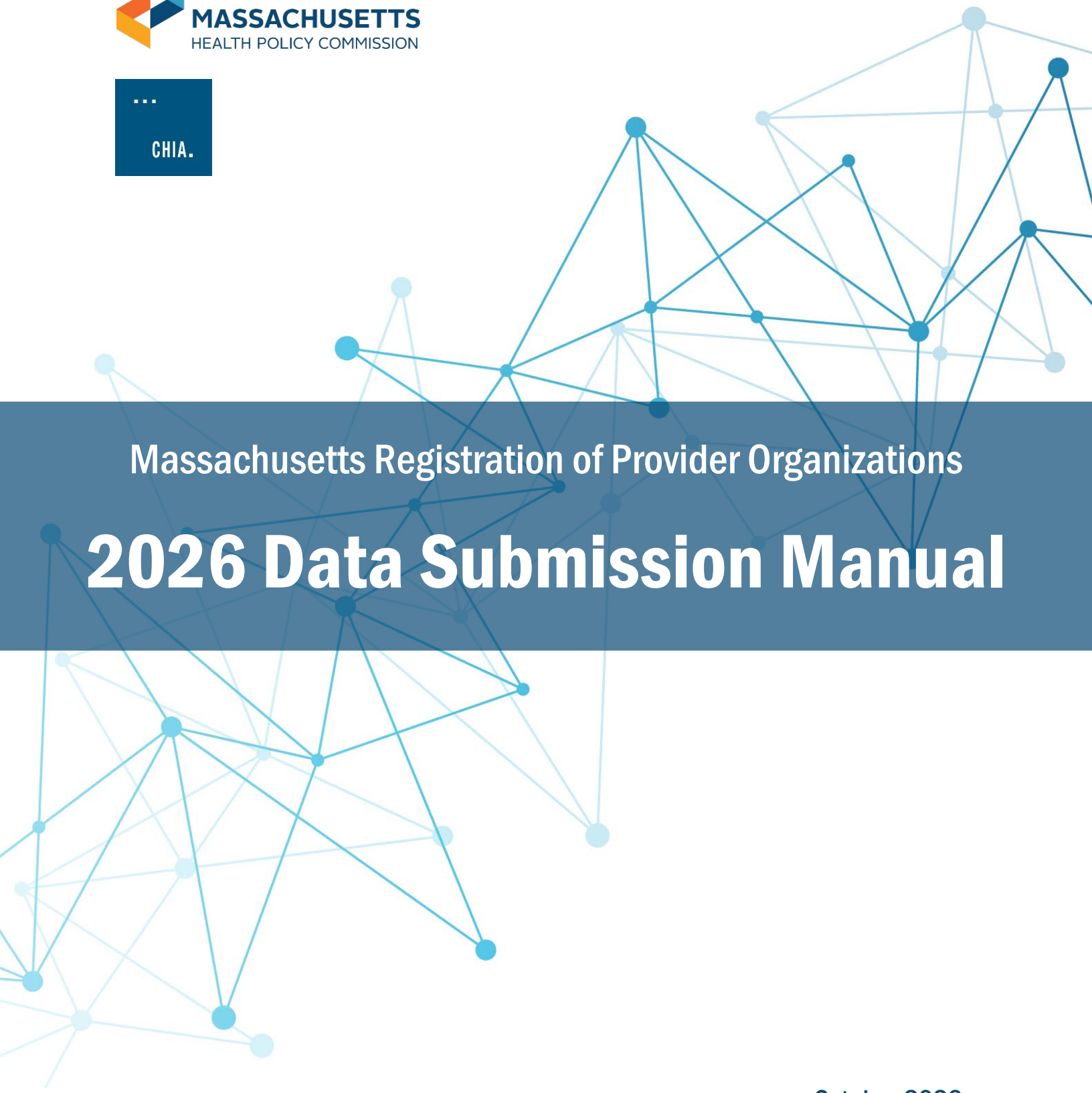
MASSACHUSETTS
HEALTH POLICY COMMISSION

CHIA.



Massachusetts Registration of Provider Organizations

2026 Data Submission Manual

October 2026
MA-RPO-2026-01

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Glossary of Terms

The terms below have been defined in M.G.L. c. 6D, § 1, M.G.L. c. 12C, § 1, 958 CMR 6.00, *Registration of Provider Organizations*, 957 CMR 11.00, *Registered Provider Organizations Reporting Requirements,* or are defined for the first time in the Data Submission Manual (DSM). Defined terms are capitalized throughout the DSM. New or updated definitions are highlighted below.

Acute Hospital	The teaching hospital of the University of Massachusetts Medical School and any hospital licensed under M.G.L. c. 111, § 51 and which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the Department of Public Health.
Advanced Care Settings	Sites at which more complex care can be provided for one or more clinical services.
NEW Annual Filing	The information that a Provider Organization subject to the registration requirements of 958 CMR 6.00 must submit to the MA-RPO Program, in a form specified in the Data Submission Manual, pursuant to M.G.L. c. 6D, §11 and M.G.L. c. 12C, § 9 and § 11.
Audited Financial Statements	A complete set of financial statements of an Entity, including the notes to the financial statements, which are subject to an independent audit in accordance with Generally Accepted Auditing Standards (GAAS). The independent auditor issues an opinion as to whether or not the accompanying financial statements are presented fairly in accordance with Generally Accepted Accounting Principles (GAAP).
Campus	The physical area immediately adjacent to the provider's main buildings and other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings.
Clinical Affiliation	Any relationship between a Provider or Provider Organization and another Entity for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in hospital or other ambulatory settings, co-branding, expedited transfers to Advanced Care Settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, joint training programs, video technology to increase access to expert resources, and sharing of hospitalists or intensivists.
Community Advisory Boards	Committees, boards, or other oversight and governance bodies engaging the community of a Provider Organization, including, but not limited to patient and family advisory councils as defined in 105 CMR 130.1801 or community benefits advisory boards.

Consolidating Schedule	A document that accompanies the consolidated Audited Financial Statements, which includes detailed financial statements of subsidiary hospital(s) and the other organizations that comprise the consolidated entity.
Contracting Affiliation	Any relationship between a Provider Organization and another Provider or Provider Organization for the purposes of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services, including for payment rates, incentives, and operating terms, with a Payer or Third-Party Administrator.
Contracting Entity	An Entity that negotiates, represents, or otherwise acts to establish contracts with Payers or Third-Party Administrators for the payment of Health Care Services.
NEW Control	The possession, direct or indirect, of the power, partial or complete, to direct or cause the direction of the management, administrative functions, assets, or policies of an Entity, whether through the ownership of voting securities or rights, the power to appoint, designate, or remove board members or directors, control, either directly or indirectly, by contract (except a commercial contract for goods or non-management services) or otherwise; but no person shall be deemed to possess such Control solely by reason of being an officer or director of an Entity. Control shall be deemed to exist if any person or Entity directly or indirectly owns, has rights over, or holds with the power to vote ten percent or more of the voting securities of an Entity. This definition applies to all forms of the word, including "Controls," "Controlling," and "Controlled".
Corporate Affiliation	Any relationship between two Entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common Control.
Corporately Affiliated Contracting Entity	A Contracting Entity with which the Provider Organization has a Corporate Affiliation.
NEW Distributions	Payouts of the Provider Organization’s profits, assets, or other value that are shared with investors, owners, or other affiliates of the SEI, regardless of how characterized. Distributions include those financed by dividend recapitalization.
Entity	A corporation, sole proprietorship, partnership, limited liability company, trust, foundation, or any other organization formed for the purpose of carrying on a commercial or charitable enterprise.
Facility	A licensed institution providing Health Care Services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory

	and imaging centers, and rehabilitation and other therapeutic health settings.
Fiscal Year	The twelve-month period during which a Provider Organization keeps its accounts and which is identified by the calendar year in which it ends.
Global Payment	A type of payment arrangement between payers and Providers that establishes a spending target for a comprehensive set of Health Care Services to be delivered to a specified population during a defined time period.
Health Care Professional	A physician or other health care practitioner licensed, accredited, or certified to perform specified Health Care Services consistent with law.
Health Care Provider or Provider	A provider of Health Care Services or any other person or organization that furnishes, bills, or is paid for Health Care Services delivery in the normal course of business or any person, corporation, partnership, governmental unit, state institution, or any other entity qualified under the laws of the commonwealth to perform or provide Health Care Services.
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.
Health Care Services	Supplies, care, and services of medical, Behavioral Health, surgical, optometric, dental, podiatric, chiropractic, therapeutic, diagnostic, preventative, rehabilitative, supportive or geriatric nature including, but not limited to, inpatient and outpatient acute hospital care and services; pharmacy services; services provided by a community health center, home health, and hospice care provider, or by a sanatorium, as included in the definition of “hospital” in Title XVIII of the federal Social Security Act, and treatment and care compatible with such services, or by a health maintenance organization.
Local Practice Group	A group of Health Care Professionals that functions as a subgroup of a Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons).
Management Services Organization	A corporation that provides management or administrative services to a Provider or Provider Organization for compensation.
Massachusetts Registration of Provider Organizations Program or MA-RPO Program	The Commonwealth program, jointly administered by the Commission and the Center, pursuant to M.G.L. c. 6D, § 11 and § 12 and M.G.L. c. 12C and regulations promulgated thereunder.

Patient Panel	The total number of individual patients seen over the course of the most recent complete 36-month period.
Payer	Any entity, other than an individual, that pays providers for the provision of Health Care Services; provided, however, that Payer shall include both governmental and private entities; and provided further, that Payer shall include self-insured plans to the extent allowed under the Employee Retirement Income Security Act of 1974.
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.
Provider Organization or Health System or System	Any corporation, partnership, business trust, association or organized group of persons, and all corporate affiliates thereof, which is in the business of health care delivery or management, whether incorporated or not that represents one or more Health Care Providers in contracting with Payers for the payment of Health Care Services; provided that the definition shall include, but not be limited to, physician organization, physician-hospital organization, independent practice association, Provider network, accountable care organization, and any other organization that contracts with Payers for payment for Health Care Services.
Risk-Bearing Provider Organization	An Entity subject to the requirements of the Massachusetts Division of Insurance pursuant to M.G.L. c. 176T and any regulations promulgated thereunder.
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; and provided that "Significant Equity Investor" shall not include individuals licensed to provide Health Care Services who are or will be actively engaged in the practice of medicine, dentistry, or other health care profession as a full or partial owner of the Provider or Provider Organization.
Third-Party Administrator	An Entity that administers payments for Health Care Services on behalf of a client in exchange for an administrative fee.

Third-Party Contracting Entity	A Contracting Entity with which the Provider Organization does not have a Corporate Affiliation and which establishes at least one contract with Payers or Third-Party Administrators on behalf of at least one of the Provider Organization's corporate affiliates.
NEW Uppermost Corporate Parent	An Entity with a primary business purpose of healthcare delivery, management, ownership, or investment, that is not itself owned or Controlled, partially or completely, directly or indirectly, by any other Entity.

Acronyms and Abbreviations

ACO	Accountable Care Organization
AGO	Massachusetts Attorney General's Office
APM	Alternative Payment Method
APP	Advanced Practice Provider
CHIA	Center for Health Information and Analysis
CMR	Code of Massachusetts Regulations
CMS	Centers for Medicare and Medicaid Services
D/B/A	Doing-Business-As
DOI	Division of Insurance
DRG	Diagnosis Related Groups
DSM	Data Submission Manual
EHR	Electronic Health Record
EIN	Employer Identification Number
FFS	Fee-for-Service
GAAP	Generally Accepted Accounting Principles
GAAS	Generally Accepted Auditing Standards
HPC	Health Policy Commission
IPA	Independent Practice Association
IRS	Internal Revenue Service
M.G.L.	Massachusetts General Laws
MA-RPO	Massachusetts Registration of Provider Organizations
MCO	Managed Care Organization
MSO	Management Services Organization
NPI	National Provider Identifier
P4P	Pay for Performance
PACE	Program for All Inclusive Care for the Elderly
PCC	Primary Care Clinician Plan
PE	Private Equity
PHO	Physician-Hospital Organization
PPE	Property, Plant, and Equipment
SAS	Substance Abuse Services
SCO	Senior Care Options
SEI	Significant Equity Investor
REIT	Real Estate Investment Trust
TPA	Third-Party Administrator

General Instructions

The Massachusetts Registration of Provider Organizations (MA-RPO) Program is releasing this Data Submission Manual (DSM) for the 2026 filing. The DSM provides the specifications for registration that Provider Organizations subject to 958 CMR 6.00, *Registration of Provider Organizations* and 957 CMR 11.00, *Registered Provider Organizations Reporting Requirements* must follow. Provider Organizations must complete their 2026 filing by **Thursday, December 31, 2026 at 5:00 PM**. Failure to submit all required information by the reporting deadline may result in penalties, including fines pursuant to G.L. c. 12C, s. 11. Provider Organizations that have not previously submitted registration materials should contact program staff at HPC-RPO@mass.gov for additional instructions.

In the 2026 filing, Provider Organizations will be required to review the information submitted as part of the previous year's filing, confirm its accuracy, and make updates as needed. The information that Provider Organizations submitted in their most recent filing will be prepopulated in the online submission platform, as noted throughout this DSM. **All data submitted to the MA-RPO Program are public.**

After the Provider Organization has completed the 2026 filing, the MA-RPO Program will determine whether the submission is complete or whether additional information is required and notify the Provider Organization as appropriate.

Provider Types Required to Register

In the 2026 filing, subject to the Registration Thresholds below, Provider Organizations that establish contracts on behalf of a physician group, Acute Hospital, rehabilitation hospital, long term acute care hospital, behavioral health provider, specialty non-acute hospital, chronic care hospital, ambulatory surgery center, urgent care center, independent lab, or freestanding imaging clinic are required to register with the MA-RPO Program.

Registration Thresholds

Registration with the MA-RPO Program in the 2026 Annual Filing is required for any of the above provider types that meets the following registration threshold:

A Provider Organization that (a) collectively receives $25,000,000 or more in annual NPSR from Payers, or represents one or more Providers or Provider Organizations in contracting with Payers that collectively receives $25,000,000 or more in annual NPSR from Payers; and (b) has a patient panel greater than 15,000 patients or represents one or more Provider or Provider Organizations that have a Patient Panel greater than 15,000 patients.

Entities of any type that are Risk Bearing Provider Organizations are also required to register with the MA-RPO Program.

Timing, Accuracy, and Off-cycle Updates

Provider Organizations are required to provide information that is accurate as of a specific date, as further specified in the DSM. Any information submitted in 2025 that is no longer accurate must be updated in the 2026 filing. Unless directed by the MA-RPO Program, a Provider Organization that makes a change that goes into effect after the close of the 2026 filing will not be required to submit updated information to the MA-RPO Program in the form of an off-cycle update. The Provider Organization will submit updated information in the following year's filing.[1]

The requirement to register with the MA-RPO Program is determined as of January 1, 2026. If a Provider Organization meets a registration threshold as of January 1, 2026, it is required to submit a 2026 filing regardless of whether it meets the registration threshold on the filing submission date.

Please note, this section only relates to the Provider Organization's responsibility to submit information to the MA-RPO Program. Provider Organizations must submit all other appropriate notices and documents to the Health Policy Commission (HPC), Center for Health Information and Analysis (CHIA), DPH, and other state agencies under the relevant statutory and regulatory requirements.

How to Read the DSM

The information that Provider Organizations must submit has been organized into eleven files: the Background Information file, the Corporate Affiliations file, the Contracting Affiliations file, the Contracting Entity file, the Facilities file, the Physician Roster file, the Advanced Practice Provider and Behavioral Health Clinician Roster file, the Clinical Affiliations file, the Financial Statements file, the Payer Mix file, and the Significant Equity Investor and Private Equity file. Each file contains a series of data elements that the Provider Organization must submit. The DSM includes the following key information:

2026 Updates: Included at the beginning of each file, this section describes any general changes to the structure or content of the file that have been made since the previous filing.

How to Update: Included at the beginning of each file, this section provides instructions on how to review and update previously submitted data.

Timing: Included at the beginning of each file, this section specifies the time period for which the Provider Organization will complete the file.

Out-of-State Reporting: Included at the beginning of each file, this section provides instructions on which out-of-state entities to report in the file.

Data Element Number: Each data element has been assigned a reference number (e.g., RPO-01). The reference number is used to identify the data element in the online submission platform and the MA-RPO-issued Microsoft Excel templates. In instances where the MA-RPO Program has added a data element to a file, the data element has been given a unique reference number. Data elements that

[1] Pursuant to Chapter 343 of the Acts of 2024, Provider Organizations with private equity investment may be required to report information quarterly.

were completed as part of the previous filing have the same data element number. Missing data element numbers indicate that a question has been removed.

Data Element Name: Each data element has been assigned a name (e.g., Legal Name of Uppermost Corporate Parent). The name is used to identify the data element in the online submission platform and the MA-RPO-issued Microsoft Excel templates.

Instructions: Each data element is accompanied by specific instructions and question text.

Required: The Required column indicates whether the field must be completed or if it may be left blank. For example, RPO-04: Address Line 2 is not a required data element because not all Provider Organizations have a second address line. However, each Provider Organization that does have a second address line must complete this question. Some data elements are only required if the user selects a certain answer to a previous question. These requirements are also described in the Required column.

Format: The Format column indicates whether the Provider Organization's answer to each data element should be in text, integer, checkbox, or file attachment format. The MA-RPO Program has noted if the user can select more than one answer to a question. In addition, the MA-RPO Program has identified if the user can enter multiple responses to a single question with "Repeat as necessary" in the Format column.

How to Submit Data

Provider Organizations will use the online submission platform to submit 2026 materials to the MA-RPO Program. Information submitted in the most recent filing will be prepopulated in the online submission platform. The primary reporter will be able to edit the prepopulated information, including adding or deleting information, as appropriate. For Entities where a new applicable question has been added, the Entity will have incomplete data and will appear in red rather than green in the online submission platform. The primary reporter may enter new information or update existing information in one of two ways: manually entering data by typing or selecting the proper response to a question or, for select files, completing the applicable Microsoft Excel templates and uploading the finalized template into the online submission platform.

Certain information is submitted as file attachments in the online submission platform, including:

- Physician Roster file(s)
- Advanced Practice Provider and Behavioral Health Clinician Roster file
- Financial Statements file(s), including Audited Financial Statements, unless the Provider Organization's most recent Audited Financial Statements are already on file with and available from CHIA, DOI, or the AGO
- Payer Mix file(s)
- Significant Equity Investor and Private Equity File(s)
- Corporate Organizational Chart
- Affidavit of Truthfulness and Proper Submission
- Qualitative Description of Out-of-State Entities

The Provider Organization will complete the Physician Roster file, Advanced Practice Provider and Behavioral Health Clinician Roster file, Financial Statements file, Payer Mix file, and Significant Equity Investor and Private Equity file using MA-RPO-issued Microsoft Excel templates. These files are not editable from within the online submission platform. If the Provider Organization needs to make an edit to any of these files, the primary reporter must make the edit within the Microsoft Excel template and upload the revised file attachment to the online submission platform.

The MA-RPO Program has developed a User Manual with detailed instructions on the use of the online submission platform. Program staff encourages all primary reporters that have questions about how to use the online system or how to complete the Microsoft Excel templates to contact program staff for assistance.

