



# MASSACHUSETTS REGISTRATION OF PROVIDER ORGANIZATIONS PROGRAM

DATA RELEASE NOTES

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2017 DATA

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PUBLISHED AUGUST 2018

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## MA-RPO DATA RELEASE NOTES

These release notes are meant to assist end users in their interpretation and utilization of the 2017 MA-RPO dataset. This document augments, rather than supersedes, the [2015 Data Release Notes](#). Unless otherwise stated in this document, the items described in the 2015 Data Release notes are also applicable to the 2017 data files and have not been reproduced here. Additional questions on the MA-RPO data can be directed to program staff at [HPC-RPO@state.ma.us](mailto:HPC-RPO@state.ma.us).

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### Data Year

In 2015, Provider Organizations were required to make their filings accurate as of the date of submission. The 2015 dataset can therefore be understood to be accurate as of winter 2015. For the 2017 filing, the MA-RPO Program required that filings be accurate as of a specific date to enhance uniformity and comparability across filings. The dates for each file are listed below.

File	Data Accurate As of:
Background Information	1/1/2017
Corporate Affiliations	1/1/2017
Contracting Affiliations	1/1/2017
Contracting Entity	1/1/2017
Facilities	1/1/2017
Clinical Affiliations	1/1/2017
Physician Roster	1/1/2017
Financial Statements	Reflects the entity's most recently completed fiscal year. This was most often FY 2016 or FY 2017. The fiscal year is reported in each entity's Financial Statement's file.
APM & Other Revenue	Calendar Year 2015

### Abbreviated Applications

Provider Organizations that were approved to file abbreviated applications did not submit a physician roster as part of their filings. These applicants establish contracts on behalf of a group of physicians that also participate in a larger physician network. For example, a multi-specialty physician practice may establish some fee-for-service contracts independently while also participating in an Independent Physician Association (IPA) for its risk contracts. If the multi-specialty physician practice attested that all of its physicians would be reported on the IPA's physician roster, the MA-RPO Program approved the multi-specialty practice to file an abbreviated application. To identify a Provider Organization whose physician roster includes an abbreviated applicant's physicians, refer to data element RPO-39: Legal Name of Third-Party Contracting Entity(ies) in the abbreviated applicant's Background Information file, or refer to the list below.

Please note that HealthSouth Corporation and Quest Diagnostics Incorporated do not establish any contracts on behalf of physicians, and therefore, while not qualifying for abbreviated applications, have not submitted physician rosters.

The following organizations were approved to file abbreviated applications in 2017:

Abbreviated Applicant	Third-Party Contracting Entity (Provider Organization Legal Name)
Affiliated Pediatric Practices, L.L.C.	Partners Community Physicians Organization, Inc. (Partners HealthCare System, Inc.)
Beth Israel Deaconess Medical Center, Inc.	Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization
Boston Health Care for the Homeless Program, Inc.	BMC Integrated Care Services, Inc. (BMC Health System, Inc.)
Cambridge Public Health Commission	Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization
Cape Cod Healthcare, Inc.	Steward Health Care Network, Inc. (Steward Health Care System LLC)
CentMass Association of Physicians, Inc.	UMass Memorial Health Care, Inc.
Charles River Medical Associates, P.C.	Partners Community Physicians Organization, Inc. (Partners HealthCare System, Inc.)
East Boston Neighborhood Health Center Corporation	BMC Integrated Care Services, Inc. (BMC Health System, Inc.)
Emerson Health System Inc.	Partners Community Physicians Organization, Inc. (Partners HealthCare System, Inc.)
Emerson IPA, Inc.	Partners Community Physicians Organization, Inc. (Partners HealthCare System, Inc.)
Harbor Health Services, Inc.	Steward Health Care Network, Inc. Steward Integrated Care Network, Inc. (Steward Health Care System LLC)
Harrington HealthCare System Inc.	UMass Memorial Health Care, Inc.
Heywood Healthcare, Inc.	UMass Memorial Health Care, Inc.
Highland Healthcare Associates IPA, Inc.	New England Quality Care Alliance (Wellforce, Inc.)
Lawrence Memorial IPA, Inc.	New England Quality Care Alliance (Wellforce, Inc.)
Melrose-Wakefield IPA, Inc.	New England Quality Care Alliance (Wellforce, Inc.)
New England Orthopedic Surgeons, Inc.	Baystate Health, Inc.
PMG Physician Associates, P.C.	Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization
Seacoast Regional Health System, Inc.	Beth Israel Deaconess Physician Organization, LLC d/b/a Beth Israel Deaconess Care Organization
Upham's Corner Health Committee, Inc.	BMC Integrated Care Services, Inc. (BMC Health System, Inc.)
Valley Medical Group, P.C.	Baycare Health Partners (Baystate Health, Inc.) Cooley Dickinson Physician Hospital Organization, Inc. (Partners HealthCare System, Inc.)

**2017 Updates to the List of Registering Provider Organizations**

Four organizations that were required to register in 2015 were no longer required to register in 2017.

