



MASSACHUSETTS
HEALTH POLICY COMMISSION

MA-RPO 2018 Training Session – New Reporters

May 29, 2018




MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- **Background**
- **General Information**
- **Overview of the 2018 Filing**
- **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.

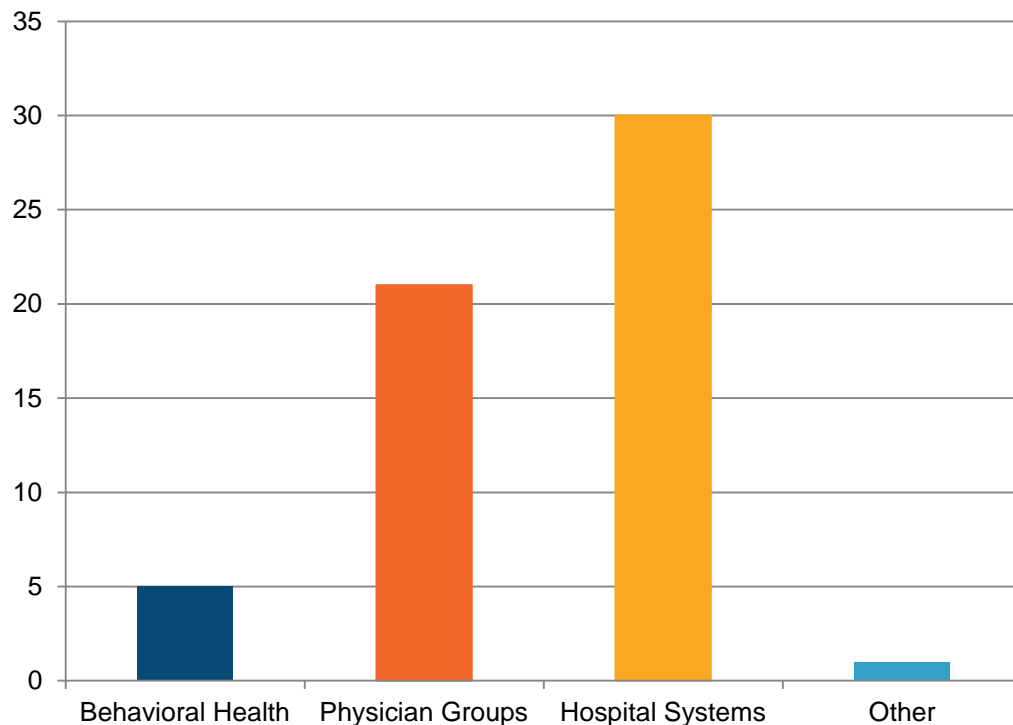
The MA-RPO dataset provides value to a wide variety of end users



Data are available on the MA-RPO Program website.

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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AGENDA

- **Background**
- **General Information**
- **Overview of the 2018 Filing**
- **Questions**

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: HPC-RPO@mass.gov.

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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AGENDA

- **Background**
- **General Information**
- **Overview of the 2018 Filing**
- **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 1/1/18 (with the exception of contact information)
Reported Data:	Contact information; corporate parent; description of organization; registration thresholds; applicable files

Background Information File – Notes

- 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 online submission platform is **interactive**: your responses in RPO-42: Applicable Files will 'grey out' files that are not required for your organization

Corporate Affiliations File – Overview

Corporate Affiliations File	
Description:	Includes identifying information about each of the Provider Organization's Corporate Affiliations
Definition:	Any relationship between two Entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	Yes
Timing:	Accurate as of 1/1/18
Reported Data:	EINs; contracting relationships; organization type; internal and external parent entities
Out-of-State Reporting:	Must report affiliates located, incorporated, or doing business in MA; out-of-state affiliates providing certain services to MA-based affiliates; and any out-of-state affiliate that owns or controls a reportable affiliate

Corporate Affiliations File – Definitions

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.

Corporately Affiliated Contracting Entity

A Contracting Entity with which the Provider Organization has a Corporate Affiliation.

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.

Recommended Order for Completing Certain Data Elements

RPO-48: Contracting Entity (Contractor) Status

Name	EIN
Property Management Company	02-5555555
Hospital	02-6666666
Physician Group	87-8787878
Urgent Care Center	
Contracting Organization	
Example Health System	55-5555554

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](#) and [Note](#))

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.

☒ Yes ☐ No

Contracting Organization establishes contracts directly with payers or TPAs.

