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**Massachusetts Registration of Provider Organizations (MA-RPO) Program
Proposed 2019 Updates
Release for Public Comment: November 26, 2018**

Provider Organizations that meet certain thresholds are required to submit an annual filing to the Massachusetts Registration of Provider Organizations (MA-RPO) Program, a joint program managed by the Health Policy Commission (HPC) and the Center for Health Information and Analysis (CHIA). The MA-RPO Program incorporates the required data elements from both the HPC and CHIA statutes. 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.

In response to stakeholder feedback, the HPC and CHIA have been phasing in the statutorily required data elements over time. For the 2019 filing, the MA-RPO Program is proposing to make the following updates:

1. Replacing a data element in the Facilities file to better capture information about facility fees paid to the Provider Organization by different payers;
2. Adding new data elements to the Facilities file to capture information on service availability at hospitals and clinics;
3. Requiring a roster of employed Advanced Practice Providers (APPs) from each Provider Organization; and
4. Collecting physician payer mix information from each of the Provider Organization's corporate affiliates that are physician practices.

To streamline the review and public comment process, the MA-RPO Program is releasing the proposed additions in this document, rather than providing the full text of the proposed 2019 Data Submission Manual (DSM). For the full text of the 2018 DSM, please see the program [website](#). At this time, the MA-RPO Program is not proposing additions or substantive changes to the DSM for the 2019 filing aside from those described below.

1. Replacing a data element in the Facilities file to better capture information about facility fees paid to the Provider Organization by different payers

The proposed 2019 Facilities file asks for more detailed information on which payers, if any, pay facility fees to each facility, and whether a facility fee is charged for Evaluation & Management (E&M) services and/or any non-E&M services.



The MA-RPO Program is proposing to remove data element RPO-86: Provider-Based Status and replace it with RPO-86A: Facility Fees. RPO-86A will be required for Facilities with the following license types selected in RPO-84: “Clinic – Main Site,” “Clinic – Satellite,” or “Acute Hospital – Satellite.”

Facility fee is defined as any fee charged for outpatient services that is:
 (A) intended to compensate the organization for the operational expenses, and
 (B) separate and distinct from a professional fee.

RPO-86A: Facility Fees: Select each payer, and procedure type(s), that this facility charges facility fees to:

	E&M	Any Non-E&M
Blue Cross Blue Shield Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Harvard Pilgrim Health Care Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Tufts Health Plan Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Other Commercial Payers	<input type="checkbox"/>	<input type="checkbox"/>
Medicare (Provider-Based Status)	<input type="checkbox"/>	<input type="checkbox"/>
MassHealth		<input type="checkbox"/>

2. Adding new data elements to the Facilities file to capture information on service availability at hospitals and clinics

The MA-RPO Program is proposing to add new data elements to the Facilities file: RPO-87A: Inpatient Beds, RPO-87B: Emergency Services, RPO-87C Adult Trauma Center Level, and RPO-87D: Pediatric Trauma Center Level. The MA-RPO Program expects to prepopulate responses to these questions using information from the Department of Public Health when available. Provider Organizations will be asked to review the information, confirm its accuracy, and make any updates, as necessary.

RPO-87A: Inpatient Beds (Satellite Facilities)

Required for all Facilities with the license type “Acute Hospital – Satellite” or “Non-Acute Hospital – Satellite” in RPO-84.

Does this Facility have staffed inpatient beds?
Yes No

RPO-87B: Emergency Services

Required for all Facilities with the license type “Acute Hospital – Main Site,” “Acute Hospital – Satellite,” “Clinic – Main Site,” or “Clinic – Satellite” in RPO-84.

Does this facility have an emergency department or is this facility a Satellite Emergency Facility? Please see [105 CMR 130: Hospital Licensure](#) for relevant definitions.
Yes No

RPO-87C: Adult Trauma Center Level

Required for all Facilities for which “Yes” was selected in RPO-87B.

Select the Facility’s designated Trauma Center Level for adult patients.



I II III Not Designated

RPO-87D: Pediatric Trauma Center Level

Required for all Facilities for which “Yes” was selected in RPO-87B.

Select the Facility’s designated Trauma Center Level for pediatric patients.

I II Not Designated

3. Requiring a roster of employed Advanced Practice Providers (APPs) from each Provider Organization

The MA-RPO Program proposes that each Provider Organization submit a roster of its reportable APPs. Abbreviated applicants will **not be exempt** from this requirement; all Provider Organizations with reportable APPs must submit their own APP roster using the template provided by the MA-RPO Program.

Out-of-State Reporting: The Provider Organization must report APPs who either: a) have a site of practice in Massachusetts; or b) have an active Massachusetts license.

In 2019, reportable APPs are those that:

1. Have one of the following license types:
 - a. Certified Nurse Midwife (CNM);
 - b. Certified Nurse Practitioner (CNP);
 - c. Certified Registered Nurse Anesthetist (CRNA);
 - d. Clinical Nurse Specialist (CNS);
 - e. Psychiatric Clinical Nurse Specialist (PCNS); and
 - f. Physician Assistant (PA).
2. Are **employed by the Provider Organization or one of its corporate affiliates** as of 1/1/2019. Full-time and part-time employees must be included in the roster, but individuals who work per diem, rent practice space, or have other non-traditional relationships with the Provider Organization may be omitted; and
3. Are working at least part-time for the Provider Organization in a clinical role. The MA-RPO Program considers clinical roles to be those in which the APP provides direct diagnosis, treatment, or care for patients.

