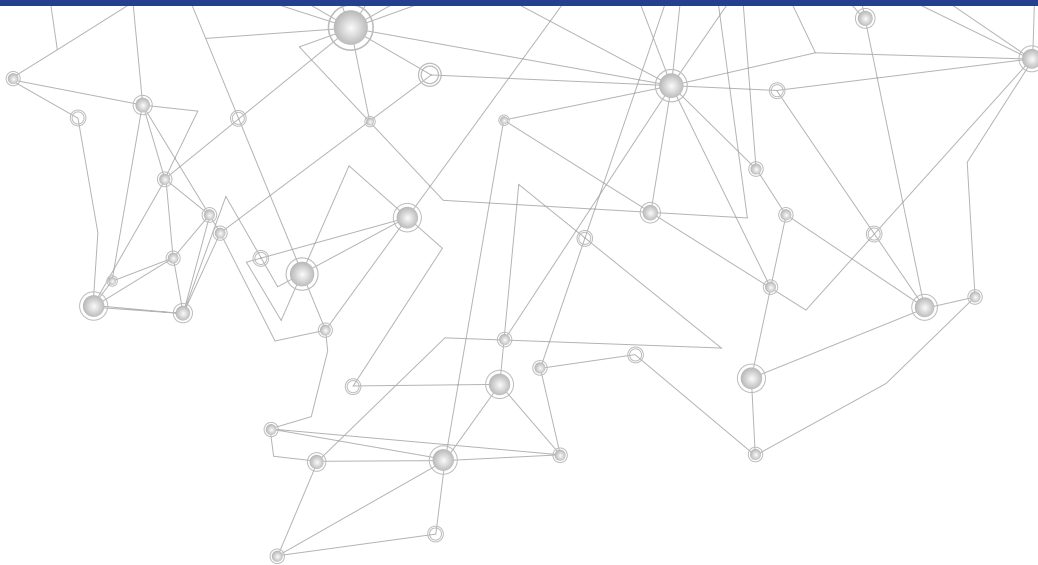


REGISTRATION OF PROVIDER ORGANIZATIONS

DATA SUBMISSION MANUAL





Dear Stakeholders,

The release of the final Data Submission Manual (DSM) for the Registration of Provider Organizations (RPO) Program is a significant milestone in the implementation of Chapter 224 of the Acts of 2012. The launch of this first-in-the-nation program will make Massachusetts the first state to have transparent, publicly available information about the corporate, contracting, and clinical relationships of its largest health systems. This public resource contributes to a foundation of information necessary for government, researchers, and market participants to evaluate and improve our health care system.

Over the last two years, the Health Policy Commission (HPC) has developed the DSM through extensive engagement with provider organizations, trade groups, state agencies, Commissioners, and others. Through two formal public comment periods, sixteen public HPC Board and Committee meetings, and approximately thirty small-group and one-on-one meetings, many of you have shared insightful feedback about the content and structure of the DSM. We extend our sincere thanks to every individual and organization that participated in this process.

Incorporating that invaluable feedback, the final DSM carefully balances the administrative effort required to compile and submit each data element with the value of those data to the Commonwealth, researchers, and market participants seeking transparent information about the structure and functioning of our health care system.

In particular, we have made the following changes in response to stakeholder feedback since the initial draft DSM was released in April 2014:

- We have removed many data elements and files, including all information about the facilities of affiliated but unowned providers, unlicensed practice sites, and fees and dues related to contracting and clinical affiliations;
- We have restructured certain files, including replacing the requirement that provider organizations report information about health care provider full-time equivalents with the requirement to upload a physician roster;
- We have limited both the types of clinical affiliations that must be reported in this first year of the program and the entities that must report clinical affiliations;
- We have significantly narrowed the scope of certain questions, such as those relating to the specific insurance products in which providers are participating and the distribution of funds internally within provider organizations;
- We have restructured data elements to allow registrants to attest that information is available from other publicly available sources, and to align our data elements with those of private organizations such as Massachusetts Health Quality Partners (MHQP) to streamline reporting for those entities already

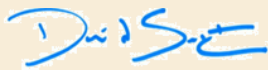
reporting similar information to those organizations;

- We have incorporated numerous technical edits to data elements that improve question wording or add applicable answer options;
- We have added additional guidance and clarification throughout the DSM to address areas of confusion and ensure that the data elements are non-duplicative; and
- We have extended the deadline by which final materials must be submitted to October 30, 2015 to allow provider organizations more than four months to familiarize themselves with the DSM and assemble required information.

We will also provide extensive technical assistance to provider organizations throughout the registration process, including offering group training sessions and one-on-one meetings to all provider organizations. Additional guidance, such as a User Guide and Frequently Asked Questions, will be available on the [HPC website](#).

Thank you for your continued participation in this collaborative process. If you have any questions or concerns, please feel free to reach out to the RPO program staff at HPC-RPO@state.ma.us at any time.

Thank you,



David Seltz
Executive Director

TABLE OF CONTENTS

Glossary of Terms.....	5
Acronyms and Abbreviations	8
General Instructions	9
Background Information File.....	12
Corporate Affiliations File.....	19
Contracting Affiliations File.....	28
Contracting Entity File.....	31
Facilities File.....	40
Physician Roster File	48
Clinical Affiliations File	56
File Attachments	62
Appendix A: Limited Out-of-State Reporting Requirements	64

GLOSSARY OF TERMS

The terms below have been defined in M.G.L. c. 6D, § 1 or 958 CMR 6.00, *Registration of Provider Organizations*, or are defined for the first time in this Data Submission Manual (DSM). Defined terms are capitalized throughout the DSM.

Acute Hospital	The teaching hospital of the University of Massachusetts Medical School and any hospital licensed under M.G.L. c. 111, § 51 and which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the Department of Public Health.
Advanced Care Settings	Sites at which more complex care can be provided for one or more clinical services.
Campus	The physical area immediately adjacent to the provider’s main buildings and other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings.
Carrier	An insurer licensed or otherwise authorized to transact accident or health insurance under M.G.L. c. 175; a nonprofit hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under M.G.L. c. 176B; a health maintenance organization organized under M.G.L. c. 176G; and an organization entering into a preferred provider arrangement under M.G.L. c. 176I, but not including an employer purchasing coverage or acting on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of the employer; provided that, unless otherwise noted, the term “Carrier” shall not include any Entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services.
Clinical Affiliation	Any relationship between a Provider or Provider Organization and another Entity for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in hospital or other ambulatory settings, co-branding, expedited transfers to Advanced Care Settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, Joint Training Programs, video technology to increase access to expert resources and sharing of hospitalists or intensivists.
Community Advisory Boards	Committees, boards, or other oversight and governance bodies engaging the community of a Provider Organization, including, but not limited to patient and family advisory councils as defined in 105 CMR 130.1801 or community benefits advisory boards.
Contracting Entity	An Entity that negotiates, represents, or otherwise acts to establish contracts with Carriers or Third-Party Administrators for the payment of Health Care Services.

Contracting Affiliation	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 Carrier or Third-Party Administrator.
Corporate Affiliation	Any relationship between two Entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control.
Corporately Affiliated Contracting Entity	A Contracting Entity with which the Provider Organization has a Corporate Affiliation.
Entity	A corporation, sole proprietorship, partnership, limited liability company, trust, foundation, or any other organization formed for the purpose of carrying on a commercial or charitable enterprise.
Facility	A licensed institution providing Health Care Services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.
Fiscal Year	The twelve-month period during which a Provider Organization keeps its accounts and which is identified by the calendar year in which it ends.
Global Payment	A type of payment arrangement between payers and Providers that establishes a spending target for a comprehensive set of Health Care Services to be delivered to a specified population during a defined time period.
Health Care Professional	A physician or other health care practitioner licensed, accredited, or certified to perform specified Health Care Services consistent with law.
Health Care Provider or Provider	A provider of Health Care Services or any other person or organization that furnishes, bills or is paid for Health Care Services delivery in the normal course of business or any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the commonwealth to perform or provide Health Care Services.
Health Care Services	Supplies, care and services of medical, Behavioral Health, surgical, optometric, dental, podiatric, chiropractic, therapeutic, diagnostic, preventative, rehabilitative, supportive or geriatric nature including, but not limited to, inpatient and outpatient acute hospital care and services; services provided by a community health center, home health, and hospice care provider, or by a sanatorium, as included in the definition of “hospital” in Title XVIII of the federal Social Security Act, and treatment and care compatible with such services, or by a health maintenance organization.
Initial Registration	The first time a Provider Organization submits an application for Registration, which may include one or more parts.

Joint Training Programs	A training program, including but not limited to student education and graduate medical education, jointly sponsored by one or more Providers or Provider Organizations.
Local Practice Group	A group of Health Care Professionals that functions as a subgroup of a Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons).
Net Patient Service Revenue	The total revenue received in a Fiscal Year for patient care from any Carrier or Third-Party Administrator net of any contractual adjustments, using best available data.
Patient Panel	The total number of individual patients seen over the course of the most recent complete 36-month period.
Provider Organization or Health System or System	Any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents one or more Health Care Providers in contracting with Carriers or Third-Party Administrators for the payment of Health Care Services; provided that the definition shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations, and any other organization that contracts with Carriers or Third-Party Administrators for payment for Health Care Services.
Registration	The process of becoming a Registered Provider Organization as established by the Commission pursuant to M.G.L. c. 6D, § 11, including Initial Registration and Registration Renewal.
Registration Renewal	The process for a Registered Provider Organization to renew its Registration every 24 months.
Risk-Bearing Provider Organization or RBPO	An Entity subject to the requirements of the Massachusetts Division of Insurance pursuant to M.G.L. c. 176T and any regulations promulgated thereunder.
Third-Party Administrator	An Entity that administers payments for Health Care Services on behalf of a client in exchange for an administrative fee.
Third-Party Contracting Entity	A Contracting Entity with which the Provider Organization does not have a Corporate Affiliation and which establishes at least one contract with Carriers or Third-Party Administrators on behalf of at least one of the Provider Organization's corporate affiliates.

ACRONYMS AND ABBREVIATIONS

ACO	Accountable Care Organization
AGO	Massachusetts Attorney General's Office
CMR	Code of Massachusetts Regulations
CMS	Centers for Medicare and Medicaid Services
D/B/A	Doing-Business-As
DSM	Data Submission Manual
EHR	Electronic Health Record
EIN	Employer Identification Number
HPC	Health Policy Commission
IPA	Independent Practice Association
IRS	Internal Revenue Service
M.G.L.	Massachusetts General Laws
MHQP	Massachusetts Health Quality Partners
MPD	Master Provider Database
NPI	National Provider Identifier
NPSR	Net Patient Service Revenue
PHO	Physician-Hospital Organization
RBPO	Risk-Bearing Provider Organization
RPO	Registration of Provider Organizations
SAS	Substance Abuse Services
TPA	Third-Party Administrator

GENERAL INSTRUCTIONS

The Health Policy Commission (HPC) is releasing this Data Submission Manual (DSM) for Initial Registration: Part 2 of the Registration of Provider Organizations (RPO) Program. The DSM provides the specifications for registration that Provider Organizations subject to regulation [958 CMR 6.00](#), *Registration of Provider Organizations* must follow. Provider Organizations must complete the Initial Registration: Part 2 process by **Friday, October 30, 2015 at 5:00 PM**. Provider Organizations that are subject to 958 CMR 6.00 and have not submitted Initial Registration: Part 1 materials should contact the HPC at HPC-RPO@state.ma.us for additional instructions.

In Part 2, Provider Organizations will submit detailed information pursuant to the requirements outlined in 958 CMR 6.05(8). This will include information about the organization's ownership, governance, and operational structure; Corporate, Contracting, and Clinical Affiliations; Health Care Professionals; health care Facilities; and other elements as outlined in the regulation and in this DSM. Each file (sections A through G) contains the data elements that Provider Organizations completed in Part 1 of Initial Registration and the additional data elements that Provider Organizations will provide in Part 2. The information that Provider Organizations submitted in Part 1 will be prepopulated into the online submission platform, as noted throughout this DSM.

After the Provider Organization has completed Part 2, the HPC will determine whether the application is complete or whether more information is required. If an application is determined to be complete, the HPC will provide notice of successful Registration to the Provider Organization as specified in 958 CMR 6.05.

Timing, Accuracy, and Off-cycle Updates

All Part 2 materials must be accurate as of the day the Provider Organization submits them to the HPC. Any information submitted in Part 1 that is no longer accurate must be updated in Part 2. Please note that if the Provider Organization plans to make a change which will go into effect after the close of Part 2 the Provider Organization may be required to submit updated information to the HPC. This off-cycle update is only required if the change in question:

1. Required the filing of a Material Change Notice with the HPC pursuant to 958 CMR 7.00;
2. Required a Determination of Need by the Department of Public Health pursuant to 105 CMR 100.000; or
3. Required an essential health services filing with the Department of Public Health pursuant to 105 CMR 130.000.

Note that this section only relates to the Provider Organization's responsibility to submit documents to the RPO Program. Provider Organizations must submit all appropriate notices and documents to the HPC and the Department of Public Health under the relevant statutory and regulatory requirements.

How to Read the DSM

The information that the Provider Organization must submit in Part 2 has been organized into seven files: the Background Information file, the Corporate Affiliations file, the Contracting Affiliations file, the Contracting Entity file, the Facilities file, the Physician Roster file, and the Clinical Affiliations file. Each file contains a series of data elements that the Provider Organization must submit. The DSM provides the following information about each data element:

Data Element Number: Each data element has been assigned a reference number (e.g., RPO-01). The reference number is used to identify the data element in the online submission platform and the HPC-issued Microsoft Excel templates.

Data Element Name: Each data element has been assigned a name (e.g., Legal Name of Registering Provider Organization). The name is used to identify the data element in the online submission platform and the HPC-issued Microsoft Excel templates.

Instructions: Each data element is accompanied by instructions that describe how to complete the data element.

Required: The Required column indicates whether the field must be completed or if it may be left blank. For example, RPO-04: Address Line 2 is not a required data element because not all Provider Organizations have a second address line. However, each Provider Organization that does have a second address line must complete this question.

Some data elements are only required if the user selects a certain answer to a previous question. These requirements are also described in the Required column.

Format: The Format column indicates whether the Provider Organization's answer to each data element should be in text, integer, checkbox, or file attachment format. The HPC has noted if the user can select more than one answer to a question. In addition, the HPC has identified if the user can enter multiple responses to a single question with "Repeat as necessary" in the format column.