Name	EIN
Property Management Company	02-5555555
Hospital	02-6666666
Physician Group	87-8787878
Urgent Care Center	
Contracting Organization	
Example Health System	55-5555554

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](#) and [Note](#))

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.

☐ Yes ☒ No

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

Recommended Order for Completing Certain Data Elements

RPO-49: Legal Name of Corporately Affiliated Contracting Entity

✓	Name	EIN
✓	Property Management Company	02-5555555
✓	Hospital	02-6666666
✓	Physician Group	87-8787878
✓	Urgent Care Center	
✓	Contracting Organization	
✓	Example Health System	55-5555554

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](#) and [Note](#))

☐ Hospital

☒ Physician Group

☒ Contracting Organization

☐ This corporate affiliate has at least one contract that is established by a Third-Party Contracting Entity.

☐ 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.

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.

Corporate Affiliations File - 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. Entities that establish Medicare ACO contracts should still select “Yes.”

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.

Corporate Affiliations File – Internal Corporate Parent(s)

RPO-54

Internal Corporate Parent(s)

- Enter the name of the corporately affiliated Entity that directly owns or controls the corporate affiliate, whether fully or partially

RPO-55

Level of Ownership or Control

- Select the option that best characterizes the internal corporate parent's level of ownership or control

Corporate Affiliations File – External Corporate Parent(s)

RPO-56

External Corporate Parent(s)

- Enter the name of the external Entity that directly owns or controls the corporate affiliate, whether fully or partially
- If the corporate affiliate is owned by more than six external entities, select the appropriate checkbox in the online submission platform

RPO-57

External Corporate Parent EIN

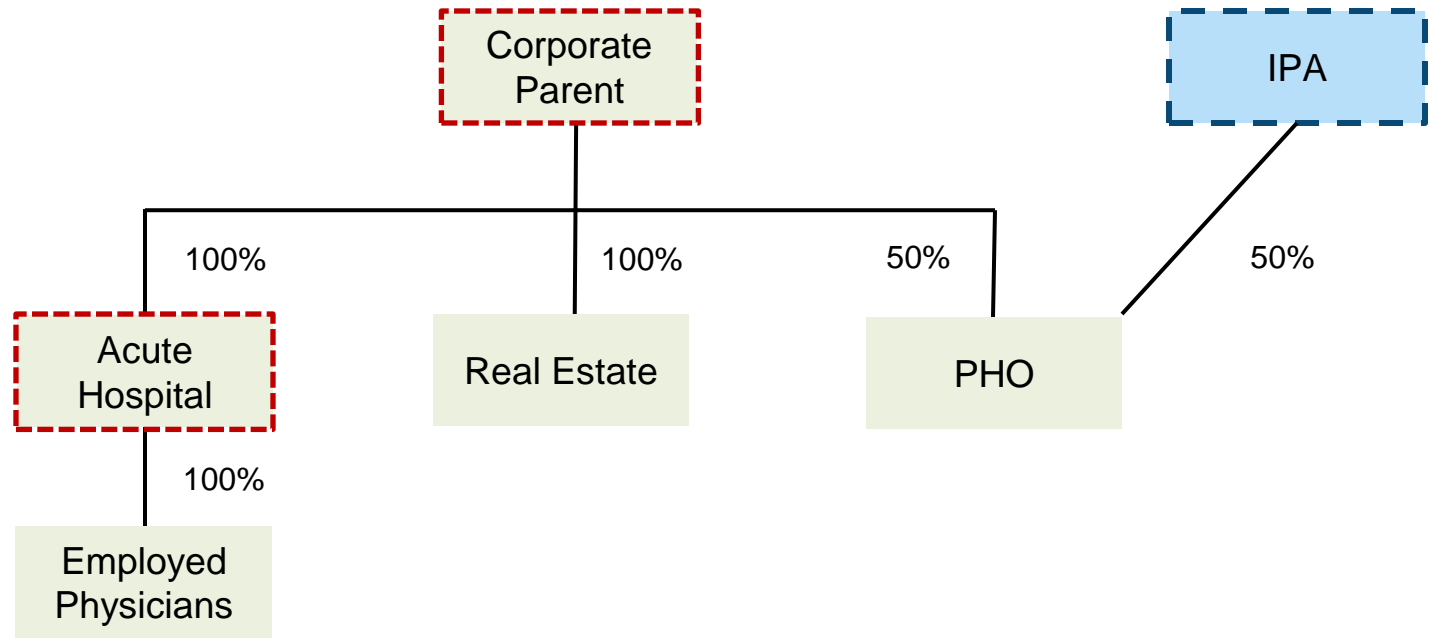
- Enter the 9-digit EIN of the external corporate parent

