

MA-RPO 2018 Training Session – Experienced Reporters

May 22, 2018



AGENDA

- Background
- General Information
- 2018 Updates & Common Questions
- Questions

Overview of the MA-RPO Program

Overview



The MA-RPO Program, a joint responsibility of the HPC and CHIA, is a **first-in-the-nation** initiative for collecting public, standardized information on Massachusetts' largest health care providers on an annual basis. The first round of data was collected in 2015 and included information on Provider Organizations' corporate structure, contracting and clinical relationships, lists of owned facilities, and rosters of physicians.

2017 Filing



The **2017 filing** collected additional information on Provider Organizations' financials, contracting practices, and APM revenue. We anticipate releasing the final 2017 dataset this summer.

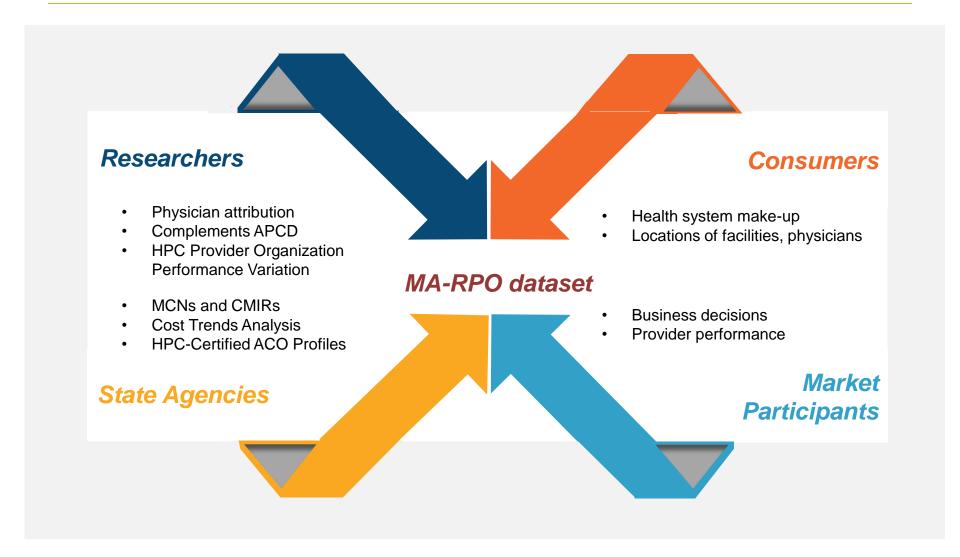
2018 Filing



The MA-RPO Program is committed to phasing in statutorily required reporting elements over time. Based on Provider Organization feedback and user needs, for 2018 there are no new requirements, and the APM and Other Revenue file has been removed.



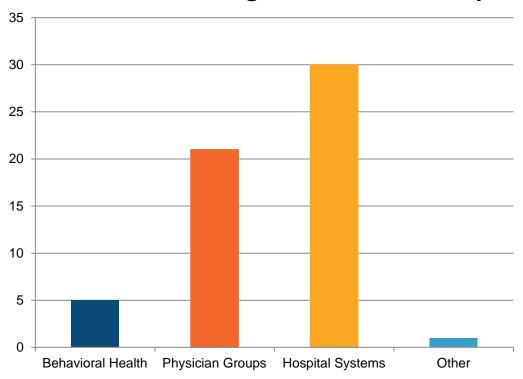
The MA-RPO dataset provides value to a wide variety of end users





2017 Filing By the Numbers

57 Provider Organizations were required to complete the 2017 Filing



Over 22,000 physicians were reported:

- 5,560 PCPs
- 17,193 Specialists



Behavioral Health – Includes Provider Organizations that are exclusively or primarily providers of behavioral health services **Hospital Systems** – Includes Provider Organizations that own or control at least one hospital that is not a psychiatric hospital **Physician Groups** – Includes physician groups and contracting organizations that are not corporately affiliated with a hospital **Other** – Includes Provider Organizations that did not meet one of the three definitions above