Abbreviated Filings

Program staff worked with Provider Organizations during the previous filing period to determine if they qualified to file an abbreviated filing and will contact Provider Organizations during the 2026 filing period to determine if they still qualify to file an abbreviated filing. In addition, program staff will work with organizations registering for the first time in 2026 to determine if they are qualified to file an abbreviated filing. Provider Organizations that are approved to file an abbreviated filing are not required to submit a Physician Roster file as part of their 2026 filing. The Third-Party Contracting Entity that the Provider Organization has identified as contracting on behalf of the applicant's physicians will submit the Physician Roster file on behalf of the abbreviated applicant. A Provider Organization that believes that it may qualify for an abbreviated filing should contact program staff.

Out-of-State Reporting Requirements

All Provider Organizations are required to submit information in each file only for the out-of-state entities specified for that file. Provider Organizations are also required to submit a brief qualitative description of their out-of-state Facilities and physicians. Please see the Out-of-State Reporting instructions at the beginning of each file and the Qualitative Description of Out-of-State Entities note in Section L: Attachments.

Contact Information

Provider Organizations may send any questions to MA-RPO Program staff at HPC-RPO@mass.gov. Provider Organizations should also review the Frequently Asked Questions section of the program website, which includes answers to questions from previous filings and will be updated to reflect questions from the 2026 filing, as necessary. Primary reporters will be notified by email to the extent any new guidance is posted.

Please email the staff contact listed on your pre-filing checklist if you would like to schedule a call or meeting to discuss any questions on how the filing requirements apply to your organization.

Summary of Updates

The table below summarizes the specific updates that have been made to data elements and submission instructions since the previous filing.

File	Description	Data Elements	Example Impact
Various	On April 16, 2026, the Health Policy Commission's Board of Commissioners approved the amended regulation 958 CMR 6.00 Registration of Provider Organizations. The amended regulation includes new and updated definitions and guidance that better reflects how the program has been operationalized.	Various	The amended regulation added language to clarify that a Provider Organization's Uppermost Corporate Parent with a primary business purpose of healthcare delivery, management, ownership, or investment is the entity that is expected to register on behalf of the Provider Organization. This is consistent with how Provider Organizations have been required to register in the past and we expect few, if any, Provider Organizations to report differently due to this clarification.
Background Information	New checkbox options have been added to RPO-42: Applicable Files to allow Provider Organization's to indicate that they are not required to complete the Advanced Practice Provider and Behavioral Health Clinical Roster or the Significant Equity Investor and Private Equity File.	RPO-42	If your organization does not have any reportable advanced practice providers or behavioral health clinicians, you can now indicate this in RPO-42: Applicable Files.
Contracting Affiliations	A new required data element, RPO-61A Contracting Affiliate NPI, has been added.	RPO-61A	If your organization reports any contracting affiliates, you will report their NPI in data element RPO-61A.

File	Description	Data Elements	Example Impact
Advanced Practice Provider and Behavioral Health Clinician Roster	Added Licensed Drug and Alcohol Counselor (II) (LDAC II) as a response option in RPO-APP-93B: Provider License Type.	RPO-APP-93B	Provider Organizations should use the new response option for LDAC (II) providers in the roster.
Significant Equity Investor and Private Equity File	The SEI, MSO, and REIT file collected in 2025 has been replaced by the SEI and PE File.	RPO-212 through RPO-230	Provider Organizations are no longer required to report MSOs or REITs as previously required by the SEI, MSO, and REIT file. Provider Organizations are still required to report their SEIs, and Provider Organizations with Category I SEIs that are not required to submit hospital and health system Affiliated Entity data to CHIA pursuant to 957 CMR 9.00 will complete new information regarding its relationships with PE Companies.
Corporate Organizational Charts	SEIs, as well as management companies and general partners associated with PE funds, are now required to be reported on the Corporate Organizational Charts of Provider Organizations.	N/A	A Provider Organization with reportable SEIs should include them on its corporate organizational chart.

A. Background Information File

The table below includes the data elements that Provider Organizations will provide about the Uppermost Corporate Parent named in RPO-01. The Provider Organization will answer each question in the Background Information file once. Each question refers to the legal Entity named in RPO-01, except where otherwise noted.

2026 Updates: The HPC's amended Registration of Provider Organizations regulation (958 CMR 6.00) requires Provider Organizations that meet one or both Registration criteria to meet its reporting obligations through the submission of an Annual Filing by the Provider Organization's Uppermost Corporate Parent. Data element names and instructions have been updated below as appropriate. Uppermost Corporate Parent is a newly defined term in the amended regulation. An Uppermost Corporate Parent is an Entity with a primary business purpose of healthcare delivery, management, ownership, or investment, that is not itself owned or Controlled, partially or completely, directly or indirectly, by any other Entity. Although Uppermost Corporate Parent is a newly defined term, the MA-RPO Program has always required the uppermost corporate entity with a business purpose of healthcare delivery, management, ownership, or investment to act as the registering entity for a Provider Organization. The Data Submission Manual has been updated to use the newly defined Uppermost Corporate Parent in place of Provider Organization in some data element names and instructions. While the terminology has been updated in some data element names and instructions, the general requirement for a Provider Organization to register as the Uppermost Corporate Parent has not changed, and the MA-RPO Program expects few, if any, Provider Organizations will report a different Uppermost Corporate Parent in RPO-01 than in previous years.

If a Provider Organizations consists of multiple Entities under common Control for which there is no single Uppermost Corporate Parent, please work with the MA-RPO program staff to determine which entity within the organization should be reported in RPO-01 in the Background Information file.

How to Update: The Background Information file will be prepopulated with the data provided by the Provider Organization in the previous filing. A Provider Organization may edit this information, as necessary, directly in the online submission platform.

Timing: The Background Information file must be accurate as of January 1, 2026 except for 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 submissibook

Number	Name	Instructions	Required	Format
RPO-01	Legal Name of Uppermost Corporate Parent	Enter the legal name of the Provider Organization's Uppermost Corporate Parent.	Yes	Text
RPO-02	Doing Business As (D/B/A) or Alternate Name(s) of Uppermost Corporate Parent	Enter all commonly used names by which the Uppermost Corporate Parent is known, including any Doing-Business-As names for which the Entity has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary

Number	Name	Instructions	Required	Format
RP0-03	Address Line 1	Enter Line 1 of the primary business address for the Uppermost Corporate Parent.	Yes	Text
RP0-04	Address Line 2	Enter Line 2 of the primary business address for the Uppermost Corporate Parent.	No	Text
RP0-05	Address Line 3	Enter Line 3 of the primary business address for the Uppermost Corporate Parent.	No	Text
RP0-06	City	Enter the city of the primary business address for the Uppermost Corporate Parent.	Yes	Text
RP0-07	State	Enter the state of the primary business address for the Uppermost Corporate Parent.	Yes	Text
RP0-08	Zip Code	Enter the 5-digit zip code of the primary business address for the Uppermost Corporate Parent.	Yes	Integer
RP0-09	Zip+4 Code	Enter the 4-digit zip code extension of the primary business address for the Uppermost Corporate Parent.	Yes	Integer
RP0-10	Phone Number	Enter the primary business phone number for the Uppermost Corporate Parent.	Yes	Integer
RP0-11	Web Address	Enter the web address for the Uppermost Corporate Parent.	No	Text
RP0-12	Primary Reporter Last Name	Enter the last name of the primary reporter. This is the individual who will be responsible for submitting the filing and who will receive all communications, including filing instructions and status alerts, from the MA-RPO Program. The primary reporter does not have to be an employee of the Uppermost Corporate Parent.	Yes	Text
RP0-13	Primary Reporter First Name	Enter the first name of the primary reporter.	Yes	Text
RP0-14	Primary Reporter Middle Initial	Enter the middle initial of the primary reporter.	Yes	Text
RP0-15	Primary Reporter Address Line 1	Enter Line 1 of the primary physical business address (work location) for the primary reporter.	Yes	Text
RP0-16	Primary Reporter Address Line 2	Enter Line 2 of the primary business address for the primary reporter.	No	Text
RP0-17	Primary Reporter Address Line 3	Enter Line 3 of the primary business address for the primary reporter.	No	Text

Number	Name	Instructions	Required	Format
RP0-18	Primary Reporter City	Enter the city of the primary business address for the primary reporter.	Yes	Text
RP0-19	Primary Reporter State	Enter the state of the primary business address for the primary reporter.	Yes	Text
RP0-20	Primary Reporter Zip Code	Enter the 5-digit zip code of the primary business address for the primary reporter.	Yes	Integer
RP0-21	Primary Reporter Zip +4 Code	Enter the 4-digit zip code extension of the primary business address for the primary reporter.	Yes	Integer
RP0-22	Primary Reporter Phone Number	Enter the primary business phone number for the primary reporter.	Yes	Integer
RP0-23	Primary Reporter Phone Number Extension	Enter the primary business phone number extension for the primary reporter, if any.	No	Integer
RP0-24	Primary Reporter E-mail Address	Enter the primary business e-mail address for the primary reporter.	Yes	Text
RP0-25	Secondary Reporter Last Name	Enter the last name of the second person that the Uppermost Corporate Parent has designated as its contact for the MA-RPO Program. This secondary reporter will be added to the MA-RPO Program contact list and will receive all communications about the MA-RPO Program. The secondary reporter does not have to be an employee of the Uppermost Corporate Parent.	Yes	Text
RP0-26	Secondary Reporter First Name	Enter the first name of the secondary reporter.	Yes	Text
RP0-27	Secondary Reporter Middle Initial	Enter the middle initial of the secondary reporter.	Yes	Text
RP0-28	Secondary Reporter Phone Number	Enter the primary business phone number for the secondary reporter.	Yes	Integer
RP0-29	Secondary Reporter Phone Number Extension	Enter the primary business phone number extension for the secondary reporter, if any.	No	Integer
RP0-30	Secondary Reporter E-mail Address	Enter the primary business e-mail address for the secondary reporter.	Yes	Text

Number	Name	Instructions	Required	Format
RPO-31	Uppermost Corporate Parent Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the Uppermost Corporate Parent.	Yes	Integer
RPO-32	Uppermost Corporate Parent Tax-Exempt Status	Does the IRS recognize the Uppermost Corporate Parent as tax-exempt? ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-33	Corporate Parent	If the Uppermost Corporate Parent is owned or Controlled, directly or indirectly, partially or completely by any other Entity (i.e., an entity that does not have a primary business purpose of health care delivery, management, ownership or investment and is not a Significant Equity Investor), enter the legal name of the corporate parent. (See Note RPO-33 on page 2020).	No	Text
RPO-34	Description of the Provider Organization	Briefly describe the Provider Organization and the types of services that it provides.	Yes	Text
RPO-35	Registration Threshold: Net Patient Service Revenue	Does the Provider Organization negotiate, represent, or otherwise act to establish contracts for the payment of Health Care Services with Payers on behalf of one or more Providers or Provider Organizations, which may include itself, that collectively received $25,000,000 or more in Net Patient Service Revenue from Payers in the prior Fiscal Year? For the purposes of this calculation, Net Patient Service Revenue is equal to the total revenue received in a Fiscal Year for patient care from any Payer or TPA net of any contractual adjustments, using best available data. ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-36	Registration Threshold: Patient Panel	Does the Provider Organization have a Patient Panel greater than 15,000 patients or represent one or more Providers or Provider Organizations that have a Patient Panel greater than 15,000 patients? ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-37	Registration Threshold: Risk-Bearing Provider Organization	Is the Provider Organization required to obtain a Risk Certificate or risk certificate waiver from the Division of Insurance? ☐ Yes ☐ No	Yes	Checkbox, Single Answer

Number	Name	Instructions	Required	Format
RPO-38	Intent to File Abbreviated Application	If the Provider Organization is a contracting affiliate of another Provider Organization, do you intend to submit an abbreviated filing, as allowed under 958 CMR 6.03? ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-39	Legal Name of Third-Party Contracting Entity(ies)	Enter the legal name of each Third-Party Contracting Entity that establishes contracts on behalf of the Provider Organization whose filing will supplement your abbreviated filing.	If the user selected "Yes" in RPO-38	Text; Repeat as necessary
RPO-40	Description of Community Advisory Boards	Briefly describe any Community Advisory Boards that are affiliated with the Provider Organization or select the checkbox below. (See Note RPO-40 on page 20) ☐ My organization does not have any Community Advisory Boards.	Yes	Text or Checkbox
RPO-41	Governance Filing Requirements	Select the option below that is true for your organization. ☐ The Provider Organization is in compliance with all applicable registration and filing requirements for the Corporations Division of the Office of the Secretary of the Commonwealth of Massachusetts and the Non-profit/Charities Division of the Office of the Attorney General of Massachusetts. ☐ The Provider Organization is **not** in compliance with all applicable registration and filing requirements for the Corporations Division of the Office of the Secretary of the Commonwealth of Massachusetts and the Non-profit/Charities Division of the Office of the Attorney General of Massachusetts.	Yes	Checkbox, Single Answer

Number	Name	Instructions	Required	Format
RPO-42	Applicable Files	Select the options below that are true for your organization. ☐ My organization does not have any reportable Contracting Affiliations. ☐ My organization does not own or Control any licensed Facilities, directly or indirectly. ☐ My organization has been approved by the MA-RPO Program to submit an abbreviated filing, and is therefore not required to submit a Physician Roster. ☐ My organization does not have any reportable Clinical Affiliations. ☐ My organization submits annual financial statements to CHIA pursuant to 957 CMR 9.00, and the most recent standardized financial statements are available from CHIA. ☐ My organization does not have any corporate affiliates for which it is required to complete a Payer Mix file. ☐ My organization does not have any reportable Advanced Practice Providers or behavioral health clinicians. ☐ My organization does not have any relationship with a Significant Equity Investor.	Yes	Checkbox, Multiple Answers

Notes to the Background Information File

RPO-33: Corporate Parent

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Entities are required to register at the uppermost level of their corporate structure, provided that the primary business purpose of the uppermost entity is health care delivery, management, ownership, or investment. The Provider Organization will enter "N/A" in response to RPO-33 if the Uppermost Corporate Parent named in RPO-01 is not owned or controlled by any other Entity. If the Uppermost Corporate Parent named in RPO-01 is owned or controlled, whether fully or partially, by an Entity whose primary business purpose is not health care delivery, management, ownership, or investment (e.g., a venture capital firm), the Provider Organization will list that Entity in RPO-33.

RPO-40: Description of Community Advisory Boards

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The Provider Organization must provide a brief description of its Community Advisory Boards in RPO-40. In responding to this question, Provider Organizations should include not only advisory boards formed by or operating under the Entity named in RPO-01, but also by any of the Provider Organization's corporate affiliates.

The MA-RPO Program is aware that not all Provider Organizations are required to have Community Advisory Boards. If the Provider Organization does not have any Community Advisory Boards, the Provider Organization can select the checkbox that states "My organization does not have any Community Advisory Boards."

Many organizations submit reports about their Community Advisory Boards to the AGO. If the Provider Organization has provided information about its Community Advisory Boards to the AGO, the Provider Organization can state that the relevant information is available through the AGO. The Provider Organization should provide a description of each Community Advisory Board for which information is not available through the AGO.

B. Corporate Affiliations File

The table below includes the data elements that the Provider Organization will provide about each Entity with which it has a Corporate Affiliation (a corporate affiliate). A Corporate Affiliation is any relationship between two Entities that reflects, directly or indirectly, a partial or complete Controlling interest or partial or complete common Control. Affiliations in which the Provider Organization has a minority ownership or Controlling interest and affiliations in which the Provider Organization has an indirect ownership or Controlling interest should be reported in the Corporate Affiliations file. Provider Organizations that have questions about whether an affiliation is reportable should contact MA-RPO Program staff at HPC-RPO@mass.gov.

The online submission platform uses the information reported in the Corporate Affiliations file to populate other questions on other tabs. Therefore, the MA-RPO Program recommends completing any updates to the Corporate Affiliations file before reviewing or entering information about the Provider Organization's other relationships. In addition, responses to data element RPO-48 are used to prepopulate answer options in RPO-49 and RPO-63; **users should click "save" after making updates to data element RPO-48 so that answer options populate appropriately in these subsequent data elements.**

2026 Updates: None

How to Update: The Corporate Affiliations file will be prepopulated with the data provided by the Provider Organization in the previous filing. Provider Organizations may edit corporate affiliate data directly in the online submission platform.

Timing: The Corporate Affiliations file must reflect all of the Provider Organization's Corporate Affiliations as of January 1, 2026.

Out-of-State Reporting: Provider Organizations are required to report each corporate affiliate that meets at least one of the criteria below (reportable corporate affiliates). The Provider Organization must include each reportable corporate affiliate in its Corporate Affiliations file and on the corporate organizational chart. Provider Organizations are not required to report corporate affiliates that do not fall into any of the categories below:

1. Any corporate affiliate that is physically located in Massachusetts or that is incorporated or doing business in Massachusetts.

2. Any corporate affiliate that is located outside of Massachusetts but which provides one or more of the following services to a corporate affiliate located in Massachusetts: legal, financial, fundraising, educational, IT, management, quality improvement, purchasing, or insurance coverage.

3. All entities that own or Control a reportable corporate affiliate that are not otherwise reported pursuant to these guidelines (e.g., holding companies). This will ensure the MA-RPO Program can understand each reportable corporate affiliate's relationship to the Uppermost Corporate Parent.