RPO-58

Level of Ownership or Control

- Select the option that best characterizes the external corporate parent's level of ownership or control

Internal and External Corporate Parents



= corporate affiliate



= not corporately affiliated with the Provider Organization



= corporately affiliated entity with a direct ownership or controlling interest in the corporate affiliate (Internal Corporate Parent)



= other entity with a direct ownership or controlling interest in the corporate affiliate (External Corporate Parent)

Contracting Affiliations File – Overview

Contracting Affiliations File	
Description:	Includes identifying information about each of the Provider Organization's contracting affiliates
Definition:	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.
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	No
Timing:	Accurate as of 1/1/18
Reported Data:	EIN; organization type; Corporately Affiliated Contracting Entity
Out-of-State Reporting:	All contracting affiliates that have at least one Facility or site located in MA

Contracting Affiliations File – Reminders

Reminders:

- The Contracting Affiliations file should only include **non-owned** entities on whose behalf the Provider Organization establishes contracts.
- The MA-RPO Program created a threshold such that physician practices are not required to be reported as contracting affiliates if the practice includes four or fewer physicians.
- 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 level), the Provider Organization is not required to list the individual physicians in the Contracting Affiliations file.

Recommended Order for Completing Certain Data Elements

RPO-63: Legal Name of Corporately Affiliated Contracting Entity

✓	Name	EIN
✓	Contracting Affiliate	12-3456789

RPO-63 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 contracting affiliate. Provider Organizations that choose to complete this question using the MA-RPO Program-issued Microsoft Excel template should review the special instructions in the template for completing this question. (See [Figure 1](#) and [Note](#))

- ☐ Hospital
- ☐ Physician Group
- ☒ Contracting Organization

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.

Contracting Entity File – Overview

Contracting Entity File	
Description:	Includes information about each of the Provider Organization's Corporately Affiliated Contracting Entities
Definition:	Any Entity that negotiates, represents, or otherwise acts to establish contracts with Payers or Third-Party Administrators for the payment of Health Care Services
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	Yes
Timing:	Accurate as of 1/1/18
Reported Data:	Types of contracts established by payer; contract participation; funds flow; MSO-type services offered; contracting for affiliates or non-employed Health Care Professionals
Out-of-State Reporting:	Entities that establish at least one contract on behalf of Facilities located in MA and/or physicians that practice in MA

Recommended Order for Completing Certain Data Elements

RPO-65: Contracts by Payer Category (Establishment)

Question RPO-65

Contracts by Payer Category (Establishment)
Entity: Contracting Organization

Save Save and Close Cancel

	Pay for Performance (P4P)	Global Payment	Bundled Payment	Other APM	Fee for Service (FFS)	Other
	Select All	Select All	Select All	Select All	Select All	Select All
Blue Cross Blue Shield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvard Pilgrim Health Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tufts Health Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fallon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health New England	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Health Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Private Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Advantage	ACO	Bundled	FFS	Other
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	MCO	ACO	SCO/PACE/OneCare	FFS/PCC	Other
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**.

Recommended Order for Completing Certain Data Elements

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

Question RPO-65A

Contracts by Payer Category (Participation)

Entity: Contracting Organization
Affiliate: Physician Group

Affiliate ▾	Name		Pay for Performance (P4P)	Global Payment	Bundled Payment	Other APM	Fee for Service (FFS)	Other
<input checked="" type="checkbox"/>	Corporate	Hospital	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All	<input type="checkbox"/> Select All
<input checked="" type="checkbox"/>	Corporate	Physician Group						
<input checked="" type="checkbox"/>	Contracting	Contracting Affiliate						
		Blue Cross Blue Shield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Harvard Pilgrim Health Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Tufts Health Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Fallon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Health New England	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Neighborhood Health Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other Private Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Advantage	ACO	Bundled	FFS	Other	
		Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			MCO	ACO	SCO/PACE/OneCare	FFS/PCC	Other	
		Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 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).