Input Type: The Input Type column describes how the user can complete the data element. Options include entering data in the applicable Microsoft Excel template (see below for additional information) and importing the finalized template into the online submission platform where it may be further edited, manual entry in the online submission platform, or both. One file, the Physician Roster, is submitted as a Microsoft Excel attachment. The Provider Organization will complete the Physician Roster file by completing an HPC-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the Physician Roster will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Physician Roster information, the primary reporter must make the edit within the Microsoft Excel template and upload the revised file attachment to the online submission platform. The information that Provider Organizations submitted in Part 1 will be prepopulated in the applicable Microsoft Excel templates and in the online submission platform. The Provider Organization should review each of these fields for accuracy and update the prepopulated information as appropriate.

Online Submission Platform

The HPC has been working with the Center for Health Information and Analysis to create an online submission platform for Provider Organizations to submit Part 2 materials. The HPC will prepopulate each Provider Organization's Part 1 materials in the online submission platform before the organization's primary reporter logs in for the first time. The primary reporter will be able to edit the prepopulated information, including adding or deleting information, as appropriate. The primary reporter may enter Part 2 information in one of two ways: manually entering data by typing or selecting the proper response to a question or, for select files, completing the applicable Microsoft Excel templates (also referred to as CSV templates) provided by the HPC and uploading the finalized template into the online submission platform. Each primary reporter will receive an e-mail notification when the online submission platform is available.

The HPC will release a User Manual and other resources with detailed instructions on the use of the online submission platform. Staff will also provide an overview of the online submission platform at each group training session. The HPC encourages all primary reporters that have questions about how to use the online system or how to complete the Microsoft Excel templates to contact program staff for assistance.

Abbreviated Filings

The HPC has worked with Provider Organizations in Part 1 to determine if they qualify to file an abbreviated application in Part 2. Provider Organizations that have been approved to file an abbreviated application do not need to submit a Physician Roster file in Part 2. The Third-Party Contracting Entity that the Provider Organization identified in Initial Registration: Part 1 will submit the Physician Roster file on behalf of the abbreviated applicant.

Limited Out-of-State Reporting Requirements

In reviewing Provider Organizations' Part 1 materials, the HPC determined that limited reporting may be appropriate for certain large Provider Organizations for which nearly all of their revenue is generated outside of Massachusetts. The HPC has worked with large, national Provider Organizations in Part 1 to determine if they qualify for Limited Out-of-State Reporting. These requirements are intended to focus the Provider Organization's reporting on Massachusetts. The specific Limited Out-of-State Reporting requirements for each Part 2 file are available in Appendix A. A Provider Organization that believes that it may qualify for Limited Out-of-State Reporting should contact the HPC at HPC-RPO@state.ma.us.

Training and Educational Opportunities

In the months leading up to Part 2, the HPC will provide opportunities for education and training on the content of the Part 2 application and the use of the online submission platform. The HPC will schedule group training sessions prior to the registration period that will provide an overview of the registration program framework and the process for completing Part 2. The HPC will announce the date and location of each training session through its RPO list serv, which includes all primary reporters. Individuals who are not currently on the RPO contact list and who would like to receive RPO communications can add themselves [here](#).

Similar to the Part 1 process, the HPC will offer Provider Organizations the opportunity to schedule a one-on-one meeting with HPC staff. One-on-one meetings are designed to assist Provider Organizations in applying the registration program framework to their organizational structure. Provider Organizations can request to meet in person or by telephone beginning the week of July 6, 2015. The HPC strongly encourages all registrants to schedule a one-on-one meeting with program staff by e-mailing HPC-RPO@state.ma.us to request a list of available dates and times. One-on-one meetings must be booked at least one week in advance.

The HPC also anticipates releasing Frequently Asked Questions and additional guidance throughout the Part 2 registration process. These documents will be available on the Health Policy Commission's website, and primary reporters will be notified by e-mail when new guidance is posted.

Contact Information

Provider Organizations may send any questions to RPO Program staff at HPC-RPO@state.ma.us. Provider Organizations should also review the Frequently Asked Questions section of the HPC's website, which includes answers to questions from Part 1 and will be updated to reflect questions from Part 2, as necessary.

A. Background Information File

The table below includes the data elements that Provider Organizations will provide about the Registering Provider Organization named in RPO-01. The Provider Organization will answer each question in the Background Information file once. Each question refers to the legal Entity named in RPO-01, except where otherwise noted. A Microsoft Excel template will not be available for the Background Information file; the Provider Organization must complete this file through the online submission platform.

Background Information File					
	Name	Instructions	Required	Format	Input Type
RPO-01	Legal Name of Registering Provider Organization	Enter the legal name of the Registering Provider Organization.	Yes	Text	Prepopulated
RPO-02	Doing Business As (D/B/A) or Alternate Name(s) of Registering Provider Organization	Enter all commonly used names by which the Registering Provider Organization named in RPO-01 is known, including any Doing-Business-As names for which the Entity has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary	Prepopulated
RPO-03	Address Line 1	Enter Line 1 of the primary business address for the Registering Provider Organization named in RPO-01.	Yes	Text	Prepopulated
RPO-04	Address Line 2	Enter Line 2 of the primary business address for the Registering Provider Organization named in RPO-01.	No	Text	Prepopulated
RPO-05	Address Line 3	Enter Line 3 of the primary business address for the Registering Provider Organization named in RPO-01.	No	Text	Prepopulated
RPO-06	City	Enter the city of the primary business address for the Registering Provider Organization named in RPO-01.	Yes	Text	Prepopulated
RPO-07	State	Enter the state of the primary business address for the Registering Provider Organization named in RPO-01.	Yes	Text	Prepopulated

Background Information File

	Name	Instructions	Required	Format	Input Type
RPO-08	Zip Code	Enter the 5-digit zip code of the primary business address for the Registering Provider Organization named in RPO-01.	Yes	Integer	Prepopulated
RPO-09	Zip+4 Code	Enter the 4-digit zip code extension of the primary business address for the Registering Provider Organization named in RPO-01.	Yes	Integer	Prepopulated
RPO-10	Phone Number	Enter the primary business phone number for the Registering Provider Organization named in RPO-01.	Yes	Integer	Prepopulated
RPO-11	Web Address	Enter the web address for the Provider Organization.	No	Text	Prepopulated
RPO-12	Primary Reporter Last Name	Enter the last name of the primary reporter. This is the individual who will be responsible for submitting the application for registration and who will receive all communications, including filing instructions and application status alerts, from the HPC. The primary reporter does not have to be an employee of the Registering Provider Organization named in RPO-01.	Yes	Text	Prepopulated
RPO-13	Primary Reporter First Name	Enter the first name of the primary reporter.	Yes	Text	Prepopulated
RPO-14	Primary Reporter Middle Initial	Enter the middle initial of the primary reporter.	Yes	Text	Prepopulated
RPO-15	Primary Reporter Address Line 1	Enter Line 1 of the primary physical business address (work location) for the primary reporter.	Yes	Text	Prepopulated
RPO-16	Primary Reporter Address Line 2	Enter Line 2 of the primary business address for the primary reporter.	No	Text	Prepopulated

Background Information File

	Name	Instructions	Required	Format	Input Type
RPO-17	Primary Reporter Address Line 3	Enter Line 3 of the primary business address for the primary reporter.	No	Text	Prepopulated
RPO-18	Primary Reporter City	Enter the city of the primary business address for the primary reporter.	Yes	Text	Prepopulated
RPO-19	Primary Reporter State	Enter the state of the primary business address for the primary reporter.	Yes	Text	Prepopulated
RPO-20	Primary Reporter Zip Code	Enter the 5-digit zip code of the primary business address for the primary reporter.	Yes	Integer	Prepopulated
RPO-21	Primary Reporter Zip +4 Code	Enter the 4-digit zip code extension of the primary business address for the primary reporter.	Yes	Integer	Prepopulated
RPO-22	Primary Reporter Phone Number	Enter the primary business phone number for the primary reporter.	Yes	Integer	Prepopulated
RPO-23	Primary Reporter Phone Number Extension	Enter the primary business phone number extension for the primary reporter, if any.	No	Integer	Prepopulated
RPO-24	Primary Reporter E-mail Address	Enter the primary business e-mail address for the primary reporter.	Yes	Text	Prepopulated
RPO-25	Secondary Reporter Last Name	Enter the last name of the second person that the Provider Organization has designated as its contact for the RPO Program. This secondary reporter will be added to the RPO Program contact list and will receive all communications about the RPO Program. The secondary reporter does not have to be an employee of the Registering Provider Organization named in RPO-01.	Yes	Text	Manual entry only

Background Information File

	Name	Instructions	Required	Format	Input Type
RPO-26	Secondary Reporter First Name	Enter the first name of the secondary reporter.	Yes	Text	Manual entry only
RPO-27	Secondary Reporter Middle Initial	Enter the middle initial of the secondary reporter.	Yes	Text	Manual entry only
RPO-28	Secondary Reporter Phone Number	Enter the primary business phone number for the secondary reporter.	Yes	Integer	Manual entry only
RPO-29	Secondary Reporter Phone Number Extension	Enter the primary business phone number extension for the secondary reporter, if any.	No	Integer	Manual entry only
RPO-30	Secondary Reporter E-mail Address	Enter the primary business e-mail address for the secondary reporter.	Yes	Text	Manual entry only
RPO-31	Registering Provider Organization Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the Registering Provider Organization named in RPO-01.	Yes	Integer	Prepopulated
RPO-32	Registering Provider Organization Tax-Exempt Status	Does the IRS recognize the Registering Provider Organization named in RPO-01 as tax-exempt? (See Note RPO-32 on page 18) <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer	Prepopulated
RPO-33	Registering Provider Organization's Corporate Parent	Enter the legal name of the corporate parent of the Registering Provider Organization named in RPO-01, if any. (See Note RPO-33 on page 18)	No	Text	Prepopulated

Background Information File

	Name	Instructions	Required	Format	Input Type
RPO-34	Description of the Registering Provider Organization and its Corporate Affiliates	Briefly describe the Registering Provider Organization named in RPO-01 and the types of services that it provides in conjunction with its corporate affiliates.	Yes	Text	Prepopulated
RPO-35	Registration Threshold: Net Patient Service Revenue	<p>Does the Registering Provider Organization, including its corporate affiliates, collectively receive \$25,000,000 or more in annual Net Patient Service Revenue (NPSR) from Carriers or Third-Party Administrators (TPAs), or represent one or more Providers or Provider Organizations that collectively receive \$25,000,000 or more in annual NPSR from Carriers or TPAs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Yes	Checkbox, Single Answer	Prepopulated
RPO-36	Registration Threshold: Patient Panel	<p>Does the Registering Provider Organization, including its corporate affiliates, have a Patient Panel greater than 15,000 patients or represent one or more Providers or Provider Organizations that have a Patient Panel greater than 15,000 patients?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Yes	Checkbox, Single Answer	Prepopulated
RPO-37	Registration Threshold: Risk-Bearing Provider Organization	<p>Is the Registering Provider Organization named in RPO-01, or any of its corporate affiliates, required to obtain a risk certificate or risk certificate waiver from the Division of Insurance, or does the Entity named in RPO-01 represent one or more organizations that is required to obtain a risk certificate or risk certificate waiver?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Yes	Checkbox, Single Answer	Prepopulated
RPO-38	Intent to File Abbreviated Application	<p>If the Registering Provider Organization or any of its corporate affiliates is a contracting affiliate of another registering Provider Organization, do you intend to file an abbreviated application for registration in Initial Registration: Part 2, as allowed under 958 CMR 6.03?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Yes	Checkbox, Single Answer	Prepopulated

Background Information File

	Name	Instructions	Required	Format	Input Type
RPO-39	Legal Name of Third-Party Contracting Entity(ies)	If you answered Yes in Submission Element RPO-38, enter the legal name of each Third-Party Contracting Entity that establishes contracts on behalf of the Registering Provider Organization named in RPO-01 or any of its corporate affiliates whose application will supplement your abbreviated application.	If the user selected “Yes” in RPO-38	Text; Repeat as necessary	Prepopulated
RPO-40	Description of Community Advisory Boards	Briefly describe any Community Advisory Boards that are affiliated with the Registering Provider Organization named in RPO-01 or its corporate affiliates, or select the checkbox below. (See Note RPO-40 on page 18) <input type="checkbox"/> My organization does not have any Community Advisory Boards.	Yes	Text or Checkbox	Manual entry only
RPO-41	Governance Filing Requirements	Select the option below that is true for your organization. <input type="checkbox"/> The Registering Provider Organization named in RPO-01 and each of its corporate affiliates is in compliance with all applicable registration and filing requirements for the Corporations Division of the Office of the Secretary of the Commonwealth of Massachusetts and the Non-profit/Charities Division of the Office of the Attorney General of Massachusetts. <input type="checkbox"/> The Registering Provider Organization named in RPO-01 and each of its corporate affiliates is not in compliance with all applicable registration and filing requirements for the Corporations Division of the Office of the Secretary of the Commonwealth of Massachusetts and the Non-profit/Charities Division of the Office of the Attorney General of Massachusetts.	Yes	Checkbox, Single Answer	Manual entry only
RPO-42	Applicable Files	Select the options below that are true for your organization. <input type="checkbox"/> My organization does not have any reportable Contracting Affiliations. <input type="checkbox"/> My organization does not own or control any licensed Facilities, directly or indirectly. <input type="checkbox"/> My organization has been approved by the HPC to submit an abbreviated application, and is therefore not required to submit a Physician Roster. <input type="checkbox"/> My organization does not have any reportable Clinical Affiliations.	Yes	Checkbox, Multiple Answers	Manual entry only

Notes to the Background Information File

RPO-32: Tax-Exempt Status

[Back](#) to Data Element – page 15

In Part 1, Provider Organizations were asked to report their tax status as either “For profit” or “Non-profit.” The HPC has updated this question to ask specifically if the Internal Revenue Service considers the registering Entity tax-exempt. The HPC will prepopulate this question with the Provider Organization’s original answer (i.e., the HPC will enter “Yes” for Provider Organizations that selected “Non-profit” and “No” for Provider Organizations that selected “For Profit”). The Provider Organization may edit this field as appropriate.

RPO-33: Registering Provider Organization’s Corporate Parent

[Back](#) to Data Element – page 15

As outlined in the [Frequently Asked Questions](#) issued on October 14, 2014, the HPC seeks to register Entities at the uppermost level of their corporate structure, provided that the primary business purpose of this uppermost corporate Entity is health care delivery or management. The Provider Organization will enter “N/A” in response to RPO-33 if the Registering Provider Organization named in RPO-01 is not owned or controlled by any other Entity. If the Registering Provider Organization named in RPO-01 is owned or controlled, whether fully or partially, by an Entity whose primary business purpose is not health care delivery or management (e.g., a venture capital firm), the Provider Organization will list that Entity in RPO-33.