Number	Name	Instructions	Required	Format
RPO-43	Legal Name of Corporate Affiliate	Enter the legal name of the corporate affiliate.	Yes	Text
RPO-44	Corporate Affiliate D/B/A or Alternate Name(s)	Enter all commonly used names by which the corporate affiliate is known, including any Doing-Business-As names for which the corporate affiliate has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary
RPO-45	Corporate Affiliate Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the corporate affiliate, or select N/A if the corporate affiliate does not have an EIN.	Yes	Integer
RPO-46	Corporate Affiliate Zip Code	Enter the 5-digit zip code of the primary physical address for the corporate affiliate, or select N/A if the corporate affiliate does not have a zip code.	Yes	Integer
RPO-47	Corporate Affiliate Tax-Exempt Status	Does the IRS recognize the corporate affiliate as tax-exempt? ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-48	Contracting Entity (Contractor) Status	Does the corporate affiliate establish contracts with Payers or TPAs on behalf of one or more Health Care Professionals or Providers, which may include itself? (See Figure 1 on page 27 and Note RPO-48 on page 28) Provider Organizations should select "No" if the corporate affiliate signs the MassHealth RFA and/or enrolls in traditional Medicare, but does not establish any other contracts with commercial or government payers. **Provider Organizations should click "save" in the online submission platform after entering or updating data element RPO-48 so that answer options populate accordingly in subsequent data elements.** ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-49	Legal Name of Corporately Affiliated Contracting Entity	Select the name of each Corporately Affiliated Contracting Entity that establishes contracts with Payers or TPAs on behalf of the corporate affiliate. (See Figure 1 on page 27 and see Note RPO-49 on page 29) ☐ [Unique Answer 1] ☐ [Unique Answer 2] ☐ This corporate affiliate has at least one contract that is established by a Third-Party Contracting Entity. ☐ This corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of a contract with a Payer or TPA.	Yes	Checkbox, Multiple Answers

Number	Name	Instructions	Required	Format
RPO-50	Legal Name of Third-Party Contracting Entity(ies)	Enter the legal name of the Third-Party Contracting Entity that establishes at least one contract with Payers or TPAs on behalf of the corporate affiliate. (See Note RPO-50 on page 29)	If the user selected "Third-Party Contracting Entity" in RPO-49	Text; Repeat as necessary
RPO-51	Third-Party Contracting Entity EIN	Enter the 9-digit Employer Identification Number (EIN) for the Third-Party Contracting Entity.	If the user entered an Entity in RPO-50	Integer; Repeat as necessary
RPO-52	Organization Type	Select the option(s) below that describes the corporate affiliate's organization type. (See Note RPO-52 on page 29) ☐ Contracting Organization or Managed Services Organization ☐ Development/Charitable Organization ☐ Direct Provider of Patient Care Services (e.g., hospital, nursing home, physician office) ☐ Financial Organization (e.g., investment, private equity) ☐ Holding Company ☐ Inactive Entity ☐ Licensed Health Insurer ☐ Professional Liability Organization ☐ Professional Organization ☐ Property Holdings or Property Management Company ☐ Research Organization ☐ Other; Describe	Yes	Checkbox, Multiple Answers

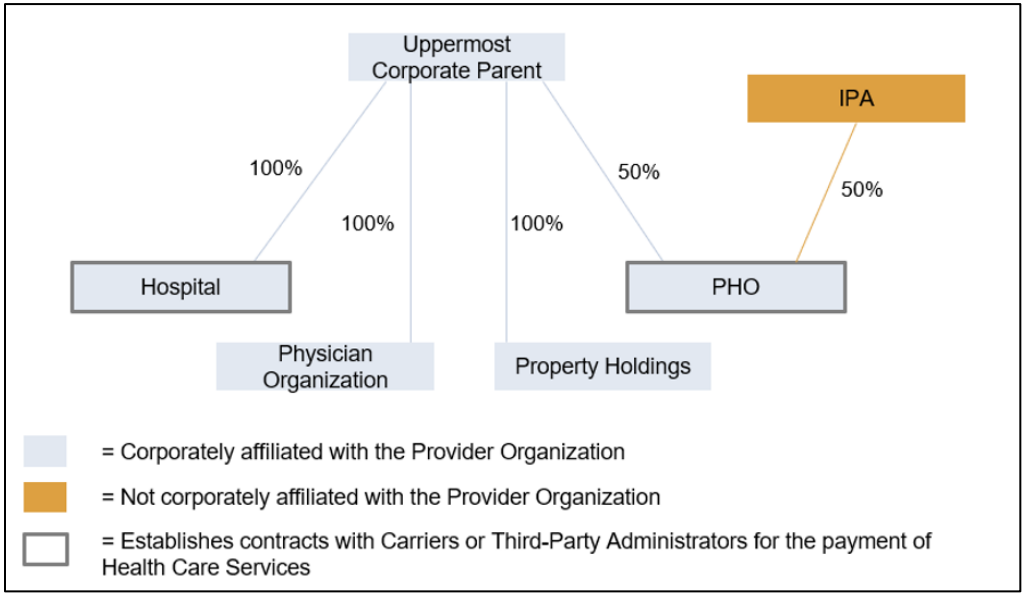
Number	Name	Instructions	Required	Format
RPO-53	Organization Type – Subcategories	Select the option(s) below that best describe(s) the direct provider of patient care services. ☐ Acute Hospital ☐ Ambulatory Surgery Center ☐ Community Health Center ☐ Chronic Care Hospital ☐ Freestanding Diagnostic Imaging Center ☐ Freestanding Laboratory ☐ Home Health Agency ☐ Hospice ☐ Long-Term Acute Care Hospital ☐ Mental Health Services Provider: Inpatient ☐ Mental Health Services Provider: Outpatient ☐ Nursing Home / Skilled Nursing Facility ☐ Physician Practice ☐ Private Duty Nursing ☐ Rehabilitation Hospital ☐ Substance Use Disorder Treatment Provider: Inpatient ☐ Substance Use Disorder Treatment Provider: Outpatient ☐ Urgent Care Center ☐ Other Clinic ☐ Other; Describe	If the user selected "Direct Provider of Patient Care Services" in RPO-52	Checkbox, Multiple Answers
RPO-54	Legal Name of Corporately Affiliated Entity(ies) with a Direct Ownership or Controlling Interest (Internal Corporate Parent(s))	Enter the legal name of the corporately-affiliated Entity that directly owns or Controls the corporate affiliate, whether fully or partially. If the corporate affiliate is not owned or Controlled, fully or partially, by any other Entity, select the checkbox below. (See Note RPO-54 on page 31) ☐ This corporate affiliate is not owned or Controlled, fully or partially, by any other Entity.	Yes	Text; Repeat as necessary

Number	Name	Instructions	Required	Format
RPO-55	Level of Ownership or Control	Select the option that best characterizes the level of ownership or Control that the Entity named in RPO-54 has over the corporate affiliate. ☐ The Entity named in RPO-54 is the only Entity with an ownership or Controlling interest in the corporate affiliate. ☐ The Entity named in RPO-54 has a majority ownership or Controlling interest in the corporate affiliate. ☐ The Entity named in RPO-54 has a 50% ownership or Controlling interest in the corporate affiliate. ☐ The Entity named in RPO-54 has a minority ownership or Controlling interest in the corporate affiliate, but has the largest ownership or Controlling interest of all of the corporate affiliate's corporate parents. ☐ The Entity named in RPO-54 has a minority ownership or Controlling interest in the corporate affiliate, and does not have the largest ownership or Controlling interest of all of the corporate affiliate's corporate parents.	If the user entered an Entity in RPO-54	Checkbox, Single Answer; Repeat as necessary
RPO-56	Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s))	If another Entity (1) is not a corporate affiliate of the Provider Organization, and (2) has a direct ownership or Controlling interest in the corporate affiliate named in RPO-43, enter the legal name of the Entity here or select the option below. (See Note RPO-56 on page 32) ☐ The corporate affiliate named in RPO-43 is owned or Controlled by more than six entities with which my organization does not have a Corporate Affiliation.	No	Text; Repeat as necessary or Checkbox
RPO-57	Other Entity with Direct Ownership or Controlling Interest EIN	Enter the 9-digit Employer Identification Number (EIN) for the Entity named in RPO-56. **Individual Social Security Numbers should not be included under any circumstances. Leave this field blank if the EIN is a Social Security Number.**	If the user entered an Entity in RPO-56	Integer; Repeat as necessary

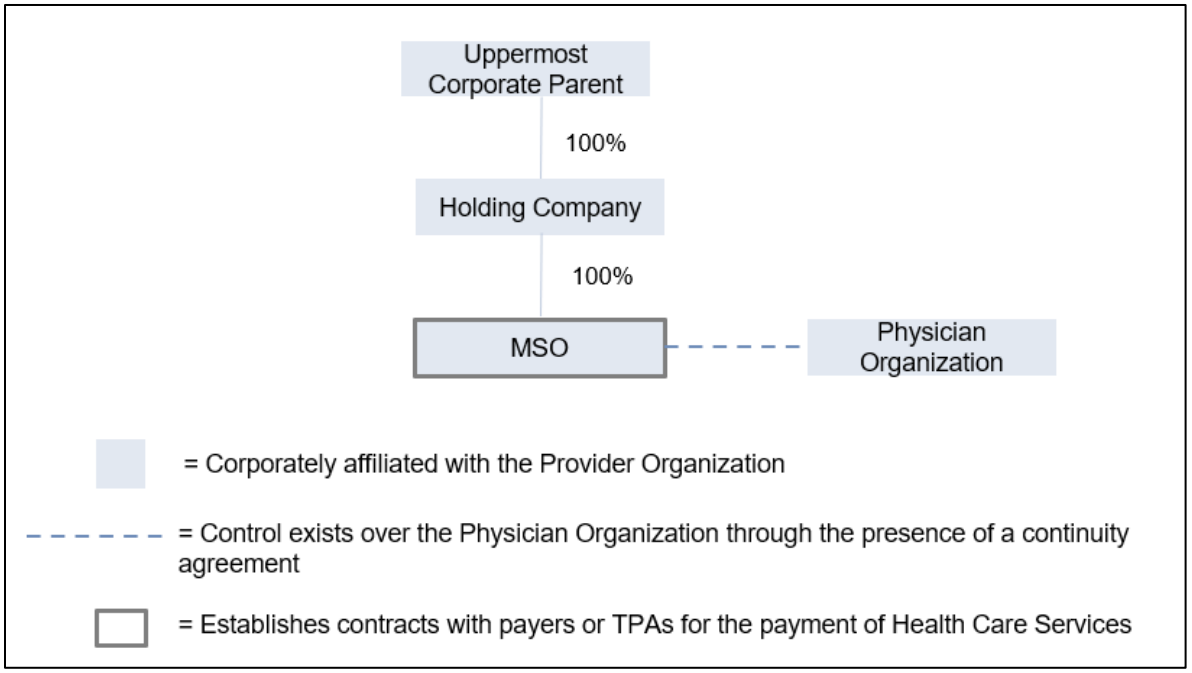
Number	Name	Instructions	Required	Format
RPO-58	Level of Ownership or Control of Corporate Affiliate	Select the option that best characterizes the level of ownership or Control that the Entity named in RPO-56 has over the corporate affiliate. ☐ The Entity named in RPO-56 has a majority ownership or Controlling interest in the corporate affiliate. ☐ The Entity named in RPO-56 has a 50% ownership or Controlling interest in the corporate affiliate. ☐ The Entity named in RPO-56 has a minority ownership or Controlling interest in the corporate affiliate, but has the largest ownership or Controlling interest of all of the corporate affiliate's corporate parents. ☐ The Entity named in RPO-56 has a minority ownership or Controlling interest in the corporate affiliate, and does not have the largest ownership or Controlling interest of all of the corporate affiliate's corporate parents.	If the user entered an Entity in RPO-56	Checkbox, Single Answer; Repeat as necessary

Figure 1: Example Corporate Organizational Charts

Example Corporate Organizational Chart A



Example Corporate Organizational Chart B



RPO-48: Contracting Entity (Contractor) Status

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RPO-48 asks the Provider Organization to answer whether the corporate affiliate establishes contracts with Payers or TPAs on behalf of one or more Providers, which may include itself. In Example Corporate Organizational Chart A (above), the Uppermost Corporate Parent owns a hospital, a physician organization, and a property holdings company, and has a 50% Controlling interest in a Physician-Hospital Organization (PHO). Both the hospital and the PHO establish contracts with Payers and TPAs, thus making them Corporately Affiliated Contracting Entities. The Provider Organization will select "Yes" in response to the Contracting Entity Status question for both the hospital and the PHO. In Example Corporate Organizational Chart B (above), the Uppermost Corporate Parent owns a holding company and an MSO and controls a Physician Organization. Only the MSO establishes contracts with Payers and TPAs and is therefore the only reportable Corporately Affiliated Contracting Entity. The Provider Organization will select "Yes" in response to the Contracting Entity Status question for the MSO.

The definitions of Contracting Entity and Third-Party Contracting Entity include Entities that establish contracts with government payers. If the Provider Organization's corporate affiliate establishes Medicare contracts, such as Medicare Shared Savings, or Medicaid contracts, such as MassHealth ACO, the Provider Organization should respond "Yes" in RPO-48 for that corporate affiliate, even if it does not establish contracts with commercial payers.

The Provider Organization must complete the Contracting Entity file for each Corporately Affiliated Contracting Entity. The online submission platform will prepopulate the Contracting Entity file with the legal name of each identified Corporately Affiliated Contracting Entity. The MA-RPO Program recommends that the Provider Organization complete the Corporate Affiliations file **before** the Contracting Entity file to allow the system to prepopulate these fields and reduce administrative burden.

RPO-49: Legal Name of Corporately Affiliated Contracting Entity

RPO-50: Legal Name of Third-Party Contracting Entity(ies)

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If the corporate affiliate is a provider of direct patient care services for which it is reimbursed according to the terms of at least one contract with Payers or TPAs, the Provider Organization must provide the name of each Entity that establishes contracts with Payers or TPAs on behalf of the corporate affiliate.

The Entities that establish contracts on behalf of the corporate affiliate fall into one of two categories: Entities that have a Corporate Affiliation with the Provider Organization (Corporately Affiliated Contracting Entities) and Entities that do not have a Corporate Affiliation with the Provider Organization (Third-Party Contracting Entities). In the Legal Name of Corporately Affiliated Contracting Entity question (RPO-49), the Provider Organization must select the name of each corporate affiliate that establishes contracts on behalf of the corporate affiliate named in RPO-43: Legal Name of Corporate Affiliate. Each Provider Organization will have a prepopulated, unique list of possible answers for this question; each corporate affiliate for which the Provider Organization selected "Yes" in response to RPO-48: Contracting Entity (Contractor) Status will appear as a possible answer in RPO-49: Legal Name of Corporately Affiliated Contracting Entity.

In Example Corporate Organizational Chart A (above), the physician organization is a provider of direct patient care services. When answering RPO-49 for the physician organization, the Provider Organization will have two custom answer options reflecting the two Corporately Affiliated Contracting Entities displayed in this chart: the Hospital and the PHO. If the physician organization has a portion of its contracts negotiated by the hospital and a portion negotiated by the PHO, the Provider Organization will select both the Hospital and the PHO. If the physician organization had 100% of its contracts negotiated through the PHO, the Provider Organization would only select the PHO. In Example Corporate Organizational Chart B (above), only the MSO establishes contracts with Payers or TPAs and will therefore be the only custom answer option available in RPO-49.

The Provider Organization will also have the option of selecting the following answer option for each corporate affiliate: "This corporate affiliate has at least one contract that is established by a Third-Party Contracting Entity." A Third-Party Contracting Entity is an Entity with which the Provider Organization does not have a Corporate Affiliation, that establishes at least one contract with Payers or TPAs on behalf of the Provider Organization. In RPO-50: Legal Name of Third-Party Contracting Entity, the Provider Organization will provide the name of each Third-Party Contracting Entity.

As noted above, the definition of Third-Party Contracting Entity includes Entities that establish contracts with government payers. If a Third-Party Contracting Entity establishes Medicare or Medicaid contracts on behalf of the corporate affiliate, the Provider Organization should report the Third-Party Contracting Entity in RPO-50 and RPO-51, even if it does not establish commercial contracts on the corporate affiliate's behalf.

If the corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of at least one contract with Payers or TPAs, the Provider Organization should select "This corporate affiliate does not provide direct patient care services for which it is reimbursed according to the terms of a contract with a Payer or TPA."

RPO-52: Organization Type

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RPO-52: Organization Type asks the Provider Organization to select the type(s) of organization that describes the corporate affiliate. If the corporate affiliate's organization type is not listed, the Provider Organization will select "Other; Describe" and provide a brief description (no more than 1-2 sentences) describing the corporate affiliate.

Contracting Organizations or Managed Services Organization – A contracting organization or managed services organization is any Entity whose primary business purpose is to provide contracting, administrative, or management services to a Provider. This may include Physician-Hospital Organizations, Accountable Care Organizations, and Independent Practice Associations. The Provider Organization is not required to select this answer for each corporate affiliate that establishes contracts, but rather those that are primarily engaged in providing contracting or management services.

Development/Charitable Organization – A development/charitable organization is an Entity whose primary business purpose is to solicit and manage charitable contributions to the Provider Organization and promote the advancement of the institution and its community partnerships.

Direct Provider of Patient Care Services – A direct provider of patient care services is an organization that is engaging in the provision of Health Care Services to the Provider Organization's patients. Examples may include hospitals, community health centers, nursing homes, clinics, physician practices, and clinical laboratories, among others.

Financial Organization – A financial organization is an Entity whose primary business purpose is to manage or invest funds or to provide other financial services to the Provider Organization or its corporate affiliates.

Holding Company – A holding company is an Entity whose primary business purpose is to own or Control other corporate Entities.

Inactive Entity – An inactive entity is a legal Entity that does not have any current business activity or future business activity planned within the next twelve months.

Licensed Health Insurer – A licensed health insurer is any Entity that is licensed or otherwise authorized to transact health insurance.

Professional Liability Organization – A professional liability organization is an organization that provides insurance and financial protection to Health Care Providers against the risks and liability of providing Health Care Services.

Professional Organization – A professional organization is a corporate Entity that employs or otherwise organizes physicians and other Health Care Professionals to provide direct patient care services to the Provider Organization's patients. Independent Practice Associations should not be marked as Professional Organizations, but rather as contracting organizations or managed services organizations.

Property Holdings or Property Management Company – A property holdings or property management company is an Entity whose primary business purpose is to own and/or manage real estate assets.

Research Organization – This organization type includes, but is not limited to, contract research organizations. The Provider Organization should select this option for each of its corporate affiliates that is engaged in health care research.

RPO-54: Legal Name of Corporately Affiliated Entity(ies) with a Direct Ownership or Controlling Interest (Internal Corporate Parent(s))

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In RPO-54, the Provider Organization will list the name of each corporate affiliate that has a direct ownership or Controlling interest in the corporate affiliate. If the Provider Organization were completing the Corporate Affiliations file for the Hospital in the Example Corporate Organizational Chart A (above), it would list the Uppermost Corporate Parent in RPO-54, as the Uppermost Corporate Parent is the sole corporate member of the Hospital. If the Provider Organization were completing the Corporate Affiliations file for the Physician Organization in Example Corporate Organizational Chart B (above), it would list the MSO in RPO-54 as the MSO is the corporate affiliate with a Controlling interest in the Physician Organization for the purposes of the MA-RPO program. The Provider Organization can enter multiple names in response to this question if its corporate affiliate is directly owned or controlled by multiple corporate affiliates. The Provider Organization will respond to RPO-55: Level of Ownership or Control, for each Entity that it entered in RPO-54.

In RPO-54, the Provider Organization should only enter the name of the corporately-affiliated Entity with a direct ownership or Controlling interest. If the Provider Organization was completing the Corporate Affiliations file for the PHO in Example Corporate Organizational Chart A (above), the Provider Organization would list the Uppermost Corporate Parent in RPO-54. The Independent Practice Association (IPA) would not be named in RPO-54, but rather in RPO-56: Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s)), because the Provider Organization does not have a Corporate Affiliation with the IPA.

RPO-56: Legal Name of Other Entity(ies) with Direct Ownership or Controlling Interest (External Corporate Parent(s))

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If the Provider Organization has a corporate affiliate that is partially owned or Controlled by an Entity that the Provider Organization does not own or Control (e.g., a joint venture), the Provider Organization will list the name of the other Entity or Entities that have an ownership or Controlling interest in the corporate affiliate in RPO-56. If the corporate affiliate is wholly owned or Controlled by the Provider Organization (directly or indirectly), the Provider Organization does not have to complete questions RPO-56 through RPO-58. The Provider Organization can enter multiple names in response to this question if the corporate affiliate is directly owned or Controlled by multiple other Entities, and will answer RPO-57 and RPO-58 on behalf of each Entity named in RPO-56. There may be some instances in which a corporate affiliate does not have an Internal Corporate Parent reported, but has an External Corporate Parent(s) reported, such as when Significant Equity Investors are the only Entities with an ownership or controlling interest in the corporate affiliate. In these instances, the corporate affiliate will not have an Internal Corporate Parent reported in RPO-54 but will list the Significant Equity Investors as External Corporate Parents in RPO-56.

When answering this question for the PHO in the Example Corporate Organizational Chart A (above) the Provider Organization would list the IPA in RPO-56 because the Provider Organization does not have a Corporate Affiliation with the IPA. In Example Corporate Organizational Chart B (above), none of the entities are partially owned or Controlled by an external corporate parent; the Provider Organization will therefore leave RPO-56 blank for each of its corporate affiliates.

If the Provider Organization has a corporate affiliate that is owned or Controlled by more than six different Entities with which the Provider Organization does not have a Corporate Affiliation, the Provider Organization is not required to list each Entity but rather should check the option "The corporate affiliate named in RPO-43 is owned or controlled by more than six entities with which my organization does not have a Corporate Affiliation."

