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Massachusetts Registration of Provider Organizations (MA-RPO) Program
Proposed 2025 Updates
Release for Public Comment: June 23, 2025

Provider Organizations that meet certain thresholds are required to submit an annual filing to the Massachusetts Registration of Provider Organizations (MA-RPO) Program, a joint program managed by the Health Policy Commission (HPC) and the Center for Health Information and Analysis (CHIA). The MA-RPO Program incorporates the required data elements from both the HPC and CHIA statutes, M.G.L. c. 6D, § 11 and M.G.L. c. 12C, § 9. Under the MA-RPO Program, a Provider Organization submits an annual filing to the Commonwealth which satisfies its obligations under both.

Chapter 343 of the Acts of 2024 made several important updates to the MA-RPO Program that expand the entities required to report to the MA-RPO program and the scope of information collected, particularly to increase state oversight of private equity, real estate investment trusts, and management services organizations in health care and to support the Commonwealth's health planning efforts. In response to these statutory changes, the MA-RPO program issued guidance on June 9, 2025 describing those entities that will be newly required to report to the MA-RPO program and is updating the reporting requirements for the 2025 data collection cycle. The HPC and CHIA will continue to phase in the statutorily required data elements over time. For the 2025 filing, the MA-RPO Program is proposing to make the following updates:

1. Requiring a roster of employed Advanced Practice Providers (APP) and behavioral health clinicians from each Provider Organization; and
2. Collecting information about provider organizations' relationships with Significant Equity Investors, health care Real Estate Investment Trusts, and Management Services Organizations

To streamline the review and public comment process, the MA-RPO Program is releasing the proposed additions in this document, rather than providing the full text of the proposed 2025 Data Submission Manual (DSM). For the full text of the 2024 DSM, please see the program [website](#). At this time, the MA-RPO Program is not proposing additions or substantive changes to the DSM for the 2025 filing aside from those described below.

1. Requiring a roster of employed APPs and behavioral health clinicians from each Provider Organization

Each Provider Organization will submit a roster of reportable APPs and behavioral health clinicians in the APP and Behavioral Health Clinician Roster file. Each Provider Organization will report only the APPs



and behavioral health clinicians that it employs and is not required to report the APPs and behavioral health clinicians of its contracting affiliates. Abbreviated applicants are not exempt from this requirement in 2025; all Provider Organizations with reportable APPs and/or behavioral health clinicians must submit their own roster using the template provided by the MA-RPO Program.

In 2025, reportable APPs and behavioral health clinicians are those that:

1. Have one of the following license types:
 - a. Certified Nurse Midwife (CNM);
 - b. Certified Nurse Practitioner (CNP);
 - c. Clinical Nurse Specialist (CNS);
 - d. Certified Registered Nurse Anesthetist (CRNA);
 - e. Clinical Social Worker (LICSW, LCSW)
 - f. Licensed Drug and Alcohol Counselor (I) (LDAC I);
 - g. Licensed Mental Health Counselors (LMHC);
 - h. Licensed Marriage and Family Therapists (LMFT);
 - i. Licensed Psychologists (PhD, PsyD);
 - j. Physician Assistant (PA);
 - k. Psychiatric Clinical Nurse Specialist (PCNS);
 - l. Psychiatric Mental Health Nurse Practitioner (PMH-NP);
2. Are employed by the Provider Organization or one of its corporate affiliates as of 1/1/2025. Full-time and part-time employees must be included in the roster, but individuals who work per diem, rent practice space, or have other non-traditional relationships with the Provider Organization may be omitted; and
3. Are working at least part-time for the Provider Organization in a clinical role with regular interaction with patients. The MA-RPO Program considers clinical roles to be those in which the provider provides direct diagnosis, treatment, or care for patients.

The data elements and instructions in the APP and Behavioral Health Clinician Roster file will mirror the data elements and instructions in the Physician Roster file (see [pp. 56-64 of the 2024 DSM](#)), with the following exceptions:

- The addition of a license type field to identify the provider's license type (e.g., CNM, LICSW).
- The addition of a new "Yes/No" flag that will indicate whether the provider is primarily a behavioral health provider. This flag will identify providers that hold themselves out as behavioral health providers or that spend a significant amount of their time providing clinical behavioral health services.

A sample Excel template is available on the [program website](#).

The MA-RPO Program anticipates requiring information about APPs and behavioral health clinicians employed by a Provider Organization's contracting affiliates in future years.



Out-of-State Reporting: The Provider Organization must report APPs and behavioral health clinicians who either: a) have a site of practice in Massachusetts; or b) have an active Massachusetts license.

2. Collecting information about Significant Equity Investors, Real Estate Investment Trusts, and Management Services Organizations

Each Provider Organization will submit an MA-RPO program-provided Excel template that will include data elements regarding a provider organization's relationships with Significant Equity Investors, Health Care Real Estate Investment Trusts, and Management Services Organizations. All Provider Organizations will be required to submit this template.

Relevant statutory definitions include:

Health Care Real Estate Investment Trust. A real estate investment trust, as defined by 26 U.S.C. section 856, whose assets consist of real property held in connection with the use or operations of a provider or provider organization.