RPO-40: Description of Community Advisory Boards

[Back](#) to Data Element – page 17

The Provider Organization must provide a brief description of its Community Advisory Boards in RPO-40. In responding to this question, Provider Organizations should include not only advisory boards formed by or operating under the Entity named in RPO-01, but also by any of the Provider Organization’s corporate affiliates.

The HPC is aware that not all Provider Organizations are required to have Community Advisory Boards. If the Provider Organization does not have any Community Advisory Boards, the Provider Organization can select the checkbox that states “My organization does not have any Community Advisory Boards.”

Many organizations submit reports about their Community Advisory Boards to the Attorney General’s Office (AGO). If the Provider Organization has provided information about its Community Advisory Boards to the AGO, the Provider Organization can state that the relevant information is available through the AGO. The Provider Organization should provide a description of each Community Advisory Board for which information is not available through the AGO.

B. CORPORATE AFFILIATIONS FILE

The table below includes the data elements that the Provider Organization will provide about each Entity with which it has a Corporate Affiliation (a corporate affiliate). 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. In Part 1, the HPC worked with each Provider Organization to help ensure that all corporate affiliates were listed in the Corporate Affiliations file. However, if the Registering Provider Organization determines that it has a Corporate Affiliation that was not reported in Part 1, the corporate affiliate should be added to the Corporate Affiliations file in Part 2. This includes both affiliations in which the Registering Provider Organization has a minority ownership or controlling interest and affiliations in which the Provider Organization has an indirect ownership or controlling interest. Provider Organizations that have questions about whether an affiliation is reportable should contact the RPO Program at HPC-RPO@state.ma.us.

Please note that in Part 1 of Initial Registration, Provider Organizations were not required to answer the questions in the Corporate Affiliations file about the Registering Provider Organization itself. The HPC has since reorganized the questions in the Corporate Affiliations file and has determined that the Registering Provider Organization named in RPO-01 must also complete this file for itself. The HPC will update each Provider Organization's Part 1 Corporate Affiliations file to include the Registering Provider Organization named in RPO-01.

The Corporate Affiliations File will be prepopulated with the data provided by the Provider Organization in Part 1 (Legal Name, D/B/A Name, and EIN for each corporate affiliate), and RPO Program Staff will provide a prepopulated Part 2 Corporate Affiliations File Microsoft Excel template to each Provider Organization. Provider Organizations may edit listed corporate affiliates and complete data elements RPO-43 through RPO-48 by entering the required information into the HPC-issued Microsoft Excel template and importing the template into the online submission platform, or by manually entering the data into the online submission platform. The HPC strongly recommends using the HPC-issued Microsoft Excel template to complete data elements RPO-43 through RPO-48, as this will allow the online submission platform to automatically prepopulate answer options for later questions in this file. Provider Organizations must complete data elements RPO-49 through RPO-58 for each affiliate manually in the online submission platform.

Corporate Affiliations File					
	Name	Instructions	Required	Format	Input Type
RPO-43	Legal Name of Corporate Affiliate	Enter the legal name of the corporate affiliate.	Yes	Text	Prepopulated
RPO-44	Corporate Affiliate D/B/A or Alternate Name(s)	Enter all commonly used names by which the corporate affiliate is known, including any Doing-Business-As names for which the corporate affiliate has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary	Prepopulated

Corporate Affiliations File

	Name	Instructions	Required	Format	Input Type
RPO-45	Corporate Affiliate Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the corporate affiliate.	Yes	Integer	Prepopulated
RPO-46	Corporate Affiliate Zip Code	Enter the 5-digit zip code of the primary physical address for the corporate affiliate.	Yes	Integer	Manual entry or Microsoft Excel template import
RPO-47	Corporate Affiliate Tax-Exempt Status	Does the IRS recognize the corporate affiliate as tax-exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer	Manual entry or Microsoft Excel template import
RPO-48	Contracting Entity (Contractor) Status	Does the corporate affiliate establish contracts with Carriers or TPAs on behalf of one or more Health Care Professionals or Providers, which may include itself? (See Figure 1 on page 24 and Note RPO-48 on page 24) <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer	Manual entry or Microsoft Excel template import
RPO-49	Legal Name of Corporately Affiliated Contracting Entity	Select the name of each Corporately Affiliated Contracting Entity that establishes contracts with Carriers or TPAs on behalf of the corporate affiliate. (See Figure 1 on page 24 and See Note RPO-49 on page 25) <input type="checkbox"/> [Unique Answer 1] <input type="checkbox"/> [Unique Answer 2] <input type="checkbox"/> This corporate affiliate has at least one contract that is established by a Third-Party Contracting Entity. <input type="checkbox"/> This corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of a contract with a Carrier or TPA.	Yes	Checkbox, Multiple Answers	Manual entry only

Corporate Affiliations File

	Name	Instructions	Required	Format	Input Type
RPO-50	Legal Name of Third-Party Contracting Entity(ies)	Enter the legal name of the Third-Party Contracting Entity that establishes at least one contract with Carriers or TPAs on behalf of the corporate affiliate. (See Note RPO-50 on page 25)	If the user selected “Third-Party Contracting Entity” in RPO-49	Text; Repeat as necessary	Manual entry only
RPO-51	Third-Party Contracting Entity EIN	Enter the 9-digit Employer Identification Number (EIN) for the Third-Party Contracting Entity.	If the user entered an Entity in RPO-50	Integer; Repeat as necessary	Manual entry only
RPO-52	Organization Type	<p>Select the option(s) below that describes the corporate affiliate’s organization type. (See Note RPO-52 on page 25)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contracting Organizations or Managed Services Organization <input type="checkbox"/> Development/Charitable Organization <input type="checkbox"/> Direct Provider of Patient Care Services (e.g., hospital, nursing home, physician office, etc.) <input type="checkbox"/> Financial Organization (e.g., investment, private equity) <input type="checkbox"/> Holding Company <input type="checkbox"/> Inactive Entity <input type="checkbox"/> Licensed Health Insurer <input type="checkbox"/> Professional Liability Organization <input type="checkbox"/> Professional Organization <input type="checkbox"/> Property Holdings or Property Management Company <input type="checkbox"/> Research Organization <input type="checkbox"/> Other; Describe 	Yes	Checkbox, Multiple Answers	Manual entry only

Corporate Affiliations File

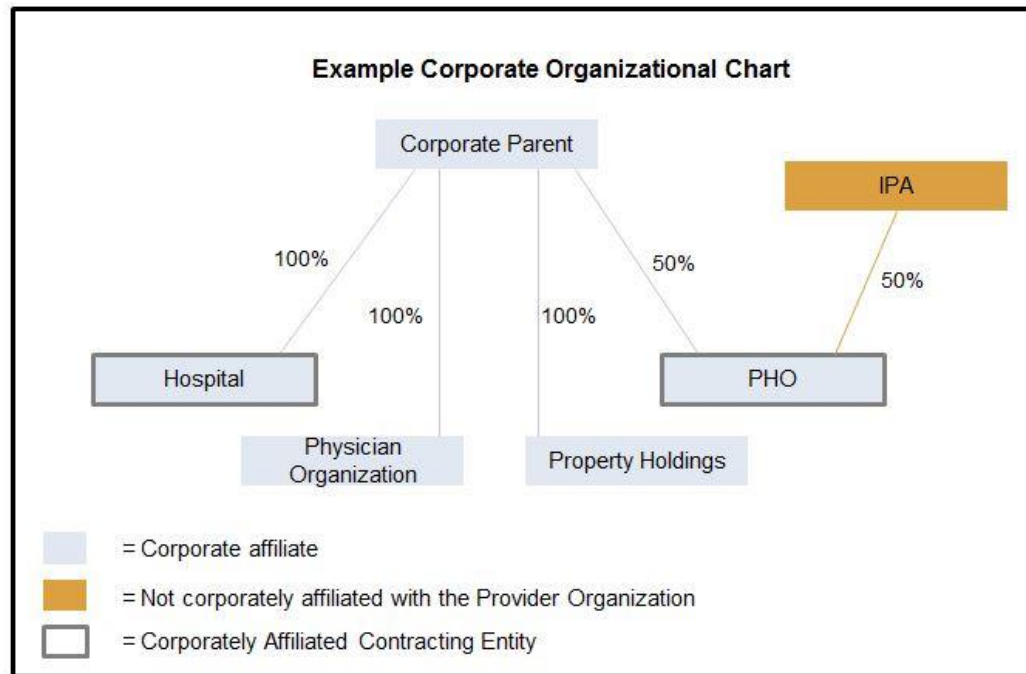
	Name	Instructions	Required	Format	Input Type
RPO-53	Organization Type – Subcategories	<p>Select each option(s) below that describe the type of Facilities or services offered by the corporate affiliate.</p> <p><input type="checkbox"/> Licensed Facility or Facilities (details for each licensed Facility will be provided in the Facilities file)</p> <p>Patient care services or sites for which a Facility license is not required</p> <p><input type="checkbox"/> Behavioral health Provider for which no Facility license is required</p> <p><input type="checkbox"/> Home health agency for which no Facility license is required</p> <p><input type="checkbox"/> Physician practice for which no Facility license is required</p> <p><input type="checkbox"/> Urgent care center for which no Facility license is required</p> <p><input type="checkbox"/> Other; Describe</p>	If the user selected “Direct Provider of Patient Care Services” in RPO-52	Checkbox, Multiple Answers	Manual entry only
RPO-54	Legal Name of Corporately Affiliated Entity(ies) with a Direct Ownership or Controlling Interest (Internal Corporate Parent(s))	<p>Enter the legal name of the corporately affiliated Entity that directly owns or controls the corporate affiliate, whether fully or partially. If the corporate affiliate is not owned or controlled, fully or partially, by any other Entity, select the checkbox below. (See Note RPO-54 on page 27)</p> <p><input type="checkbox"/> This corporate affiliate is not owned or controlled, fully or partially, by any other Entity.</p>	Yes	Text; Repeat as necessary	Prepopulated
RPO-55	Level of Ownership or Control	<p>Select the option that best characterizes the level of ownership or control that the Entity named in RPO-54 has over the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-54 is the only Entity with an ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-54 has a majority ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-54 has a 50% ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-54 has a minority ownership or controlling interest in the corporate affiliate, but has the largest ownership or controlling interest of all of the corporate affiliate’s corporate parents.</p> <p><input type="checkbox"/> The Entity named in RPO-54 has a minority ownership or controlling interest in the corporate affiliate, and does not have the largest ownership or controlling interest of all of the corporate affiliate’s corporate parents.</p>	If the user entered an Entity in RPO-54	Checkbox, Single Answer; Repeat as necessary	Prepopulated

Corporate Affiliations File

	Name	Instructions	Required	Format	Input Type
RPO-56	Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s))	<p>If another Entity (1) is not a corporate affiliate of the Registering Provider Organization named in RPO-01, and (2) has a direct ownership or controlling interest in the corporate affiliate named in RPO-43, enter the legal name of the Entity here or select the option below. (See Note RPO-56 on page 27)</p> <p><input type="checkbox"/> The corporate affiliate named in RPO-43 is owned or controlled by more than six entities with which my organization does not have a Corporate Affiliation.</p>	No	Text; Repeat as necessary or Checkbox	Manual entry only
RPO-57	Other Entity with Direct Ownership or Controlling Interest EIN	Enter the 9-digit Employer Identification Number (EIN) for the Entity named in RPO-56.	If the user entered an Entity in RPO-56	Integer; Repeat as necessary	Manual entry only
RPO-58	Level of Ownership or Control of Corporate Affiliate	<p>Select the option that best characterizes the level of ownership or control that the Entity named in RPO-56 has over the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-56 has a majority ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-56 has a 50% ownership or controlling interest in the corporate affiliate.</p> <p><input type="checkbox"/> The Entity named in RPO-56 has a minority ownership or controlling interest in the corporate affiliate, but has the largest ownership or controlling interest of all of the corporate affiliate’s corporate parents.</p> <p><input type="checkbox"/> The Entity named in RPO-56 has a minority ownership or controlling interest in the corporate affiliate, and does not have the largest ownership or controlling interest of all of the corporate affiliate’s corporate parents.</p>	If the user entered an Entity in RPO-56	Checkbox, Single Answer; Repeat as necessary	Manual entry only

Notes to the Corporate Affiliations File

Figure 1: Example Corporate Organizational Chart



RPO-48: Contracting Entity (Contractor) Status

[Back](#) to Data Element – page 20

RPO-48: Contracting Entity (Contractor) Status asks the Provider Organization to answer whether the corporate affiliate establishes contracts with Carriers or TPAs on behalf of one or more Providers, which may include itself. In the example corporate organizational chart ([Figure 1](#)), the Registering Provider Organization – the corporate parent – owns a hospital, a physician organization, and a property holdings company, and has a 50% controlling interest in a Physician-Hospital Organization (PHO). Both the hospital and the PHO establish contracts with Carriers and TPAs, thus making them Corporately Affiliated Contracting Entities. The Provider Organization will select “Yes” in response to the Contracting Entity Status question for both the hospital and the PHO.

The Provider Organization must complete the Contracting Entity file for each Corporately Affiliated Contracting Entity. The online submission platform will prepopulate the Contracting Entity file with the legal name of each identified Corporately Affiliated Contracting Entity. The HPC

recommends that the Provider Organization complete the Corporate Affiliations file before the Contracting Entity file to allow the system to prepopulate these fields and reduce administrative burden.

RPO-49: Legal Name of Corporately Affiliated Contracting Entity

RPO-50: Legal Name of Third-Party Contracting Entity(ies)

[Back](#) to Data Element RPO-49 – page 20

[Back](#) to Data Element RPO-50 – page 21

If the corporate affiliate is a provider of direct patient care services for which it is reimbursed according to the terms of at least one contract with Carriers or TPAs, the Provider Organization must provide the name of each Entity that establishes contracts with Carriers or TPAs on behalf of the corporate affiliate.

The Entities that establish contracts on behalf of the corporate affiliate fall into one of two categories: Entities that have a Corporate Affiliation with the Provider Organization (Corporately Affiliated Contracting Entities) and Entities that do not have a Corporate Affiliation with the Provider Organization (Third-Party Contracting Entities). In the Legal Name of Corporately Affiliated Contracting Entity question (RPO-49), the Provider Organization must select the name of each Entity with which the Provider Organization has a Corporate Affiliation that establishes contracts on behalf of the corporate affiliate. Each Provider Organization will have a prepopulated, unique list of possible answers for this question; each corporate affiliate for which the Provider Organization selected “Yes” in response to RPO-48: Contracting Entity (Contractor) Status will appear as a possible answer in RPO-49: Legal Name of Corporately Affiliated Contracting Entity.