C. Contracting Affiliations File

The table below includes the data elements that the Provider Organization will provide for each Entity with which it has a Contracting Affiliation (a contracting affiliate). A Contracting Affiliation, as defined in 958 CMR 6.00 and the DSM, is any relationship between a Provider Organization and another Provider or Provider Organization for the purposes of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services, including for payment rates, incentives, and operating terms, with a Payer or TPA. The Contracting Affiliations file should only include non-owned entities on whose behalf the Provider Organization establishes contracts. **Entities should be reported regardless of whether they are participating in commercial contracts or public payer programs and contracts (e.g., Medicare Shared Savings Program, MassHealth Accountable Care Organization (ACO) contracts, MassHealth Managed Care Organization (MCO) contracts).**

For the purposes of the Contracting Affiliations file, a contracting affiliate is an organization, rather than an individual physician. If the Provider Organization has Physician Participation Agreements with individual physicians, but does not have an agreement at the organizational level (e.g., medical group), the Provider Organization is not required to list the individual physicians in the Contracting Affiliations file. Provider Organizations are also not required to report physician practices that are composed of four or fewer physicians as contracting affiliates. Provider Organizations must report each contracting affiliate that is not a physician practice (e.g., an Urgent Care Center) listed in data element RPO-62 regardless of the size of the organization. **Provider Organizations must report all physicians on whose behalf they establish at least one contract in the Physician Roster file regardless of whether the physician's practice has been reported in the Contracting Affiliations file.**

The online submission platform uses the information from the Contracting Affiliations file to populate other questions on other tabs. Therefore, the MA-RPO Program recommends completing any updates to the Contracting Affiliations file before reviewing or entering information in the Contracting Entity file.

2026 Updates: RPO-61A: Contracting Affiliate NPI is a new data element that asks Provider Organizations to report the NPI of each contracting affiliate.

How to Update: The Contracting Affiliations file will be prepopulated with the data provided by the Provider Organization in the previous filing. Provider Organizations may edit listed contracting affiliates data directly in the online submission platform.

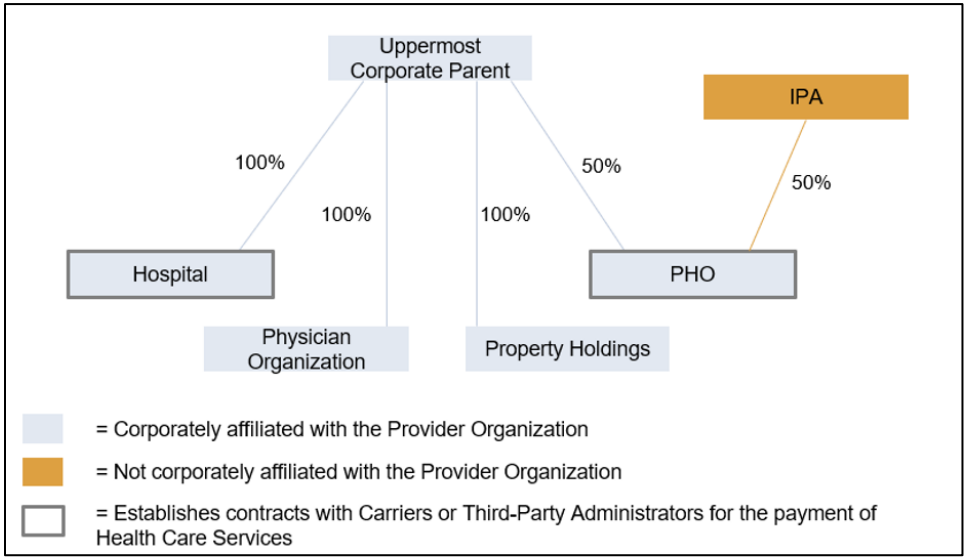
Timing: The Contracting Affiliations file must reflect all of the Provider Organization's Contracting Affiliations as of January 1, 2026.

Out-of-State Reporting: Provider Organizations are required to report each contracting affiliate that has at least one Facility or site located in Massachusetts. Contracting affiliates that are located exclusively outside of Massachusetts may be excluded.

Number	Name	Instructions	Required	Format
RP0-59	Legal Name of Contracting Affiliate	Enter the legal name of the contracting affiliate.	Yes	Text
RP0-60	Contracting Affiliate D/B/A or Alternate Name(s)	Enter all commonly used names by which the contracting affiliate is known, including any Doing-Business-As names for which the contracting affiliate has filed a D/B/A certificate as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	No	Text; Repeat as necessary
RP0-61	Contracting Affiliate Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) for the contracting affiliate. **Individual Social Security Numbers should not be included under any circumstances. Leave this field blank if the EIN is a Social Security Number.**	Yes	Integer
RP0-61A	Contracting Affiliate NPI	Enter the NPI associated with the contracting affiliate.	Yes	Integer
RP0-62	Organization Type	Select the option(s) below that describe the contracting affiliate's organization type. ☐ Acute Hospital ☐ Ambulatory Surgery Center ☐ Chronic Care Hospital ☐ Community Health Center ☐ Contracting Entity or Managed Services Organization ☐ Freestanding Diagnostic Imaging Center ☐ Freestanding Laboratory ☐ Home Health Agency ☐ Hospice ☐ Long Term Acute Care Hospital ☐ Mental Health Services Provider: Inpatient ☐ Mental Health Services Provider: Outpatient ☐ Nursing Home / Skilled Nursing Facility ☐ Physician Practice ☐ Private Duty Nursing ☐ Rehabilitation Hospital ☐ Substance Use Disorder Treatment Provider: Inpatient ☐ Substance Use Disorder Treatment Provider: Outpatient ☐ Urgent Care Center ☐ Other Clinic ☐ Other; Describe	Yes	Checkbox, Multiple Answers
RP0-63	Legal Name of Corporately Affiliated Contracting Entity	Select the name of each Corporately Affiliated Contracting Entity that establishes contracts with Payers or TPAs on behalf of the contracting affiliate. (See Note RP0-63 on page 35 and Figure 2 on page 35) ☐ [Unique Answer 1] ☐ [Unique Answer 2]	Yes	Checkbox, Multiple Answers

Figure 2: Example Corporate Organizational Chart

Example Corporate Organizational Chart A



RPO-63: Legal Name of Corporately Affiliated Contracting Entity

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The Provider Organization must provide the name of each Corporately Affiliated Contracting Entity that establishes contracts with Payers or TPAs on behalf of the contracting affiliate. Each Provider Organization will have a unique list of possible answers for this question; each corporate affiliate for which the Provider Organization selected "Yes" in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file will appear as a possible answer in RPO-63: Legal Name of Corporately Affiliated Contracting Entity. In the example corporate organizational chart (Figure 2), both the hospital and the PHO establish contracts with Payers and TPAs, and are therefore considered Corporately Affiliated Contracting Entities. The hospital and the PHO would thus both appear as possible answers to question RPO-63 as Corporately Affiliated Contracting Entities that could establish contracts on behalf of the contracting affiliate. The Provider Organization is only required to indicate which of those Corporately Affiliated Contracting Entities establish contracts on behalf of the contracting affiliate. The Provider Organization is not required to indicate whether the contracting affiliate has contracts that are established by an Entity with which the Provider Organization does not have a Corporate Affiliation.

D. Contracting Entity File

The table below includes the data elements that the Provider Organization will provide about each of the Provider Organization's Corporately Affiliated Contracting Entities. A Corporately Affiliated Contracting Entity is a Contracting Entity with which the Provider Organization has a Corporate Affiliation. Each corporate affiliate for which the Provider Organization selected "Yes" in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file. The online submission platform uses the information from the Provider Organization's Corporate Affiliations file and Contracting Affiliations file to populate information on the Contracting Entity tab. Therefore, the MA-RPO Program strongly recommends completing any updates to the Corporate Affiliations file and the Contracting Affiliations file before reviewing or entering information in the Contracting Entity tab.

2026 Updates: None

How to Update: The Contracting Entity file will be prepopulated with the data provided by the Provider Organization in the previous filing. Provider Organizations may answer new questions or edit Contracting Entity data directly in the online submission platform.

Timing: The Contracting Entity file must reflect all contracts in place as of January 1, 2026.

Out-of-State Reporting: Provider Organizations are required to submit a Contracting Entity file for each reportable corporate affiliate for which it selected "Yes" in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file, provided that the Contracting Entity establishes at least one contract on behalf of Facilities located in Massachusetts and/or physicians that practice in Massachusetts.

Number	Name	Instructions	Required	Format
RPO-64	Legal Name of Corporately Affiliated Contracting Entity	Enter the legal name of the Corporately Affiliated Contracting Entity. (See Note RPO-64 on page 42)	Yes	Text

Number	Name	Instructions	Required	Format
RP0-65	Contracts by Payer Category (Establishment)	Select each type of contract that the Corporately Affiliated Contracting Entity establishes with each Payer or Payer category. (See Note RP0-65 on page 42) **Private Commercial: Blue Cross Blue Shield** ☐ Pay for Performance (P4P) ☐ Global Payment ☐ Bundled Payment ☐ Other APM ☐ Fee for Service (FFS) ☐ Other **Private Commercial: Harvard Pilgrim Health Care** ☐ P4P ☐ Global Payment ☐ Bundled Payment ☐ Other APM ☐ FFS ☐ Other **Private Commercial: Tufts Health Plan** ☐ P4P ☐ Global Payment ☐ Bundled Payment ☐ Other APM ☐ FFS ☐ Other **Private Commercial: Health New England** ☐ P4P ☐ Global Payment ☐ Bundled Payment ☐ Other APM ☐ FFS ☐ Other **Private Commercial: Mass General Brigham Health Plan** ☐ P4P ☐ Global Payment ☐ Bundled Payment ☐ Other APM ☐ FFS ☐ Other **Other Private Commercial** ☐ P4P ☐ Global Payment ☐ Bundled Payment ☐ Other APM ☐ FFS ☐ Other **Medicare** ☐ Medicare Advantage ☐ ACO ☐ Bundled Payment Programs ☐ FFS ☐ Other **Medicaid** ☐ MCO ☐ MassHealth ACO ☐ Senior Care Options/ Program for All Inclusive Care for the Elderly/ OneCare ☐ FFS/PCC ☐ Other	Yes	Checkbox, Multiple Answers

Number	Name	Instructions	Required	Format
RPO-65A	Contracts by Payer Category (Participation)	For each Payer or Payer category, select each type of contract in which the corporate or contracting affiliate participates that was established by this Corporately Affiliated Contracting Entity. This question must be answered for each corporate affiliate and each contracting affiliate on whose behalf the Corporately Affiliated Contracting Entity establishes at least one contract. (See Note RPO-65A on page 42)	Yes	Checkbox, Multiple Answer

Private Commercial: Blue Cross Blue Shield
☐ P4P
☐ Global Payment
☐ Bundled Payment
☐ Other APM
☐ FFS
☐ Other

Private Commercial: Harvard Pilgrim Health Care
☐ P4P
☐ Global Payment
☐ Bundled Payment
☐ Other APM
☐ FFS
☐ Other

Private Commercial: Tufts Health Plan
☐ P4P
☐ Global Payment
☐ Bundled Payment
☐ Other APM
☐ FFS
☐ Other

Private Commercial: Health New England
☐ P4P
☐ Global Payment
☐ Bundled Payment
☐ Other APM
☐ FFS
☐ Other

Private Commercial: Mass General Brigham Health Plan
☐ P4P
☐ Global Payment
☐ Bundled Payment
☐ Other APM
☐ FFS
☐ Other

Other Private Commercial
☐ P4P
☐ Global Payment
☐ Bundled Payment
☐ Other APM
☐ FFS
☐ Other

Medicare
☐ Medicare Advantage
☐ ACO
☐ Bundled Payment Programs
☐ FFS
☐ Other

Medicaid
☐ MCO
☐ MassHealth ACO
☐ SCO/ PACE/ OneCare
☐ FFS/PCC
☐ Other

Number	Name	Instructions	Required	Format
RPO-66	Contracting for Affiliated Providers	Does the Contracting Entity establish contracts on behalf of any Health Care Professionals or Providers that the Provider Organization does not employ or on behalf of a Provider with which the Contracting Entity does not have a Corporate Affiliation? ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-67	Services Offered to Contracting Affiliates	Select each service that the Contracting Entity offers to Health Care Professionals or Providers that are not employed or owned by the Provider Organization. (See Note RPO-67 on page 43) ☐ Administrative Support: Billing ☐ Administrative Support: General ☐ Care Management ☐ Carrier Contract Management ☐ Information Technology ☐ Other Management ☐ Professional Training ☐ None of the above	If the user selected "Yes" in RPO-66	Checkbox, Multiple Answers
RPO-68	Global Payment	Select the answer that best describes if the Contracting Entity establishes contracts that include Global Payments for participating Providers or Provider Organization(s). (See Note RPO-68 on page 44) ☐ The Contracting Entity only establishes contracts with Global Payments through which it is eligible for surpluses, but is not responsible for deficits. ☐ The Contracting Entity establishes contracts with Global Payments through which it is eligible for surpluses and responsible for deficits. ☐ The Contracting Entity does not establish any contracts that include a Global Payment.	Yes	Checkbox, Single Answer
RPO-69	Global Payments – Eligibility for Surplus	Select the answers that best describe which types of Providers are eligible for surplus under any of the Contracting Entity's Global Payment arrangements. (See Note RPO-69 on page 44) ☐ Primary Care Physicians ☐ Specialists – Behavioral Health ☐ Specialists – Non-Behavioral Health ☐ Hospital(s) ☐ Post-Acute ☐ Ancillary ☐ Other ☐ None of the above	If the user selected Option 1 or Option 2 in RPO-68	Checkbox, Multiple Answers

Number	Name	Instructions	Required	Format
RPO-70	Global Payments – Responsibility for Deficits	Select the answers that best describe which types of Providers are responsible for deficits under any of the Contracting Entity's Global Payment arrangements. (See Note RPO-70 on page 44) ☐ Primary Care Physicians ☐ Specialists – Behavioral Health ☐ Specialists – Non-Behavioral Health ☐ Hospital(s) ☐ Post-Acute ☐ Ancillary ☐ Other ☐ None of the above	If the user selected Option 2 in RPO-68	Checkbox, Multiple Answers
RPO-71	Global Payments –Withholds	Select the answer(s) that best describe if and how the Contracting Entity uses withholds with regard to its subdivisions (or, if the Contracting Entity does not use subdivisions, with regard to individual physicians). (See Note RPO-71 on page 45) ☐ In the case of organizational surplus, the Contracting Entity returns withholds to all subdivisions (or individual physicians). ☐ In the case of organizational surplus, the Contracting Entity returns withholds only to subdivisions that meet performance metrics (or individual physicians that meet performance metrics). ☐ In the case of organizational deficit, the Contracting Entity does not return withholds to any subdivision (or individual physicians). ☐ In the case of organizational deficit, the Contracting Entity returns withholds only to subdivisions that meet performance metrics (or individual physicians that meet performance metrics). ☐ The Contracting Entity uses other methods to determine whether to return withholds. ☐ Not applicable; the Contracting Entity does not use or make decisions about the return of withholds.	If the user selected Option 2 in RPO-68	Checkbox, Multiple Answers

Number	Name	Instructions	Required	Format
RPO-72	Global Payments – Distribution of Surplus/Deficit	Select the answer that best describes how the Contracting Entity determines the methodology by which subdivisions distribute surplus funds and/or deficit responsibility to their component subdivisions. (See Note RPO-72 on page 45) ☐ The Contracting Entity determines the method by which subdivisions allocate surplus and/or deficit. ☐ The Contracting Entity sets standards regarding allocation of surplus and/or deficit that subdivisions must follow. ☐ Subdivisions are required to inform the Contracting Entity how they decide to allocate surplus and/or deficit. ☐ The Contracting Entity does not have any subdivisions and therefore the Contracting Entity makes all decisions about allocation of surplus and/or deficit to individual physicians. ☐ None of the above.	If the user selected Option 1 or Option 2 in RPO-68	Checkbox, Single Answer
RPO-73	Upload Physician Roster	Select the option below that best describes how you are providing the physician roster for the Contracting Entity. (See Note RPO-73 on page 46 and Section F – Physician Roster File on page 53) ☐ I have imported the physician roster for the Contracting Entity on the File Attachments tab of the online submission platform. ☐ The MA-RPO Program has approved my request to submit an abbreviated filing, and I am therefore not required to submit a physician roster for the Contracting Entity. ☐ The physician roster requirement is being met for this Contracting Entity through the roster of another Corporately Affiliated Contracting Entity, as allowed by the MA-RPO Program. ☐ This Contracting Entity does not establish contracts with Payers or TPAs on behalf of physicians and is therefore not required to submit a physician roster.	Yes	Checkbox, Single Answer

Notes to the Contracting Entity File

RPO-64: Legal Name of Corporately Affiliated Contracting Entity

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The legal name of each of the Provider Organization's Corporately Affiliated Contracting Entities will be prepopulated in the online submission platform. Each corporate affiliate for which the Provider Organization selected "Yes" in response to RPO-48: Contracting Entity (Contractor) Status in the Corporate Affiliations file will appear in the Contracting Entity file.

RPO-65: Contracts by Payer Category (Establishment)

RPO-65A: Contracts by Payer Category (Participation)

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In RPO-65, the Provider Organization will select each type of contract that the Corporately Affiliated Contracting Entity *establishes* with each listed Payer or Payer category. In RPO-65A, the Provider Organization will select each type of contract in which its corporate and/or contracting affiliates participate that was established by the Corporately Affiliated Contracting Entity named in RPO-65. In RPO-65A, Provider Organizations **do not** need to provide information on the types of contracts that their contracting affiliates have established themselves or that are established by other Contracting Entities. If a Provider Organization does not establish contracts on behalf of any corporate or contracting affiliates, but rather has individual physician participation agreements, the Provider Organization does not need to provide information in RPO-65A on individual physician participation in the contracts their organization establishes.

Pay for Performance (P4P) - Pay for performance contracts are a type of payment arrangement with a public or commercial payer that reimburses Providers for achieving certain quality or efficiency benchmarks. For the purposes of the Contracting Entity file, P4P contracts are reported separately from risk contracts (e.g., global payment contracts, bundled payment contracts, and other APM contracts).

Global Payments - Global Payments are a type of payment arrangement between Payers and Providers where budgets for health care spending are set either prospectively or retrospectively for a comprehensive set of services for a broadly defined population. Contract must include at a minimum: physician services and inpatient and outpatient hospital services.

Bundled Payments - Bundled Payments are payment arrangements where budgets for health care spending are set for a defined episode of care for a specific condition (e.g., knee replacement) delivered by Providers across multiple provider types.

Other APM - All other payment arrangements not based on a FFS model including, but not limited to, supplemental payments for the Patient-Centered Medical Home (PCMH) arrangements and limited budget payment arrangements.

Fee-for-Service (FFS) – FFS contracts are payment arrangements where a payer pays a provider for each service rendered, based on an agreed upon price for each service. FFS payments include Diagnosis Related Groups (DRGs), per-diem payments, fixed procedure code-based fee schedule (e.g.,

Medicare's Ambulatory Payment Classifications (APCs)), and discounted charges-based payments. For the purpose of the Contracting Entity file, FFS contracts are reported separately from P4P or risk contracts.

The answer options for the Medicare and Medicaid categories reflect specific offerings for each of these payers. In RPO-65 and RPO-65A, Provider Organizations should select "MassHealth Accountable Care Organization (ACO)" to indicate formation of or participation in, respectively, any of the MassHealth ACO model designs.

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.

The names of the Provider Organization's corporate and contracting affiliates will be prepopulated in the online submission platform based on information provided in RPO-49: Legal Name of Corporately Affiliated Contracting Entity for corporate affiliates and RPO-63: Legal Name of Corporately Affiliated Contracting Entity for contracting affiliates.