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2018 Filing

Process

- Materials are due by July 31, 2018.
- Materials must be submitted through the online submission platform which will open in early June; information submitted in the 2017 filing will be prepopulated.
- Program staff will be available for an optional one-on-one meeting.
- Provider Organizations will receive a **pre-filing checklist**. This form is designed to assist your organization in completing its 2018 filing.
- We are always happy to answer questions: <a href="https://www.hpc.ncbi.nlm.ncbi.n



2018 Filing

Timing

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

File:	Timing:
Background Information	Accurate as of January 1, 2018 (with the exception of contact information)
Corporate Affiliations	Accurate as of January 1, 2018
Contracting Affiliations	Accurate as of January 1, 2018
Contracting Entity	Accurate as of January 1, 2018
Facilities	Accurate as of January 1, 2018
Physician Roster	Accurate as of January 1, 2018
Clinical Affiliations	Accurate as of January 1, 2018
Financial Statements	Most recently available fiscal year (must be made available no later than 100 days after fiscal year end)

- Any information submitted in 2017 that is no longer accurate must be updated according to the date listed above.
- Off-cycle updates are not required.





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Removed Limited Out-of-State Reporting Requirements

- Limited Out-of-State Reporting was a mechanism that allowed certain large, national Provider Organizations with a substantial amount of business outside of Massachusetts to focus their reporting on Massachusetts.
- This designation has been removed, meaning the same filing requirements, which largely mirror the previous Limited Out-of-State Reporting standards, will apply to all Provider Organizations.

Impact		
Entities That Qualified in the Past	All Others	
 Continue reporting as before Provide a qualitative description of out-of-state facilities and physicians 	 May be able to remove certain entities from your filing Provide a qualitative description of out-of-state facilities and physicians 	



Updated Limited Out-of-State Reporting Requirements

All Provider Organizations are required to submit information in each file only for the entities specified in the instructions for that file.

Corporate Affiliations

- Affiliates located, incorporated, or doing business in MA
- Affiliates located outside of MA, but providing certain services to a MA-based affiliate
- 3. All remaining entities that own or control a reportable corporate affiliate

Contracting Affiliations

All contracting affiliates that have at least one Facility or site located in MA

Facilities

Each licensed Facility that is physically located within MA

Physician Roster

Physicians who either (a) have a site of practice in MA; or (b) have an active MA license

Contracting Entity

Entities that establish at least one contract on behalf of Facilities located in MA and/or physicians that practice in MA

Financial Statements

System-level and physician practices that are reportable corporate affiliates

Clinical Affiliations

Each clinical affiliate, including those located outof-state, of its corporately affiliated Acute Hospitals that are located in MA

Qualitative Description

The qualitative description must, at a minimum, include the name and location of out-of-state facilities and physician groups located in New England and NY. The description must also include the number of licensed facilities and physicians located outside of New England and NY.



Example Impact of Limited-Out-of-State Reporting Changes

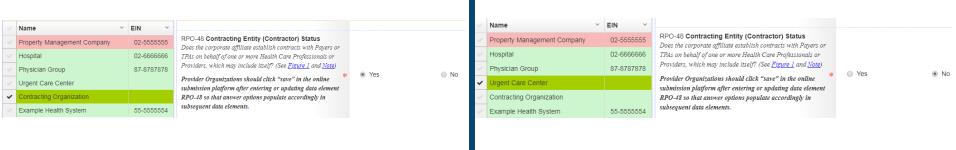
Examples

Provider Organizations do not need to report:

- Licensed facilities located outside of MA in your Facilities file (qualitative description of these entities is still required)
- Physicians that exclusively practice outside of MA in your Physician Roster
- Corporate affiliates located outside of MA, unless:
 - 1. The affiliate provides legal, financial, fundraising, educational, IT, management, quality improvement, purchasing, or insurance coverage services to a MA affiliate; or
 - 2. The affiliate owns or controls a reportable corporate affiliate



RPO-48: Contracting Entity (Contractor) Status



Contracting Organization establishes contracts directly with payers or TPAs.