In the example corporate organizational chart ([Figure 1](#)), the physician organization is a provider of direct patient care services. When answering RPO-49 for the physician organization, the Provider Organization will have two unique answer options reflecting the two Corporately Affiliated Contracting Entities displayed in this chart: the Hospital and the PHO. If the physician organization has a portion of its contracts negotiated by the hospital and a portion negotiated by the PHO, the Provider Organization will select both the Hospital and the PHO. If the physician organization had 100% of its contracts negotiated through the PHO, the Provider Organization would only select the PHO.

The Provider Organization will also have the option of selecting the following answer option for each corporate affiliate: “This corporate affiliate has at least one contract that is established by a Third-Party Contracting Entity.” A Third-Party Contracting Entity is an Entity with which the Registering Provider Organization does not have a Corporate Affiliation, that establishes at least one contract with Carriers or TPAs on behalf of the Registering Provider Organization named in RPO-01 or at least one of the Registering Provider Organization’s corporate affiliates. In RPO-50: Legal Name of Third-Party Contracting Entity, the Provider Organization will provide the name of each Third-Party Contracting Entity.

If the corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of at least one contract with Carriers or TPAs, the Provider Organization will select “This corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of a contract with a Carrier or TPA.”

RPO-52: Organization Type

[Back](#) to Data Element – page 21

RPO-52: Organization Type asks the Provider Organization to select the type(s) of organization that describes the corporate affiliate. If the corporate affiliate's organization type is not listed, the Provider Organization will select "Other; Describe" and provide a brief description (no more than 1-2 sentences) describing the corporate affiliate.

Contracting Organizations or Managed Services Organization – A Contracting Organization or Managed Services Organization is any Entity whose primary business purpose is to provide contracting, administrative, or management services to a Provider. This may include Physician-Hospital Organizations, Accountable Care Organizations, and Independent Practice Associations. The Provider Organization is not required to select this answer for each corporate affiliate that establishes contracts, but rather those that are primarily engaged in providing contracting or management services.

Development/Charitable Organization – A Development/Charitable Organization is an Entity whose primary business purpose is to solicit and manage charitable contributions to the Provider Organization and promote the advancement of the institution and its community partnerships.

Direct Provider of Patient Care Services – A Direct Provider of Patient Care Services is an organization that is engaging in the provision of Health Care Services to the Provider Organization's patients. Examples may include hospitals, community health centers, nursing homes, clinics, physician practices, and clinical laboratories, among others.

Financial Organization – A Financial Organization is an Entity whose primary business purpose is to manage or invest funds or to provide other financial services to the Provider Organization or its corporate affiliates.

Holding Company – A Holding Company is an Entity whose primary business purpose is to own or control other corporate Entities.

Inactive Entity – An Inactive Entity is a legal Entity that does not have any current business activity or future business activity planned within the next twelve months.

Licensed Health Insurer – A Licensed Health Insurer is any Entity that is licensed or otherwise authorized to transact health insurance.

Professional Liability Organization – A Professional Liability Organization is an organization that provides insurance and financial protection to Health Care Providers against the risks and liability of providing Health Care Services.

Professional Organization – A Professional Organization is a corporate Entity that employs or otherwise organizes physicians and other Health Care Professionals to provide direct patient care services to the Provider Organization's patients. Independent Practice Associations should not be marked as Professional Organizations, but rather as Contracting Organizations or Managed Services Organizations.

Property Holdings or Property Management Company – A Property Holdings or Property Management Company is an Entity whose primary business purpose is to own and/or manage real estate assets.

Research Organization – This organization type includes, but is not limited to, Contract Research Organizations (CROs). The Provider Organization should select this option for each of its corporate affiliates that is engaged in health care research.

RPO-54: Legal Name of Corporately Affiliated Entity(ies) with a Direct Ownership or Controlling Interest (Internal Corporate Parent(s))

[Back](#) to Data Element – page 22

In RPO-54, the Provider Organization will list the name of each corporate affiliate that has a direct ownership or controlling interest in the corporate affiliate. If the Provider Organization were completing the questions for the Hospital in the example corporate organizational chart ([Figure 1](#)), it would list the Corporate Parent in RPO-54, as the Corporate Parent is the sole corporate member of the Hospital. The Provider Organization can enter multiple names in response to this question if its corporate affiliate is directly owned or controlled by multiple corporate affiliates. The Provider Organization will respond to RPO-55: Level of Ownership or Control, for each Entity that it entered in RPO-54.

In RPO-54, the Provider Organization should only enter the name of the corporately affiliated Entity with a direct ownership or controlling interest. If the Provider Organization was completing the Corporate Affiliations file for the PHO in the example corporate organizational chart ([Figure 1](#)), the Provider Organization would list the Corporate Parent in RPO-54. The IPA would not be named in RPO-54, but rather in RPO-56: Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s)), because the Provider Organization does not have a Corporate Affiliation with the IPA.

Note that the HPC will prepopulate these questions based on the corporate organizational chart that the Provider Organization submitted in Part 1. Each Provider Organization is responsible for reviewing this information to ensure that it has been completed properly and making updates as necessary. In some cases, the corporate organizational chart submitted in Part 1 may not contain the necessary information for the HPC to complete this question. If a question has been left blank for one of the Provider Organization’s corporate affiliates, the Provider Organization is required to complete this question.

RPO-56: Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s))

[Back](#) to Data Element – page 23

If the Provider Organization has a corporate affiliate that is partially owned or controlled by an Entity that the Provider Organization does not own or control (e.g., a joint venture), the Provider Organization will list the name of the other Entity or Entities that have an ownership or controlling interest in the corporate affiliate in RPO-56. If the corporate affiliate is wholly owned or controlled by the Provider Organization (directly or indirectly), the Provider Organization does not have to complete questions RPO-56 through RPO-58. The Provider Organization can enter multiple names in response to this question if the corporate affiliate is directly owned or controlled by multiple other Entities, and will answer RPO-57 and RPO-58 on behalf of each Entity named in RPO-56. When answering this question for the PHO in the example corporate organizational chart ([Figure 1](#)) the Provider Organization would list the IPA in RPO-56 because the Provider Organization does not have a Corporate Affiliation with the IPA.

If the Provider Organization has a corporate affiliate that is owned or controlled by more than six different Entities with which the Provider Organization does not have a Corporate Affiliation, the Provider Organization is not required to list each Entity, but rather should check the option “The corporate affiliate named in RPO-43 is owned or controlled by more than six entities with which my organization does not have a Corporate Affiliation.”

C. CONTRACTING AFFILIATIONS FILE

The table below includes the data elements that the Provider Organization will provide for each Entity with which it has a Contracting Affiliation (a contracting affiliate). 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 Carrier or TPA. This list should not include the corporate affiliates on whose behalf the Provider Organization negotiates, represents or otherwise acts to establish contracts for Health Care Services with Carriers or TPAs. The Contracting Affiliations File should only include non-owned entities on whose behalf the Provider Organization establishes contracts. For the purposes of the Contracting Affiliations file, a contracting affiliate is an organization, rather than an individual physician. If the Provider Organization has Physician Participation Agreements with individual physicians, but does not have an agreement at the organizational level (e.g., medical group), the Provider Organization is not required to list the individual physicians in the Contracting Affiliations file.

In Part 1, the HPC worked with each Provider Organization to help ensure that all contracting affiliates were listed in the Contracting Affiliations file. However, if the Registering Provider Organization determines that it, or any of its corporate affiliates, has a Contracting Affiliation that was not reported in Part 1, the contracting affiliate should be added to the Contracting Affiliations file in Part 2. If the Provider Organization does not have any Contracting Affiliations, the Provider Organization does not have to complete this file.

The primary reporter can complete the Contracting Affiliations file by entering the required information into the HPC-issued Microsoft Excel template and importing the template into the online submission platform, or by manually entering the data into the online submission platform.

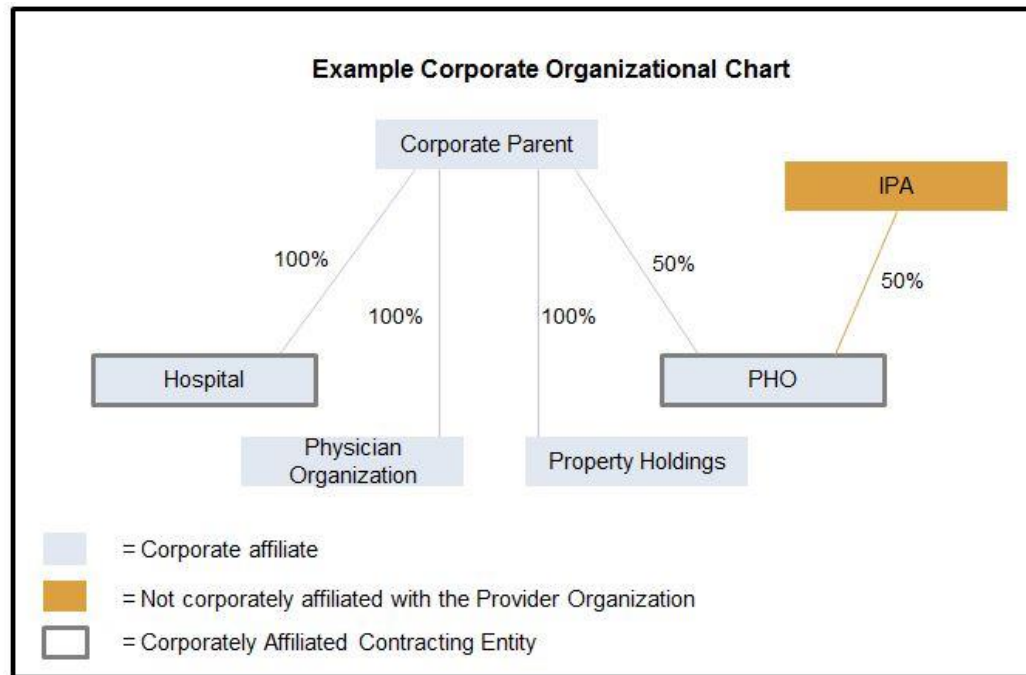
Contracting Affiliations File					
	Name	Instructions	Required	Format	Input Type
RPO-59	Legal Name of Contracting Affiliate	Enter the legal name of the contracting affiliate.	Yes	Text	Prepopulated
RPO-60	Contracting Affiliate D/B/A or Alternate Name(s)	Enter all commonly used names by which the contracting affiliate is known, including any Doing-Business-As names for which the contracting affiliate has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary	Prepopulated
RPO-61	Contracting Affiliate Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the contracting affiliate.	Yes	Integer	Prepopulated

Contracting Affiliations File

	Name	Instructions	Required	Format	Input Type
RPO-62	Organization Type	<p>Select the option(s) below that describe the contracting affiliate’s organization type. If you are using the HPC-issued Microsoft Excel template to complete this question, enter the appropriate two-digit answer code(s), separated by a semi-colon, in the template.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute Hospital (10) <input type="checkbox"/> Ambulatory Surgery Center (11) <input type="checkbox"/> Community Health Center (12) <input type="checkbox"/> Contracting Entity or Managed Services Organization (13) <input type="checkbox"/> Freestanding Diagnostic Imaging Center (14) <input type="checkbox"/> Home Health Agency (15) <input type="checkbox"/> Hospice (16) <input type="checkbox"/> Long Term Acute Care Hospital (17) <input type="checkbox"/> Mental Health Services Provider: Inpatient (18) <input type="checkbox"/> Mental Health Services Provider: Outpatient (19) <input type="checkbox"/> Nursing Home / Skilled Nursing Facility (20) <input type="checkbox"/> Physician Practice (21) <input type="checkbox"/> Rehabilitation Hospital (22) <input type="checkbox"/> Substance Abuse Services Provider: Inpatient (23) <input type="checkbox"/> Substance Abuse Services Provider: Outpatient (24) <input type="checkbox"/> Urgent Care Center (25) <input type="checkbox"/> Other Clinic (26) <input type="checkbox"/> Other (27) 	Yes	Checkbox, Multiple Answers	Manual entry or Microsoft Excel template import
RPO-63	Legal Name of Corporately Affiliated Contracting Entity	<p>Select the name of each Corporately Affiliated Contracting Entity that establishes contracts with Carriers or TPAs on behalf of the contracting affiliate. Provider Organizations that choose to complete this question using the HPC-issued Microsoft Excel template should review the special instructions in the template for completing this question. (See Note RPO-63 on page 30 and Figure 1 on page 30)</p> <ul style="list-style-type: none"> <input type="checkbox"/> [Unique Answer 1] <input type="checkbox"/> [Unique Answer 2] 	Yes	Checkbox, Multiple Answers	Manual entry or Microsoft Excel template import

Notes to the Contracting Affiliations File

Figure 1: Example Corporate Organizational Chart



RPO-63: Legal Name of Corporately Affiliated Contracting Entity

[Back](#) to Data Element – page 29

The Provider Organization must provide the name of each Corporately Affiliated Contracting Entity that establishes contracts with Carriers or TPAs on behalf of the contracting affiliate. Each Provider Organization will have a unique list of possible answers for this question; each corporate affiliate for which the Provider Organization selected “Yes” in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file will appear as a possible answer in RPO-63: Legal Name of Corporately Affiliated Contracting Entity. In the example corporate organizational chart ([Figure 1](#)), both the hospital and the PHO establish contracts with Carriers and TPAs, and are therefore considered Corporately Affiliated Contracting Entities. The hospital and the PHO would thus both appear as possible answers to question RPO-63 as Corporately Affiliated Contracting Entities that could establish contracts on behalf of the contracting affiliate. The Provider Organization is only required to indicate which of those Corporately Affiliated Contracting Entities establish contracts on behalf of the contracting affiliate. The Provider Organization is not required to indicate whether the contracting affiliate has contracts that are established by an Entity with which the Provider Organization does not have a Corporate Affiliation. Please note that if the Provider Organization chooses to complete this file using the HPC-issued Microsoft Excel template, the Provider Organization will be asked to provide the 9-digit EIN of the Corporately Affiliated Contracting Entity or entities, rather than the legal name.

D. CONTRACTING ENTITY FILE

The table below includes the data elements that the Provider Organization will provide about each of the Provider Organization’s Corporately Affiliated Contracting Entities. A Corporately Affiliated Contracting Entity is a Contracting Entity with which the Provider Organization has a Corporate Affiliation. Each corporate affiliate for which the Provider Organization selected “Yes” in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file is considered a Corporately Affiliated Contracting Entity.