RPO-67: Services Offered to Contracting Affiliates

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In RPO-67, the Provider Organization will select the categories of services that the Contracting Entity offers to the Health Care Professionals or Providers that are not employed or owned by the Provider Organization.

Administrative Support: Billing – Examples may include billing, coding, auditing, and revenue cycle services.

Administrative Support: General – Examples may include human resources, compliance, Provider credentialing, accreditation, practice management, and administrative staff training and development.

Care Management – Examples may include case management, population health management programs, data analytics, quality improvement programs, utilization review, disease management, and pharmacy management.

Carrier Contract Management – Examples may include development of incentive distribution methodologies, carrier contract compliance services, and contract enforcement and dispute resolution.

Information Technology – Examples may include providing, monitoring or training practices on Electronic Health Record (EHR) systems, supporting Meaningful Use certification, establishing EHR interfaces between Providers, electronic prescribing, and server maintenance.

Other Management – Examples may include legal services, risk management, group purchasing, real estate management, and physician recruitment and retention.

Professional Training – Examples may include continuing medical education and professional advancement training.

RPO-68: Global Payment

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Global Payments are a type of payment arrangement between Payers and Providers where budgets for health care spending are set either prospectively or retrospectively for a comprehensive set of services for a broadly defined population. Some Global Payment contracts require that if the Provider spends less than the spending target, the Payer will share some or all of the surplus. If the Contracting Entity only negotiates Global Payment contracts of this type, select the first option.

Some Global Payment contracts require both that the Payer share any surplus and that if the Provider spends more than the spending target, the Provider or the Contracting Entity absorb some or all of the additional costs. If the Corporately Affiliated Contracting Entity negotiates any Global Payment contracts of this type, select the second option.

RPO-69: Global Payments – Eligibility for Surplus

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Eligibility for surplus means that if the Corporately Affiliated Contracting Entity spends less than the Global Payment spending target and therefore will receive a surplus payment from the Payer, Providers participating in the Global Payment contract may be eligible to receive part of this surplus payment.

The Provider Organization should select each type of Provider that is eligible for surplus, regardless of whether all Providers of that type are eligible. For example, even if some, but not all, primary care physicians are eligible for surplus, the Provider Organization should select "Primary Care Physicians."

The Provider Organization can select "None of the above" in response to this question. The Provider Organization should select this answer if no Provider receives a share of surplus funds. This might be the case if all surplus funds were retained at the level of the Corporately Affiliated Contracting Entity to cover the costs of administering the contracts, or retained as a reserve against future deficit.

RPO-70: Global Payments – Responsibility for Deficits

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Responsibility for deficits means that if the Corporately Affiliated Contracting Entity spends more than the Global Payment spending target and therefore owes the Payer a deficit re-payment, Providers participating in the Global Payment contract may be required to contribute to this re-payment. This includes:

- Direct re-payment (i.e., transfer of funds from the Provider to the Payer or to the Contracting Entity to be forwarded to the Payer);
- Loss of funds withheld by the Payer from claims payments pending final contract settlement;
- Loss of funds withheld by the Contracting Entity from claims payments pending contract settlement.

The Provider Organization should select each type of Provider that is responsible for deficits, regardless of whether all Providers of that type are responsible. For example, even if some, but not all, primary care physicians are responsible for deficits, the Provider Organization should select "Primary Care Physicians."

The Provider Organization can select "None of the above" in response to this question. The Provider Organization should select this answer if it manages actual or potential future deficits owed to Payers exclusively through mechanisms that spread risk evenly across the organization, rather than mechanisms that require subdivisions (e.g., medical groups, Local Practice Groups, hospitals) to contribute to re-paying the deficit based on their performance on cost, quality, or other metrics. Examples may include:

- Using a reserve fund built from member dues, past profits or margins, or past surplus from Global Payment contracts
- Using a line of credit
- Maintaining a reinsurance (stop-loss) policy

RPO-71: Global Payments – Withholds

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Contracting Entities that receive surpluses from or owe deficits to Payers under Global Payment arrangements generally must further distribute surpluses to and collect deficits from some or all of the Providers participating in the Global Payment contract. A subdivision is the organizational structure that receives surplus funds from the Contracting Entity or gives deficit funds to the Contracting Entity. In many cases, subdivisions are legal Entities, such as PHOs, medical groups, or hospitals. In other cases, Contracting Entities may combine several legal Entities, such as medical groups, into a single subdivision, such as a Local Practice Group, which may not be a distinct legal Entity. Alternately, there may not be an organizational structure below the Contracting Entity; there may only be individual physicians. Thus, the nature of the "subdivision" will vary based on the structure of the Contracting Entity.

The term "withhold" includes funds withheld by Payers where the Contracting Entity is responsible for determining how to allocate any withhold returned to the organization following the end-of-year settlement, as well as funds withheld by the Contracting Entity (typically in addition to any funds withheld by the Payer) pending the end-of-year settlement.

The Provider Organization should answer this question about any withholds for which it determines the circumstances under which subdivisions receive withheld funds. If all withheld funds are returned by the Payer directly to the Providers from whom funds were withheld, the Provider Organization should select: "Not applicable; the Contracting Entity does not make decisions about the return of withholds."

RPO-72: Global Payments – Distribution of Surplus/Deficit

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Subdivisions usually need to distribute surplus to and/or collect deficits from component subdivisions. For example, a Contracting Entity may contract for several PHOs, and in turn each PHO may consist of several medical groups. In this case, the medical groups may be the component

subdivisions of the PHO. In other cases, especially where the subdivisions are smaller medical groups, the subdivision will consist of individual physicians with no further intermediate structure. Subdivisions often have methods to govern the distribution of surplus and collection of deficit from their component subdivisions or individual physicians. This question is asking about the level of control and/or knowledge that the Contracting Entity has with respect to the methods its subdivisions use to distribute surplus to and/or collect deficits from their component subdivisions and/or individual physicians.

Contracting entities that are medical groups may not have an organizational structure below the Contracting Entity; they may only have individual physicians. In this case, there is no subdivision in the Contracting Entity, and the Contracting Entity should select: "The Contracting Entity does not have any subdivisions and therefore the Contracting Entity makes all decisions about allocation of surplus and/or deficit to individual physicians."

RPO-73: Upload Physician Roster

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A separate physician roster must be submitted for each Corporately Affiliated Contracting Entity. This requirement is meant to ensure that Provider Organizations with multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of distinct groups of physicians can attribute physicians to the proper Contracting Entity. However, the MA-RPO Program recognizes that a Provider Organization may have multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of the same group of physicians. Such Provider Organizations may, at the sole discretion of the MA-RPO Program, be permitted to fulfill the physician roster requirement for one or more Corporately Affiliated Contracting Entities through the physician roster of another Corporately Affiliated Contracting Entity. Organizations wishing to pursue this option are required to receive permission from program staff.

Provider Organizations should select "This Contracting Entity does not establish contracts with Payers or TPAs on behalf of physicians and is therefore not required to submit a physician roster" if any of their Corporately Affiliated Contracting Entities do not establish contracts with Payers or TPAs on behalf of physicians (i.e., the Corporately Affiliated Contracting Entity only establishes contracts on behalf of Facilities).

E. Facilities File

The table below includes the data elements that the Provider Organization will provide about its licensed Facilities. A Facility is a licensed institution providing Health Care Services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings. The Provider Organization is not required to report its contracting affiliates' or clinical affiliates' licensed Facilities, nor is it required to report its sites of care that are unlicensed. If the Provider Organization does not have any licensed Facilities, it does not have to complete this file.

For the purposes of completing the Facilities file, Campus means the physical area immediately adjacent to the Provider's main buildings and other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings. The Provider Organization may report a Campus as a single entry in the Facilities file, rather than listing each building or address that makes up the Campus separately, provided that all of the licensed buildings, areas, and structures located on the Campus are operating under a single license. If there are multiple buildings in a 250-yard radius that are not all covered by the same license, each separately licensed Facility must be reported on a separate line.

The Provider Organization must report each of its licensed satellite locations separately, unless the satellite is considered to be part of a Campus that has already been reported. The Provider Organization's responses to the questions below should be answered as they pertain to the Facility or Campus, rather than how they pertain to the license.

2026 Updates: None

How to Update: The Facilities file will be prepopulated with the data provided by the Provider Organization in the previous filing. Provider Organizations may edit Facilities data directly in the online submission platform.

Timing: The Facilities file must reflect all of the Provider Organization's Facilities as of January 1, 2026.

Out-of-State Reporting: Provider Organizations are required to report each licensed Facility that is physically located in Massachusetts.

Number	Name	Instructions	Required	Format
RPO-74	Name(s) of Facility	Enter any commonly used names of the Facility, including any Doing-Business-As names for which a D/B/A certificate has been filed as required by M.G.L. c. 110, § 5 or the applicable laws of another state.	Yes	Text; Repeat as necessary
RPO-75	Facility Employer Identification Number (EIN)	Enter the 9-digit Employer Identification Number (EIN) under which the Facility operates.	Yes	Integer

Number	Name	Instructions	Required	Format
RP0-76	Facility National Provider Identifier(s) (NPI)	Enter each organizational National Provider Identifier (NPI) associated with the Facility.	No	Integer; Repeat as necessary
RP0-77	Address Line 1	Enter Line 1 of the Facility's physical address.	Yes	Text
RP0-78	Address Line 2	Enter Line 2 of the Facility's physical address.	No	Text
RP0-79	Address Line 3	Enter Line 3 of the Facility's physical address.	No	Text
RP0-80	City	Enter the city of the Facility's physical address.	Yes	Text
RP0-81	State	Enter the state of the Facility's physical address.	Yes	Text
RP0-82	Zip Code	Enter the 5-digit zip code of the Facility's physical address.	Yes	Integer
RP0-83	License Number(s)	Enter the Facility's license number(s).	Yes	Text and Integer; Repeat as necessary
RP0-84	License Type(s)	Select the option(s) corresponding to the Facility license type(s). ☐ Acute Hospital – Main Site ☐ Acute Hospital – Satellite ☐ Adult Day Health Program ☐ Birth Center ☐ Clinic – Main Site ☐ Clinic – Satellite ☐ End Stage Renal Disease Facility ☐ Freestanding Clinical Laboratory ☐ Hospice ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities ☐ Mammography Facility ☐ Mental Health Facility – Class II ☐ Mental Health Facility – Class III ☐ Mental Health Facility – Class IV ☐ Mental Health Facility – Class V ☐ Mental Health Facility – Class VI ☐ Mental Health Facility – Limited Class VI ☐ Mental Health Facility – Class VII ☐ Mental Health Facility – Class VIII ☐ Non-Acute Hospital – Main Site ☐ Non-Acute Hospital – Satellite	Yes	Checkbox, Multiple Answers

Number	Name	Instructions	Required	Format
		☐ Nursing Home ☐ Rest Home ☐ Substance Abuse Services (SAS) – Acute – Acupuncture ☐ SAS – Acute – Outpatient Detoxification ☐ SAS – Acute – Inpatient Detoxification – Medically Managed ☐ SAS – Acute – Inpatient Detoxification – Medically Monitored ☐ SAS – Acute – Inpatient Detoxification – Clinically Managed ☐ SAS – Outpatient – First Offender Driver Alcohol Education ☐ SAS – Outpatient – Outpatient Counseling ☐ SAS – Outpatient – Second Offender Aftercare ☐ SAS – Opioid Treatment ☐ SAS – Residential Rehabilitation – Adults – Transitional Support Services ☐ SAS – Residential Rehabilitation – Adults – Social Model Recovery ☐ SAS – Residential Rehabilitation – Adults – Recovery Home ☐ SAS – Residential Rehabilitation – Adults – Therapeutic Community ☐ SAS – Residential Rehabilitation – Families ☐ SAS – Residential Rehabilitation – Adolescents ☐ SAS – Residential Rehabilitation – Operating Under the Influence Second Offenders ☐ Other		
RPO-85	Type of Facility	Select the option(s) below that best describes the Facility type. ☐ Ambulatory Surgery Center ☐ Community Mental Health Center ☐ Dental Clinic ☐ Federally Qualified Community Health Center ☐ Freestanding Diagnostic Imaging Center ☐ Freestanding Urgent Care Center ☐ Limited Services Clinic ☐ Satellite Emergency Facility ☐ General Clinic / Other	If the user selected “Clinic – Main Site” or “Clinic – Satellite” in RPO-84	Checkbox, Multiple Answers

Number	Name	Instructions	Required	Format
RPO-86	Provider-Based Status	Is this Facility billed to Medicare as a provider-based organization? (See Note RPO-86 on page 52) ☐ Yes ☐ No	If the user selected "Clinic – Main Site," "Clinic – Satellite," or "Acute Hospital – Satellite" in RPO-84	Checkbox, Single Answer
RPO-87	Available Services	Select the service(s) available at this Facility. ☐ Medical ☐ Surgical ☐ Dental ☐ Mental Health ☐ Physical Medicine/ Rehabilitation ☐ Substance Use Disorder Treatment ☐ Radiology ☐ None of the Above	If the user selected "Acute Hospital – Satellite," "Clinic – Main Site," or "Clinic – Satellite," in RPO-84	Checkbox, Multiple Answers
RPO-87A	Inpatient Beds (Hospital Satellites)	Does this Facility have staffed inpatient beds? ☐ Yes ☐ No	If the user selected "Acute Hospital – Satellite" or "Non-Acute Hospital – Satellite" in RPO-84	Checkbox, Single Answer
RPO-87B	Emergency Services	Does this Facility have an emergency department or is this Facility a Satellite Emergency Facility? Please see 105 CMR 130: Hospital Licensure for relevant definitions. ☐ Yes ☐ No	If the user selected "Acute Hospital – Main Site," "Acute Hospital – Satellite," "Clinic – Main Site," or "Clinic – Satellite" in RPO-84	Checkbox, Single Answer
RPO-87C	Adult Trauma Center Level	Select the Facility's designated Trauma Center Level for adult patients. ☐ I ☐ II ☐ III ☐ Not Designated	If the user selected "Yes" in RPO-87B	Checkbox, Single Answer
RPO-87D	Pediatric Trauma Center Level	Select the Facility's designated Trauma Center Level for pediatric patients. ☐ I ☐ II ☐ Not Designated	If the user selected "Yes" in RPO-87B	Checkbox, Single Answer

Number	Name	Instructions	Required	Format
RPO-89	Facility Type – Non-Acute Hospital	Select the option that best describes the Facility type. ☐ Long-Term Acute Care Hospital ☐ Psychiatric Hospital ☐ Rehabilitation Hospital ☐ Other	If the user selected "Non-Acute Hospital – Main Site," or "Non-Acute Hospital – Satellite" in RPO-84	Checkbox, Multiple Answers

Notes to the Facilities File

RP0-86: Provider-Based Status

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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.

F. Physician Roster File

The table below includes the data elements that the Provider Organization will provide about physicians on whose behalf at least one of its Corporately Affiliated Contracting Entities establishes at least one contract with Payers or TPAs. A separate Physician Roster file must be submitted for each Corporately Affiliated Contracting Entity. This requirement is meant to ensure that Provider Organizations with multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of distinct groups of physicians can attribute physicians to the proper Contracting Entity. However, the MA-RPO Program recognizes that a Provider Organization may have multiple Corporately Affiliated Contracting Entities that establish contracts on behalf of the same group of physicians. Such Provider Organizations may, at the discretion of the MA-RPO Program, be permitted to fulfill the Physician Roster file requirement for one or more Corporately Affiliated Contracting Entities through the Physician Roster file of another Corporately Affiliated Contracting Entity. Organizations wishing to pursue this option are required to receive permission from program staff.

The roster shall include all physicians on whose behalf the Corporately Affiliated Contracting Entity establishes contracts, even if the physician is not explicitly named in the contract with a Payer or TPA. **Provider Organizations must report all physicians on whose behalf they establish at least one contract regardless of whether the physician's practice has been reported in the Contracting Affiliations file.** The roster shall not include physicians on whose behalf the Corporately Affiliated Contracting Entity does not establish contracts even if they have admitting privileges at a corporately-affiliated hospital or moonlight at the hospital.

The roster is only required to include information about physicians. Provider organizations will report nurse practitioners, physician assistants, and other Health Care Professionals in the Advanced Practice Provider and Behavioral Health Clinician Roster file.

Differentiating Between Practice Sites, Medical Groups, and Local Practice Groups

The Physician Roster file contains data elements regarding a physician's practice site(s), medical group, and Local Practice Group(s). The MA-RPO Program recognizes that not all Provider Organizations will have distinct practice sites, medical groups, and Local Practice Groups.

- A **practice site** is the physical location where the physician is providing direct patient care services. This site may or may not be owned by the physician's medical group. Each physician must have a primary practice site listed in the Physician Roster file. If the physician provides direct patient care services at more than one physical location, the Provider Organization must enter the physician's secondary practice site as well.
- A **medical group** is the solo or group practice with which the physician is associated. Large medical groups may have multiple practice sites, whereas small medical groups may only have one practice site. The medical group may have the same NPIs as each of its practice sites. Some physicians (e.g., hospitalists) may not be members of a medical group.
- A **Local Practice Group** is a group of Health Care Professionals that function as a subgroup of the Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons). Other commonly used names for Local Practice Groups include Regional Service Organizations, Local Care Organizations, or Local Care Units. Local Practice Groups often include physicians from multiple medical groups who practice in the same region, or who are affiliated with the same hospital. A Local Practice Group may or may not be a separate legal Entity. Not all Provider Organizations will have Local Practice Groups. If the Provider Organization does not

organize its Health Care Professionals into Local Practice Groups, leave RPO-121 through RPO-126 blank. The MA-RPO Program strongly recommends discussing with program staff which groups, if any, should be considered Local Practice Groups for your organization.

The table below states that the secondary practice site, medical group, and Local Practice Group fields are not required. These fields have been marked as not required because not every physician will have a secondary site of practice, medical group, or Local Practice Group. However, if a physician does have a secondary site of practice, a medical group, or a Local Practice Group, the Provider Organization is required to complete these questions.

Abbreviated Filing Special Instructions: A Provider Organization that has received approval to submit an abbreviated filing is not required to provide a Physician Roster file.

2026 Updates: None

How to Update: The Provider Organization will complete the Physician Roster file by completing an MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the Physician Roster file will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Physician Roster file information, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform.

Timing: The 2026 Physician Roster file must include all physicians **participating in at least one contract on January 1, 2026** that was established by the Corporately Affiliated Contracting Entity.

Out-of-State Reporting: Provider Organizations are required to submit a Physician Roster file for each of its Contracting Entities reported in the Contracting Entity file. The Provider Organization must report physicians who either: a) have a site of practice in Massachusetts; or b) have an active Massachusetts license.

