



# **MASSACHUSETTS REGISTRATION OF PROVIDER ORGANIZATIONS PROGRAM**

## **MA-RPO PROGRAM OVERVIEW**

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## BACKGROUND

Chapter 224 of the Acts of 2012 authorized the state to develop the Massachusetts Registration of Provider Organizations (MA-RPO) Program, a first-in-the-nation initiative to collect information about the corporate, contracting, and clinical relationships of Massachusetts' largest health systems. The law charged the Health Policy Commission (HPC) and the Center for Health Information and Analysis (CHIA) each with collecting certain information for the program. To streamline the reporting process, the HPC and CHIA created a [single program](#) that incorporates the required data elements for both agencies. Under the MA-RPO Program, a Provider Organization submits an annual filing to the Commonwealth, which satisfies its obligations under both M.G.L. c. 6D, § 11 and M.G.L. c. 12C, § 9. This public resource is designed to establish a foundation of information necessary for policy makers, researchers, and market participants to evaluate and improve our health care system.

## REGISTRATION THRESHOLDS

Provider Organizations are required to submit an annual filing to the MA-RPO Program if they meet at least one of two registration thresholds established in the program's enabling [statute](#).

Threshold 1: The organization establishes at least one contract with Carriers (i.e., commercial insurers) or Third-Party Administrators (TPAs); represents one or more providers in contracting that collectively received more than \$25,000,000 in Net Patient Service Revenue from Carriers and TPAs in the last Fiscal Year; and represents providers that had a collective patient panel of over 15,000. The MA-RPO program has also limited registration under this threshold to those organizations that establish contracts on behalf of at least one hospital, physician group, or behavioral health provider.

### OR

Threshold 2: The organization is considered a Risk-Bearing Provider Organization (RBPO) by the Division of Insurance. Provider Organizations are generally considered to be RBPOs if they participate in at least one alternative payment contract that includes downside risk.

Because the MA-RPO Program requires registration from the uppermost corporate entity within the organization that has a primary business purpose of health care delivery or management, corporately affiliated entities that separately meet one of the registration thresholds are not required to register separately. Instead, the parent entity files a single application for registration and reports on each of its corporate affiliates. For example, a health system that consists of multiple acute care hospitals that separately meet Registration Threshold 1 files a single application for registration and lists each acute hospital as a corporate affiliate.

## OVERVIEW OF THE MA-RPO DATA ELEMENTS

The MA-RPO Program has created a relational database that uniformly catalogues a Provider Organization's internal structure – including its corporate affiliates, licensed facilities, physicians, and finances – and its clinical and contracting relationships with other providers. The MA-RPO Program organized the reportable data elements into nine files, as detailed below. In addition, Provider Organizations submit a brief qualitative description of out-of-state licensed facilities and physicians. The data elements included in each of these files may change over time based on feedback from data users and data reporters.

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**Background Information File:** Includes identifying information about the corporate entity that is registering with the MA-RPO Program, which reflects the uppermost corporate entity within the organization that has a primary business purpose of health care delivery or management. This file acts as a cover sheet to the Provider Organization's materials.

**Corporate Affiliations File:** Includes identifying information about each of the Provider Organization's corporate affiliates. For the purposes of the MA-RPO Program, a Corporate Affiliation is any relationship between two Entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control. Sample data elements in this file include the corporate affiliate's legal name, Employer Identification Number (EIN), organization type, and whether the corporate affiliate establishes contracts with Payers or TPAs. The Corporate Affiliations file is accompanied by a corporate organizational chart that depicts the relationship between corporate affiliates.

**Contracting Affiliations File:** Includes identifying information about each entity with which the Provider Organization has a Contracting Affiliation *but not* a Corporate Affiliation. For the purposes of the MA-RPO Program, a Contracting Affiliation is any relationship between the 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 TPA. Sample data elements in this file include the contracting affiliate's legal name, EIN, organization type, and which of the Provider Organization's corporate affiliates establish at least one contract on behalf of the contracting affiliate.

**Contracting Entity File:** Includes information about each of the Provider Organization's corporate affiliates that establishes at least one contract with payers or TPAs (i.e., the Provider Organization's contracting entities). Sample data elements in this file include the payer categories with which the contracting entity establishes contracts, the types of services that the contracting entity offers to its contracting affiliates, if any, and whether the contracting entity establishes any alternative payment contracts with downside risk.

**Facilities File:** Includes identifying information about each licensed Facility that the Provider Organization owns or controls. Sample data elements in this file include the Facility name, EIN, NPI, license number, license type, provider-based status, and service lines.

**Physician Roster:** Includes certain information about each physician on whose behalf the Provider Organization establishes at least one contract with payers or TPAs. Sample data elements in this file include the physician name, NPI, specialty, employed status, primary and secondary site of practice, and medical group.

In certain circumstances, the MA-RPO Program allows Provider Organizations to file an abbreviated application that does not include a Physician Roster file if all of the Provider Organization's reportable physicians have been reported by another registering Provider Organization. For example, a physician group that is required to register may participate in an Independent Physician Association (IPA) that is also required to register. If each of the physician group's reportable physicians is included on the IPA roster, the physician group is not required to submit a separate roster.

**Clinical Affiliations:** Includes information about each provider with which the Provider Organization has a Clinical Affiliation. For the purposes of the MA-RPO Program, a Clinical Affiliation is any relationship between a Provider Organization and another Entity for the purpose of increasing the level of

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collaboration in the provision of Health Care Services. The MA-RPO has limited collection to information concerning relationships with an Acute Hospital that include co-branding, co-located services, complete or substantial staffing of Acute Hospital service lines, provision of funds to establish or enhance EHR interoperability, establishment of a preferred provider relationship, regular and ongoing receipt of telemedicine services from another Acute Hospital, and relationships whereby an Acute Hospital, or the employed physician group of such 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. Sample data elements in this file include the date range when the affiliation began and a text description of the affiliation.

**Financial Statements File:** Includes information about the financial performance of the entire corporate system and corporately affiliated physician practices and corresponding Audited Financial Statements (or internal financial statements). Provider Organizations that have submitted annual standardized financial statements for their most recent fiscal year to CHIA for the Provider Organization and/or each corporately affiliated physician practice are not required to submit the information separately to the MA-RPO Program if those financial statements are available from CHIA. The Financial Statements file includes information from an Entity's balance sheet and statement of operations. Sample data elements include Net Unrestricted Assets and Net Patient Service Revenue.

**Payer Mix File:** Includes information about Gross Patient Service Revenue (charges) from each corporately affiliated physician practice. Charges and percent of total charges are reported by payer category. Sample data elements in this file include charges for Commercial Managed products and charges for Medicare Non-Managed products.