Contracting Entity File					
	Name	Instructions	Required	Format	Input Type
RPO-64	Legal Name of Corporately Affiliated Contracting Entity	Enter the legal name of the Corporately Affiliated Contracting Entity. (See Note RPO-64 on page 36)	Yes	Text	Prepopulated
RPO-65	Payers with which the Contracting Entity Contracts	<p>Select each category in which the Contracting Entity establishes at least one contract.</p> <p>Private Commercial</p> <p><input type="checkbox"/> Private commercial with Blue Cross Blue Shield, Harvard Pilgrim Health Care, and/or Tufts Health Plan</p> <p><input type="checkbox"/> Other private commercial</p> <p>Medicare</p> <p><input type="checkbox"/> Medicare Accountable Care Organizations (e.g., Pioneer ACO, Medicare Shared Savings Program, Next Generation ACO)</p> <p><input type="checkbox"/> Medicare Advantage</p> <p>Medicaid</p> <p><input type="checkbox"/> Medicaid Managed Care</p>	Yes	Checkbox, Multiple Answers	Manual entry only
RPO-66	Contracting for Affiliated Providers	<p>Does the Contracting Entity establish contracts on behalf of any Health Care Professionals that it, or a corporate affiliate of the Registering Provider Organization named in RPO-01, does not employ, or on behalf of a Provider with which the Contracting Entity does not have a Corporate Affiliation?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Yes	Checkbox, Single Answer	Manual entry only

Contracting Entity File

	Name	Instructions	Required	Format	Input Type
RPO-67	Services Offered to Contracting Affiliates	<p>Select each service that the Contracting Entity offers to Health Care Professionals or Providers that are not employed or owned by the Registering Provider Organization named in RPO-01 or any of its corporate affiliates. (See Note RPO-67 on page 36)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administrative Support: Billing <input type="checkbox"/> Administrative Support: General <input type="checkbox"/> Care Management <input type="checkbox"/> Carrier Contract Management <input type="checkbox"/> Information Technology <input type="checkbox"/> Other Management <input type="checkbox"/> Professional Training <input type="checkbox"/> None of the above 	If the user selected "Yes" in RPO-66	Checkbox, Multiple Answers	Manual entry only
RPO-68	Global Payment	<p>Select the answer that best describes if the Contracting Entity establishes contracts that include Global Payments for participating Providers or Provider Organization(s). (See Note RPO-68 on page 36)</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Contracting Entity only establishes contracts with Global Payments through which it is eligible for surpluses, but is not responsible for deficits. <input type="checkbox"/> The Contracting Entity establishes contracts with Global Payments through which it is eligible for surpluses and responsible for deficits. <input type="checkbox"/> The Contracting Entity does not establish any contracts that include a Global Payment. 	Yes	Checkbox, Single Answer	Manual entry only

Contracting Entity File

	Name	Instructions	Required	Format	Input Type
RPO-69	Global Payments – Eligibility for Surplus	<p>Select the answers that best describe which types of Providers are eligible for surplus under any of the Contracting Entity’s Global Payment arrangements. (See Note RPO-69 on page 37)</p> <p> <input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialists – Behavioral Health <input type="checkbox"/> Specialists – Non-Behavioral Health <input type="checkbox"/> Hospital(s) <input type="checkbox"/> Post-Acute <input type="checkbox"/> Ancillary <input type="checkbox"/> Other <input type="checkbox"/> None of the above </p>	If the user selected Option 1 or Option 2 in RPO-68	Checkbox, Multiple Answers	Manual entry only
RPO-70	Global Payments – Responsibility for Deficits	<p>Select the answers that best describe which types of Providers are responsible for deficits under any of the Contracting Entity’s Global Payment arrangements. (See Note RPO-70 on page 37)</p> <p> <input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialists – Behavioral Health <input type="checkbox"/> Specialists – Non-Behavioral Health <input type="checkbox"/> Hospital(s) <input type="checkbox"/> Post-Acute <input type="checkbox"/> Ancillary <input type="checkbox"/> Other <input type="checkbox"/> None of the above </p>	If the user selected Option 2 in RPO-68	Checkbox, Multiple Answers	Manual entry only

Contracting Entity File

	Name	Instructions	Required	Format	Input Type
RPO-71	Global Payments – Withholds	<p>Select the answer(s) that best describe if and how the Contracting Entity uses withholds with regard to its subdivisions (or, if the Contracting Entity does not use subdivisions, with regard to individual physicians). (See Note RPO-71 on page 38)</p> <p><input type="checkbox"/> In the case of organizational surplus, the Contracting Entity returns withholds to all subdivisions (or individual physicians).</p> <p><input type="checkbox"/> In the case of organizational surplus, the Contracting Entity returns withholds only to subdivisions that meet performance metrics (or individual physicians that meet performance metrics).</p> <p><input type="checkbox"/> In the case of organizational deficit, the Contracting Entity does not return withholds to any subdivision (or individual physicians).</p> <p><input type="checkbox"/> In the case of organizational deficit, the Contracting Entity returns withholds only to subdivisions that meet performance metrics (or individual physicians that meet performance metrics).</p> <p><input type="checkbox"/> The Contracting Entity uses other methods to determine whether to return withholds.</p> <p><input type="checkbox"/> Not applicable; the Contracting Entity does not use or make decisions about the return of withholds.</p>	If the user selected Option 2 in RPO-68	Checkbox, Multiple Answers	Manual entry only
RPO-72	Global Payments – Distribution of Surplus/Deficit	<p>Select the answer that best describes how the Contracting Entity determines the methodology by which subdivisions distribute surplus funds and/or deficit responsibility to their component subdivisions. (See Note RPO-72 on page 38)</p> <p><input type="checkbox"/> The Contracting Entity determines the method by which subdivisions allocate surplus and/or deficit.</p> <p><input type="checkbox"/> The Contracting Entity sets standards regarding allocation of surplus and/or deficit that subdivisions must follow.</p> <p><input type="checkbox"/> Subdivisions are required to inform the Contracting Entity how they decide to allocate surplus and/or deficit.</p> <p><input type="checkbox"/> The Contracting Entity does not have any subdivisions and therefore the Contracting Entity makes all decisions about allocation of surplus and/or deficit to individual physicians.</p> <p><input type="checkbox"/> None of the above.</p>	If the user selected Option 1 or Option 2 in RPO-68	Checkbox, Single Answer	Manual entry only

Contracting Entity File

	Name	Instructions	Required	Format	Input Type
RPO-73	Upload Physician Roster	<p>Select the option below that best describes how you are providing the physician roster for the Contracting Entity. (See Note RPO-73 on page 38 and Section F – Physician Roster File on page 48)</p> <p><input type="checkbox"/> I have imported the physician roster for the Contracting Entity on the File Attachments tab of the online submission platform.</p> <p><input type="checkbox"/> The Health Policy Commission has approved my request to submit an abbreviated application, and I am therefore not required to submit a physician roster for the Contracting Entity.</p> <p><input type="checkbox"/> The physician roster requirement is being met for this Contracting Entity through the roster of another Corporately Affiliated Contracting Entity, as allowed by the HPC.</p>	Yes	Checkbox, Single Answer	Manual entry only

Notes to the Contracting Entity File

RPO-64: Legal Name of Corporately Affiliated Contracting Entity

[Back](#) to Data Element – page 31

The legal name of each of the Provider Organization’s Corporately Affiliated Contracting Entities will be prepopulated in the online submission platform. Each corporate affiliate for which the Provider Organization selected “Yes” in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file will appear in the Contracting Entity file.

RPO-67: Services Offered to Contracting Affiliates

[Back](#) to Data Element – page 32

In RPO-67, the Provider Organization will select the categories of services that the Contracting Entity offers to the Health Care Professionals or Providers that are not employed or owned by the Provider Organization.

Administrative Support: Billing – Examples may include billing, coding, auditing, and revenue cycle services.

Administrative Support: General – Examples may include human resources, compliance, Provider credentialing, accreditation, practice management, and administrative staff training and development.

Care Management – Examples may include case management, population health management programs, data analytics, quality improvement programs, utilization review, disease management, and pharmacy management.

Carrier Contract Management – Examples may include development of incentive distribution methodologies, Carrier contract compliance services, and contract enforcement and dispute resolution.

Information Technology – Examples may include providing, monitoring or training practices on Electronic Health Record (EHR) systems, supporting Meaningful Use certification, establishing EHR interfaces between Providers, electronic prescribing, and server maintenance.

Other Management – Examples may include legal services, risk management, group purchasing, real estate management, and physician recruitment and retention.

Professional Training – Examples may include continuing medical education and professional advancement training.

RPO-68: Global Payment

[Back](#) to Data Element – page 32

Global Payments are a type of payment arrangement between payers and Providers that establishes a spending target for a comprehensive set of Health Care Services to be delivered to a specified population during a defined time period.

Some Global Payment contracts require that if the Provider spends less than the spending target, the payer will share some or all of the surplus. If the Contracting Entity only negotiates Global Payment contracts of this type, select the first option.

Some Global Payment contracts require both that the payer share any surplus and that if the Provider spends more than the spending target, the Provider or the Contracting Entity absorb some or all of the additional costs. If the Corporately Affiliated Contracting Entity negotiates any Global Payment contracts of this type, select the second option.

RPO-69: Global Payments – Eligibility for Surplus

[Back](#) to Data Element – page 33

Eligibility for surplus means that if the Corporately Affiliated Contracting Entity spends less than the Global Payment spending target and therefore will receive a surplus payment from the payer, Providers participating in the Global Payment contract may be eligible to receive part of this surplus payment.

The Provider Organization should select each type of Provider that is eligible for surplus, regardless of whether all Providers of that type are eligible. For example, even if some, but not all, primary care physicians are eligible for surplus, the Provider Organization should select “Primary Care Physicians.”

The Provider Organization can select “None of the above” in response to this question. The Provider Organization should select this answer if no Provider receives a share of surplus funds. This might be the case if all surplus funds were retained at the level of the Corporately Affiliated Contracting Entity to cover the costs of administering the contracts, or retained as a reserve against future deficit.

RPO-70: Global Payments – Responsibility for Deficits

[Back](#) to Data Element – page 33

Responsibility for deficits means that if the Corporately Affiliated Contracting Entity spends more than the Global Payment spending target and therefore owes the payer a deficit re-payment, Providers participating in the Global Payment contract may be required to contribute to this re-payment. This includes:

- Direct re-payment (i.e., transfer of funds from the Provider to the payer or to the Contracting Entity to be forwarded to the payer);
- Loss of funds withheld by the payer from claims payments pending final contract settlement;
- Loss of funds withheld by the Contracting Entity from claims payments pending contract settlement.

The Provider Organization should select each type of Provider that is responsible for deficits, regardless of whether all Providers of that type are responsible. For example, even if some, but not all, primary care physicians are responsible for deficits, the Provider Organization should select “Primary Care Physicians.”

The Provider Organization can select “None of the above” in response to this question. The Provider Organization should select this answer if it manages actual or potential future deficits owed to payers exclusively through mechanisms that spread risk evenly across the organization, rather than mechanisms that require subdivisions (e.g., medical groups, Local Practice Groups, hospitals) to contribute to re-paying the deficit based on their performance on cost, quality, or other metrics. Examples may include:

- Using a reserve fund built from member dues, past profits or margins, or past surplus from Global Payment contracts

- Using a line of credit
- Maintaining a reinsurance (stop-loss) policy

RPO-71: Global Payments – Withholds

[Back](#) to Data Element – page 34

Contracting entities that receive surpluses from or owe deficits to payers under Global Payment arrangements generally must further distribute surpluses to and collect deficits from some or all of the Providers participating in the Global Payment contract. A subdivision is the organizational structure that receives surplus funds from the Contracting Entity or gives deficit funds to the Contracting Entity. In many cases, subdivisions are legal Entities, such as PHOs, medical groups, or hospitals. In other cases, Contracting Entities may combine several legal Entities, such as medical groups, into a single subdivision, such as a Local Practice Group, which may not be a distinct legal Entity. Thus, the nature of the “subdivision” will vary based on the structure of the Contracting Entity.

The term “withhold” includes funds withheld by payers where the Contracting Entity is responsible for determining how to allocate any withhold returned to the organization following the end-of-year settlement, as well as funds withheld by the Contracting Entity (typically in addition to any funds withheld by the payer) pending the end-of-year settlement.

The Provider Organization should answer this question about any withholds for which it determines the circumstances under which subdivisions receive withheld funds. If all withheld funds are returned by the payer directly to the Providers from whom funds were withheld, the Provider Organization should select: “Not applicable; the Contracting Entity does not make decisions about the return of withholds.”

RPO-72: Global Payments – Distribution of Surplus/Deficit

[Back](#) to Data Element – page 34

Subdivisions usually need to distribute surplus to and/or collect deficits from component subdivisions. For example, a Contracting Entity may contract for several PHOs, and in turn each PHO may consist of several medical groups. In this case, the medical groups may be the component subdivisions of the PHO. In other cases, especially where the subdivisions are smaller medical groups, the subdivision will consist of individual physicians with no further intermediate structure. Subdivisions often have methods to govern the distribution of surplus and collection of deficit from their component subdivisions or individual physicians. This question is asking about the level of control and/or knowledge that the Contracting Entity has with respect to the methods its subdivisions use to distribute surplus to and/or collect deficits from their component subdivisions and/or individual physicians.

Contracting entities that are medical groups may not have an organizational structure below the Contracting Entity, only individual physicians. In this case, there is no subdivision in the Contracting Entity, and the Contracting Entity should select: “The Contracting Entity does not have any subdivisions and therefore the Contracting Entity makes all decisions about allocation of surplus and/or deficit to individual physicians.”

RPO-73: Upload Physician Roster

[Back](#) to Data Element – page 35

A separate physician roster must be submitted for each Corporately Affiliated Contracting Entity. This requirement is meant to ensure that Provider Organizations with multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of distinct groups of physicians can attribute

physicians to the proper Contracting Entity. However, the HPC recognizes that a Provider Organization may have multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of the same group of physicians. Such Provider Organizations may, at the sole discretion of the HPC, be permitted to fulfill the physician roster requirement for one or more Corporately Affiliated Contracting Entities through the physician roster of another Corporately Affiliated Contracting Entity. Organizations wishing to pursue this option are required to attend a one-on-one meeting with the HPC to discuss their contracting structure.

E. FACILITIES FILE

The table below includes the data elements that the Provider Organization will provide about its or its corporate affiliates' licensed Facilities. A Facility is a licensed institution providing Health Care Services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings. The Provider Organization is not required to report its contracting affiliates' or clinical affiliates' licensed Facilities, nor is it required to report its sites of care that are unlicensed. If the Registering Provider Organization named in RPO-01 and its corporate affiliates do not have any licensed Facilities, the Provider Organization does not have to complete this file.

