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 Waiver for the Term March 1, 2027 - February 29, 2028

Under Massachusetts General Laws Chapter 176T and the Division of Insurance Regulation 211 CMR 155.05, a Risk-Bearing Provider Organization may apply for a "Risk Certificate Waiver" if it wishes to demonstrate that its Alternative Payment Contracts[1] do not contain significant Downside Risk[2].

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.

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1) Risk-Bearing Provider Organization Information Reset form

Name of the Risk-bearing Provider Organization:*

_____

Federal Employer Identification Number (FEIN):

_____

Application Type:*

◯ New

◯ Renewal

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

Title: _____

First Name:* _____ Last Name:* _____

Position:* _____

Mailing Address:* _____

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

E-mail Address:* _____

Phone:* _____ Fax: _____

[1] "Alternative Payment Contract" is defined in 211 CMR 155.02 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."

[2] "Downside Risk" is defined in 211 CMR 155.02 as "the 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."

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3) 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, and a statement describing the type(s) of payment arrangement entered into with each Health Care Payer and Employer.*

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

Yes

No

5) Provide sufficient information to demonstrate that the applicant's existing or proposed arrangements to manage the treatment of a group of patients according to the terms of one or more Alternative Payment Contracts does not contain significant downside risk. Include the following information;

The amount of projected or budgeted Net Patient Service Revenue ("NPSR") in the 2027 Fiscal Year; where NPSR is defined as the total dollar amount of a Provider Organization's charges for services rendered in a Fiscal Year, less any contractual adjustments:*

The amount of projected or budgeted NPSR in 2027 Fiscal Year that is subject to Downside Risk:*

The percentage of projected or budgeted NPSR in the 2027 Fiscal Year that is subject to Downside Risk:*

Total potential Maximum Loss from Alternative Payment Contracts with Downside Risk:*

The steps the applicant has taken to prepare for and manage its Downside Risk.*

A comprehensive set of reasons, including quantitative justification, that the applicant asserts that its projected or existing contractual Downside Risk should not be considered to be significant.*

6) Submit the non-refundable $250.00 filing fee via OPTins.org.

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 Waiver pursuant to 211 CMR 155.05, and I now state that they are correct, accurate and complete to the best of my knowledge.

Signature

Date

Printed Name

Position