Number	Name	Instructions	Required	Format
RPO-90	Physician Last Name	Enter the physician's last name.	Yes	Text
RPO-91	Physician First Name	Enter the physician's first name.	Yes	Text
RPO-92	Physician Middle Initial	Enter the physician's middle initial.	No	Text
RPO-93	Physician NPI	Enter the physician's individual NPI issued by the Centers for Medicare & Medicaid Services (CMS).	Yes	Integer
RPO-93A	Physician License Number	Enter the physician's license number issued by the Massachusetts Board of Registration in Medicine.	Yes	Integer
RPO-94	Physician Specialty 1	Enter the physician's specialty. (See Note RPO-94 on page 57)	Yes	Text
RPO-95	Physician Specialty 2	Enter the physician's second specialty. If the physician does not have a second specialty, leave this field blank.	No	Text

Number	Name	Instructions	Required	Format
RPO-96	Primary Care Provider Status	Indicate whether the physician is a primary care provider, a specialist, or both. (See Note RPO-96 on page 57) ☐ Primary care provider ☐ Specialist ☐ Both	Yes	Checkbox, Single Answer
RPO-97	Pediatrician Status	Is the physician a pediatrician? (See Note RPO-97 on page 57) ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-98	Hospitalist Status	Is the physician a hospitalist? (See Note RPO-98 on page 58) ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-99	Employed Status	Is the physician employed by the Uppermost Corporate Parent or one of its corporate affiliates? ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-100	Primary Site of Practice Name	Enter the name of the primary medical office, site, or Facility where the physician provides care. (See Note RPO-100 on page 58)	Yes	Text
RPO-102	Primary Site of Practice NPI(s)	Enter each organizational NPI associated with the primary medical office, site, or Facility where the physician provides care. (See Note RPO-102 on page 59)	No	Integer; Repeat as necessary
RPO-103	Primary Site of Practice Address Line 1	Enter Line 1 of the address for the primary site where the physician provides care.	Yes	Text
RPO-104	Primary Site of Practice Address Line 2	Enter Line 2 of the address for the primary site where the physician provides care.	No	Text
RPO-105	Primary Site of Practice Address Line 3	Enter Line 3 of the address for the primary site where the physician provides care.	No	Text
RPO-106	Primary Site of Practice City	Enter the city of the primary site where the physician provides care.	Yes	Text
RPO-107	Primary Site of Practice State	Enter the state of the primary site where the physician provides care.	Yes	Text
RPO-108	Primary Site of Practice Zip Code	Enter the 5-digit zip code of the primary site where the physician provides care.	Yes	Integer
RPO-109	Secondary Site of Practice Name	If the physician provides care at a second medical office, site, or Facility, enter the name of that office, site, or Facility.	No	Text
RPO-111	Secondary Site of Practice NPI(s)	Enter each organizational NPI associated with the secondary medical office, site, or Facility where the physician provides care. (See Note RPO-111 on page 59)	No	Integer; Repeat as necessary

Number	Name	Instructions	Required	Format
RPO-112	Secondary Site of Practice Address Line 1	Enter Line 1 of the address for the secondary site where the physician provides care, if any.	No	Text
RPO-113	Secondary Site of Practice Address Line 2	Enter Line 2 of the address for the secondary site where the physician provides care, if any.	No	Text
RPO-114	Secondary Site of Practice Address Line 3	Enter Line 3 of the address for the secondary site where the physician provides care, if any.	No	Text
RPO-115	Secondary Site of Practice City	Enter the city of the secondary site where the physician provides care, if any.	No	Text
RPO-116	Secondary Site of Practice State	Enter the state of the secondary site where the physician provides care, if any.	No	Text
RPO-117	Secondary Site of Practice Zip Code	Enter the 5-digit zip code of the secondary site where the physician provides care, if any.	No	Integer
RPO-118	Medical Group 1 Name	Enter the name of the medical group with which the physician is affiliated. (See Note RPO-118 on page 58)	No	Text
RPO-120	Medical Group 1 NPI(s)	Enter each organizational NPI associated with the medical group. (See Note RPO-120 on page 59)	No	Integer; Repeat as necessary
RPO-120A	Medical Group 2 Name	Enter the name of the second medical group with which the physician is affiliated, if any.	No	Text
RPO-120B	Medical Group 2 NPI(s)	Enter each organizational NPI associated with medical group named in RPO-120A. (See Note RPO-120B on page 59)	No	Integer; Repeat as necessary
RPO-121	Local Practice Group 1 Name	Enter the name of the Local Practice Group of which the physician is a member, if any. (See Note RPO-121 on page 58)	No	Text
RPO-123	Local Practice Group 1 NPI(s)	Enter each organizational NPI associated with the Local Practice Group named in RPO-121, if any. (See Note RPO-123 on page 59)	No	Integer; Repeat as necessary
RPO-124	Local Practice Group 2 Name	Enter the name of the second Local Practice Group of which the physician is a member, if any.	No	Text
RPO-126	Local Practice Group 2 NPI(s)	Enter each organizational NPI associated with the Local Practice Group named in RPO-124, if any. (See Note RPO-126 on page 59)	No	Integer; Repeat as necessary

Notes to the Physician Roster File

The notes below apply to the data elements in both the Physician Roster File and the data elements in the Advanced Practice Provider and Behavioral Health Clinician Roster File.

RPO-94: Physician Specialty 1

RPO-APP-94: Provider Specialty 1

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The Provider Organization must report each provider's specialty. The Provider Organization may choose to use an established taxonomy, such as the AMA physician specialty groups or the CMS physician specialty codes, or it can use its internal classification system. To the extent possible, the Provider Organization should report the specialty that the provider practices in, rather than the specialty the provider was trained in, if there is a difference between the two specialties.

RPO-96: Primary Care Provider Status

RPO-APP-96: Primary Care Provider Status

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In RPO-96 and RPO-APP-96, the Provider Organization must indicate whether the provider is a primary care provider, a specialist, or both. The MA-RPO Program is not providing a minimum number of hours per week or minimum percentage of clinical hours that the Provider Organization must use to make this determination. Providers that hold themselves out as primary care providers or that spend a significant amount of their clinical time providing primary care services are considered primary care providers for the purposes of the Physician Roster file and the Advanced Practice Provider and Behavioral Health Clinician Roster file.

RPO-97: Pediatrician Status

RPO-APP-97: Pediatrician Status

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In RPO-97 and RPO-APP-97, the Provider Organization must indicate whether the provider is a pediatrician. The MA-RPO Program is not providing a minimum number of hours per week or minimum percentage of clinical hours that the Provider Organization must use to make this determination. Providers, including both primary care providers and specialists, that hold themselves out as pediatricians or that spend a significant amount of their

clinical time seeing pediatric patients are considered pediatricians for the purposes of the Physician Roster file and the Advanced Practice Provider and Behavioral Health Clinician Roster file.

RPO-98: Hospitalist Status

RPO-APP-98: Hospitalist Status

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In RPO-98 and RPO-APP-98, the Provider Organization must indicate whether the provider is a hospitalist. The MA-RPO Program is not providing a minimum number of hours per week or minimum percentage of clinical hours that the Provider Organization must use to make this determination. Providers that hold themselves out as hospitalists or that spend a significant amount of their clinical time providing comprehensive medical care to hospitalized patients are considered hospitalists for the purposes of the Physician Roster file and the Advanced Practice Provider and Behavioral Health Clinician Roster file.

RPO-100: Primary Site of Practice Name

RPO-118: Medical Group 1 Name

RPO-121: Local Practice Group 1 Name

RPO-APP-100: Primary Site of Practice Name

RPO-APP-118: Medical Group 1 Name

RPO-APP-121: Local Practice Group 2 Name

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Back to Data Element RPO-APP-121 – page 64

The MA-RPO Program recognizes that not all Provider Organizations will have distinct practice sites, medical groups, and Local Practice Groups.

- A **practice site** is the physical location where the provider is providing direct patient care services. This site may or may not be owned by the provider's medical group. Each provider must have a primary practice site listed in the Physician Roster file or the Advanced Practice Provider and Behavioral Health Clinician Roster file, respectively. If the physician provides direct patient care services at more than one physical

location, the Provider Organization must enter the physician's secondary practice site as well. In the Advanced Practice Provider and Behavioral Health Clinician Roster file, the Provider Organization must enter the provider's secondary practice site if the data are available.

- A **medical group** is the solo or group practice with which the provider is associated. Large medical groups may have multiple practice sites, whereas small medical groups may only have one practice site. The medical group may have the same NPIs as each of its practice sites. Some providers (e.g., hospitalists) may not be members of a medical group.

- A **Local Practice Group** is a group of Health Care Professionals that function as a subgroup of the Provider Organization (i.e., groups broken out from the larger Provider Organization for purposes of data reporting and market comparisons). Other commonly used names for Local Practice Groups include Regional Service Organizations, Local Care Organizations, or Local Care Units. Local Practice Groups often include providers from multiple medical groups who practice in the same region, or who are affiliated with the same hospital. A Local Practice Group may or may not be a separate legal Entity. Not all Provider Organizations will have Local Practice Groups. If the Provider Organization does not organize its Health Care Professionals into Local Practice Groups, leave RPO-121 through RPO-126 blank. The MA-RPO Program strongly recommends discussing with program staff which groups, if any, should be considered Local Practice Groups for your organization.

RPO-102: Primary Site of Practice NPI(s)
RPO-111: Secondary Site of Practice NPI(s)
RPO-120: Medical Group 1 NPI(s)
RPO-120B: Medical Group 2 NPI(s)
RPO-123: Local Practice Group 1 NPI(s)
RPO-126: Local Practice Group 2 NPI(s)
RPO-APP-102: Primary Site of Practice NPI(s)
RPO-APP-111: Secondary Site of Practice NPI(s)
RPO-APP-120: Medical Group 1 NPI(s)
RPO-APP-120B: Medical Group 2 NPI(s)
RPO-APP-123: Local Practice Group 1 NPI(s)
RPO-APP-126: Local Practice Group 2 NPI(s)

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Back to Data Element RPO-APP-120B – page 64

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For each practice site, medical group, and Local Practice Group, the Provider Organization must report each organizational provider NPI associated with the Entity. This field can be repeated as many times as necessary. Please note that the individual provider NPIs of the providers employed by or practicing at the practice site, medical group, or Local Practice Group should not be included in this list.

G. Advanced Practice Provider and Behavioral Health Clinician Roster File

The table below includes the data elements that the Provider Organization will provide about reportable Advanced Practice Providers (APP) and behavioral health clinicians. In 2026, 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 Alcohol and Drug Counselor (I and II) (LADC I, LADC II);
    g. Licensed Mental Health Counselor (LMHC);
    h. Licensed Marriage and Family Therapist (LMFT);
    i. Licensed Psychologist (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 as of 1/1/2026. 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.

In the table below, some data elements are listed as “If Available” in the Required column. Provider Organizations should include these data elements in their Advanced Practice Provider and Behavioral Health Clinician Roster file if they currently collect and can provide the data. If a Provider Organization does not currently collect these data, reporting is not required in 2026.

Abbreviated Filing Special Instructions: Abbreviated applicants are **not** exempt from this requirement in 2026; 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.

How to Update: The Provider Organization will complete the Advanced Practice Provider and Behavioral Health Clinician Roster file by completing the MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the Advanced Practice Provider and Behavioral Health Clinician Roster file will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Advanced Practice Provider and Behavioral Health Clinician Roster file information, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform.

2026 Updates: Licensed Drug and Alcohol Counselor (II) (LDAC II) has been added as a response option in RPO-APP-93B: Provider License Type.

Timing: The 2026 Advanced Practice Provider and Behavioral Health Clinician Roster file must include all reportable providers **employed on January 1, 2026**.

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

Number	Name	Instructions	Required	Format
RPO-APP-90	Provider Last Name	Enter the provider's last name.	Yes	Text
RPO-APP-91	Provider First Name	Enter the provider's first name.	Yes	Text
RPO-APP-92	Provider Middle Initial	Enter the provider's middle initial.	No	Text
RPO-APP-93	Provider NPI	Enter the provider's individual NPI issued by the Centers for Medicare & Medicaid Services (CMS).	Yes	Integer
RPO-APP-93A	Provider License Number	Enter the provider's Massachusetts license number issued by the relevant licensing Board.	Yes	Integer
RPO-APP-93B	Provider License Type	Enter the provider's Massachusetts license type. **In the MA-RPO-issued Microsoft Excel Template enter the abbreviation for the provider's license type (e.g., PA for a Physician Assistant).**	Yes	Checkbox, Single Answer
RPO-APP-94	Provider Specialty 1	Enter the provider's specialty. (See Note RPO-APP-94 on page 57)	If Available	Text
RPO-APP-95	Provider Specialty 2	Enter the provider's second specialty. If the provider does not have a second specialty, leave this field blank.	If Available	Text
RPO-APP-96	Primary Care Provider Status	Indicate whether the provider is a primary care provider, a specialist, or both. (See Note RPO-APP-96 on page 57) ☐ Primary care provider ☐ Specialist ☐ Both	Yes	Checkbox, Single Answer

Number	Name	Instructions	Required	Format
RPO-APP-97	Pediatrician Status	Is the provider a pediatrician? (See Note RPO-APP-97 on page 57) ☐ Yes ☐ No	If Available	Checkbox, Single Answer
RPO-APP-98	Hospitalist Status	Is the provider a hospitalist? (See Note RPO-APP-98 on page 58) ☐ Yes ☐ No	If Available	Checkbox, Single Answer
RPO-APP-98A	Behavioral Health Provider Status	Is the provider a behavioral health provider? (See Note RPO-APP-98A on page 66) ☐ Yes ☐ No	If Available	Checkbox, Single Answer
RPO-APP-99	Employed Status	Is the provider employed by the Uppermost Corporate Parent or one of its corporate affiliates? ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-APP-100	Primary Site of Practice Name	Enter the name of the primary medical office, site, or Facility where the provider provides care. (See Note RPO-APP-100 on page 58)	Yes	Text
RPO-APP-102	Primary Site of Practice NPI(s)	Enter each organizational NPI associated with the primary medical office, site, or Facility where the provider provides care. (See Note RPO-APP-102 on page 59)	No	Integer; Repeat as necessary
RPO-APP-103	Primary Site of Practice Address Line 1	Enter Line 1 of the address for the primary site where the provider provides care.	Yes	Text
RPO-APP-104	Primary Site of Practice Address Line 2	Enter Line 2 of the address for the primary site where the provider provides care.	No	Text
RPO-APP-105	Primary Site of Practice Address Line 3	Enter Line 3 of the address for the primary site where the provider provides care.	No	Text
RPO-APP-106	Primary Site of Practice City	Enter the city of the primary site where the provider provides care.	Yes	Text
RPO-APP-107	Primary Site of Practice State	Enter the state of the primary site where the provider provides care.	Yes	Text
RPO-APP-108	Primary Site of Practice Zip Code	Enter the 5-digit zip code of the primary site where the provider provides care.	Yes	Integer
RPO-APP-109	Secondary Site of Practice Name	If the provider provides care at a second medical office, site, or Facility, enter the name of that office, site, or Facility.	No	Text

Number	Name	Instructions	Required	Format
RPO-APP-111	Secondary Site of Practice NPI(s)	Enter each organizational NPI associated with the secondary medical office, site, or Facility where the provider provides care. (See Note RPO-APP-111 on page 59)	No	Integer; Repeat as necessary
RPO-APP-112	Secondary Site of Practice Address Line 1	Enter Line 1 of the address for the secondary site where the provider provides care, if any.	No	Text
RPO-APP-113	Secondary Site of Practice Address Line 2	Enter Line 2 of the address for the secondary site where the provider provides care, if any.	No	Text
RPO-APP-114	Secondary Site of Practice Address Line 3	Enter Line 3 of the address for the secondary site where the provider provides care, if any.	No	Text
RPO-APP-115	Secondary Site of Practice City	Enter the city of the secondary site where the provider provides care, if any.	No	Text
RPO-APP-116	Secondary Site of Practice State	Enter the state of the secondary site where the provider provides care, if any.	No	Text
RPO-APP-117	Secondary Site of Practice Zip Code	Enter the 5-digit zip code of the secondary site where the provider provides care, if any.	No	Integer
RPO-APP-118	Medical Group 1 Name	Enter the name of the medical group with which the provider is affiliated. (See Note RPO-APP-118 on page 58)	No	Text
RPO-APP-120	Medical Group 1 NPI(s)	Enter each organizational NPI associated with the medical group. (See Note RPO-APP-120 on page 59)	No	Integer; Repeat as necessary
RPO-APP-120A	Medical Group 2 Name	Enter the name of the second medical group with which the provider is affiliated, if any.	No	Text
RPO-APP-120B	Medical Group 2 NPI(s)	Enter each organizational NPI associated with medical group named in RPO-120A. (See Note RPO-APP-120B on page 59)	No	Integer; Repeat as necessary
RPO-APP-121	Local Practice Group 1 Name	Enter the name of the Local Practice Group of which the provider is a member, if any. (See Note RPO-APP-121 on page 58)	No	Text
RPO-APP-123	Local Practice Group 1 NPI(s)	Enter each organizational NPI associated with the Local Practice Group named in RPO-121, if any. (See Note RPO-APP-123 on page 59)	No	Integer; Repeat as necessary
RPO-APP-124	Local Practice Group 2 Name	Enter the name of the second Local Practice Group of which the provider is a member, if any.	No	Text

Number	Name	Instructions	Required	Format
RPO-APP-126	Local Practice Group 2 NPI(s)	Enter each organizational NPI associated with the Local Practice Group named in RPO-124, if any. (See Note RPO-APP-126 on page 59)	No	Integer; Repeat as necessary

Notes to the Advanced Practice Provider and Behavioral Health Clinician Roster File

The notes to many of the data elements in the Advanced Practice Provider and Behavioral Health Clinician Roster file are the same as the notes to the data elements in the Physician Roster file and are included above starting on page ***Error! Bookmark not defined.****.*

RPO-APP-98A: Behavioral Health Provider Status

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In RPO-APP-98A, the Provider Organization must indicate whether the provider is a behavioral health provider. The MA-RPO Program is not providing a minimum number of hours per week or minimum percentage of clinical hours that the Provider Organization must use to make this determination. Providers that hold themselves out as behavioral health providers or that spend a significant amount of their time providing clinical behavioral health services are considered behavioral health providers for the purposes of the Advanced Practice Provider and Behavioral Health Clinician Roster file.

H. Clinical Affiliations File

A Clinical Affiliation is defined as any relationship between a Provider or Provider Organization and another Entity for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in hospital or other ambulatory settings, co-branding, expedited transfers to Advanced Care Settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, joint training programs, video technology to increase access to expert resources, and sharing of hospitalists or intensivists. As noted below, in the 2026 filing, Provider Organizations are only required to report a subset of these relationships.

For the purposes of the MA-RPO Program, Clinical Affiliations exist between organizations, not individuals. The Provider Organization is not required to report relationships that its individual physicians may have with other organizations. For example, if the Provider Organization employs a physician who has independently negotiated an agreement to work shifts at another hospital, the Provider Organization does not have to report a Clinical Affiliation with the hospital. Similarly, if the Provider Organization has entered into a physician staffing agreement with an individual physician, that Provider Organization does not have to report a Clinical Affiliation with that individual physician.

The MA-RPO Program seeks to collect information about the Provider Organization's relationships to other organizations that provide, or whose corporate affiliates provide, direct patient care services. The Provider Organization does not have to report relationships that exist exclusively between the Provider Organization and a drug maker, a device manufacturer, a Payer, or another Entity that does not provide direct patient care services.

The MA-RPO Program has narrowed the scope of reportable affiliations to minimize administrative burden and to focus on those relationships most likely to be strategic. A Clinical Affiliation must meet the reporting threshold described below before it is considered reportable for the 2026 filing. A relationship that is captured in the definition of a Clinical Affiliation (e.g., expedited transfers to Advanced Care Settings), but that does not meet the threshold below, does not have to be reported during the 2026 filing. If the Provider Organization does not have any Clinical Affiliations that meet the threshold below, the Provider Organization does not have to complete this file.