For the purposes of completing the Facilities file, Campus means the physical area immediately adjacent to the provider's main buildings and other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings. The Provider Organization may report a Campus as a single entry in the Facilities file, rather than listing each building or address that makes up the Campus separately, provided that all of the licensed buildings, areas, and structures located on the Campus are operating under a single license. If there are multiple buildings in a 250-yard radius that are not all covered by the same license, each separately licensed Facility must be reported on a separate line.

The Provider Organization must report each of its licensed satellite locations separately, unless the satellite is considered to be part of a Campus that has already been reported. The Provider Organization's responses to the questions below should be answered as they pertain to the Facility or Campus, rather than how they pertain to the license.

The Provider Organization will have two options for completing the Facilities file: the Provider Organization can log into the online submission platform and manually enter the required information for each Facility, or the Provider Organization can complete an HPC-issued Microsoft Excel template with the relevant information, and import the Excel file to the online submission platform.

Facilities File					
	Name	Instructions	Required	Format	Input Type
RPO-74	Name(s) of Facility	Enter any commonly used names of the Facility, including any Doing-Business-As names for which a D/B/A certificate has been filed as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	Yes	Text; Repeat as necessary	Manual entry or Microsoft Excel template import
RPO-75	Facility Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) under which the Facility operates.	Yes	Integer	Manual entry or Microsoft Excel template import

Facilities File

	Name	Instructions	Required	Format	Input Type
RPO-76	Facility National Provider Identifier(s) (NPI)	Enter each organizational National Provider Identifier (NPI) associated with the Facility.	No	Integer; Repeat as necessary	Manual entry or Microsoft Excel template import
RPO-77	Address Line 1	Enter Line 1 of the Facility's physical address.	Yes	Text	Manual entry or Microsoft Excel template import
RPO-78	Address Line 2	Enter Line 2 of the Facility's physical address.	No	Text	Manual entry or Microsoft Excel template import
RPO-79	Address Line 3	Enter Line 3 of the Facility's physical address.	No	Text	Manual entry or Microsoft Excel template import
RPO-80	City	Enter the city of the Facility's physical address.	Yes	Text	Manual entry or Microsoft Excel template import
RPO-81	State	Enter the state of the Facility's physical address.	Yes	Text	Manual entry or Microsoft Excel template import
RPO-82	Zip Code	Enter the 5-digit zip code of the Facility's physical address.	Yes	Integer	Manual entry or Microsoft Excel template import
RPO-83	License Number(s)	Enter the Facility's license number(s).	Yes	Text and Integer; Repeat as necessary	Manual entry or Microsoft Excel template import

Facilities File

	Name	Instructions	Required	Format	Input Type
RPO-84	License Type(s)	<p>Select the option(s) corresponding to the Facility license type(s). If you are using the HPC-issued Microsoft Excel template to complete this question, enter the appropriate two-digit answer code(s), separated by a semi-colon, in the template.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute Hospital – Main Site (28) <input type="checkbox"/> Acute Hospital – Satellite (29) <input type="checkbox"/> Adult Day Health Program (30) <input type="checkbox"/> Birth Center (31) <input type="checkbox"/> Clinic – Main Site (32) <input type="checkbox"/> Clinic – Satellite (33) <input type="checkbox"/> End Stage Renal Disease Facility (34) <input type="checkbox"/> Freestanding Clinical Laboratory (35) <input type="checkbox"/> Hospice (36) <input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities (37) <input type="checkbox"/> Mammography Facility (38) <input type="checkbox"/> Mental Health Facility – Class II (39) <input type="checkbox"/> Mental Health Facility – Class III (40) <input type="checkbox"/> Mental Health Facility – Class IV (41) <input type="checkbox"/> Mental Health Facility – Class V (42) <input type="checkbox"/> Mental Health Facility – Class VI (43) <input type="checkbox"/> Mental Health Facility – Limited Class VI (44) <input type="checkbox"/> Mental Health Facility – Class VII (45) <input type="checkbox"/> Mental Health Facility – Class VIII (46) <input type="checkbox"/> Non-Acute Hospital – Main Site (47) <input type="checkbox"/> Non-Acute Hospital – Satellite (48) <input type="checkbox"/> Nursing Home (49) <input type="checkbox"/> Rest Home (50) <input type="checkbox"/> Substance Abuse Services (SAS) – Acute – Acupuncture (51) <input type="checkbox"/> SAS – Acute – Outpatient Detoxification (52) <input type="checkbox"/> SAS – Acute – Inpatient Detoxification – Medically Managed (53) <input type="checkbox"/> SAS – Acute – Inpatient Detoxification – Medically Monitored 	Yes	Checkbox, Multiple Answers	Manual entry or Microsoft Excel template import

Facilities File

	Name	Instructions	Required	Format	Input Type
		(54) <input type="checkbox"/> SAS – Acute – Inpatient Detoxification – Clinically Managed (55) <input type="checkbox"/> SAS – Outpatient – First Offender Driver Alcohol Education (56) <input type="checkbox"/> SAS – Outpatient – Outpatient Counseling (57) <input type="checkbox"/> SAS – Outpatient – Second Offender Aftercare (58) <input type="checkbox"/> SAS – Opioid Treatment (59) <input type="checkbox"/> SAS – Residential Rehabilitation – Adults – Transitional Support Services (60) <input type="checkbox"/> SAS – Residential Rehabilitation – Adults – Social Model Recovery (61) <input type="checkbox"/> SAS – Residential Rehabilitation – Adults – Recovery Home (62) <input type="checkbox"/> SAS – Residential Rehabilitation – Adults – Therapeutic Community (63) <input type="checkbox"/> SAS – Residential Rehabilitation – Families (64) <input type="checkbox"/> SAS – Residential Rehabilitation – Adolescents (65) <input type="checkbox"/> SAS – Residential Rehabilitation – Operating Under the Influence Second Offenders (66) <input type="checkbox"/> Other (67)			
RPO-85	Type of Facility	Select the option(s) below that best describes the Facility type. If you are using the HPC-issued Microsoft Excel template to complete this question, enter the appropriate two-digit answer code(s), separated by a semi-colon, in the template. <input type="checkbox"/> Ambulatory Surgery Center (68) <input type="checkbox"/> Community Mental Health Center (69) <input type="checkbox"/> Dental Clinic (70) <input type="checkbox"/> Federally Qualified Community Health Center (71) <input type="checkbox"/> Freestanding Diagnostic Imaging Center (72) <input type="checkbox"/> Freestanding Urgent Care Center (73) <input type="checkbox"/> Limited Services Clinic (74) <input type="checkbox"/> Satellite Emergency Facility (75) <input type="checkbox"/> General Clinic / Other (76)	If the user selected “Clinic – Main Site” or “Clinic – Satellite” in RPO-84	Checkbox, Multiple Answers	Manual entry or Microsoft Excel template import

Facilities File

	Name	Instructions	Required	Format	Input Type
RPO-86	Provider-Based Status	<p>Is this Facility billed to Medicare as a provider-based organization? (See Note RPO-86 on page 47)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	If the user selected “Clinic – Main Site,” “Clinic – Satellite,” or “Acute Hospital – Satellite” in RPO-84	Checkbox, Single Answer	Manual entry or Microsoft Excel template import
RPO-87	Services on License - Clinic	<p>Select the service(s) that this Facility is licensed to provide. If you are using the HPC-issued Microsoft Excel template to complete this question, enter the appropriate two-digit answer code(s), separated by a semi-colon, in the template.</p> <p><input type="checkbox"/> Medical (77) <input type="checkbox"/> Surgical (78) <input type="checkbox"/> Dental (79) <input type="checkbox"/> Mental Health (80) <input type="checkbox"/> Physical Rehabilitation (81) <input type="checkbox"/> Substance Abuse (82) <input type="checkbox"/> Birth Center (83) <input type="checkbox"/> Mobile Medical (84) <input type="checkbox"/> Radiology (MRI) (85) <input type="checkbox"/> Pharmacy (86) <input type="checkbox"/> Limited Services (87)</p>	If the user selected “Clinic – Main Site,” or “Clinic – Satellite,” in RPO-84	Checkbox, Multiple Answers	Manual entry or Microsoft Excel template import
RPO-88	Service Lines	<p>Select the option(s) below that best describe the service lines available at this Facility. If you are using the HPC-issued Microsoft Excel template to complete this question, enter the appropriate two-digit or three-digit answer code(s), separated by a semi-colon, in the template. (See Note RPO-88 on page 47)</p> <p><input type="checkbox"/> Allergy/Immunology (88) <input type="checkbox"/> Anesthesiology (89) <input type="checkbox"/> Behavioral Health (90) <input type="checkbox"/> Cardiology (91) <input type="checkbox"/> Dermatology (92) <input type="checkbox"/> Emergency Medicine (93)</p>	If the user selected “Medical” in RPO-87 or “Acute Hospital – Satellite” in RPO-84	Checkbox, Multiple Answers	Manual entry or Microsoft Excel template import

Facilities File

	Name	Instructions	Required	Format	Input Type
		<input type="checkbox"/> Endocrinology/ Diabetes/ Metabolism (94) <input type="checkbox"/> Family/General Practice (95) <input type="checkbox"/> Gastroenterology (96) <input type="checkbox"/> Geriatrics (97) <input type="checkbox"/> Hematology (98) <input type="checkbox"/> Hepatology (99) <input type="checkbox"/> Internal Medicine (100) <input type="checkbox"/> Medical Genetics (101) <input type="checkbox"/> Nephrology (102) <input type="checkbox"/> Neurological Surgery (103) <input type="checkbox"/> Neurology (104) <input type="checkbox"/> Obstetrics and Gynecology (105) <input type="checkbox"/> Oncology (106) <input type="checkbox"/> Ophthalmology (107) <input type="checkbox"/> Orthopedics (108) <input type="checkbox"/> Otolaryngology (109) <input type="checkbox"/> Pathology (110) <input type="checkbox"/> Pediatrics (111) <input type="checkbox"/> Physical Medicine and Rehabilitation (112) <input type="checkbox"/> Plastic Surgery (113) <input type="checkbox"/> Preventive Medicine (114) <input type="checkbox"/> Pulmonary Medicine (115) <input type="checkbox"/> Radiology (116) <input type="checkbox"/> Surgery (117) <input type="checkbox"/> Urology (118) <input type="checkbox"/> Other (119)			

Facilities File

	Name	Instructions	Required	Format	Input Type
RPO-89	Facility Type – Non-Acute Hospital	<p>Select the option that best describes the Facility type. If you are using the HPC-issued Microsoft Excel template to complete this question, enter the appropriate three-digit answer code(s), separated by a semi-colon, in the template.</p> <p> <input type="checkbox"/> Long-Term Acute Care Hospital (120) <input type="checkbox"/> Psychiatric Hospital (121) <input type="checkbox"/> Rehabilitation Hospital (122) <input type="checkbox"/> Other (123) </p>	If the user selected “Non-Acute Hospital – Main Site,” or “Non-Acute Hospital – Satellite” in RPO-84	Checkbox, Multiple Answers	Manual entry or Microsoft Excel template import

Notes to the Facilities File

RPO-86: Provider-Based Status

[Back](#) to Data Element – page 44

Please see federal regulation [42 CFR 413.65](#), Requirements for a Determination that a Facility or an Organization has Provider-Based Status, for relevant definitions. The Provider Organization should select “no” in RPO-86 if the Facility does not bill to Medicare.

RPO-88: Service Lines

[Back](#) to Data Element – page 44

RPO-88 asks the Provider Organization to indicate which service lines are available at each of its licensed Facilities. When responding to this question, the Provider Organization should indicate which service lines are available at the Facility, rather than what types of physicians work at the Facility. If the Facility offers pathology services, for example, but does not have a pathologist on site, the Provider Organization should select “Pathology” as a service line that is available at the Facility.

F. PHYSICIAN ROSTER FILE

The table below includes the data elements that the Provider Organization will provide about physicians on whose behalf at least one of its Corporately Affiliated Contracting Entities establishes at least one contract with Carriers or TPAs. A separate physician roster must be submitted for each Corporately Affiliated Contracting Entity. This requirement is meant to ensure that Provider Organizations with multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of distinct groups of physicians can attribute physicians to the proper Contracting Entity. However, the HPC recognizes that a Provider Organization may have multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of the same group of physicians. Such Provider Organizations may, at the sole discretion of the HPC, be permitted to fulfill the physician roster requirement for one or more Corporately Affiliated Contracting Entities through the physician roster of another Corporately Affiliated Contracting Entity. Organizations wishing to pursue this option are required to attend a one-on-one meeting with the HPC to discuss their contracting structure.

The roster shall not include physicians if the Corporately Affiliated Contracting Entity does not establish contracts on their behalf, even if they have admitting privileges at a corporately affiliated hospital or moonlight at the hospital. The roster is only required to include information about physicians; nurse practitioners, physician assistants, and other Health Care Professionals do not need to be reported in Initial Registration: Part 2.

Differentiating Between Practice Sites, Medical Groups and Local Practice Groups

The Physician Roster file contains data elements regarding a physician's practice site(s), medical group, and Local Practice Group(s). The HPC recognizes that not all Provider Organizations will have distinct practice sites, medical groups, and Local Practice Groups.

- A **practice site** is the physical location where the physician is providing direct patient care services. This site may or may not be owned by the physician's medical group. Each physician must have a primary practice site listed in the Physician Roster. If the physician provides direct patient care services at more than one physical location, the Provider Organization must enter the physician's secondary practice site as well.
- A **medical group** is the solo or group practice with which the physician is associated. Large medical groups may have multiple practice sites, whereas small medical groups may only have one practice site. The medical group may have the same EIN and NPIs as each of its practice sites. Some physicians (e.g., hospitalists) may not be members of a medical group.
- A **Local Practice Group** is a group of Health Care Professionals that function as a subgroup of the Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons). Other commonly used names for Local Practice Groups include Regional Service Organizations, Local Care Organizations, or Local Care Units. Local Practice Groups often include physicians from multiple medical groups who practice in the same region, or who are affiliated with the same hospital. A Local Practice Group may or may not be a separate legal Entity. Not all Provider Organizations will have Local Practice Groups. If the Provider Organization does not organize its Health Care Professionals into Local Practice Groups, leave RPO-121 through RPO-126 blank. The HPC strongly recommends scheduling a one-on-one meeting with RPO Program staff to discuss which groups, if any, should be considered Local Practice Groups for your organization.