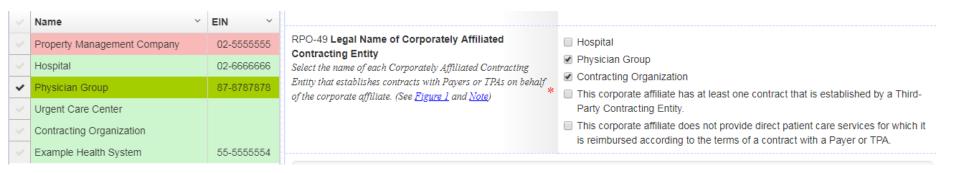
Urgent Care Center does not establish contracts directly with payers or TPAs.

Responses to RPO-48 are used in two ways:

- All affiliates for which "Yes" is selected will become response options in both RPO-49 (Corporate Affiliations file) and RPO-63 (Contracting Affiliations file)
- For all affiliates for which "Yes" is selected, a Contracting Entity file must be completed



RPO-49: Legal Name of Corporately Affiliated Contracting Entity

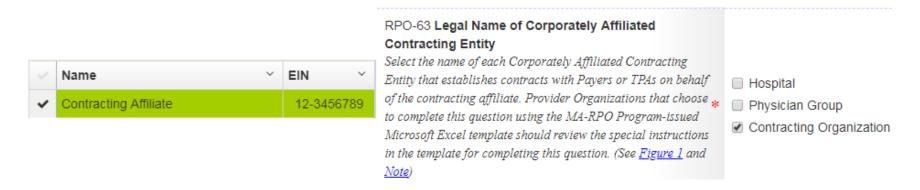


Because "Yes" is selected in **RPO-48** for Hospital, Physician Group, and Contracting Organization each entity is now a response option in **RPO-49**. The responses above indicate that Physician Group participates in at least one contract it establishes, and at least one contract established by Contracting Organization.

Responses to RPO-49 are used to populate RPO-65A in the Contracting Entity file.



RPO-63: Legal Name of Corporately Affiliated Contracting Entity

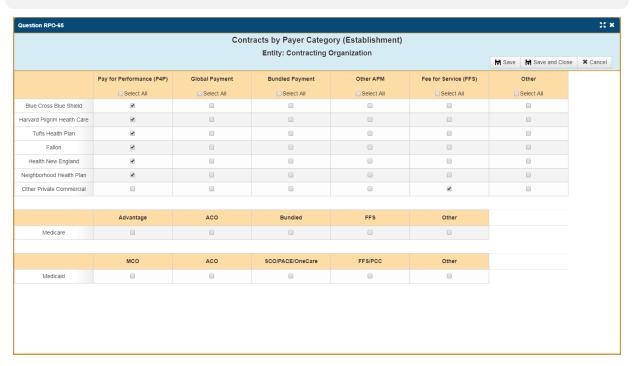


Example Health System has reported one contracting affiliate, and has indicated in RPO-63 that it only participates in contracts established by the Contracting Organization.

Similar to RPO-49 in the Corporate Affiliations file, responses to RPO-63 populate RPO-65A in the Contracting Entity file.



RPO-65: Contracts by Payer Category (Establishment)

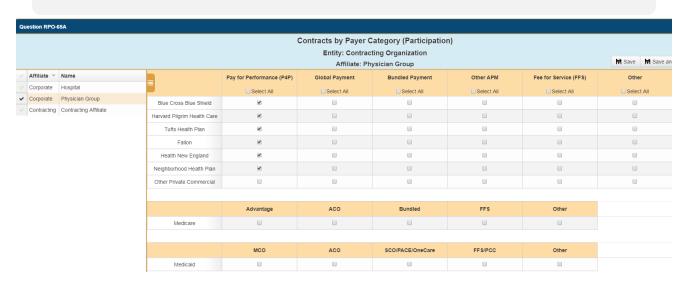


In **RPO-65**, you will select the contracts/contract types the Contracting Entity establishes with each listed payer. Here, Contracting Organization has indicated it establishes P4P contracts with all commercial payers except for Other Private Commercial, with which it establishes a FFS contract.