Reportable Clinical Affiliations Threshold:

1. The Clinical Affiliation must include at least one Entity with which the Provider Organization does not have a Corporate Affiliation; and
2. The Clinical Affiliation must include at least one of the Provider Organization's corporately-affiliated Acute Hospitals, or the employed physician group of such an Acute Hospital. If the Provider Organization is not corporately affiliated with an Acute Hospital, it is not required to report any Clinical Affiliations; and
3. The Clinical Affiliation must include at least one of the following types of relationships that has been memorialized in writing among the affiliates:
    a. Co-branding
    b. Co-located services
    c. Complete or substantial staffing of an Acute Hospital service line

d. The provision of funds to establish or enhance EHR Interconnectivity

e. Establishment of a preferred provider relationship

f. Regular and ongoing receipt of telemedicine services from another Acute Hospital

g. Establishment of a provider-to-provider discount arrangement

The remainder of this section describes each of the seven types of Clinical Affiliations described above and states which party(ies) to the Clinical Affiliation is (are) required to report the relationship to the MA-RPO Program.

A. Co-branding

A co-branding relationship is reportable when an Acute Hospital, or its employed physician group, and another Entity have decided to publicize their partnership to the public. Examples of co-branding include, but are not limited to, advertisements (TV, radio, internet, billboards), signage, brochures, letterhead, and web pages. A sign listing the occupants of a medical office building does not, on its own, constitute co-branding.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital or the employed physician group of an Acute Hospital whose brand is being used is required to report a co-branding Clinical Affiliation. As such, if co-branding is occurring between two Acute Hospitals, both Provider Organizations that are corporately affiliated with the Acute Hospitals must report the Clinical Affiliation. By contrast, if the co-branding is occurring between an Acute Hospital and a physician practice, or another Entity that is not an Acute Hospital, only the Provider Organization that is corporately affiliated with the Acute Hospital is required to report the Clinical Affiliation.

B. Co-located services

The Provider Organization must report co-located services when another Entity operates a site to provide Health Care Services in, or on the Campus of, the Provider Organization's corporately-affiliated Acute Hospital, whether at the Acute Hospital's main site or at a satellite location that is also operating under the Acute Hospital's license. To constitute co-located services, the Entity's site must be fixed in that location and it must be providing direct patient care services at that site on at least a weekly basis. A diagnostic laboratory or imaging center operating in, or on the Campus of, an Acute Hospital would constitute co-located services. However, staffing at one Acute Hospital by the employed physician of another Acute Hospital does not, on its own, constitute co-location.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital where the co-location is occurring is required to report Clinical Affiliations involving co-located services. The Provider Organization that establishes a site in, or on the Campus of, an Acute Hospital with which it is not corporately affiliated does not have to report the Clinical Affiliation.

C. Complete or substantial physician staffing of an Acute Hospital service line

The Provider Organization must report the sharing of physician resources when an Entity with which it is not corporately affiliated is providing complete or substantial staffing of an Acute Hospital inpatient or outpatient service line, either at the main site or a satellite site of the Acute Hospital. Note that service lines are defined at a relatively broad level (e.g., pediatrics, cardiology, hospital medicine, intensive care medicine); staffing of sub-specialties exclusively (e.g., pediatric oncology, electrophysiology, etc.) do not themselves constitute a reportable Clinical Affiliation for the purposes of the 2026 filing. Accordingly, the MA-RPO Program would expect substantial staffing of an Acute Hospital's pediatric service line to

trigger reporting of the Clinical Affiliation, but would not expect substantial staffing of an Acute Hospital's pediatric oncology service, on its own, to trigger reporting of the Clinical Affiliation, even if the pediatric oncology service was staffed entirely by another Entity. Examples of complete or substantial physician staffing of an Acute Hospital service line include, but are not limited to: a) a group of pathologists that provide nearly all of the pathology services for an Acute Hospital; b) an Acute Hospital that contracts with a private anesthesiology group to be the primary provider of anesthesia services in the hospital; c) a group of surgeons that perform a substantial number of the surgical cases performed at an Acute Hospital; and d) the employed physicians of one Acute Hospital providing a substantial amount of the oncology services at another Acute Hospital.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital whose service line is being staffed is required to report Clinical Affiliations involving complete or substantial physician staffing of an Acute Hospital service line. The Entity that is providing complete or substantial staffing of an Acute Hospital service line does not have to report this relationship.

D. The provision of funds to establish or enhance EHR Interconnectivity

If the Provider Organization has provided funds to, or received funds from, an Entity with which it is not corporately affiliated for the purpose of establishing or enhancing EHR Interconnectivity between the Entity and at least one of the Provider Organization's Acute Hospitals, the affiliation must be reported.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital with which EHR Interconnectivity is being established or enhanced is required to report this type of Clinical Affiliation. As such, if EHR Interconnectivity is being established or enhanced between two Acute Hospitals and funds are being exchanged, both Provider Organizations that have Corporate Affiliations with the Acute Hospitals must report the Clinical Affiliation.

E. Establishment of a preferred provider relationship

The Provider Organization must report any relationships memorialized in writing among the affiliates that establish one of the Provider Organization's corporately-affiliated Acute Hospitals or the employed physician group of such Acute Hospital as a preferred provider of emergency, tertiary, or specialty care for the patients of an Entity with which the Provider Organization is not corporately affiliated. In the 2026 filing, the MA-RPO Program is limiting reportable preferred provider relationships for specialty care to the service lines of cardiology, obstetrics/gynecology, oncology, orthopedics, and pediatrics.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital or employed physician group that has been designated the preferred provider of care is required to report this type of Clinical Affiliation. The Provider Organization that has designated another Acute Hospital as its preferred provider of emergency, tertiary, or specialty care does not have to report this relationship.

F. Regular and ongoing receipt of telemedicine services from another Acute Hospital

If the Provider Organization's corporately-affiliated Acute Hospital receives regular, ongoing telemedicine services from another Acute Hospital, or its employed physician group, the Provider Organization must report a Clinical Affiliation.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital that is receiving telemedicine services (e.g., is seeking consultation, diagnosis, or advice) is required to report this type of Clinical Affiliation. The Provider Organization that is providing telemedicine services does not have to report this relationship.

G. Establishment of a provider-to-provider discount arrangement

If one of the Provider Organization's corporately-affiliated Acute Hospitals, or the employed physician group of such Acute Hospital, has entered into an agreement wherein the Acute Hospital, or the employed physician group of such Acute Hospital, furnishes a discount, rebate, or any other type of refund or remuneration in exchange for, or in any way related to, the provision of Health Care Services to patients of another Provider or Provider Organization (hereinafter referred to as a Discount Arrangement), then the Provider Organization must report the arrangement as a Clinical Affiliation. Reportable Discount Arrangements refer to those furnished by an Acute Hospital, or the employed physician group of such Acute Hospital, to another Provider or Provider Organization. For example, if Acute Hospital X provides a discount on the rate it has negotiated with a payer for certain services provided to patients of Physician Group Y that have been referred to Acute Hospital X, then the Provider Organization corporately affiliated with Acute Hospital X will report the relationship with Physician Group Y. Discount Arrangements do not include relationships with payers (e.g., an Acute Hospital's agreement to a certain discount off of its charges as part of a payer contract), drug makers, or device manufacturers.

Reporting Requirements: Only the Provider Organization that is corporately affiliated with the Acute Hospital that is furnishing the discount is required to report this type of Clinical Affiliation. A Provider Organization that is receiving a discount does not have to report this relationship.

Summary of the Clinical Affiliations Reporting Requirement by Type of Affiliation

Type of Affiliation	Reporting Requirement
Co-branding	Reported by each Provider Organization that is corporately affiliated with an Acute Hospital (or the employed physician group of an Acute Hospital) whose brand is being used.
Co-located services	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital where the co-location occurs.
Complete or substantial staffing of an Acute Hospital service line	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital whose service line is being staffed.
The provision of funds to establish or enhance EHR Interconnectivity	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital with which EHR Interconnectivity is being established or enhanced.
Establishment of a preferred provider relationship	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital (or the employed physician group of the Acute Hospital) that has been designated as the preferred provider.
Regular and ongoing receipt of telemedicine services from another Acute Hospital	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital that is receiving telemedicine services.
Establishment of a provider-to-provider discount arrangement	Reported by the Provider Organization that is corporately affiliated with the Acute Hospital (or the employed physician group of an Acute Hospital) that is furnishing a discount.

2026 Updates: RPO-131: Clinical Affiliation Start Date has a new response option "2026- present."

How to Update: The Clinical Affiliations file will be prepopulated with the data provided by the Provider Organization in the previous filing. Provider Organizations may edit listed Clinical Affiliations data directly in the online submission platform.

Timing: The Clinical Affiliations file must reflect all of the Provider Organization's Clinical Affiliations as of January 1, 2026.

Out-of-State Reporting: Provider Organizations are required to report each clinical affiliate, including those located out-of-state, of its corporately-affiliated Acute Hospitals that are located in Massachusetts.

Number	Name	Instructions	Required	Format
RPO-127	Legal Name of Clinical Affiliate	Enter the legal name of the clinical affiliate.	Yes	Text
RPO-128	Clinical Affiliate EIN	Enter the 9-digit Employer Identification Number (EIN) under which the clinical affiliate operates.	Yes	Integer
RPO-129	Participating Acute Hospitals	Enter the legal name of each Acute Hospital or employed physician group of the Acute Hospital that is corporately affiliated with the Provider Organization that is participating in this affiliation.	Yes	Text; Repeat as Necessary
RPO-130	Clinical Affiliation Type(s)	Select each type of affiliation that characterizes the relationship. ☐ Co-branding ☐ Co-located services ☐ Complete or substantial physician staffing of an Acute Hospital service line ☐ Provision of funds to establish or enhance EHR interconnectivity ☐ Establishment of a preferred provider relationship ☐ Regular and ongoing receipt of telemedicine services from another Acute Hospital ☐ Establishment of a provider-to-provider discount arrangement	Yes	Checkbox, Multiple Answers
RPO-131	Clinical Affiliation Start Date	Select the date range that best describes when any Clinical Affiliation with this clinical affiliate began. ☐ Before 2005 ☐ 2005-2009 ☐ 2010-2015 ☐ 2016-2020 ☐ 2021-2025 ☐ 2026 – present	Yes	Checkbox, Single Answer

Number	Name	Instructions	Required	Format
RPO-132	Description of the Affiliation	Briefly describe the nature, scope, and the scale of the relationship with this affiliate, including whether the affiliation encompasses features not described in RPO-130 and which service lines are encompassed by the affiliation.	Yes	Text
RPO-133	Provision or Receipt of Capital for Service Site Development	Select the answer that describes whether the Clinical Affiliation includes the provision or receipt of capital for service site development. ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-133A	Types of Patients	Select the answer(s) that describes the types of patients for which the Acute Hospital, or employed physician group of the Acute Hospital, furnishes the discount. ☐ Patients for whom the clinical affiliate is at risk ☐ Patients for whom the clinical affiliate is not at risk	If the user selected "Establishment of a provider-to-provider discount arrangement" in RPO-130	Checkbox, Multiple Answers
RPO-133B	Discount Returned to Patient's Insurer	Indicate if the written agreement specifies whether a portion of the discount is returned to the patient's insurer: ☐ Yes ☐ No	If the user selected "Establishment of a provider-to-provider discount arrangement" in RPO-130	Checkbox, Single Answer
RPO-133C	Framework for Providing the Discount	Select the answer that best describes the general framework for providing the discount: ☐ The discount is calculated as a percentage of facility and/or professional payments received for services provided to each eligible patient. ☐ The discount is a fixed sum of money for services provided to each eligible patient *(The amount of the discount may vary by service provided)*. ☐ Other; Describe	If the user selected "Establishment of a provider-to-provider discount arrangement" in RPO-130	Checkbox, Single Answer
RPO-133D	Quality Metrics	Select the answer that describes whether quality measures are incorporated into the provision of the discount: ☐ The amount or provision of the discount is contingent on meeting certain quality measures. ☐ The amount or provision of the discount is not contingent on meeting certain quality measures.	If the user selected "Establishment of a provider-to-provider discount arrangement" in RPO-130	Checkbox, Single Answer

I. Financial Statements File

The table below includes the data elements that the Provider Organization will provide about:

- The Provider Organization, regarding the financial performance of the entire corporate system; and
- Each corporate affiliate that is a physician practice, as identified in RPO-53.

This standardized financial information represents cumulative, year-to-date data from the Entity's Balance Sheet and Statement of Operations. These statements must be prepared in accordance with Generally Accepted Accounting Principles (GAAP).

If a Provider Organization does not prepare consolidated financial statements for the entire corporate system, the Provider Organization is required to work with MA-RPO program staff to determine which entity(ies) within the system should complete the Financial Statements file to reflect the financial performance of the overall system. If a Provider Organization combines any physician practices as part of the consolidating information of its Audited Financial Statements, then it may complete a single Financial Statements file for these entities rather than completing a separate Financial Statements file for each Entity.

All values reported will be in whole dollar amounts. If the Provider Organization reports its Audited Financial Statements in the thousands value, the values reported in the Microsoft Excel template will be in the total amount. For example, if the organization reports 500,000 as the value in the thousands, it will be reported as 500,000,000 on this template to ensure comparability across submissions. Please enter any negative values in parenthesis, such as (500,000,000). The template has fields where the user can indicate any variance from the Audited Financial Statements as well as a text explanation for the variance, as necessary.

For each Entity, the Provider Organization must also upload the most recent Audited Financial Statements in a PDF format, unless its most recent Audited Financial Statements are already on file with, and available from, CHIA, DOI, or the AGO. If an organization does not prepare Audited Financial Statements, please contact MA-RPO Program staff at HPC-RPO@mass.gov.

Provider Organizations that have submitted annual standardized financial statements for the most recent fiscal year to CHIA for the Provider Organization and/or each corporately affiliated physician practice are not required to submit the information separately to the MA-RPO Program if those financial statements are available from CHIA.

2026 Updates: None

How to Update: The Provider Organization will complete the Financial Statements file by completing an MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the Financial Statements file will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Financial Statements file, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform.

Timing: On the date of submission, the Provider Organization must provide information on its most recently available fiscal year. Financial statements must be made available no later than 100 days after the Entity's fiscal year end.

Out-of-State Reporting: Provider Organizations are required to complete the Financial Statements file for the Provider Organization regarding the financial performance of the entire corporate system and any physician practice that meets the definition of a reportable corporate affiliate as outlined in the Corporate Affiliations file.

Number	Name	Instructions	Required	Format
RPO-138	Legal Name(s) of Corporate Affiliate(s) For Which This Financial Statements File Will Be Completed	Enter the legal name(s) of the corporate affiliate(s) for which this Financial Statements file will be completed.	Yes	Text
RPO-139	Audited Financial Statements Upload	Select the option below that best describes how you are providing Audited Financial Statements for this Entity. ☐ I have uploaded the Audited Financial Statements for this Entity, which includes all notes to the Audited Financial Statements and Consolidating Schedules, on the File Attachments tab of the online submission platform. ☐ The Entity has filed its Audited Financial Statements for the corresponding time period with CHIA, DOI, or the AGO. ☐Other; Describe.	Yes	Checkbox, Single Answer
RPO-140	Financial Statements Year	Enter the start and end dates of the fiscal year (mm/dd/yyyy – mm/dd/yyyy) for which you are completing the Financial Statements template.	Yes	Text

Balance Sheet

ASSETS: Current Assets

	Name	Instructions	Required	Format
RPO-141	Cash and Cash Equivalents	Enter any short-term, highly-liquid investments (including note receivables) with a maturity of 3 months or less, excluding amounts whose use is limited by Board designation or other arrangements under trust agreements or with third-party payers.	Yes	Integer
RPO-142	Short-Term Investments	Enter any investments in equity or fixed-income securities with a maturity of 3 to 12 months.	Yes	Integer
RPO-143	Current Assets Whose Use is Limited	Enter any current portion of assets whose use is limited, as Board-designated, trustee-held, and other designations.	Yes	Integer

ASSETS: Receivables

	Name	Instructions	Required	Format
RPO-144	Net Patient Accounts Receivable	Enter any patient accounts receivable, less an allowance for uncollectible and contractual adjustments.	Yes	Integer
RPO-145	Receivables Due from Affiliates	Enter any transferred funds (including loans, advance transfers, and equity contributions made) that are expected to be received from affiliated entities within the current accounting period.	Yes	Integer
RPO-146	Third-Party Settlements	Enter any amounts reported as current that represent final settlements due to the Entity.	Yes	Integer
RPO-147	Other Current Assets	Enter all other current assets not included in RPO-144 through RPO-146.	Yes	Integer
RPO-148	*Total Current Assets*	Equals the sum of RPO-141 through RPO-147. *Formula (no entry).*	N/A	Integer

ASSETS: Non-Current Assets

	Name	Instructions	Required	Format
RPO-149	Non-Current Assets Whose Use is Limited	Enter any non-current portion of assets, whose use is limited, either identified as Board-designated, trustee-held, and other designations.	Yes	Integer
RPO-150	Contribution Receivables	Enter any contributions, pledges, gifts, and bequests from donors that are not expected to be collected during the current period.	Yes	Integer
RPO-151	Interest in Net Assets	Enter any interest in net assets of a beneficiary organization if those entities have an on-going economic interest in one another.	Yes	Integer

	Name	Instructions	Required	Format
RPO-152	Investment in Affiliates	Enter any amounts recorded as equity investments in other entities, which are related to the Entity.	Yes	Integer
RPO-153	Gross Property, Plant, and Equipment (PPE)	Enter the gross value of land, buildings, equipment, construction in progress, and capitalized leases.	Yes	Integer
RPO-154	Less: Accumulated Depreciation	Enter any depreciation of PPE and amortization of capitalized leases.	Yes	Integer
RPO-155	*Net PPE*	The net amount of land, buildings, equipment, construction in progress, and capitalized leases. Equals the difference of RPO-154 from RPO-153. *Formula (no entry).*	N/A	Integer
RPO-156	Other Non-Current Assets	Enter all other non-current assets.	Yes	Integer
RPO-157	*Total Non-Current Assets*	Equals the sum of RPO-149 through RPO-152, and RPO-155 through RPO-156. *Formula (no entry).*	N/A	Integer
RPO-158	*Total Assets*	Equals the sum of RPO-148 and RPO-157. *Formula (no entry).*	N/A	Integer

LIABILITIES AND NET ASSETS or EQUITY: Current Liabilities

	Name	Instructions	Required	Format
RPO-159	Current Long-Term Debt	Enter the current portion of long-term debt, capital leases, and notes payable.	Yes	Integer
RPO-160	Estimated Third- Party Settlements	Enter any amounts received from third parties which may be in excess of allowable amounts and may therefore be paid back to third parties or else resolved favorably and recognized as revenue in the future. Also the current portion of deferred revenue.	Yes	Integer
RPO-161	Current Liabilities Due to Affiliates	Enter any transferred funds (including loans, advances, transfers, and equity contributions received) that are expected to be paid or returned to affiliated entities within the current accounting period.	Yes	Integer
RPO-162	Other Current Liabilities	Enter all other current liabilities.	Yes	Integer
RPO-163	*Total Current Liabilities*	Equals the sum of RPO-159 through RPO-162. *Formula (no entry).*	N/A	Integer

LIABILITIES AND NET ASSETS or EQUITY: Long-Term Liabilities

	Name	Instructions	Required	Format
RP0-164	Long-Term Debt Net of Current Portion	Enter any long-term debt (does not include current portion), obligations under capital leases and notes payable.	Yes	Integer
RP0-165	Non-Current Liabilities Due to Affiliates	Enter any transferred funds (including loans, advances, transfers, and equity contributions received) that are expected to be paid or returned to affiliated entities, beyond the current accounting cycle.	Yes	Integer
RP0-166	Other Non-Current Liabilities	Enter all other non-current liabilities.	Yes	Integer
RP0-167	*Total Non-Current Liabilities*	Equals the sum of RP0-164 through RP0-166. *Formula (no entry).*	N/A	Integer
RP0-168	*Total Liabilities*	Equals the sum of RP0-163 and RP0-167. *Formula (no entry).*	N/A	Integer