Completing the Physician Roster File

The table below states that the secondary practice site, medical group, and Local Practice Group fields are not required. These fields have been marked as not required because not every physician will have a secondary site of practice, medical group, or Local Practice Group. However, if a physician does have a secondary site of practice, a medical group, or a Local Practice Group, the Provider Organization is required to complete these questions.

Many of the data elements included below are collected by Massachusetts Health Quality Partners (MHQP) from Massachusetts Carriers and Provider groups and stored in MHQP's Massachusetts Provider Database (MPD). MHQP works with Provider groups to validate the MPD every year to assure MHQP's measurement work accurately reflects Providers and organizational structures. Provider groups statewide have access to their MHQP physician data through the MHQP MPD password protected provider portal. Providers may want to use their existing MHQP physician data as a starting point to streamline the process of completing the RPO Physician Roster file. If you are interested in exploring this option, please contact MHQP at MPD@MHQP.org.

The Provider Organization will complete the Physician Roster file by completing an HPC-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the Physician Roster will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Physician Roster information, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform.

The HPC recognizes that the structure and organization of Provider Organizations' internal databases may not match the HPC's required format for the Physician Roster file. The HPC invites Provider Organizations that are unsure how to convert their internal databases into the required HPC format to contact program staff for assistance.

Abbreviated Applicant Special Instructions

A Provider Organization that has received approval to submit an abbreviated application is not required to provide a physician roster.

Physician Roster File					
	Name	Instructions	Required	Format	Input Type
RPO-90	Physician Last Name	Enter the physician's last name.	Yes	Text	Microsoft Excel file attachment only
RPO-91	Physician First Name	Enter the physician's first name.	Yes	Text	Microsoft Excel file attachment only
RPO-92	Physician Middle Initial	Enter the physician's middle initial.	No	Text	Microsoft Excel file attachment only
RPO-93	Physician NPI	Enter the physician's individual NPI issued by the Centers for Medicare & Medicaid Services (CMS).	Yes	Integer	Microsoft Excel file attachment only

Physician Roster File

	Name	Instructions	Required	Format	Input Type
RPO-94	Physician Specialty 1	Enter the physician's specialty. (See Note RPO-94 on page 54)	Yes	Text	Microsoft Excel file attachment only
RPO-95	Physician Specialty 2	Enter the physician's second specialty. If the physician does not have a second specialty, leave this field blank.	No	Text	Microsoft Excel file attachment only
RPO-96	Primary Care Physician Status	Indicate whether the physician is a primary care physician, a specialist, or both. (See Note RPO-96 on page 54) <input type="checkbox"/> Primary care physician <input type="checkbox"/> Specialist <input type="checkbox"/> Both	Yes	Checkbox, Single Answer	Microsoft Excel file attachment only
RPO-97	Pediatrician Status	Is the physician a pediatrician? (See Note RPO-97 on page 54) <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer	Microsoft Excel file attachment only
RPO-98	Hospitalist Status	Is the physician a hospitalist? (See Note RPO-98 on page 54) <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer	Microsoft Excel file attachment only
RPO-99	Employed Status	Is the physician employed by the Registering Provider Organization named in RPO-01 or one of its corporate affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer	Microsoft Excel file attachment only
RPO-100	Primary Site of Practice Name	Enter the name of the primary medical office, site, or Facility where the physician provides care. (See Note RPO-100 on page 54)	Yes	Text	Microsoft Excel file attachment only

Physician Roster File

	Name	Instructions	Required	Format	Input Type
RPO-101	Primary Site of Practice EIN	Enter the EIN of the primary medical office, site, or Facility where the physician provides care, if applicable. If the site is operating under an individual physician's social security number, rather than a separate Employer Identification Number, the Provider Organization should leave this field blank. Individual social security numbers should not be submitted to the HPC under any circumstances.	Yes	Integer	Microsoft Excel file attachment only
RPO-102	Primary Site of Practice NPI(s)	Enter each organizational NPI associated with the primary medical office, site, or Facility where the physician provides care. (See Note RPO-102 on page 55)	No	Integer; Repeat as necessary	Microsoft Excel file attachment only
RPO-103	Primary Site of Practice Address Line 1	Enter Line 1 of the address for the primary site of care where the physician provides care.	Yes	Text	Microsoft Excel file attachment only
RPO-104	Primary Site of Practice Address Line 2	Enter Line 2 of the address for the primary site of care where the physician provides care.	No	Text	Microsoft Excel file attachment only
RPO-105	Primary Site of Practice Address Line 3	Enter Line 3 of the address for the primary site of care where the physician provides care.	No	Text	Microsoft Excel file attachment only
RPO-106	Primary Site of Practice City	Enter the city of the primary site of care where the physician provides care.	Yes	Text	Microsoft Excel file attachment only
RPO-107	Primary Site of Practice State	Enter the 5-digit zip code of the primary site of care where the physician provides care.	Yes	Integer	Microsoft Excel file attachment only
RPO-108	Primary Site of Practice Zip Code	Enter the state of the primary site of care where the physician provides care.	Yes	Text	Microsoft Excel file attachment only
RPO-109	Secondary Site of Practice Name	If the physician provides care at a second medical office, site, or Facility, enter the name of that office, site, or Facility.	No	Text	Microsoft Excel file attachment only

Physician Roster File

	Name	Instructions	Required	Format	Input Type
RPO-110	Secondary Site of Practice EIN	Enter the EIN of the secondary medical office, site, or Facility where the physician provides care. If the site is operating under an individual physician's social security number, rather than a separate Employer Identification Number, the Provider Organization should leave this field blank. Individual social security numbers should not be submitted to the HPC under any circumstances.	No	Integer	Microsoft Excel file attachment only
RPO-111	Secondary Site of Practice NPI(s)	Enter each organizational NPI associated with the secondary medical office, site, or Facility where the physician provides care. (See Note RPO-111 on page 55)	No	Integer; Repeat as necessary	Microsoft Excel file attachment only
RPO-112	Secondary Site of Practice Address Line 1	Enter Line 1 of the address for the secondary site where the physician provides care, if any.	No	Text	Microsoft Excel file attachment only
RPO-113	Secondary Site of Practice Address Line 2	Enter Line 2 of the address for the secondary site where the physician provides care, if any.	No	Text	Microsoft Excel file attachment only
RPO-114	Secondary Site of Practice Address Line 3	Enter Line 3 of the address for the secondary site where the physician provides care, if any.	No	Text	Microsoft Excel file attachment only
RPO-115	Secondary Site of Practice City	Enter the city of the secondary site where the physician provides care, if any.	No	Text	Microsoft Excel file attachment only
RPO-116	Secondary Site of Practice State	Enter the state of the secondary site where the physician provides care, if any.	No	Text	Microsoft Excel file attachment only
RPO-117	Secondary Site of Practice Zip Code	Enter the 5-digit zip code of the secondary site where the physician provides care, if any.	No	Integer	Microsoft Excel file attachment only
RPO-118	Medical Group Name	Enter the name of the medical group with which the physician is affiliated. (See Note RPO-118 on page 54)	No	Text	Microsoft Excel file attachment only

Physician Roster File

	Name	Instructions	Required	Format	Input Type
RPO-119	Medical Group EIN	Enter the EIN of the medical group. If the medical group is operating under an individual physician's social security number, rather than a separate Employer Identification Number, the Provider Organization should leave this field blank. Individual social security numbers should not be submitted to the HPC under any circumstances.	No	Integer	Microsoft Excel file attachment only
RPO-120	Medical Group NPI(s)	Enter each organizational NPI associated with the medical group. (See Note RPO-120 on page 55)	No	Integer; Repeat as necessary	Microsoft Excel file attachment only
RPO-121	Local Practice Group 1 Name	Enter the name of the Local Practice Group of which the physician is a member, if any. (See Note RPO-121 on page 54)	No	Text	Microsoft Excel file attachment only
RPO-122	Local Practice Group 1 EIN	Enter the EIN of the Local Practice Group named in RPO-121, if any. If the Local Practice Group is operating under an individual physician's social security number, rather than a separate Employer Identification Number, the Provider Organization should leave this field blank. Individual social security numbers should not be submitted to the HPC under any circumstances.	No	Integer	Microsoft Excel file attachment only
RPO-123	Local Practice Group 1 NPI(s)	Enter each organizational NPI associated with the Local Practice Group named in RPO-121, if any. (See Note RPO-123 on page 55)	No	Integer; Repeat as necessary	Microsoft Excel file attachment only
RPO-124	Local Practice Group 2 Name	Enter the name of the second Local Practice Group of which the physician is a member, if any.	No	Text	Microsoft Excel file attachment only
RPO-125	Local Practice Group 2 EIN	Enter the EIN of the Local Practice Group named in RPO-124, if any. If the Local Practice Group is operating under an individual physician's social security number, rather than a separate Employer Identification Number, the Provider Organization should leave this field blank. Individual social security numbers should not be submitted to the HPC under any circumstances.	No	Integer	Microsoft Excel file attachment only
RPO-126	Local Practice Group 2 NPI(s)	Enter each organizational NPI associated with the Local Practice Group named in RPO-124, if any. (See Note RPO-126 on page 55)	No	Integer; Repeat as necessary	Microsoft Excel file attachment only

Notes to the Physician Roster File

RPO-94: Physician Specialty 1

[Back](#) to Data Element – page 50

The Provider Organization must report each physician's specialty. The Provider Organization may choose to use an established taxonomy, such as the AMA physician specialty groups or the CMS physician specialty codes, or it can use its internal classification system.

RPO-96: Primary Care Physician Status

[Back](#) to Data Element – page 50

In RPO-96, the Provider Organization must indicate whether the physician is a primary care physician, a specialist, or both. The HPC is not providing a minimum number of hours per week or minimum percentage of clinical hours that Provider Organizations must use to make this determination. Physicians that hold themselves out as primary care physicians or that spend a significant amount of their clinical time providing primary care services are considered primary care physicians for the purposes of the Physician Roster file.

RPO-97: Pediatrician Status

[Back](#) to Data Element – page 50

In RPO-97, the Provider Organization must indicate whether the physician is a pediatrician. The HPC is not providing a minimum number of hours per week or minimum percentage of clinical hours that Provider Organizations must use to make this determination. Physicians that hold themselves out as pediatricians or that spend a significant amount of their clinical time seeing pediatric patients are considered pediatricians for the purposes of the Physician Roster file.

RPO-98: Hospitalist Status

[Back](#) to Data Element – page 50

In RPO-98, the Provider Organization must indicate whether the physician is a hospitalist. The HPC is not providing a minimum number of hours per week or minimum percentage of clinical hours that Provider Organizations must use to make this determination. Physicians that hold themselves out as hospitalists or that spend a significant amount of their clinical time providing comprehensive medical care to hospitalized patients are considered hospitalists for the purposes of the Physician Roster file.

RPO-100: Primary Site of Practice Name

RPO-118: Medical Group Name

RPO-121: Local Practice Group 1 Name

[Back](#) to Data Element RPO-100 – page 50

[Back](#) to Data Element RPO-118 – page 52

[Back](#) to Data Element RPO-121 – page 53

The HPC recognizes that not all Provider Organizations will have distinct practice sites, medical groups, and Local Practice Groups.

- A **practice site** is the physical location where the physician is providing direct patient care services. This site may or may not be owned by the physician's medical group. Each physician must have a primary practice site listed in the Physician Roster. If the physician provides direct patient care services at more than one physical location, the Provider Organization must enter the physician's secondary practice site as well.
- A **medical group** is the solo or group practice with which the physician is associated. Large medical groups may have multiple practice sites, whereas small medical groups may only have one practice site. The medical group may have the same EIN and NPIs as each of its practice sites. Some physicians (e.g., hospitalists) may not be members of a medical group.
- A **Local Practice Group** is a group of Health Care Professionals that function as a subgroup of the Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons). Other commonly used names for Local Practice Groups include Regional Service Organizations, Local Care Organizations, or Local Care Units. Local Practice Groups often include physicians from multiple medical groups who practice in the same region, or who are affiliated with the same hospital. A Local Practice Group may or may not be a separate legal Entity. Not all Provider Organizations will have Local Practice Groups. If the Provider Organization does not organize its Health Care Professionals into Local Practice Groups, leave RPO-121 through RPO-126 blank. The HPC strongly recommends scheduling a one-on-one meeting with RPO Program staff to discuss which groups, if any, should be considered Local Practice Groups for your organization.

RPO-102: Primary Site of Practice NPI(s)

RPO-111: Secondary Site of Practice NPI(s)

RPO-120: Medical Group NPI(s)

RPO-123: Local Practice Group 1 NPI(s)

RPO-126: Local Practice Group 2 NPI(s)

[Back](#) to Data Element RPO-102 – page 51

[Back](#) to Data Element RPO-111 – page 52

[Back](#) to Data Element RPO-120 – page 53

[Back](#) to Data Element RPO-123 – page 53

[Back](#) to Data Element RPO-126 – page 53

For each practice site, medical group, and Local Practice Group, the Provider Organization must report each organizational provider NPI associated with the Entity. This field can be repeated as many times as necessary. Please note that the individual provider NPIs of the physicians employed by or practicing at the practice site, medical group, or Local Practice Group should not be included in this list.

G. CLINICAL AFFILIATIONS FILE

A Clinical Affiliation is defined as any relationship between a Provider or Provider Organization and another Entity for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in hospital or other ambulatory settings, co-branding, expedited transfers to Advanced Care Settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, Joint Training Programs, video technology to increase access to expert resources and sharing of hospitalists or intensivists. As noted below, in Initial Registration: Part 2, Provider Organizations are only required to report a subset of these relationships.

For the purposes of the RPO Program, Clinical Affiliations exist between organizations, not individuals. The Provider Organization is not required to report relationships that its individual physicians may have with other organizations. For example, if the Provider Organization employs a physician who has independently negotiated an agreement to work shifts at another hospital, the Provider Organization does not have to report a Clinical Affiliation with the hospital. Similarly, if the Provider Organization has entered into a physician staffing agreement with an individual physician, that Provider Organization does not have to report a Clinical Affiliation with that individual physician.

The HPC seeks to collect information about the Provider Organization's relationships to other organizations that provide, or whose corporate affiliates provide, direct patient care services. The Provider Organization does not have to report relationships that exist exclusively between the Provider Organization and a drug maker, a device manufacturer, a Carrier, or another Entity that does not provide direct patient care services.

For Initial Registration, the HPC is narrowing the scope of reportable affiliations to minimize administrative burden and to focus on those relationships most likely to be strategic. A Clinical Affiliation must meet the reporting threshold described below before it is considered reportable. A relationship that is captured in the definition of a Clinical Affiliation (e.g., expedited transfers to Advanced Care Settings), but that does not meet the threshold below, does not have to be reported during Initial Registration: Part 2. If the Provider Organization does not have any Clinical Affiliations that meet the threshold below, the Provider Organization does not have to complete this file.

