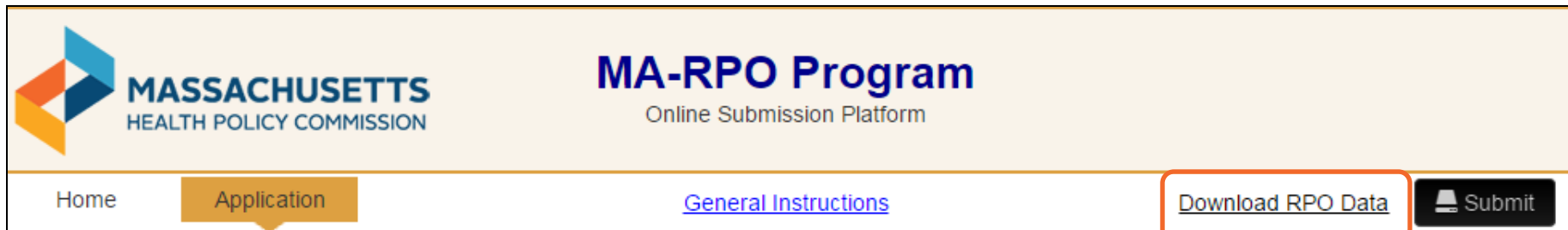
- Users can also download individual files by clicking on the "Export to Excel" button on each tab.
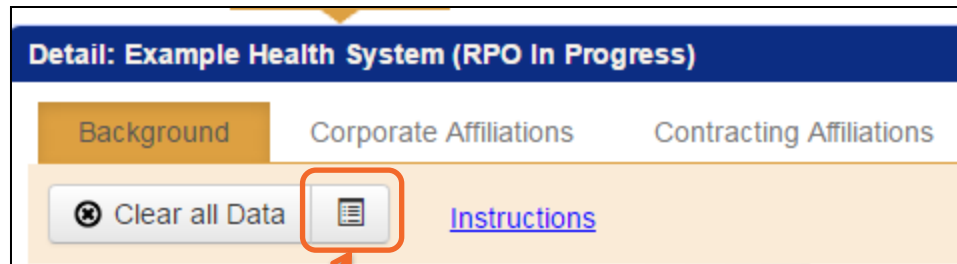
Online Submission Platform

Identifying Missing Required Data

- The online submission platform identifies missing required fields using **red** outlines.

- Tabs and entities with missing information are also identified in **red**. Entities with complete information are shown in **green**.
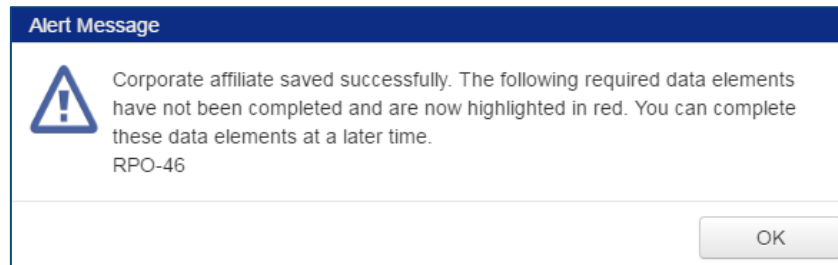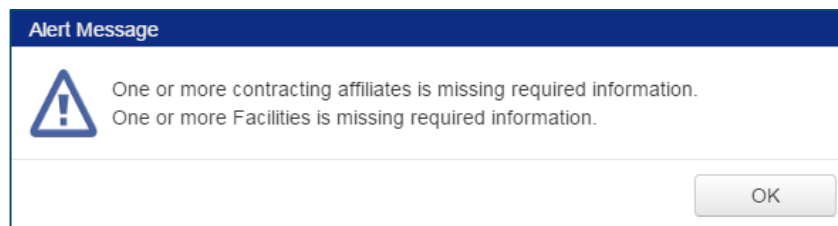
Online Submission Platform

Enhanced Error Messages

- When a user clicks "Save" or when a user submits an application, a pop-up message alerts the user about any missing information.

When a user clicks "Save"

Alert Message

⚠ Corporate affiliate saved successfully. The following required data elements have not been completed and are now highlighted in red. You can complete these data elements at a later time.
RPO-46

OK

When a user clicks "Submit"

Alert Message

⚠ One or more contracting affiliates is missing required information.
One or more Facilities is missing required information.

OK

HPC

AGENDA

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Contact Us

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Helpful Resources

Program Website	http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/material-change-notices-cost-and-market-impact-reviews/registration-of-provider-organizations/
Regulation 958 CMR 6.00	http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/material-change-notices-cost-and-market-impact-reviews/registration-of-provider-organizations/rpo-recommended-final-regulation.pdf
Regulation 957 CMR 11.00	http://www.chiamass.gov/assets/docs/g/chia-regs/957-11.pdf
Data Submission Manual	http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/material-change-notices-cost-and-market-impact-reviews/registration-of-provider-organizations/2017-filing/data-submission-manual-2017-filing-ma-rpo-2017-01.pdf
Forms and Templates	http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/material-change-notices-cost-and-market-impact-reviews/registration-of-provider-organizations/2017-filing/

HPC