Massachusetts Registration of Provider Organizations Program: Frequently Asked Questions

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. The MA-RPO Program encourages Provider Organizations to contact HPC-RPO@state.ma.us with specific questions that are not clearly answered here. This version of Frequently Asked Questions supersedes all previous versions.

Requirement to Register

Q: What revenue should my organization consider when determining whether it meets the $25,000,000 Net Patient Service Revenue (NPSR) threshold referenced in 958 CMR 6.04(1)(a)?

A: When determining whether it meets the $25,000,000 NPSR threshold, the Provider Organization must first determine which organizations' NPSR must be included in its calculation. The Provider Organization must include the total NPSR received from Carriers and Third-Party Administrators (TPAs) by each Entity on whose behalf it contracts. This includes both owned and un-owned entities on whose behalf the Provider Organization contracts.

Once the Provider Organization has identified the organizations that it should include in its calculation, it must then determine which contracts must be included in its calculation. The Provider Organization should use the following principles in determining which contracts must be included:

1. Provider Organizations should include all revenue received from Carriers and TPAs, including behavioral health care companies such as Beacon Health Options or Massachusetts Behavioral Health Partnership. This includes revenue generated under contracts with commercial payers (including TPAs), Medicare Advantage, and Medicaid Managed Care Organizations. Medicare fee-for-service revenue and revenue received under the Medicaid Primary Care Clinician (PCC) Plan should be excluded.

2. The NPSR should include all revenue that the relevant organizations receive, regardless of the type of contract (i.e., global payment, FFS, etc.) or whether the revenue was received through a contract established by the Provider Organization.

3. Provider Organizations should exclude the NPSR of facilities located outside of the Commonwealth, but should include the NPSR of facilities located within Massachusetts, even if some of the Massachusetts facility's revenue is generated from seeing patients residing in a different state.

Please note that the Provider Organization is **not required** to report its NPSR to the MA-RPO Program. This calculation is only intended to determine whether the Provider Organization meets the $25,000,000 NPSR threshold that, together with the 15,000 Patient Panel threshold, triggers registration. If your organization knows that it meets the threshold or is a Risk-Bearing Provider Organization, it does not have to calculate its NPSR.

In the example below, a hypothetical Provider Organization contracts on behalf of three entities: itself, a hospital, and a physician group. For each of the three entities, the Provider Organization establishes contracts with a commercial payer (Payer A) and a Medicare Advantage payer (MA). The Provider Organization also establishes a Medicare FFS contract and a Medicaid PCC contract on its own behalf only. In addition to the contracts negotiated by the Provider Organization, the hospital and the physician group also have contracts with two other commercial payers (Payer B and Payer C).

In calculating its total NPSR, the Provider Organization includes all of the revenue received by the hospital and the physician groups, including the revenue associated with the contracts that it did not establish. The only revenue that is excluded is the revenue associated with its Medicare fee-for-service and Medicaid PCC Plan contracts. While the three entities' total NPSR adds up to $80 million, the Provider Organization's total NPSR for the purposes of the MA-RPO Program is only equal to $60 million, because the $10 million generated under Medicare fee-for-service contracts and the $10 million generated under Medicaid PCC Plan contracts is excluded.

Providers	**Contracts established by the Provider Organization**				***Contracts established by other organizations***		**Total**
	Payer A	**MA**	**Medicare FFS**	**Medicaid PCC Plan**	***Payer B***	***Payer C***	
Provider Org	$10M	$10M	$10M	$10M	--	--	**$20M**
Hospital	$8M	$4M	--	--	*$10M*	*$10M*	**$32M**
Physician Group	$3M	$1M	--	--	*$2M*	*$2M*	**$8M**
Total:	**$21M**	**$15M**	**$10M**	**$10M**	***$12M***	***$12M***	**$60M**

Q: What should my organization consider when determining whether it meets the 15,000 Patient Panel threshold referenced in 958 CMR 6.04(1)(a)?