Facilities File – Overview

Facilities File	
Description:	Includes information about each of the Provider Organization's licensed facilities
Definition:	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
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	No
Timing:	Accurate as of 1/1/18
Reported Data:	EIN; NPI; location; license number and type; provider-based status; available services
Out-of-State Reporting:	Each licensed Facility that is physically located within MA, and a qualitative description of any out-of-state facilities

Facilities File – Notes

- **In the Facilities file, you must report each **licensed** Facility with which you are corporately affiliated**
 - You are not required to report unlicensed sites
 - You are not required to list Facilities with which you are not corporately affiliated

- **Each entry in the Facilities file represents a **location**, rather than a license**
 - If a building holds multiple licenses (e.g., an Acute Hospital license and Mental Health Facility license), you are only required to list it once
 - If a Facility has multiple satellite locations covered by the same license, the locations must be listed separately
 - A Campus may be reported as a single entry in the Facilities file, provided that the licensed buildings, areas, and structures are operating under a single license

Clinical Affiliations File – Overview

Clinical Affiliations File	
Description:	Includes information about each Entity with which the Provider Organization has a Clinical Affiliation
Definition:	Any relationship between a Provider or Provider Organization for the purpose of increasing the level of collaboration in the provision of Health Care Services that meets the MA-RPO reportable Clinical Affiliations threshold
How to Update:	Manual entry in the online submission platform
Applicable to All Provider Organizations:	No
Timing:	Accurate as of 1/1/18
Reported Data:	Participating Acute Hospital; affiliation type and description; start date of affiliation
Out-of-State Reporting:	Each clinical affiliate, including those located out-of-state, of your corporately affiliated Acute Hospitals that are located in MA

Clinical Affiliations File – Reporting Threshold and Relationship Types

Reportable Clinical Affiliations Threshold

- The Clinical Affiliation must include at least one Entity with which the Provider Organization does not have a Corporate Affiliation; and
- 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; and
- The Clinical Affiliation must include at least one of the following types of relationships that has been memorialized in writing among the affiliates:

Co-branding

The provision of funds to establish or enhance EHR Interconnectivity

Co-located services

Establishment of a preferred provider relationship

Complete or substantial staffing of an Acute Hospital service line

Regular and ongoing receipt of telemedicine services from another Acute Hospital

Establishment of a provider-to-provider discount arrangement

Clinical Affiliations File – Details

Type	Description	Directionality
Co-branding	When an Acute Hospital and another Entity have decided to publicize their partnership to the public.	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	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.	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	When an Entity 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.	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital whose service line is being staffed.
Establishment of a preferred provider relationship	When one of the Provider Organization's Acute Hospitals is established as a preferred provider of emergency, tertiary, or specialty care for the patients of an Entity.	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.

Clinical Affiliations File – Details

Type	Descriptions	Directionality
The provision of funds to establish or enhance EHR Interconnectivity	The provision of funds to, or receipt of funds from, an Entity for the purpose of establishing/enhancing EHR Interconnectivity between the Entity and one of the Provider Organization's Acute Hospitals.	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital with which EHR Interconnectivity is being established or enhanced.
Regular and ongoing receipt of telemedicine services from another Acute Hospital	A relationship in which one of the Provider Organization's Acute Hospitals receives regular, ongoing 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	When 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.

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
Requirement:	Physicians on whose behalf at least one Corporately Affiliated Contracted Entity establishes at least one contract with Payers or TPAs. This file is limited to MDs and DOs.
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 1/1/18
Reported Data:	Physician name; NPI; license number; PCP/Specialist status; employed status; practice site address; Medical Group; Local Practice Group
Out-of-State Reporting:	Physicians who either (a) have a site of practice in MA; or (b) have an active MA license, and a qualitative description of any out-of-state physicians

Physician Roster File – Definitions

Practice Site

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.

Medical Group

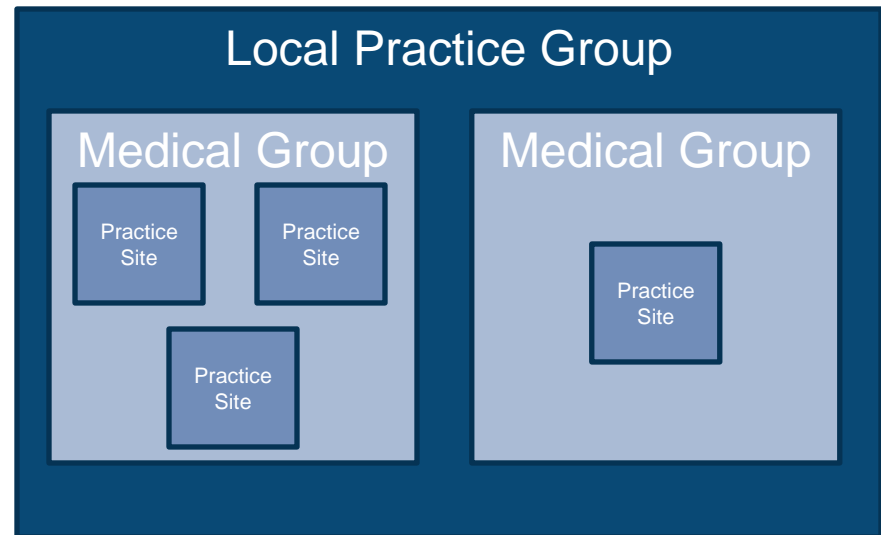
The solo or group practice with which the physician is associated.