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Hallmark Health Corporation: Hallmark Health Corporation and its subsidiaries were acquired by the Wellforce system in 2016. In its 2017 filing, Wellforce reported the applicable Hallmark Health Corporation information as required by the Data Submission Manual.

MWA, PC d/b/a RiverBend Medical Group: RiverBend Medical Group was acquired by Sisters of Providence Health System, which is owned by Trinity Health, in 2016. In its 2017 filing, Trinity Health reported the applicable RiverBend Medical Group information as required by the Data Submission Manual.

CMIPA, Inc.: Substantially all of CMIPA's assets were acquired by Steward Health Care System in 2016. In its 2017 filing, Steward Health Care System reported the applicable CMIPA information as required by the Data Submission Manual.

South Boston Community Health Center: In 2015, South Boston CHC was required to register with the MA-RPO Program based on its status as a Risk-Bearing Provider Organization, as defined by the Division of Insurance. In 2017, South Boston CHC was not required to obtain a Risk Certificate or Risk Certificate Waiver from the Division of Insurance, and was therefore not required to register with the MA-RPO Program.

There was one new registrant in 2017.

Community Care Cooperative: Community Care Cooperative is a new Accountable Care Organization, formed in 2016, that brings together several community health centers to participate in the MassHealth ACO program.

### **Updated Definition of Contracting Entity and Third-Party Contracting Entity**

The MA-RPO Program updated the Contracting Entity and Third-Party Contracting Entity definitions in 2017. Previously, these terms referred to entities that establish contracts with *Carriers or Third-Party Administrators*, thereby excluding entities that established Medicare ACO and MassHealth ACO contracts. These definitions now refer to entities that establish contracts with *Payers or Third-Party Administrators* to capture Medicare and MassHealth ACOs. However, entities that exclusively sign contracts to participate in traditional Medicare or the MassHealth Primary Care Clinician plan are not considered Contracting Entities or Third-Party Contracting Entities.

### **New Threshold for Reportable Contracting Affiliations**

In 2015, Provider Organizations were required to report all of their physician practice contracting affiliates, regardless of practice size, if the practice signed a group participation agreement with the Provider Organization. A few Provider Organizations reported over 100 physician practice contracting affiliates, many of which were solo practitioners. In order to reduce administrative burden and focus reporting on larger practices, the MA-RPO Program introduced a new threshold in 2017 that requires Provider Organizations to report as contracting affiliates only those physician practices that are composed of at least five physicians. Therefore, some Provider Organizations have reported substantially fewer contracting affiliates in 2017.

Despite this change, Provider Organizations were still required to include all reportable physicians in the Physician Roster, regardless of practice size. Data users attempting to determine the size of a Provider Organization's contracting network should use the Physician Roster file.

### **Answer Option Updates**

The MA-RPO Program updated the available answer options in data elements RPO-53: Organization Type – Subcategories and RPO-87: Available Services. For a list of the 2015 answer options, see page 22

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(RPO-53: Organization Type – Subcategories) and page 44 (RPO-87: Available Services) of the [2015 Data Submission Manual](#). For a list of the 2017 answer options, see page 26 (RPO-53: Organization Type – Subcategories) and page 55 (RPO-87: Available Services) of the [2017 Data Submission Manual](#).

### **Removal of Data Elements**

The MA-RPO Program removed six data elements from the 2017 filing:

- RPO-88: Service Lines (Facilities File)
- RPO-101: Primary Site of Practice EIN (Physician Roster)
- RPO-110: Secondary Site of Practice EIN (Physician Roster)
- RPO-119: Medical Group EIN (Physician Roster)
- RPO-122: Local Practice Group 1 EIN (Physician Roster)
- RPO-125: Local Practice Group 2 EIN (Physician Roster)

### **New Reporting Requirements**

The MA-RPO Program added some new reporting requirements in 2017, as described below.

RPO-65/RPO-65A: Two new data elements were added into the Contracting Entity file. These data elements are designed to answer two questions: 1) What contracts does the Contracting Entity establish (RPO-65); and 2) Which of the Provider Organization’s corporate and contracting affiliates participate in each contract established by the Contracting Entity (RPO-65A)? See questions 7 and 8 of the June 6, 2018 [Frequently Asked Questions](#) for an example of how Provider Organizations complete these new questions.

In some rare cases, a Provider Organization may be required to complete RPO-65 but not RPO-65A for one of its Contracting Entities. For example, some Contracting Entities establish contracts only on behalf of affiliated (versus employed) physicians. If a Contracting Entity had individual participation agreements with each of these physicians, but did not have group-level participation agreements, the Provider Organization would not be required to list each individual physician as a contracting affiliate.

RPO-93A: Physician License Number: Provider Organizations were required to report each physician’s Massachusetts license number in the physician roster.