Management Services Organization. A corporation that provided management or administrative services to a provider or provider organization for compensation.

Private Equity Company. Any company that collects capital investments from individuals or entities and purchases, as a parent company or through another entity that the company completely or partially owns or controls, a direct or indirect ownership share of a provider, provider organization or management services organization; provided, however, that "private equity company" shall not include venture capital firms exclusively funding startups or other early-stage businesses.

Significant Equity Investor. (I) Any private equity company with a financial interest in a provider, provider organization or management services organization; or (II) an investor, group of investors or other entity with a direct or indirect possession of equity in the capital, stock or profits totaling more than 10 percent of a provider, provider organization or management services organization; provided, however, that "significant equity investor" shall not include venture capital firms exclusively funding startups or other early-stage businesses.

The MA-RPO program-provided Excel template will ask Provider Organizations to identify any corporate affiliates or Facilities that have a relationship with Significant Equity Investors, Management Services Organizations, and Real Estate Investment Trusts and to report the information described below. A sample Excel template is available on the [program website](#).

- If the Provider Organization or any of its corporate affiliates have a relationship with a Significant Equity Investor, the Provider Organization will be required to report the following for itself and/or each corporate affiliate that has a relationship with a Significant Equity Investor:
 - Corporate Affiliate Name
 - Corporate Affiliate Employer Identification Number (EIN)
 - Significant Equity Investor Name



- Significant Equity Investor Category (I or II)
- Significant Equity Investor EIN, if applicable
- Significant Equity Investor Percentage of Interest in the Corporate Affiliate
- Affiliation Start Date
- If the Provider Organization or any of its corporate affiliates receives services, pursuant to a management services agreement or similar, from a Management Services Organization, the Provider Organization will be required to report the following for itself and each corporate affiliate that receives MSO services:
 - Corporate Affiliate Name
 - Corporate Affiliate EIN
 - MSO Name
 - MSO EIN
 - Affiliation Start Date
 - Whether any Private Equity Companies have an interest in the MSO
 - If yes, the Private Equity Company Name
 - If yes, the Percentage of Interest the Private Equity Company has in the MSO
- If the Provider Organization or any of its corporate affiliates provides services, pursuant to a management services agreement or similar, as an MSO, the Provider Organization will be required to report the following for itself and/or each corporate affiliate that provides MSO services:
 - Corporate Affiliate Name
 - Corporate Affiliate EIN
 - Affiliation Start Date
 - Whether the MSO provides services to any entity(ies) that are not reported in the Corporate Affiliations, Contracting Affiliations, or Physician Roster files
 - If yes, the name(s) of any entity(ies) receiving MSO services and a brief description of the relationship
- If one or more of the Provider Organization's or its corporate affiliates' licensed Facilities, or the property on which a licensed Facility operates, is owned by a Health Care Real Estate

Investment Trust, the Provider Organization will be required to report the following about the Facility:

- Facility Name
- Facility EIN
- Facility Address
- Facility City
- Facility Zip Code
- Health Care Real Estate Investment Trust Name
- Health Care Real Estate Investment Trust EIN
- Affiliation Start Date

Out-of-State Reporting: The Provider Organization must report relationships that its reportable Corporate Affiliations (see [p. 19 of the 2024 DSM](#)) or Facilities (see [p. 48 of the 2024 DSM](#)) have with Significant Equity Investors, Management Services Organizations, and Health Care Real Estate Investment Trusts.

Request for Public Comment

The MA-RPO Program values the feedback that many organizations have provided in the past and looks forward to gaining new insight on the proposed 2025 updates. The MA-RPO Program recommends sharing these proposed updates with the departments within your organization that are responsible for providing the data (e.g., provider enrollment, credentialing, billing, finance, legal, etc.). Organizations or individuals who would like to provide comments on the proposed 2025 requirements should send written feedback to HPC-RPO@mass.gov on or before **Friday, July 11, 2025**. In addition, if organizations have any questions about the proposed requirements, please contact Liz Reidy, Senior Manager, at elizabeth.reidy@mass.gov.

The MA-RPO program specifically seeks comments on the following questions:

1. Does your organization recommend any modifications or instructions to the proposed updates described above?
2. Does your organization have any concerns regarding data consistency/accuracy as an end-user of this information?
3. Are there any areas in which your organization would need additional information or guidance in order to respond? The MA-RPO Program would appreciate specific examples so that it can issue standard guidance. For instance, if any of your organization's APPs or behavioral health clinicians are engaging in work that may straddle the line between clinical and non-clinical, please provide their job titles or brief position descriptions, so that the MA-RPO Program may



provide guidance on whether this would be considered a reportable APP or behavioral health clinician.

4. The MA-RPO program understands that many large health systems have contracts for specific administrative and management services (e.g., legal services, financial audit services, etc.). How could the MA-RPO Program distinguish between these types of services and services provided by a more traditional MSO?

The final 2025 DSM, which will contain all data elements that a Provider Organization will submit to satisfy its 2025 filing requirements with the HPC (see [958 CMR 6.05\(5\)](#)) and CHIA ([see 957 CMR 11.00](#)), will be released after the MA-RPO Program has reviewed and incorporated stakeholder feedback on the new data elements, as appropriate.