A: The regulation (958 CMR 6.02) defines Patient Panel as the total number of individual patients seen over the course of the most recent complete 36-month period. This definition varies from a more traditional definition of patient panel, which may be limited to those patients that have a designated primary care provider (PCP) within the organization, or those patients for whom the organization is at risk. Unlike these definitions, the MA-RPO Program definition includes the total number of patients seen by any of the Providers on whose behalf the Provider Organization contracts over a 36-month period. Provider Organizations are not required to include the Patient Panel of facilities located outside of the Commonwealth for this calculation. However, the organization must include the Patient Panel of facilities within Massachusetts, regardless of whether some of the patients seen at those facilities reside in a different state.

Additionally, the definition of Patient Panel refers to unique patients, not patient encounters. Therefore, a patient who visits multiple Providers on whose behalf the Provider Organization contracts (e.g., a primary care provider and multiple specialists) is counted the same way as a patient who only visits one Provider on whose behalf the Provider Organization contracts (e.g., a hospital). Both patients will only count as one individual in the Provider Organization's Patient Panel.

The example below shows four patients who have had varying interactions with a hypothetical Provider Organization.

- The first patient does not have a PCP affiliated with the Provider Organization, but visited the Provider Organization's hospital in FY 2017.

- The second patient has a PCP affiliated with the Provider Organization, whom the patient saw once each year from FY 2016 to FY 2018.

- The third patient had multiple encounters with the Provider Organization, seeing both his PCP and a specialist in FYs 2016 and 2017, and his PCP in FY 2018.

- The final patient has a PCP affiliated with the Provider Organization, but did not visit the PCP or have any other encounters with the Provider Organization between FY 2016 and 2018.

The right hand column of the table below shows that the first three patients each count once towards the 15,000 Patient Panel threshold. These patients all count toward the Provider Organization's total Patient Panel, regardless of the type of insurance they have. The fourth patient does not count toward the threshold because she was not seen by any Provider affiliated with the Provider Organization during the 36-month period. The Provider Organization in this example has a total Patient Panel of 3 patients, because its Providers saw three unique patients over the course of the 36-month period.

Please note that Provider Organizations are **not required** to report their Patient Panel size to the MA-RPO Program. This calculation is only intended to determine whether the Provider Organization meets the 15,000 patient threshold that, together with the $25 million NPSR threshold, triggers registration. If your organization knows that it meets the threshold or is a Risk-Bearing Provider Organization, it does not have to calculate its Patient Panel size.

Patient Panel Calculation					
Patient	**Has PCP in Provider Org?**	**FY 2016**	**FY 2017**	**FY 2018**	**Total**
Patient 1	No	--	Hospital	--	**1**
Patient 2	Yes	PCP	PCP	PCP	**1**
Patient 3	Yes	PCP, Specialist	PCP, Specialist	PCP	**1**
Patient 4	Yes	--	--	--	**0**
Total:	--	--	--	--	**3**

Q: My organization meets Registration Threshold 1 (NPSR over $25,000,000 / Patient Panel over 15,000) and is a member of a local Physician-Hospital Organization (PHO). The PHO is a Contracting Entity. My organization is not owned or controlled by another entity. Is my organization required to register independently from the PHO?

A: Your organization is a contracting affiliate of the PHO. If your organization also establishes some of its contracts directly with Carriers or Third-Party Administrators, your organization is also a Provider Organization, and must register independently from the PHO. However, because your organization is also a contracting affiliate of the PHO, it will be able to file an abbreviated application and will not be required to submit a physician roster as long as each physician on whose behalf your organization establishes contracts also has at least one contract established by the PHO. If your organization does not establish any contracts with Carriers or Third-Party Administrators independently, then you will be reported as a contracting affiliate by the PHO, and you are not required to file a separate registration.

Q: The MA-RPO Program has stated that for Provider Organizations that meet Registration Threshold 1 (NPSR over $25,000,000 / Patient Panel over 15,000), registration is only required for Provider Organizations that negotiate on behalf of at least one hospital, physician group, or behavioral health provider. What types of providers are included in the term "physician group?"

