
Massachusetts Registration of Provider Organizations Program: Frequently Asked Questions

Issued 6/9/2017

The MA-RPO Program released updated FAQs in June 2018 that supersede the guidance contained in this document. Please see the June 2018 FAQs for the most up-to-date information.

The Massachusetts Registration of Provider Organizations (MA-RPO) Program recognizes that each Provider Organization has a unique structure and that multiple factors may influence how it completes the registration materials. The questions below are meant as general guidance for completing the 2017 filing. The MA-RPO Program encourages Provider Organizations to contact HPC-RPO@state.ma.us with specific questions that are not clearly answered here.

Background Information File

Q1: As of what date should the information in the Background Information file be accurate?

A1: All information submitted in the Background Information file (e.g., RPO-33: Provider Organization's Corporate Parent) should be accurate as of January 1, 2017 with the exception of the Provider Organization name and address and the primary reporter and secondary reporter contact information. The Provider Organization name and address and the primary reporter and secondary reporter contact information should be accurate as of the date of submission.

Corporate Affiliations File

Q2: My organization owns an Acute Hospital that signs the MassHealth Request for Application (RFA) but that does not otherwise negotiate or establish contracts with payers. Should I select "Yes" for the Acute Hospital in RPO-48: Contracting Entity (Contractor) Status?

A2: No. If the Acute Hospital, or any corporate affiliate, signs the MassHealth RFA and/or is enrolled in traditional Medicare, but does not establish any other contracts with commercial or government payers, you should respond "no" in RPO-48.

Contracting Affiliations File

Q3: If a contracting affiliate was part of our network on January 1, 2017, but has since terminated its affiliation with our system, should we report the contracting affiliate in our 2017 filing?

A3: Yes. The Contracting Affiliations file must reflect your Contracting Affiliations as of January 1, 2017.

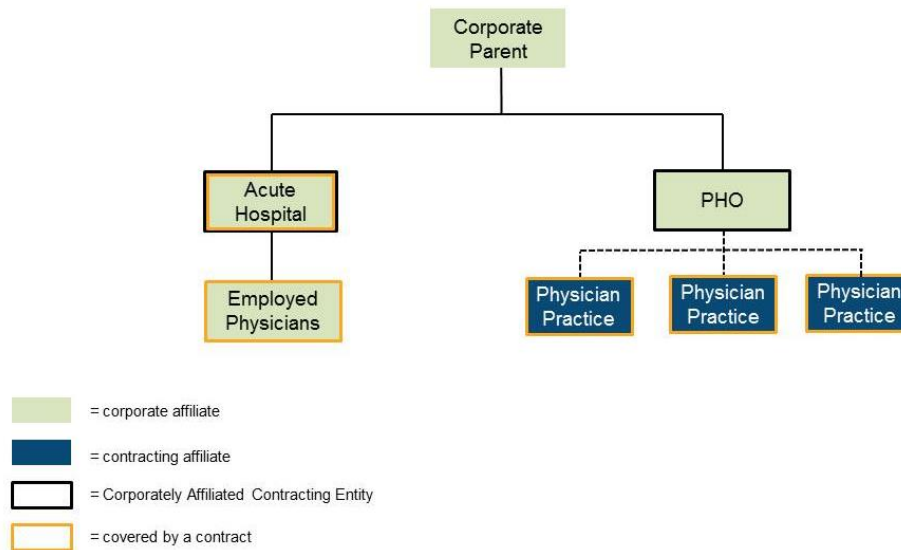
Contracting Entity File

Q4: My organization participates in the Blue Cross Blue Shield Alternative Quality Contract (AQC), which includes a global budget structure, the opportunity to earn quality-based incentive payments, and fee-for-service claims-based payments. When answering RPO-65: Contracts by Payer Category (Establishment) and RPO-65A: Contracts by Payer Category (Participation), should I select Global Payment, Pay-for-Performance, and Fee-for-Service to describe this contract?

A4: No. In RPO-65 and RPO-65A, a single contract should be classified into only one of the available categories. For example, any contract under which a provider's spending is evaluated against a global budget – such as the AQC – should be categorized as a Global Payment contract, even if providers are paid on a fee-for-service basis for claims billed during the contract period or are eligible for quality incentive payments. Please see page 46 of the [Data Submission Manual](#) for further guidance on how to categorize your contracts.

Similarly, please report revenue for Global Payment contracts in the Risk Contracts section of the APM and Other Revenue file rather than in the Fee-for-Service Arrangements section.

Q5: Our organization has two Corporately Affiliated Contracting Entities as shown below: an Acute Hospital and a physician-hospital organization (PHO). The Acute Hospital establishes a Tufts Health Plan fee-for-service contract on behalf of itself and on behalf of its employed physicians. The PHO establishes a Harvard Pilgrim Health Care pay-for-performance contract on behalf of the Acute Hospital, the employed physicians, and three non-corporately affiliated physician practices, and a Medicaid MCO contract on behalf of the Acute Hospital and the employed physicians. How do we complete RPO-65 and RPO-65A?