You will answer RPO-65 for each corporate affiliate that has "Yes" in RPO-48.



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



- Select the contracts that each affiliate participates in that was established by the selected Contracting Entity.
- Above, Example Health System has indicated that Physician Group participates in all of the commercial P4P contracts established by Contracting Organization, but not the FFS contract with Other Private Commercial.
- Note that these responses are not necessarily comprehensive for the Physician Group, which could participate in contracts established by other Contracting Entities, either internal or external to Example Health System.

The responses in **RPO-65A** should only include contracts that the Contracting Entity indicated it establishes in **RPO-65** (e.g., P4P with most commercial payers, FFS with Other Private Commercial).



Corporate Affiliations File 2018 Reminder

Reminder:

In RPO-48 Provider Organizations should select "No" if the corporate affiliate signs the MassHealth RFA and/or enrolls in traditional Medicare, but does not establish any other contracts with commercial or government payers.

Impact:

If one of the Provider Organization's corporately affiliated Acute Hospitals signs the MassHealth RFA and/or enrolls in traditional Medicare, but does not establish any other contracts with commercial or government payers (e.g., a Medicare Shared Savings Program agreement), the Provider Organization should select "No" in RPO-48.



Physician Roster File: 2018 Update

Description of Change:

The MA-RPO Program has added fields to the physician roster to allow Provider Organizations to report a physician's **second medical group**, if any.

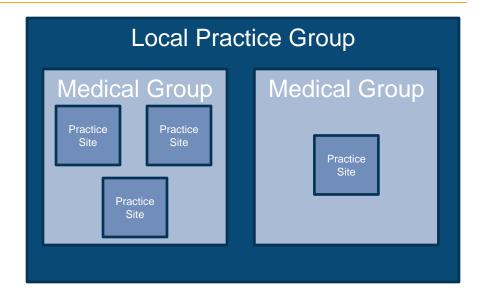
Example Impact:

If a physician is a member of two medical groups, Provider Organizations may now report the second medical group and the medical group's NPI in RPO-120A and RPO-120B, respectively. The Provider Organization **should not** report the physician on two rows of the physician roster.



Physician Roster: Common Questions

In the physician roster, Medical Groups and Local Practice Groups are important for users to be able to understand the structure and relationships of large organizations with multiple levels



Reminders:

- The MA-RPO Program expects a Secondary Site of Practice to be reported when a physician is practicing at multiple sites, and Medical Group information to be reported when a physician is part of a Medical Group
- Review for duplicate physicians before submitting your physician roster
- No need to include non-MD/DO providers at this time



Financial Statements File: 2018 Update and Common Questions

Reminder:

1

Standardized templates for the system-level and each owned physician practice.

2

Audited or internal financial statements, including consolidating statements

Updates:



The Statement of Cash Flows has been removed from the standardized template



APM and Other Revenue File: 2018 Update

Update:

- The APM and Other Revenue file has been removed for the 2018 filing.
- The MA-RPO Program expects to collect similar revenue data in a more useable and comparable format in future filings.





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Helpful Resources

Program Website

https://www.mass.gov/service-details/registration-of-provider-organizations

Regulation 958 CMR 6.00

https://www.mass.gov/files/documents/2018/03/21/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

https://www.mass.gov/files/documents/2018/04/10/Data%20Submission%20Manual%20-%202018%20Filing%20-%20MA-RPO-2018-01_0.pdf

Forms and Templates

https://www.mass.gov/service-details/2018-filing

