



HEALTH POLICY COMMISSION

Registration of Provider Organizations Program: Frequently Asked Questions

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The Health Policy Commission (HPC) recognizes that each Provider Organization has a unique structure and that multiple factors may influence how it completes the registration materials. The questions below are meant as general guidance for completing the Part 2 registration process. The HPC encourages Provider Organizations to contact HPC-RPO@state.ma.us with specific questions that are not clearly answered here.

General

Q1: If our free text response exceeds the character limits for a question (e.g., RPO-40: Description of Community Advisory Boards), how should we provide the additional information to the HPC?

A: If your text response exceeds the field's character limit, please remove your incomplete answer from the response field and instead indicate that your response to the question has been uploaded as a File Attachment. Please include sufficient information (e.g., name of the file attachment or number of the question) for the reviewer to locate the response.

You may upload your answer(s) as a Microsoft Word document on the File Attachments tab of the online submission platform. Please do not upload a .PDF attachment, as the HPC will not be able copy your responses into the RPO database.

Q2: How can I provide the HPC with written clarifications or explanations of my materials?

A: If you would like to provide clarifications or explanations to your Part 2 materials, please attach a Microsoft Word document on the File Attachments tab of the online submission platform. Please note that any information you provide is considered a public record and is subject to disclosure under the Massachusetts Public Records Law.

Corporate Affiliations File

Q3: How should my organization report the ownership or control of a corporate where multiple entities have the authority to appoint board members? For example, one of my organization's corporate affiliates is a Physician-Hospital Organization (PHO) with an 11-member board. Another one of my organization's corporate affiliates, an Acute Hospital, appoints four of the PHO's board members. An Independent Practice Association (IPA) with which my organization is not corporately affiliated also appoints four of the PHO's board members. The other three board

members are appointed by a large medical group with which my organization is not corporately affiliated. How should these relationships be reported?

A: In this example, there are three entities that have an ownership or controlling interest in the PHO: the Acute Hospital, the IPA, and the medical group. The Acute Hospital is the only one of these three entities with which you are corporately affiliated. Therefore, you will report the Acute Hospital as an internal corporate parent in RPO-54 and you will report the IPA and the medical group as external corporate parents in RPO-56.

In addition to reporting the name of each corporate parent (and EINs for the external corporate parents), you must also report each entity's level of control over the PHO. To have a majority controlling interest in the PHO, one of the entities would have to appoint at least six board members. Therefore, all three of the entities have a minority ownership/controlling interest in the corporate affiliate. As none of the entities has the largest controlling interest in the PHO (i.e., the Acute Hospital and the IPA both appoint four members of the board), all three entities will have the same level of control reported in RPO-55 or RPO-58: a minority ownership or controlling interest in the corporate affiliate, and not the largest ownership or controlling interest of all of the corporate affiliate's corporate parents.

Contracting Entity File

Q4: How should my organization answer data element RPO-65: Payers with which the Contracting Entity Contracts where a Third-Party Contracting Entity establishes my organization's commercial contracts with Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, and Tufts Health Plan for their HMO, PPO, and POS products, but where my Corporately Affiliated Contracting Entity establishes a Senior Care Options contract with Tufts Health Plan?

A: If your Contracting Entity establishes contracts with Tufts Health Plan or any other payer for Medicaid-related products, including Senior Care Options products, you should select "Medicaid Managed Care" in data element RPO-65, rather than the one of the answer options in the "Private Commercial" category. The "Private commercial with Blue Cross Blue Shield, Harvard Pilgrim Health Care, and/or Tufts Health Plan" option should only be selected if the Corporately Affiliated Contracting Entity establishes at least one commercial HMO, PPO, or POS contract with one the these payers.

Q5: My organization establishes contracts on behalf of community-based physicians that are not employed by my organization nor by any of my organization's corporate affiliates. However, we did not list any organizations in the Contracting Affiliations file, based on the fact that our legal relationship is with each individual physician, rather than with his or her medical group. Should I answer RPO-67: Services Offered to Contracting Affiliates on behalf of the physicians that I do not employ?

A: Yes. RPO-67: Services Offered to Contracting Affiliates includes services offered to Health Care Professionals that are not employed by the Registering Provider Organization named in RPO-01 or any of its corporate affiliates. This question is not limited to entities that the Provider Organization has listed in the Contracting Affiliations file.

Q6: Data element RPO-72 asks about the Contracting Entity's role in determining the method by which its subdivisions distribute surplus funds and/or deficit responsibility to their component

subdivisions. In my organization, the answer to this question varies by contract. How should I answer RPO-72?

A: The HPC has changed the format of this question from Checkbox, Single Answer to Checkbox, Multiple Answers. When you log-in to the online submission platform, you will see that you can select multiple answers to this question. Select each answer that applies to at least one of the Contracting Entity's global payment arrangements.

Facilities File

Q7: Data element RPO-86 asks whether the Facility is billed to Medicare as a “provider-based organization.” If my organization is a “provider-based entity” under applicable CMS regulations, should I select “Yes”?

A: You should answer “Yes” only if your organization is engaged in provider-based billing for the specific facility listed in RPO-74.