The data elements and instructions in the APP Roster file will mirror the data elements and instructions in the Physician Roster file (see [pp. 56-64 of the 2018 DSM](#)), with the following exceptions:

- The APP Roster will include a data element to report the license type of the provider (Answer Options: CNM/CNP/CNS/CRNA/PA/PCNS)
- The MA-RPO Program has modified an analogous data element to RPO-96: Primary Care Provider Status in the APP Roster to ask if the provider primarily provides primary care services (Answer Options: Yes/No).

- The MA-RPO Program has modified an analogous data element to RPO-97: Pediatrician Status in the APP Roster to ask if the provider primarily provides care to pediatric patients (Answer Options: Yes/No).
- The MA-RPO Program has modified an analogous data element to RPO-98: Hospitalist Status in the APP Roster to ask if the provider primarily works in a hospital setting (Answer Options: Yes/No).
- The MA-RPO Program will prepopulate an analogous data element to RPO-99: Employed Status in the APP Roster template with the response of “Yes.”
- Provider Organizations should use the data element analogous to RPO-118: Medical Group to report the corporate affiliate that employs the APP, even if this entity is not a medical group (e.g., a hospital, an urgent care center, etc.).

A sample APP Roster template is available on the [program website](#). The MA-RPO Program anticipates requiring information about APPs employed by a Provider Organization’s contracting affiliates in future years.

4. Collecting physician payer mix information from each Provider Organization’s corporate affiliates that are physician practices.

The MA-RPO Program is proposing to add a new Payer Mix file that the Provider Organization will complete for each corporate affiliate that is a physician practice, as identified in RPO-53. This reporting requirement is designed to complement reporting of hospital payer mix information to CHIA.

Timing: On the date of submission, the Provider Organization must provide information from its most recently available fiscal year. Payer mix data must be made available no later than 100 days after the Entity’s fiscal year end.

Out-of-State Reporting: Provider Organizations are required to complete this file for any physician practice that meets the definition of a reportable corporate affiliate. See the [2018 DSM](#) for additional information on out-of-state reporting requirements.

RPO-217: Charges by Payer Category

Enter the total charges in each of the payer categories listed below. Additional information about the classification of products by payer category can be found on [CHIA’s website](#).

Payer Category	Charges
Commercial Managed	
Commercial Non-Managed	
Medicare Managed	
Medicare Non-Managed	
Medicaid Managed	
Medicaid Non-Managed	
ConnectorCare	

Health Safety Net ¹	
Other Government	
Other	
Self-Pay	
Worker's Compensation	
<i>Total</i>	

If a physician provides services in a setting of care other than a private office, the relevant professional fees should be included in the total charges reported. If a Provider Organization combines any physician practices as part of the consolidating information of its Audited Financial Statements and if these physician practices have a common chargemaster, then it may provide a single response for these entities rather than completing a separate response for each entity.

RPO-218: Total Number of Visits

Enter the total number of visits for the physician practice.

Provider Organizations should report an aggregate number that includes all payer categories. If a Provider Organization's physician practices were reported in a single Payer Mix file, please report a combined total of visits for these physician practices. All claims on the same day at the same physician practice for the same patient should be counted as a single visit.

Request for Public Comment

The MA-RPO Program values the feedback that many organizations have provided over the last year and looks forward to gaining new insight on the proposed 2019 updates. The MA-RPO Program recommends sharing these proposed updates with the departments within your organization that are responsible for providing the data (e.g., provider enrollment, credentialing, billing, etc.) Organizations or individuals who would like to provide comments on the proposed 2019 requirements should send written feedback to HPC-RPO@mass.gov on or before **Friday, December 21, 2018 at 5:00 PM**. In addition, if organizations have any questions about the proposed requirements, please contact Liz Reidy, Program Manager, at elizabeth.reidy@mass.gov or 617-274-1820.

The MA-RPO program specifically seeks comments on the following questions:

1. Does your organization recommend any modifications or instructions to the proposed updates described above?
2. Does your organization have any concerns regarding data consistency/accuracy as an end-user of this information?
3. Are there any scenarios where a response of "not applicable" would be appropriate in response to the proposed RPO-86A: Facility Fees question?

¹ The MA-RPO Program understands that most physician practices do not receive revenue from the Health Safety Net. If that is the case for your organization, please enter 0 in the Health Safety Net row.

4. Are there any areas in which your organization would need additional information or guidance in order to respond? The MA-RPO Program would appreciate specific examples so that it can issue standard guidance. For instance, if any of your organization's APPs are engaging in work that may straddle the line between clinical and non-clinical, please provide job titles or brief position descriptions, so that the MA-RPO Program may provide guidance on whether this would be considered a reportable APP.
5. What assumptions or definitions would your organization use to produce a total visit count for its owned physician practices?

The final 2019 DSM, which will contain all data elements that a Provider Organization will submit to satisfy its 2019 filing requirements with the HPC (*see [958 CMR 6.05\(5\)](#)*) and CHIA (*see [957 CMR 11.00](#)*), will be released after the MA-RPO Program has reviewed and incorporated stakeholder feedback on the new data elements, as appropriate.