A: The term physician group includes primary care physicians, specialists, ambulatory surgery centers, clinics, urgent care centers, and any network, alliance, or other structure that serves to unite said physicians into a group. The term does not include individuals that **only** provide ancillary services (e.g., outpatient dialysis clinics, clinical labs, diagnostic radiology) or non-physician-based providers (e.g., limited service clinics staffed by nurse practitioners).

Please note that limiting registration to hospitals, physician groups, and behavioral health providers **only** limits which entities are required to register. If a Provider Organization is required to register, it is required to report on all of its corporate and contracting affiliates, not just the hospitals, physician groups and behavioral health providers. For example, a chain of independent nursing homes that negotiates its own contracts and meets Registration Threshold 1 (NPSR over $25,000,000 / Patient Panel over 15,000) would be exempted from registering because it does not negotiate on behalf of a hospital, physician group, or behavioral health provider. If, however, a Provider Organization owns both a hospital **and** a nursing home, it must list both entities in the Corporate Affiliations File.

Q: My organization is a venture capital firm that is the sole corporate member of an acute care hospital. The acute hospital has several wholly-owned, clinical subsidiaries with which it provides comprehensive, coordinated healthcare services, and meets the criteria for registration with the MA-RPO Program. Our firm owns several non-healthcare related entities, and does not provide any oversight or management in the hospital's day-to-day operations. Is my organization required to serve as the registering entity with the MA-RPO Program?

A: The MA-RPO Program seeks to understand the structure and operations of health systems, both individually and in relation to each other. To create a uniform database, the MA-RPO Program expects a health system's corporate parent to be the registering entity, provided that the corporate parent's primary business purpose is related to healthcare delivery or management. Health systems that are owned by entities whose business purpose is not dedicated to the oversight of the health system should not register at the corporate parent level; these organizations should register at the highest level of corporate ownership within the corporately-integrated system whose business purpose is healthcare delivery or management.

Your organization's primary business purpose is not healthcare delivery or management. Therefore, the MA-RPO Program would not expect your organization to register. The acute care hospital, which is the upper-most entity within the corporately-integrated system whose primary business purpose is related to healthcare delivery or management, will act as the registering entity. The acute care hospital will list your organization as its corporate parent in RPO-33.

Q: The MA-RPO Program has stated that it expects the uppermost corporate entity with a primary business purpose of health care delivery or management to act as the registering entity. The uppermost corporate entity in my organization is located outside of Massachusetts. Which entity should act as the registering entity for my organization?

A: If an out-of-state entity which has a primary business purpose related to health care delivery or management has a substantial direct or indirect ownership or controlling interest in a Massachusetts-based

Provider Organization subject to 958 CMR 6.00, that out-of-state entity must act as the registering entity for the purpose of the MA-RPO Program.

General

Q: If our free text response exceeds the character limits for a question (e.g., RPO-40: Description of Community Advisory Boards), how should we provide the additional information to the MA-RPO Program?

A: If your text response exceeds the field's character limit, please remove your incomplete answer from the response field and instead indicate that your response to the question has been uploaded as a File Attachment. Please include sufficient information (e.g., name of the file attachment or number of the question) for the reviewer to locate the response. You may upload your answer(s) as a Microsoft Word document on the File Attachments tab of the online submission platform.

Q: How can I provide the MA-RPO Program with written clarifications or explanations of my materials?

A: If you would like to provide clarifications or explanations to your materials, please attach a Microsoft Word document on the File Attachments tab of the online submission platform. Please note that any information you provide is considered a public record and is subject to disclosure under the Massachusetts Public Records Law.

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

A: 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.

Q: When will my organization receive its notice of registration?

A: Provider Organizations will receive confirmation via e-mail that they have completed registration after program staff has determined that all update requests have been completed.

Q: Will the MA-RPO Program provide forms and templates to complete registration?

A: Provider Organizations should use the forms and templates referenced in the Data Submission Manual. All required forms and templates are available on the MA-RPO Program's website. The corporate organizational chart is the only document that does not have a prescribed template. Provider Organizations may create their organizational chart using the software that they feel is most appropriate, but the chart must be saved and submitted as a .PDF file.