A5: RPO-65 must be answered for all Corporately Affiliated Contracting Entities, i.e., any corporate affiliate that establishes contracts, whether on behalf of itself, other entities, or both. RPO-65A must be answered for each of your corporate affiliates and contracting affiliates that are covered by those contracts.

You will respond to RPO-65 for each of your Corporately Affiliated Contracting Entities, in this example, the Acute Hospital and the PHO, by selecting each type of contract that the Corporately Affiliated Contracting Entity establishes. In this example, for the Acute Hospital, you would select “Fee-for-Service” under Private Commercial: Tufts Health Plan. For the PHO, you would select “Pay-for-Performance” under Private Commercial: Harvard Pilgrim Health Care and “MCO” under Medicaid.

RPO-65									
	BCBS	HPHC	THP	Fallon	HNE	NHP	Other	Medicare	Medicaid
Acute Hospital			FFS						
PHO		P4P							MCO

You would respond to RPO-65A for the Acute Hospital and the PHO by indicating your corporate affiliates' and contracting affiliates' participation in the contracts established by the Acute Hospital and the PHO, respectively. In this example, when responding for the Acute Hospital, you would select "FFS" under Private Commercial: Harvard Pilgrim Health Care for both the Acute Hospital and the employed physicians. When responding for the PHO, you would select "P4P" under Private Commercial: Tufts Health Plan for the Acute Hospital, the employed physicians, and the three non-corporately affiliated physician practices, and you would select "MCO" for the Acute Hospital and the employed physicians. The online submission platform will prepopulate the names of your corporate and contracting affiliates in this question based on your responses to RPO-49 and RPO-63.

RPO-65A										
Corp. Aff. Contracting Entity	Corp./ Contr. Affiliates	BCBS	HPHC	THP	Fallon	HNE	NHP	Other	Medi-care	Medi-caid
Acute Hospital	Acute Hospital		FFS							
	Employed Physicians		FFS							
PHO	Acute Hospital			P4P						MCO
	Employed Physicians			P4P						MCO
	Physician Practice 1			P4P						
	Physician Practice 2			P4P						
	Physician Practice 3			P4P						

Q6: My organization is an Independent Practice Association (IPA). We do not establish contracts on behalf of any corporate or contracting affiliates, but rather have individual physician participation agreements. Do we need to complete RPO-65A?

A6: No. As noted above, the online submission platform will prepopulate the names of any corporate and contracting affiliates for which you need to complete RPO-65A based on your responses in RPO-49 and RPO-63; you will not have to answer RPO-65A regarding individual physician participation in the contracts your organization establishes.

Q7: My organization will complete the Contracting Entity file for its Acute Hospital that establishes multiple commercial contracts, signs the MassHealth RFA, and is enrolled in traditional Medicare. Do we need to select any answer option(s) in RPO-65 to reflect signing the MassHealth RFA and enrollment in traditional Medicare?

A7: Yes. Please select “FFS/PCC” for contracting entities that sign the MassHealth RFA and “FFS” for contracting entities that enroll in traditional Medicare. If an Entity only signs the MassHealth RFA and/or is enrolled in traditional Medicare, and does not establish at least one contract with a commercial or government payer, then the Entity is not considered a Contracting Entity and will not respond to RPO-65 (See question 2).

Facilities File

Q8: In RPO-87: Available Services, should we select “Substance Use Disorder Treatment” for each Facility where a clinician is qualified to prescribe pharmacologic treatment (e.g., naltrexone, buprenorphine, and/or methadone) to patients?

A8: No. RPO-87: Available Services is meant to broadly capture which services are available at acute hospital – satellites and clinics. If the Facility offers a range of substance use disorder treatment services (e.g., behavioral therapy, outpatient addiction and recovery services, pharmacologic treatment, etc.) or if the Facility has publicized that it provides substance use disorder treatment services to the public, then it should select “Substance Use Disorder Treatment” in RPO-87. For the purposes of the RPO Program, the presence of one or more clinicians who are qualified to prescribe pharmacologic treatment to patients does not itself constitute the availability of substance use disorder treatment services at the Facility.

Alternative Payment Method (APM) and Other Revenue File

Q9: I am completing the APM and Other Revenue file as a contracting organization for a corporately affiliated PHO. Our organization establishes a fee-for-service contract on behalf of participating physician practices, but does not receive any data from the payer on how much each participating provider bills under the contract. Do I need to include this information in the APM and Other Revenue file?

A9: No. The MA-RPO Program understands that in some cases, contracting organizations may not receive data from payers on the amount of revenue participating providers have billed under a fee-for-service contract. If this is the case, please upload a Microsoft Word document or PDF on the File Attachments tab of the online submission platform indicating that the contracting organization does not receive the relevant data.