Local Practice Group

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).

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

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.

Financial Statements File – Overview

Financial Statements File	
Description:	Includes standardized summary financial information about the organization and corporately affiliated physician practices and corresponding AFS (or internal financial statements)
Requirement:	Each Provider Organization is required to submit (1) a Financial Statements template regarding the performance of the entire corporate system, as well as separate templates for each owned physician practice, and (2) AFS (or internal financial statements)
How to Complete:	Microsoft Excel file attachment and PDF/Excel for AFS or internal financial statements.
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.
Reported Data:	MA-RPO standardized template, including a balance sheet and statement of operations; audited and/or internal financial statements
Out-of-State Reporting:	System-level and physician practices that are reportable corporate affiliates

Financial Statements File - Reminder and 2018 Update

Reminder:

1

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

2

Audited or internal financial statements, including consolidating statements

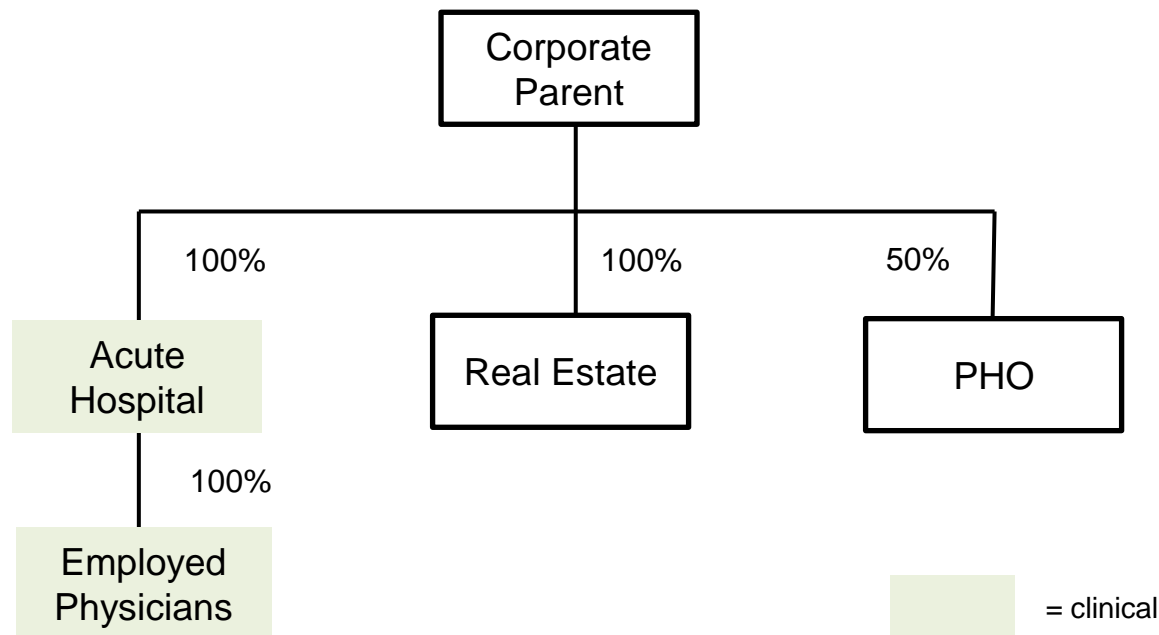
Update:



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

Corporate Organizational Chart – Overview

- Each Provider Organization must submit a corporate organizational chart that depicts all Entities that are owned or controlled (wholly or partially) by the Provider Organization. The chart should not include the names of corporate officers.
- The chart must depict each Entity separately, and should include a key or legend distinguishing between clinical and non-clinical entities
- May be produced in any software (e.g., PowerPoint, Word, Visio, etc.)



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.

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
<ol style="list-style-type: none">1. Continue reporting as before2. Provide a qualitative description of out-of-state facilities and physicians	<ol style="list-style-type: none">1. May be able to remove certain entities from your filing2. Provide a qualitative description of out-of-state facilities and physicians

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

1. Affiliates located, incorporated, or doing business in MA
2. 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 out-of-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.



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- **Background**
- **General Information**
- **Overview of the 2018 Filing**
- **Questions**

Contact Us

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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>