Q8: My organization owns a clinic that is the primary site of practice for several Family Medicine physicians. Many of these physicians offer certain obstetrics/gynecology services (e.g., routine gynecological exams) and allergy/immunology services (e.g., allergy testing) to their patients. These physicians also routinely collect specimens (e.g., blood samples) from patients that they do not analyze on-site. When indicating what services the clinic provides in RPO-88, what categories should I select?

A: The clinic should select “Family/General Practice” in RPO-88. The clinic should not select “Obstetrics and Gynecology,” “Allergy/Immunology,” or “Pathology.”

Q9: One of the service lines listed in RPO-88 is “Preventive Medicine.” My organization is a clinic that provides primary care services, and we consider many of our services to be preventive. Should I select “Preventive Medicine” in RPO-88?

A: No. Preventive Medicine refers specifically to the types of services and specialties certified by the American Board of Preventive Medicine, such as Aerospace Medicine, Medical Toxicology, and Occupational Medicine.

Physician Roster File

Q10: The DSM states that the HPC is not providing a definition of a pediatrician for RPO-97 in the Physician Roster file. Some of the physicians that I am required to report are family medicine providers who see both adult and pediatric patients. Should I select “Yes” or “No” in response to RPO-97 for these physicians?

A: If your organization currently classifies certain physicians as pediatricians, you may report pediatrician status to the HPC based on your internal classification methodology. However, if your organization does not currently classify physicians as pediatricians, and you are making this determination for the first time, as general guidance, you might consider classifying a physician as a pediatrician if a majority of the physician's patients are pediatric patients.

Q11: My Corporately Affiliated Contracting Entity is a PHO that establishes contracts on behalf of several community physician practices. Recently, one of the community physician practices decided to leave our PHO and begin contracting through another Provider Organization. The practice has signed a new affiliation agreement with the new Provider Organization, but the physicians in the practice are still currently covered by contracts that our PHO established. Should I report these physicians on the physician roster?

A: The physician roster should reflect the contracts that are currently in effect. Therefore, if the community physicians are currently covered by at least one contract that was established by the PHO, the HPC would expect the PHO's physician roster to include the physicians from the community practice. Conversely, the HPC would not expect the community physicians to appear in the new Provider Organization's physician roster if the community physicians are not yet participating in any contracts established by the new Provider Organization. The community physicians may appear on both the PHO's physician roster and the new Provider Organization's physician rosters for a couple of years, if the practice's contracts with different payers expire at different times.

The HPC understands that this method of reporting does not reflect agreements about future contracting practices that will go into effect in the coming months or years. The HPC therefore asks that Provider Organizations in similar situations include a letter in their materials that notes if a physician group is anticipated to leave, or anticipated to join, a Contracting Entity's network and the approximate timeline. This letter can be uploaded as an attachment in the File Attachments tab of the online submission platform. Note that many such physician group additions or departures also require the filing of a Material Change Notice with the HPC. Provider Organizations should include a note in their RPO materials even if they have also filed a Material Change Notice regarding the proposed change.

Clinical Affiliations File

Q12: My Provider Organization has an agreement with another provider with which my organization is not corporately affiliated, under which a mobile imaging unit docks on the campus of my Acute Hospital and provides radiology services once a week. Does this relationship constitute co-located services?

A: If the provider's mobile imaging unit docks in the same location on the Acute Hospital campus on at least a weekly basis, your organizations must report the relationship as co-located services.

Q13: My organization is an Acute Hospital that sends many of its radiology studies to another Acute Hospital – with which my organization is not corporately affiliated – for remote interpretation. Should my organization report this relationship as a telemedicine Clinical Affiliation?

A: No, if this is the extent of the relationship between the two Acute Hospitals. Relationships that are characterized exclusively by the use of asynchronous store and forward technology do not have to be reported under the telemedicine category at this time.

Q14: One of the six types of reportable Clinical Affiliations is the regular and ongoing receipt of telemedicine services from another Acute Hospital, or the employed physician group of an Acute Hospital. However, in RPO-130, the sixth answer option is the “regular and ongoing provision of telemedicine services to another Acute Hospital.” Is my Provider Organization required to report a clinical relationship in which one of my corporately affiliated Acute Hospitals provides telemedicine services or receives telemedicine services?

A: A Provider Organization is only required to report clinical relationships in which one of its Acute Hospitals receives regular and ongoing telemedicine services from another Acute Hospital. A Provider Organization is not required to report clinical relationships in which one of its Acute Hospitals provides telemedicine services to other providers. The HPC has updated the answer option in the online submission platform to refer to the receipt of telemedicine services.

Q15: Data element RPO-132 asks for a description of the Clinical Affiliation that is being reported. Am I required to describe all of the ways my organization collaborates with the clinical affiliate, or is the description limited to the six types of affiliations that trigger reporting?

A: For each of the six types of affiliations that trigger reporting, the HPC expects a detailed description of the relationship, including the nature, scope and scale of the affiliation, as well as the service lines that are encompassed by the affiliation. If the Provider Organization’s relationship with that organization extends beyond the six types of affiliations, the HPC expects the Provider Organization to provide a general description of the other aspects of the relationship.