Reportable Clinical Affiliations Threshold:

1. The Clinical Affiliation must include at least one Entity with which the Provider Organization does not have a Corporate Affiliation; and
2. The Clinical Affiliation must include at least one of the Provider Organization's corporately affiliated Acute Hospitals, or the employed physician group of such an Acute Hospital. If the Provider Organization is not corporately affiliated with an Acute Hospital, it is not required to report any Clinical Affiliations; and
3. The Clinical Affiliation must include at least one of the following types of relationships that has been memorialized in writing among the affiliates:
 - a. Co-branding
 - b. Co-located services

- c. Complete or substantial staffing of an Acute Hospital service line
- d. The provision of funds to establish or enhance EHR Interconnectivity
- e. Establishment of a preferred provider relationship
- f. Regular and ongoing receipt of telemedicine services from another Acute Hospital

The remainder of this section describes each of the six types of Clinical Affiliations described above and states which party(ies) to the Clinical Affiliation is (are) required to report the relationship to the RPO Program.

A. Co-branding

A co-branding relationship is reportable when an Acute Hospital, or its employed physician group, and another Entity have decided to publicize their partnership to the public. Examples of co-branding include, but are not limited to, advertisements (TV, radio, internet, billboards), signage, brochures, letterhead, and web pages. A sign listing the occupants of a medical office building does not, on its own, constitute co-branding.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital or the employed physician group of an Acute Hospital whose brand is being used is required to report a co-branding Clinical Affiliation. As such, if co-branding is occurring between two Acute Hospitals, both Provider Organizations that are corporately affiliated with the Acute Hospitals must report the Clinical Affiliation. By contrast, if the co-branding is occurring between an Acute Hospital and a physician practice, or another Entity that is not an Acute Hospital, only the Provider Organization that is corporately affiliated with the Acute Hospital is required to report the Clinical Affiliation.

B. Co-located services

For Initial Registration, the Provider Organization must report co-located services when another Entity operates a site to provide Health Care Services in, or on the Campus of, the Provider Organization's corporately affiliated Acute Hospital, whether at the Acute Hospital's main site or at a satellite location that is also operating under the Acute Hospital's license. To constitute co-located services, the Entity's site must be fixed in that location and it must be providing direct patient care services at that site on at least a weekly basis. A diagnostic laboratory or imaging center operating in, or on the Campus of, an Acute Hospital would constitute co-located services. However, staffing at one Acute Hospital by the employed physician of another Acute Hospital does not, on its own, constitute co-location.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital where the co-location is occurring is required to report Clinical Affiliations involving co-located services. The Provider Organization that establishes a site in, or on the Campus of, an Acute Hospital with which it is not corporately affiliated does not have to report the Clinical Affiliation.

C. Complete or substantial physician staffing of an Acute Hospital service line

For Initial Registration, the Provider Organization must report the sharing of physician resources when an Entity with which it is not corporately affiliated is providing complete or substantial staffing of an Acute Hospital inpatient or outpatient service line, either at the main site or a satellite site of the Acute

Hospital. For examples of the types of services that constitute a service line, please see the list in [RPO-88: Service Lines](#). For the purposes of triggering a reportable Clinical Affiliation, hospital medicine and intensive care medicine are also considered service lines that are subject to reporting. Note that service lines are described at a relatively broad level, and sub-specialties (e.g. pediatric oncology, electrophysiology, etc.) do not themselves constitute a service line for the purposes of reporting for Initial Registration. Accordingly, the HPC would expect substantial staffing of an Acute Hospital's pediatric service line to trigger reporting of the Clinical Affiliation, but would not expect substantial staffing of an Acute Hospital's pediatric oncology service, on its own, to trigger reporting of the Clinical Affiliation, even if the pediatric oncology service was staffed entirely by another Entity. Examples of complete or substantial physician staffing of an Acute Hospital service line include, but are not limited to: a) a group of pathologists that provide nearly all of the pathology services for an Acute Hospital; b) an Acute Hospital that contracts with a private anesthesiology group to be the primary provider of anesthesia services in the hospital; c) a group of surgeons that perform a substantial number of the surgical cases performed at an Acute Hospital; and d) the employed physicians of one Acute Hospital providing a substantial amount of the oncology services at another Acute Hospital.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital whose service line is being staffed is required to report Clinical Affiliations involving complete or substantial physician staffing of an Acute Hospital service line. The Entity that is providing complete or substantial staffing of an Acute Hospital service line does not have to report this relationship.

D. The provision of funds to establish or enhance EHR Interconnectivity

If the Provider Organization has provided funds to, or received funds from, an Entity with which it is not corporately affiliated for the purpose of establishing or enhancing EHR Interconnectivity between the Entity and at least one of the Provider Organization's Acute Hospitals, the affiliation must be reported.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital with which EHR Interconnectivity is being established or enhanced is required to report this type of Clinical Affiliation. As such, if EHR Interconnectivity is being established or enhanced between two Acute Hospitals and funds are being exchanged, both Provider Organizations that have Corporate Affiliations with the Acute Hospitals must report the Clinical Affiliation.

E. Establishment of a preferred provider relationship

The Provider Organization must report any relationships memorialized in writing among the affiliates that establish one of the Provider Organization's corporately affiliated Acute Hospitals or the employed physician group of such Acute Hospital as a preferred provider of emergency, tertiary, or specialty care for the patients of an Entity with which the Provider Organization is not corporately affiliated. In Initial Registration, the HPC is limiting reportable preferred provider relationships for specialty care to the service lines of cardiology, obstetrics/gynecology, oncology, orthopedics, and pediatrics.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital or employed physician group that has been designated the preferred provider of care is required to report this type of Clinical Affiliation. The Provider Organization that has designated another Acute Hospital as its preferred provider of emergency, tertiary, or specialty care does not have to report this relationship.

F. Regular and ongoing receipt of telemedicine services from another Acute Hospital

If the Provider Organization’s corporately affiliated Acute Hospital receives regular, ongoing telemedicine services from another Acute Hospital, or its employed physician group, the Provider Organization must report a Clinical Affiliation.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital that is receiving telemedicine services (e.g., is seeking consultation, diagnosis, or advice) is required to report this type of Clinical Affiliation. The Provider Organization that is providing telemedicine services does not have to report this relationship.

Summary of the Clinical Affiliations Reporting Requirement by Type of Affiliation	
Type of Affiliation	Reporting Requirement
Co-branding	Reported by each Provider Organization that is corporately affiliated with an Acute Hospital (or the employed physician group of an Acute Hospital) whose brand is being used
Co-located services	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital where the co-location occurs
Complete or substantial staffing of an Acute Hospital service line	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital whose service line is being staffed
The provision of funds to establish or enhance EHR Interconnectivity	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital with which EHR Interconnectivity is being established or enhanced
Establishment of a preferred provider relationship	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital (or the employed physician group of the Acute Hospital) that has been designated as the preferred provider
Regular and ongoing provision of telemedicine services to another Acute Hospital	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital that is receiving telemedicine services

The table below includes the data elements that the Provider Organization will provide about each of its Clinical Affiliations. The Provider Organization can complete the Clinical Affiliations file by entering the required information into the HPC-issued Microsoft Excel template and importing the template into the online submission platform, or manually entering the data into the online submission platform.

Clinical Affiliations File

	Name	Instructions	Required	Format	Input Type
RPO-127	Legal Name of Clinical Affiliate	Enter the legal name of the clinical affiliate.	Yes	Text	Manual entry or Microsoft Excel template import
RPO-128	Clinical Affiliate EIN	Enter the 9-digit Employer Identification Number (EIN) under which the clinical affiliate operates.	Yes	Integer	Manual entry or Microsoft Excel template import
RPO-129	Participating Acute Hospitals	Enter the legal name of each Acute Hospital that is corporately affiliated with the Registering Provider Organization named in RPO-01 that is participating in this affiliation.	Yes	Text; Repeat as Necessary	Manual entry or Microsoft Excel template import
RPO-130	Clinical Affiliation Type(s)	<p>Select each type of affiliation that characterizes the relationship. If you are using the HPC-issued Microsoft Excel template to complete this question, enter the appropriate three-digit answer code(s), separated by a semi-colon, in the template.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Co-branding (124) <input type="checkbox"/> Co-located services (125) <input type="checkbox"/> Complete or substantial physician staffing of an Acute Hospital service line (126) <input type="checkbox"/> Provision of funds to establish or enhance EHR interconnectivity (127) <input type="checkbox"/> Establishment of a preferred provider relationship (128) <input type="checkbox"/> Regular and ongoing provision of telemedicine services to another Acute Hospital (129) 	Yes	Checkbox, Multiple Answers	Manual entry or Microsoft Excel template import
RPO-131	Clinical Affiliation Start Date	<p>Select the date range that best describes when any Clinical Affiliation with this clinical affiliate began.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Before 2005 <input type="checkbox"/> 2005-2009 <input type="checkbox"/> 2010-2015 	Yes	Checkbox, Single Answer	Manual entry or Microsoft Excel template import

Clinical Affiliations File

	Name	Instructions	Required	Format	Input Type
RPO-132	Description of the Affiliation	Briefly describe the nature, scope, and the scale of the relationship with this affiliate, including whether the affiliation encompasses features not described in RPO-130 and which service lines are encompassed by the affiliation.	Yes	Text	Manual entry or Microsoft Excel template import
RPO-133	Provision or Receipt of Capital for Service Site Development	Select the answer that describes whether the Clinical Affiliation includes the provision or receipt of capital for service site development. <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	Checkbox, Single Answer	Manual entry or Microsoft Excel template import

H. FILE ATTACHMENTS

The table below includes the file attachments that the Provider Organization will upload on the File Attachments tab of the online submission platform.

File Attachments					
	Name	Instructions	Required	Format	Input Type
RPO-134	Physician Roster	Upload the physician roster for each Corporately Affiliated Contracting Entity, as required by RPO-73. The Microsoft Excel template should be renamed in the following format: “Physician Roster – [Name of Corporately Affiliated Contracting Entity].”	Yes	File Upload	Microsoft Excel file attachment
RPO-135	Corporate Organizational Chart	Upload a corporate organizational chart. The Provider Organization does not need to upload a new file if the corporate organizational chart that was submitted in Part 1 is still accurate. (See Note RPO-135 on page 63)	Yes	File Upload	Prepopulated
RPO-136	Affidavit of Truthfulness and Proper Submission	Upload a completed version of the HPC-issued Affidavit of Truthfulness and Proper Submission form, signed by two duly authorized representatives of the Registering Provider Organization named in RPO-01. The Provider Organization <u>cannot</u> use the same Affidavit of Truthfulness and Proper Submission that it submitted in Initial Registration: Part 1 to complete this requirement. A new affidavit must be signed and uploaded.	Yes	File Upload	File attachment

Notes to the File Attachments

RPO-135: Corporate Organizational Chart

[Back](#) to Data Element – page 62

The Provider Organization must submit a full corporate organizational chart. The corporate organizational chart must adhere to the following guidelines:

1. The organizational chart must be updated to be accurate as of the day of filing.
2. The organizational chart must show all Entities (clinical or non-clinical) that are owned (wholly or partially) or controlled by the Registering Provider Organization.
3. The organizational chart must depict the Registering Provider Organization's parent company(ies), if any. For example, a wholly-owned physician organization will not depict a parent company; a large for-profit health care system with a corporate holding company as a parent will depict that Entity.
4. Each Entity must be depicted separately from each other Entity such that its relationship to other corporate Entities can be clearly understood.
5. If a subsidiary of the Registering Provider Organization depicted on the chart has its own Corporate Affiliations, those relationships and organizations must also be depicted.
6. If an organization is unable to fully depict its affiliates on a single chart, separate charts may be submitted, provided that the relationship between all Entities is clear.
7. The organizational chart must depict the level of ownership or control of each subsidiary, if the level is less than 100%. For example, where the Registering Provider Organization has partial ownership or control in a joint venture (clinical or non-clinical), the percent ownership/control must be indicated.
8. The organizational chart must distinguish between clinical and non-clinical Entities. For example, clinical and non-clinical Entities may be differentiated using a separate color or shape.
9. The organizational chart must include a key or legend.
10. The organizational chart may be produced in any software (e.g., PowerPoint, Word, Visio), but must be submitted as a .PDF file.

APPENDIX A: LIMITED OUT-OF-STATE REPORTING REQUIREMENTS

The requirements for Provider Organizations that have received approval for Limited Out-of-State Reporting are listed below for each Initial Registration Part 2 file. For additional instructions on how to complete each file, please refer to the relevant section of the DSM.

Corporate Affiliations File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to report each corporate affiliate that meets at least one of the criteria below (reportable corporate affiliates). The Provider Organization must include each reportable corporate affiliate in its Corporate Affiliations file and on the corporate organizational chart. Provider Organizations are not required to report corporate affiliates that do not fall into any of the categories below:

1. Any corporate affiliate that is physically located in Massachusetts or that is incorporated or doing business in Massachusetts.
2. Any corporate affiliate that is a direct provider of Health Care Services and is located in Connecticut, Maine, New Hampshire, New York, Rhode Island, or Vermont.
3. Any corporate affiliate that is located outside of Massachusetts but which provides one or more of the following services to a corporate affiliate located in Massachusetts: legal, financial, fundraising, educational, IT, management, quality improvement, purchasing, or insurance coverage.
4. All entities other than the corporate parent that own or control a reportable corporate affiliate that are not otherwise reported pursuant to these guidelines (e.g., holding companies). This will ensure the HPC can understand each reportable corporate affiliate's relationship to the corporate parent.

Contracting Affiliations File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to report each contracting affiliate that has at least one Facility or site located within Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, or Vermont. Contracting affiliates that are located exclusively outside of these states may be excluded.

Contracting Entity File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to submit a Contracting Entity File for each reportable corporate affiliate for which it selected "Yes" in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file.

Facilities File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to report each licensed Facility that is physically located in Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, or Vermont that is associated with its reportable clinical corporate affiliates.

Physician Roster

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to submit a physician roster for each of its Contracting Entities reported in the Contracting Entity file. The Provider Organization should only include physicians with a Primary Site of Practice that is

physically located in Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, or Vermont.

Clinical Affiliations File

A Provider Organization that has received approval for Limited Out-of-State Reporting is required to report each clinical affiliate that is physically located in Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, or Vermont. Clinical affiliates that are located exclusively outside of these states may be excluded.