Q10: My organization is a PHO that participates in a Global Payment contract under which we are responsible for managing total health care spending for our attributed patients. In the Risk Contracts section of the APM and Other Revenue file, in the claims-based revenue column, are we required to report the total expenses for our attributed patients – including for services that other Providers or Provider Organizations provided – or should we only report the revenue that our affiliated providers received?

A10: Report the total claims-based revenue that your organization’s participating providers received under the risk contract. Do not include any expenses associated with services provided by other Providers or Provider Organizations for the care of the patients covered under the risk contract.

Q11: Should we report revenue received from out-of-state payer contracts in the APM and Other Revenue file?

A11: Yes. If the out-of-state payer is not listed in a separate row in the APM and Other Revenue template, report the revenue in the appropriate “Other” row, e.g. “Other Commercial”.

Q12: Where should we report MassHealth FFS and PCC revenue in the APM and Other Revenue file?

A12: Please report MassHealth FFS and PCC revenue in the “Other MassHealth” row of the APM and Other Revenue template.

Q13: My organization owned two physician practices in 2015 that merged into a single practice in 2016. The APM and Other Revenue file asks for calendar year 2015 data. Can we submit a combined APM and Other Revenue file for the physician practices?

A13: No. You must complete separate APM and Other Revenue files for these corporate affiliates. Please upload a Microsoft Word document or PDF on the File Attachments tab of the online submission platform describing the consolidation of the two entities so that MA-RPO Program staff knows why the physician practices are not reported separately in the Corporate Affiliations file.

Q14: Our organization acquired a physician practice in 2016. Are we required to report this entity’s 2015 data in the APM and Other Revenue file?

A14: Yes. If for any reason the entity is unable to provide data on the revenue it received in 2015, please contact MA-RPO Program staff.

Q15: Please advise on the following example: Under a risk contract, my organization is paid a capitated payment rate of \$100 PMPM for each patient. We are responsible for any outside medical or pharmacy expenses associated with services provided by other Providers or Provider Organizations to our patients. If we meet certain quality-related targets or benchmarks then we may receive a quality incentive payment. How should we report this information in the APM and Other Revenue file?

Summary:

Capitated payment: \$100 PMPM
Allowed claims for covered services provided by the Entity: \$30 PMPM
Allowed claims for covered services provided by other Providers: \$60 PMPM
Quality incentive payment earned: \$2 PMPM
Member Months (MM): 5,000

A15:

- In the Claims-based Revenue column, you will list \$150,000 (\$30 PMPM x 5,000 MM)
- In the Budget Surplus/ (Deficit) Revenue column, you will list \$50,000 ((\$100PMPM - \$30PMPM - \$60PMPM) x 5,000 MM)
- In the Quality Incentive Revenue column, you will list \$10,000 (\$2 PMPM x 5,000 MM)

Risk Contracts		
Claims-based Revenue	Budget Surplus/(Deficit) Revenue	Quality Incentive Revenue
\$150,000	\$50,000	\$10,000

Q16: Please advise on the following example: Under a risk contract, we are paid fee-for-service for claims billed throughout the contract period, and at the end of the contract period our actual spending is compared to a spending target. Expenses for medical or pharmacy services provided by other Providers or Provider Organizations to our patients are counted against our budget. If total spending for our patient population, including expenses associated with services provided by other Providers or Provider Organizations, is greater than the spending target, we owe a deficit payment to the payer. If total spending is below the spending target, we receive a surplus payment from the payer as specified in the contract. If we meet certain quality-related targets or benchmarks then we may receive a quality incentive payment. How do we report this information in the APM and Other Revenue file?

Summary:

Spending target: \$100 PMPM
Allowed claims for covered services provided by the Entity: \$35 PMPM

Allowed claims for covered services provided by other Providers: \$55 PMPM

Surplus payment per the terms of the contract: \$5 PMPM

Quality incentive payment earned: \$2 PMPM

Member Months (MM): 5,000

A16:

- In the Claims-based Revenue column, you will list \$175,000 (\$35 PMPM x 5,000 MM)
- In the Budget Surplus/ (Deficit) Revenue column, you will list \$25,000 (\$5 PMPM x 5,000 MM)
- In the Quality Incentive Revenue column, you will list \$10,000 (\$2 PMPM x 5,000 MM)

Risk Contracts		
Claims-based Revenue	Budget Surplus/(Deficit) Revenue	Quality Incentive Revenue
\$175,000	\$25,000	\$10,000

General

Q17: Is there a maximum number of users that can access our organization's application in the online submission platform?

A17: No. If additional users need access to the online submission platform, please complete an [INET User Agreement](#) and email it to HPC-RPO@state.ma.us.