Background Information File

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

A: All information submitted in the Background Information file (e.g., RPO-33: Provider Organization's Corporate Parent) should be accurate as of January 1 of the year of the filing, 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 and Contracting Affiliations

Q: My organization is an Independent Practice Association (IPA) that has individual Physician Participation Agreements with all of our members. We contract on behalf of the individual physicians and do not contract on behalf of any groups or organizations. How should we complete the Contracting Affiliations File?

A: A Provider Organization that only contracts on behalf of individual physicians – rather than physician practices – will not list any entities in the Contracting Affiliations File. This file has been designed to collect information at the organizational level, e.g., hospitals, physician practices, etc. An IPA is not required to list each physician with whom it has a Physician Participation Agreement in the Contracting Affiliations File. You should select "My organization does not have any reportable Contracting Affiliations" in RPO-42: Applicable Files.

Q: Am I required to list the names of our Provider Organization's executive officers on the corporate organizational chart?

A: No. The corporate organizational chart should **not** reflect the management structure within your organization. Rather, the corporate organizational chart should depict the ownership structure of corporate entities within your organization. Neither position titles nor names of individuals should appear on the chart.

Q: How should my organization report a Physician-Hospital Organization (PHO) in which the organization does not have an ownership interest, but does have the authority to appoint board members?

A: You should report the PHO as a corporate affiliate of your organization. The entity within your system that has the authority to appoint board members should be reported as the internal corporate parent in RPO-54. If there are any external, non-owned entities that also have authority to appoint board members to the PHO this entity should be reported as an external corporate parent in RPO-56.

In addition to reporting the names of each corporate parent, you must also report each parent's level of control over the PHO. You should select the responses in RPO-55 and RPO-58 that best reflect the control each parent has over the PHO based on the number of board members each parent has the authority to appoint out of the total number of board members.

Q: 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?

A: 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.

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

A: Yes. The Contracting Affiliations file must reflect your Contracting Affiliations as of January 1 of the year of the filing.

Contracting Entity File

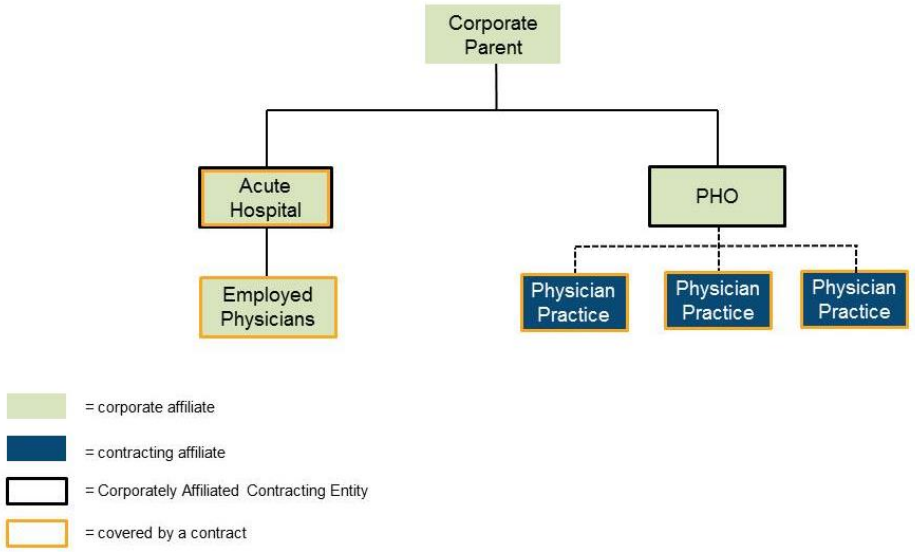
Q: My organization establishes contracts on behalf of community-based physicians that are not employed by my organization nor by any of my organization's corporate affiliates. However, we did not list any organizations in the Contracting Affiliations file, based on the fact that our legal relationship is with each individual physician, rather than with his or her medical group. Should I answer RPO-67: Services Offered to Contracting Affiliates on behalf of the physicians that I do not employ?

A: Yes. RPO-67: Services Offered to Contracting Affiliates includes services offered to Health Care Professionals that are not employed by the Provider Organization named in RPO-01or any of its corporate affiliates. This question is not limited to entities that the Provider Organization has listed in the Contracting Affiliations file

Q: 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?