Provider-to-Provider Discount Arrangements: In 2017, Provider Organizations were required to report a new type of Clinical Affiliation: Establishment of a provider-to-provider discount arrangement. This Clinical Affiliation type encompasses any agreement by which the Provider Organization’s Acute Hospital, or the employed physician group of such an Acute Hospital, has entered into an agreement to furnish a discount, rebate, or any other type of refund or remuneration to the patients of another provider. In addition to reporting the existence of such an agreement, Provider Organizations were also required to answer four questions about the arrangement, including whether the agreement applied to risk or non-risk patients, whether a portion of the discount is returned to the patient’s insurer, how the discount is calculated, and whether the amount of the discount is contingent upon meeting certain quality measures. For a full description of this new Clinical Affiliation type and the associated data elements, see pages 67 through 70 of the [2017 Data Submission Manual](#).

Financial Statements File: As a complement to the Center for Health Information and Analysis’ hospital financial reporting requirements, Provider Organizations were required to provide a standardized Financial Statement file, including the Provider Organization’s most recent audited

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financial statements with all notes and consolidating schedules, for: a) the Provider Organization's entire corporate system, as a whole; and b) each of the Provider Organization's owned physician practices. In instances where a Provider Organization combines physician practices as part of the consolidating schedule on its Audited Financial Statements, the Provider Organization was allowed to submit a single Financial Statements file rather than completing a separate Financial Statements file for each physician practice.

- **APM and Other Revenue File:** The APM and Other Revenue file is designed to collect information about revenue received or established during calendar year 2015. The contracts reported in a Provider Organization's APM and Other Revenue file may not always align with the contracts reported in data elements RPO-65 and RPO-65A, as these questions reflect contracts that were in place as of 1/1/2017.

Provider Organizations were required to complete an APM and Other Revenue file for each of their owned physician practices and contracting organizations. Full reporting specifications for the APM and Other Revenue file can be found on pages 80 - 83 of the [2017 Data Submission Manual](#).

**Contracting Organizations:** For the purposes of this file, a contracting organization is defined as a corporate affiliate for which the Provider Organization selected "Yes" in RPO-48 (identifying the affiliate as a Corporately Affiliated Contracting Entity) and "Contracting Organization/Managed Services Organization" in RPO-52. Provider Organizations were not required to submit an APM and Other Revenue file for each of their Corporately Affiliated Contracting Entities if the entity did not have an organization type of "Contracting Organization/Managed Services Organization" reported in RPO-52. For example, many Provider Organizations have acute care hospitals that are Corporately Affiliated Contracting Entities; however, such entities would not be identified as a "Contracting Organization/Managed Services Organization" in RPO-52 and would thus not be required to complete the APM and Other Revenue file.

When completing the file on behalf of a contracting organization, Provider Organizations were required to report all revenue generated under contracts that the contracting organization established, regardless of whether that revenue was received by a corporate affiliate, contracting affiliate, or affiliated physician.

**Physician Practices:** Provider Organizations also completed an APM and Other Revenue file for each of their *owned* physician practices.

When completing the file on behalf of a physician practice, Provider Organizations reported the revenue that the physician practice received for services provided in 2015. Each row of the file should sum to 100% of a physician practice's revenue for a given payer-insurance category.

### **Cautions on Use of the APM and Other Revenue File**

In fulfilling the MA-RPO statutory requirements, the MA-RPO Program seeks to collect uniform data that can be evaluated and compared across Provider Organizations. In working with Provider Organizations on their 2017 filings, MA-RPO Program staff discovered numerous instances in which the required data were not available to the Provider Organization or could not be provided in the required format. To the extent possible, Provider Organizations have documented these discrepancies in accompanying notes to the file, but these notes may not be comprehensive. It is likely that each Provider Organization made

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reporting decisions, based on the limited information they receive from payers and the limitations of their internal billing systems, that are not fully captured in the notes file.

Given a number of limitations with the data as reported, the MA-RPO Program cautions against using the data to compare across Provider Organizations, to derive system-wide total revenue, or to draw other conclusions from the APM and Other Revenues file.

These files are not available on our website and must be requested by e-mailing [HPC-RPO@state.ma.us](mailto:HPC-RPO@state.ma.us). The MA-RPO Program removed this file from the 2018 reporting requirements and looks forward to working with Provider Organizations and other interested parties to define more standardized, user-friendly reporting specifications in the future. If you have any questions about using the data contained in the APM and Other Revenue File, please do not hesitate to contact program staff.

### **Contact Us**

MA-RPO Program staff are always happy to answer questions about the dataset and assist end users with questions or concerns. Staff can be reached by e-mail at [HPC-RPO@state.ma.us](mailto:HPC-RPO@state.ma.us). Please also see the resources available on our website for additional information.

- For a full description of the 2017 reporting requirements, see the [2017 Data Submission Manual](#).
- For a full description of the 2015 reporting requirements, see the [2015 Data Submission Manual](#).
- For additional suggestions for using and interpreting the MA-RPO data, see the [2015 Data Release Notes](#) and the [MA-RPO Program Overview](#).
- For a list of frequently asked questions and answers, see the [June 2018 FAQs](#).