COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1 Federal Street, Suite 700 Boston, MA 02110
www.mass.gov/doi

Application for Risk Certificate for the Term March 1, 2027 - February 29, 2028

Under Massachusetts General Laws Chapter ("Chapter") 176T and the Division of Insurance Regulation 211 CMR 155.05, each Risk-Bearing Provider Organization[1] that has not been granted a "Risk Certificate Waiver" is required to file an application for an annual "Risk Certificate".

Directions: All items marked with a red asterisk (*) are required. Once completed print a copy of the application for your records and submit this application and related attachments via email to DOI.RBPO@mass.gov. You will receive a confirmation email after the application has been received by the Division of Insurance ("DOI"). If you have questions or issues regarding the application, please contact the DOI at DOI.RBPO@mass.gov.

Risk-Bearing Provider Organization Information Reset form

Name of the Risk-Bearing Provider Organization:*

_____

Federal Employer Identification Number (FEIN):

_____

The following information is required of the individual (within the Risk-Bearing Provider Organization) who is designated to be the DOI's primary contact;

Title: _____

First Name:* _____ Last Name:* _____

Position:* _____

Mailing Address:* _____

City:* _____ State:* Massachusetts Zip Code:* _____

E-mail Address:* _____

Phone:* _____ Fax: _____

(a) Provide the most recent materials submitted to the Health Policy Commission (HPC) pursuant to Chapter 6D, § 12 as a Registered Provider Organization. If such materials are already on file with the HPC, or if such registration has not yet occurred note this in your response.*

_____

[1] "Risk-Bearing Provider Organization" is defined in 211 CMR 155.02 as "[a] Provider Organization that manages the treatment of a group of patients and bears Downside Risk according to the terms of an Alternative Payment Contract." Within 211 CMR 155.02, Alternative Payment Contract is defined as "[a]ny contract between a Provider or Provider Organization and a Health Care Payer, Employer or individual, which utilizes Alternative Payment Methodologies." Within 211 CMR 155.02, Alternative Payment Methodologies are defined as "[m]ethods of payment that are not solely based on fee-for-service reimbursements; provided, however, that "alternative payment methodologies" may include, but shall not be limited to, shared savings arrangements, bundled payments, and global payments; and further provided, that "alternative payment methodologies" may include fee-for-service payments, which are settled or reconciled with a bundled or global payment."

(b) Provide a list of the official names of the Health Care Payers and Employers with which the applicant is seeking to enter into or has already entered into an arrangement to manage the treatment of a group of patients.*

(c) Is the applicant (act as an insurance company), seeking to enter into or has already entered into a downside risk arrangement directly with individuals to manage the treatment of a group of patients?*

Yes ◯

No ◯

(d) Provide the following information for the applicant and each entity: (i) with whom the Risk-Bearing Provider Organization has a Contracting Affiliation[2]; and (ii) which assumes Downside Risk[3] in its arrangement with the Risk-Bearing Provider Organization.

The most recent audited financial statements, where available, or the financial statements and/or documents that show the assets, liabilities, Reserves and sources of working capital and other sources of financial support.*

Projections of the results of operations for the succeeding three years.*

(e) Submit a financial plan that includes the following;*

1) statement indicating the anticipated timing for receipt of income from Alternative Payment Contracts with Downside Risk versus the anticipated timing of the incurrence of expenses associated with those Alternative Payment Contracts with Downside Risk;

2) statement of the applicant's plan to establish and maintain sufficient financial resources that will protect the applicant and those entities with which it has a Contracting Affiliation from the potential losses from Downside Risk;

3) evidence of any insurance coverage or other agreements that protects the applicant from potential losses from Downside Risk; and

4) a detailed description of mechanisms put in place by the applicant to monitor the financial solvency of any subcontracting Provider(s) or Provider Organization(s) where the subcontracting entity assumes Downside Risk in its arrangement with the applicant or Provider Organization.

[2] "Contracting Affiliation" is defined in 211 CMR 155.02 as "[a]ny relationship between a Provider Organization and another Provider or Provider Organization for the purpose of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services including payment rates, incentives, and operating terms, with a Carrier to third-party administrator."

[3] "Downside Risk" is defined in 211 CMR 155.02 as "[t]he risk taken on by a Provider Organization as part of an Alternative Payment Contract with a Health Care Payer, Employer, or individual in which the Provider Organization is responsible for either the full or partial costs of treating a group of patients that may exceed the contracted budgeted payment arrangements."

(f) Submit a utilization plan describing the methods by which the applicant will monitor inpatient and outpatient utilization under the Alternative Payment Contracts with Downside Risk.*

(g) Provide an actuarial certification, consistent with 211 CMR 155.07, that provides a statement that, after examining the terms of all the applicant Risk-Bearing Provider Organization's Alternative Payment Contracts with Downside Risk, the actuary concludes that such Alternative Payment Contracts are not expected to threaten the financial solvency of the applicant Risk-Bearing Provider Organization or the financial solvency of any entity with which the Risk-Bearing Provider Organization has a Contracting Affiliation during the period of the renewing Risk Certificate.*

(h) Demonstrate that contracts between the applicant and other Providers or Provider Organizations include provisions that conspicuously prohibit Health Care Providers from collecting or attempting to collect from a patient money that is owed to the Health Care Provider by the applicant, or other Provider Organizations.*

(i) Provide a description of the level and nature of risk assumed across all the Provider Organization's contracts, including details about aggregate number of members that are covered under Alternative Payment Contracts, and with respect to those contracts of each entity: (i) with whom the Risk-Bearing Provider Organization has a Contracting Affiliation; and (ii) assumes Downside Risk in its arrangement with the Risk-Bearing Provider Organization.*

(j) Provide a statement that the applicant will comply with all internal appeal processes that are offered by any Health Care Payer with which the Risk-Bearing Provider Organization has contracted[4].*

[4] The provision of this statement shall be sufficient in lieu of the requirement set forth in Chapter 176O, § 24 that the applicant certify that it has established an internal appeals process, but only until the Health Policy Commission establishes requirements for internal appeal processes for Risk-Bearing Provider Organization under Chapter 176O.

(k) Provide a statement that indicates whether or not the applicant has entered into any Alternative Payment Contracts with Downside Risk with any Employers or individuals, and if the applicant has entered into any such Alternative Payment Contracts with Downside Risk, a detailed description of the contracts the applicant Risk-bearing Provider Organization has entered into with Employers or individuals.*

(l) Submit the non-refundable $500.00 filing fee via OPTins.org.*

Applicant Officers' Certification[5]*

I have reviewed the materials that are being submitted by the applicant to the Massachusetts Division of Insurance in support of its application for a Risk Certificate pursuant to 211 CMR 155.06, and I now state that they are correct, accurate and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

Position _____

Applicant Officers' Certification*

I have reviewed the materials that are being submitted by the applicant to the Massachusetts Division of Insurance in support of its application for a Risk Certificate pursuant to 211 CMR 155.06, and I now state that they are correct, accurate and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

Position _____

[5] Pursuant to 211 CMR 155.06, "[t]he application shall be certified by at least two officers of the Risk-Bearing Provider Organization, including a senior executive officer or partner, and either the treasurer or an assistant treasurer."