A: 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 44 of the 2018 Data Submission Manual for further guidance on how to categorize your contracts.

Q: 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?



A: 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: Tufts Health Plan for both the Acute Hospital and the employed physicians. When responding for the PHO, you would select "P4P" under Private Commercial: Harvard Pilgrim Health Care 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										
Contracting Entity	**Corporate / Contracting 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							

Q: 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?

A: 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.

Q: 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?

A: 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.

Facilities File

Q: Data element RPO-86 asks whether the Facility is billed to Medicare as a "provider-based organization." If my organization is a "provider-based entity" under applicable CMS regulations, should I select "Yes"?

A: You should answer "Yes" only if your organization is engaged in provider-based billing for the specific Facility listed in RPO-74. 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.

Q: 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?

A: 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 MA-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.

Clinical Affiliations File

Q: My Provider Organization has an agreement with another provider with which my organization is not corporately affiliated, under which a mobile imaging unit docks on the campus of my Acute Hospital and provides radiology services once a week. Does this relationship constitute co-located services?

A: If the provider's mobile imaging unit docks in the same location on the Acute Hospital campus on at least a weekly basis, your organizations must report the relationship as co-located services.

Q: My organization is an Acute Hospital that sends many of its radiology studies to another Acute Hospital – with which my organization is not corporately affiliated – for remote interpretation. Should my organization report this relationship as a telemedicine Clinical Affiliation?

A: If this is the extent of the relationship between the two Acute Hospitals, you should not report a Clinical Affiliation. Relationships that are characterized exclusively by the use of asynchronous store and forward technology do not have to be reported under the telemedicine category at this time.

Q: Data element RPO-132 asks for a description of the Clinical Affiliation that is being reported. Am I required to describe all of the ways my organization collaborates with the clinical affiliate, or is the description limited to the seven types of affiliations that trigger reporting?

A: For each of the seven types of affiliations that trigger reporting, the MA-RPO Program expects a detailed description of the relationship, including the nature, scope and scale of the affiliation, as well as the service lines that are encompassed by the affiliation. If the Provider Organization's relationship with

that organization extends beyond the seven types of affiliations, the MA-RPO Program expects the Provider Organization to provide a general description of the other aspects of the relationship.

Physician Roster File

Q: The DSM states that the MA-RPO Program is not providing a definition of a pediatrician for RPO-97 in the Physician Roster file. Some of the physicians that I am required to report are family medicine providers who see both adult and pediatric patients. Should I select "Yes" or "No" in response to RPO-97 for these physicians?

A: If your organization currently classifies certain physicians as pediatricians, you may report pediatrician status to the MA-RPO Program based on your internal classification methodology. However, if your organization does not currently classify physicians as pediatricians, and you are making this determination for the first time, as general guidance, you might consider classifying a physician as a pediatrician if a majority of the physician's patients are pediatric patients.

Q: My Corporately Affiliated Contracting Entity is a PHO that establishes contracts on behalf of several community physician practices. Recently, one of the community physician practices decided to leave our PHO and begin contracting through another Provider Organization. The practice has signed a new affiliation agreement with the new Provider Organization, but the physicians in the practice are still currently covered by contracts that our PHO established. Should I report these physicians on the physician roster?

A: The physician roster should reflect the contracts that are in effect as of January 1 of the filing year. Therefore, if the community physicians were covered by at least one contract on January 1 that was established by the PHO, the MA-RPO Program would expect the PHO's physician roster to include the physicians from the community practice. Conversely, the MA-RPO Program would not expect the community physicians to appear in the new Provider Organization's physician roster if the community physicians were not yet participating in any contracts established by the new Provider Organization on January 1. The community physicians may appear on both the PHO's physician roster and the new Provider Organization's physician rosters for a couple of years, if the practice's contracts with different payers expire at different times.

Note that many such physician group additions or departures also require the filing of a Material Change Notice with the HPC. Please see 958 CMR 7.00, *Notices of Material Change and Cost and Market Impact Reviews* for additional information.