MASSACHUSETTS REGISTRATION OF PROVIDER ORGANIZATIONS (MA-RPO) PROGRAM

Affidavit of Truthfulness and Proper Submission
2026 Filing

We, the undersigned, as duly authorized representatives of _____, certify that:

1. We have read the Health Policy Commission's regulation, 958 CMR 6.00: *Registration of Provider Organizations*, the Center for Health Information and Analysis's regulation, 957 CMR 11.00: *Registered Provider Organizations Reporting Requirements,* and the current Data Submission Manual.

2. We have submitted a completed submission on behalf of the organization indicated above in accordance with 957 CMR 11.00, 958 CMR 6.00, and the current Data Submission Manual, and the information presented is true, accurate, and complete.

3. The application has been reviewed for individual Social Security Numbers (SSNs) and to the best of our knowledge all individual SSNs have been removed.

Signed on the _____ day of _____, 20_____.

Signature: _____

Name: _____

Title: _____

Signature: _____

Name: _____

Title: _____

Per Regulation 957 CMR 11.00 and Regulation 958 CMR 6.00, the submission shall be certified by two duly authorized representatives of the Provider Organization, one of whom shall be the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, or equivalent.