LIABILITIES AND NET ASSETS or EQUITY: Net Assets or Equity

	Name	Instructions	Required	Format
RP0-169	Net Unrestricted Assets	Enter the net assets that are neither permanently restricted nor temporarily restricted by donor imposed stipulations or Equity.	Yes	Integer
RP0-170	Net Temporarily Restricted Assets	Enter the net assets resulting from (i) contributions and other assets whose use is limited by donor imposed stipulations that either expire with the passage of time or can be fulfilled and removed by actions pursuant to those stipulations, (ii) other assets enhancement and diminishments subject to same kind of stipulations, or (iii) reclassification to (or from) other classes of net assets as a consequence of donor-imposed stipulations, their fulfillment and removal by actions pursuant to those stipulations.	Yes	Integer
RP0-171	Net Permanently Restricted Assets	Enter the net assets resulting from (i) contributions and other assets whose use is limited by donor imposed stipulations that neither expire with the passage of time nor can be fulfilled and removed by actions of the organization, (ii) other asset enhancements and diminishments subject to the same kind of stipulations, and (iii) reclassification to (or from) other classes of net assets as a consequence of donor-imposed stipulations.	Yes	Integer
RP0-172	*Total Net Assets or Net Equity*	Equals the sum of RP0-169 through RP0-171. *Formula (no entry).*	N/A	Integer
RP0-173	*Total Liabilities and Net Assets or Equity*	Equals the sum of RP0-168 and RP0-172. *Formula (no entry).*	N/A	Integer

Statement of Operations

STATEMENT OF OPERATIONS: Operating Revenue

	Name	Instructions	Required	Format
RPO-174	Net Patient Service Revenue	Enter the Net Patient Service Revenue received. This should be calculated as Gross Patient Service Revenue less contractual adjustments, less charity / free care charges, less courtesy or policy discounts and less the provision for bad debt. Amounts received from indigent patients and free care programs (Health Safety Net) should be included. Amounts received from capitation arrangements, less any medical expenses that are paid to other Providers or Provider Organizations for the care of patients covered by capitation contracts, should also be included.	Yes	Integer
RPO-175	Other Operating Revenue	Enter any revenue from services other than health care provided to patients, as well as sales and services to non-patients.	Yes	Integer
RPO-175A	Other Operating Revenue: Federal COVID-19 Relief Funds	Enter the total COVID-19 relief funds received from federal sources reported as operating revenue.	Yes	Integer
RPO-175B	Other Operating Revenue: State & Other COVID-19 Relief Funds	Enter the total COVID-19 relief funds received from the state or other sources, such as private grants or contributions reported as operating revenue.	Yes	Integer
RPO-176	Net Assets Released from Restrictions Used for Operations	Enter any net assets released from donor restrictions by incurring expenses and thus satisfying donor stipulations or by occurrence of other events or passage of a particular time period, specified by donor(s).	Yes	Integer
RPO-177	*Total Operating Revenue*	Equals the sum of RPO-174 through RPO-176. *Formula (no entry).*	N/A	Integer

STATEMENT OF OPERATIONS: Non-Operating Revenue

	Name	Instructions	Required	Format
RPO-178	Investment Income	Enter all investment income (includes interest income, dividend income, and realized gains/losses from sale of investment actively traded, as well as interest income and dividend income on passive investments.	Yes	Integer
RPO-179	Net Contribution Revenue	Enter any donation, gift, or bequest cash or other assets from a donor, and that are not revocable, repayable, or reciprocal.	Yes	Integer
RPO-180	Unrealized Gains/Losses	Enter any change in value of investment(s) the entity has yet to realize by selling.	Yes	Integer

	Name	Instructions	Required	Format
RPO-181	Non-Operating Gains/Losses	Enter any gains and losses that result from a provider peripheral or incidental transaction. These may include (i) Subsidies received from governmental or community agencies, (ii) Net realized gains/losses resulting from increases and decreases in the value of "passive invests," and (iii) Gains/losses on sale or disposal of assets.	Yes	Integer
RPO-182	Other Non-Operating Revenue	Enter all other non-operating revenue not included in RPO-178 through RPO-181.	Yes	Integer
RPO-183	*Total Non-Operating Revenue*	Equals the sum of RPO-178 through RPO-182. *Formula (no entry).*	N/A	Integer
RPO-184	*Total Unrestricted Revenue, Gains, and Other Support*	Equals the sum of RPO-177 and RPO-183. *Formula (no entry).*	N/A	Integer

STATEMENT OF OPERATIONS: Expenses

	Name	Instructions	Required	Format
RPO-185	Salary and Benefit Expense	Enter in any salaries, wages, and cost of fringe benefits, such as paid vacations and contribution to pension funds. Salaries refer to amounts of compensation. Wages refer to the pay earned by employees at a certain rate per hour, day, or week.	Yes	Integer
RPO-186	Depreciation and Amortization Expense	Depreciation is the allocation of the cost of tangible fixed assets. Amortization refers to allocation of cost of intangible assets (for example, periodic payments on capital leases). Enter any depreciation and amortization expenses.	Yes	Integer
RPO-187	Interest Expense	Enter any charges made for the use of money over a period of time.	Yes	Integer
RPO-188	Health Safety Net Assessment	Enter any payments to the Health Safety Net.	Yes	Integer
RPO-189	Other Operating Expenses	Enter all other expenses not reported in RPO-185 through RPO-188.	Yes	Integer
RPO-190	Net Nonrecurring Gains or Losses	Enter amounts related to one-time/non-recurring or highly infrequent gains or losses. This category may include: gains/losses from the sale of land or lines of businesses, casualty, or natural disaster losses.	Yes	Integer
RPO-191	*Total Expenses including Nonrecurring Gains/Losses*	Equals the sum of RPO-185 through RPO-190. *Formula (no entry).*	N/A	Integer

	Name	Instructions	Required	Format
RPO-192	*Total Excess of Revenue, Gains, and Other Support*	Equals the difference of RPO-191 from RPO-184. *Formula (no entry).*	N/A	Integer

STATEMENT OF OPERATIONS: Other Changes in Unrestricted Net Assets

	Name	Instructions	Required	Format
RPO-193	Transfers from (to) Parent/Affiliates	Enter any funds transferred from (to) parent/affiliates.	Yes	Integer
RPO-194	Other Changes in Unrestricted Net Assets	Enter any changes in unrestricted net assets not reported in RPO-192 and RPO-193.	Yes	Integer
RPO-195	*Total Increase or Decrease in Unrestricted Net Assets*	Equals the sum of RPO-192 through RPO-194. *Formula (no entry).*	N/A	Integer
RPO-196	Changes in Unrestricted Assets Related to Pension Activities	Enter amounts related to Changes in Unrestricted Assets Related to Pension Activities other than the annual net periodic pension expense.	Yes	Integer
RPO-197	Changes in Accounting Principle/Other	Enter any adjustments from changes in accounting principle.	Yes	Integer
RPO-198	*Total Increase or Decrease in Unrestricted Net Assets*	Equals the sum of RPO-195 through RPO-197. *Formula (no entry).*	N/A	Integer

J. Payer Mix File

The Provider Organization will complete the Payer Mix file for each of its corporate affiliates that is a physician practice, as identified in RPO-53. The Provider Organization will report the practice's total Gross Patient Service Revenue (i.e., charges) in each of the categories listed in the table below for the most recently available fiscal year. All charges billed by the physician practice, regardless of the setting of care, should be reported. Additional information about the classification of products by payer category can be found in the MA-RPO-issued Microsoft Excel template and in an Excel document on CHIA's website. The information about the classification of payers for these categories is consistent with the payer codes used for certain reporting requirements under 957 CMR 8.00, *APCD and Case Mix Data Submission* and 957 CMR 9.00, *Hospital Financial Data Reporting Requirements*.

If a Provider Organization combines any physician practices as part of the consolidating information of its Audited Financial Statements and if these physician practices have a common chargemaster, the Provider Organization may provide a single file for these entities rather than completing a separate response for each entity.

2026 Updates: None

How to Update: The Provider Organization will complete the Payer Mix file by completing an MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in Payer Mix file will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the Payer Mix file, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform. Provider Organizations can provide explanatory notes and additional information at their discretion by uploading this information as a note on the File Attachments tab.

Timing: On the date of submission, the Provider Organization must provide information from the physician practice's most recently available fiscal year. Payer mix data must be made available no later than 100 days after the Entity's fiscal year end.

Out-of-State Reporting: Provider Organizations are required to complete this file for any physician practice that meets the definition of a reportable corporate affiliate as outlined in the Corporate Affiliations file.

Number	Name	Instructions	Required	Format
RPO-199	Commercial Managed	Enter the total charges for Commercial Managed products.	Yes	Integer
RPO-200	Commercial Non-Managed	Enter the total charges for Commercial Non-Managed products.	Yes	Integer
RPO-201	Medicare Managed	Enter the total charges for Medicare Managed products.	Yes	Integer
RPO-202	Medicare Non-Managed	Enter the total charges for Medicare Non-Managed products.	Yes	Integer
RPO-203	Medicaid Managed	Enter the total charges for Medicaid Managed products.	Yes	Integer
RPO-204	Medicaid Non-Managed	Enter the total charges for Medicaid Non-Managed products.	Yes	Integer
RPO-205	ConnectorCare	Enter the total charges for ConnectorCare products.	Yes	Integer
RPO-206	Health Safety Net	Enter the total charges for the Health Safety Net. (See Note RPO-206 on page 83)	Yes	Integer
RPO-207	Other Government	Enter the total charges for Other Government products.	Yes	Integer
RPO-208	Other	Enter the total charges for Other products.	Yes	Integer
RPO-209	Self-Pay	Enter the total charges for self-pay patients.	Yes	Integer
RPO-210	Worker's Compensation	Enter the total charges for Worker's Compensation.	Yes	Integer
RPO-211	*Total Charges*	Equals the sum of RPO-264 through RPO-275. *Formula (no entry).*	N/A	Integer

Notes to the Payer Mix File

RPO-206: Health Safety Net

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The MA-RPO Program understands that most physician practices do not bill the Health Safety Net. If that is the case for your organization, please enter 0 in the Health Safety Net row of the MA-RPO-issued Microsoft Excel template.

K. Significant Equity Investor and Private Equity File

The table below includes the data elements that Provider Organizations will complete regarding relationships with Significant Equity Investors (SEIs).

The term *Significant Equity Investor* means (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.

- Entities that meet the first part (I) of the SEI definition are sometimes referred to as Category I SEIs. Entities that meet the second part (II) of the SEI definition are sometimes referred to as Category II SEIs.
- The MA-RPO Program requires that Private Equity Companies *and* each affiliated fund(s) with a financial interest in the Provider Organization be reported as Category I SEIs.

The file is made up of two sections. **Section A** will be completed by all Provider Organizations with a reportable SEI (Category I or Category II). **Section B** will be completed only by Provider Organizations with at least one reportable Category I SEI that are not required to submit hospital and health system Affiliated Entity data to CHIA pursuant to 957 CMR 9.00.

Additional Reporting Guidance for Section A:

In RPO-212, the Provider Organization will identify which of its corporate affiliates has a relationship with an SEI. This question allows the Provider Organization to differentiate between an investment in the entire Provider Organization and an investment made in only a part of the Provider Organization's business (e.g., a joint venture). The SEI relationship should be reported at the uppermost corporate level to which the investment applies.

SEI Relationships That Pertain to the Entire Provider Organization: If an SEI invests in the entire Provider Organization, the Provider Organization will report the relationship as occurring between the SEI and the Provider Organization's Uppermost Corporate Parent. The Provider Organization will list its Uppermost Corporate Parent in RPO-212. The Provider Organization will list the SEI in RPO-214. If multiple SEIs are investing in the Provider Organization, report each on a separate row, repeating the name of the Uppermost Corporate Parent in RPO-212.

SEI Relationships That Pertain to Part of the Provider Organization: If an SEI invests in only part of the Provider Organization, the Provider Organization will report the corporate affiliate in which the SEI invests in RPO-212. The Provider Organization will list the SEI in RPO-214. If multiple SEIs are investing in the same corporate affiliate, report each on a separate row, repeating the name of the corporate affiliate in RPO-212. If the same SEI has multiple, separate investments in two or more corporate affiliates within the same Provider Organization (e.g., multiple, separate joint venture investments), the Provider Organization will report each corporate affiliate in which the SEI invests on a separate row in RPO-212, repeating the name of the SEI in RPO-214.

Additional Reporting Guidance for Section B:

The data elements in Section B of the file relate to the Provider Organization's relationships with Category I SEIs, including the SEIs' subsidiaries and parents, if any. If the entire Provider Organization has private equity investment, or if only one corporate affiliate within the Provider Organization has private equity investment, Provider Organizations will complete the Section B questions once. If the Provider Organization has multiple corporate affiliates with distinct private equity investors, the Provider Organization will complete the Section B questions separately for each corporate affiliate with private equity investment.

The term *Distributions* as used in Section B of the file means payouts of the Provider Organization's profits, assets, or other value that are shared with investors, owners, or other affiliates of the SEI, regardless of how characterized. Distributions include those financed by dividend recapitalization.

How to Update: The Provider Organization will complete the SEI and PE file by completing an MA-RPO-issued Microsoft Excel template with the relevant information and uploading the template as a file attachment in the online submission platform. The data in the SEI and PE file will not be editable from within the online submission platform. If the Provider Organization needs to make an edit to the SEI and PE file, the primary reporter must make the edit within the Microsoft Excel template and upload the revised version to the online submission platform. If the Provider Organization does not have any reportable SEIs, please select the "My organization does not have a relationship with any Significant Equity Investor" checkbox in RPO-42: Applicable Files in the Background Information file.

Timing: Unless a question asks specifically about the Provider Organization's most recent complete fiscal year, responses must be accurate as of January 1, 2026. For questions that ask about the most recent complete fiscal year, the Provider Organization must report for the same fiscal year reflected in the Financial Statements file.

Out-of-State Reporting: Provider Organizations are required to complete this file for any reportable corporate affiliate as outlined in the Corporate Affiliations file or reportable Facility as outlined in the Facilities file.

SEI and PE File: Section A

Number	Name	Instructions	Required	Format
RPO-212	Corporate Affiliate Name	Enter the name of the Uppermost Corporate Parent (in cases where the SEI relationship pertains to the entire Provider Organization) or the corporate affiliate in which the SEI invests (in cases where the SEI relationship pertains to only part of the Provider Organization). (See Note RPO-212 on Page 92).	Yes	Text
RPO-213	Corporate Affiliate Employer Identification Number (EIN)	Enter the EIN of the Provider Organization or corporate affiliate reported in RPO-212.	Yes	Integer
RPO-214	Significant Equity Investor Legal Name	Enter the legal name of the Significant Equity Investor.	Yes	Text
RPO-215	Significant Equity Investor Category	If the SEI reported in RPO-214 is a PE firm or PE fund, select Category I. Otherwise, select Category II. **Category I:** Any private equity company with a financial interest in a provider, provider organization or management services organization. **Category 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 ☐ I ☐ II	Yes	Checkbox, Single Answer
RPO-215A	Management Company Name(s)	Enter the name(s) of the management company(ies) associated with the fund.	If the SEI reported in RPO-214 is a private equity fund	Text
RPO-215B	Management Company EIN(s)	Enter the EIN(s) of the management company(ies) associated with the fund.	If the SEI reported in RPO-214 is a private equity fund	Integer

Number	Name	Instructions	Required	Format
RPO-215C	General Partner Name(s)	Enter the name(s) of the general partner entity(ies) associated with the fund.	If the SEI reported in RPO-214 is a private equity fund	Text
RPO-215D	General Partner EIN(s)	Enter the EIN(s) of the general partner entity(ies) associated with the fund.	If the SEI reported in RPO-214 is a private equity fund	Integer
RPO-216	Significant Equity Investor EIN	Enter the EIN of the Significant Equity Investor. **Individual Social Security Numbers should not be included under any circumstances. Leave this field blank if the EIN is an individual's Social Security Number.**	No	Integer
RPO-217	Significant Equity Investor Percentage of Interest in the Corporate Affiliate	Enter the percentage of interest the Significant Equity Investor has in the Provider Organization or corporate affiliate named in RPO-212.	Yes	Integer
RPO-218	Affiliation Start Date	Enter the start date of the affiliation between the Provider Organization or corporate affiliate named in RPO-212 and the Significant Equity Investor.	Yes	Date

SEI and PE File: Section B

Number	Name	Instructions	Required	Format
RPO-232	Corporate Affiliate Name	Enter the name of the Uppermost Corporate Parent (in cases where the SEI relationship pertains to the entire Provider Organization) or the corporate affiliate in which the SEI invests (in cases where the SEI relationship pertains to only part of the Provider Organization).	Yes	Text
RPO-233	Total PE Liabilities	Enter the amount of the Provider Organization's Total Liabilities (as reported in RPO-168 in the system level Financial Statement file) in the most recent complete fiscal year that is owed to a private equity firm (regardless of whether the private equity firm is a reportable SEI), if any.	Yes	Integer
RPO-234	Dividend Recapitalization	Do the terms of any of the Provider Organization's loan agreements allow for dividend recapitalization? ☐ Yes ☐ No	Yes	Checkbox, Single Answer
RPO-235	Total MSO, SEI, or PE Payments Made in the Most Recent Fiscal Year	Enter the total amount paid by the Provider Organization in the most recent fiscal year to a corporately affiliated MSO, a Category I SEI (including any subsidiaries, parent entities, or related parties), or any other private equity firm (including any subsidiaries, parent entities, or related parties) that is not a reportable SEI.	Yes	Integer
RPO-235A	Loan/Debt Payments	Enter the portion of the total payments reported in RPO-235 that are loan/debt obligation payments.	Yes	Integer
RPO-235AA	Loan/Debt Payments in the Provider Organization's AFS	Enter the line item(s) in which the payments reported in RPO-235A are reported in the Provider Organization's audited financial statements.	If a non-zero amount is reported in RPO-235A	Text
RPO-235B	Distributions	Enter the portion of the total payments reported in RPO-235 that are Distributions.	Yes	Integer
RPO-235BA	Distributions in the Provider Organization's AFS	Enter the line item(s) in which the Distributions reported in RPO-235B are reported in the Provider Organization's audited financial statements.	If a non-zero amount is reported in RPO-235B	Text
RPO-235C	Fees	Enter the portion of the total payments reported in RPO-235 that are fees (e.g., management fees, monitoring fees, transaction fees, consulting fees, etc.).	Yes	Integer
RPO-235CA	Fees in the Provider Organization's AFS	Enter the line item(s) in which the fees reported in RPO-235C are reported in the Provider Organization's audited financial statements.	If a non-zero amount is reported in RPO-235C	Text

Number	Name	Instructions	Required	Format
RPO-235D	Rent and/or Realty Payments	Enter the portion of the total payments reported in RPO-235 that are rent and/or realty payments.	Yes	Integer
RPO-235DA	Rent and/or Realty Payments in the Provider Organization's AFS	Enter the line item(s) in which the rent and/or realty payments reported in RPO-235D are reported in the Provider Organization's audited financial statements.	If a non-zero amount is reported in RPO-235D	Text
RPO-235E	Other Payments or Fees	Enter the portion of total payments reported in RPO-235 that are not otherwise categorized as loan/debt payments, Distributions, fees, or rent/realty payments.	Yes	Integer
RPO-235EA	Other Payments or Fees in the Provider Organization's AFS	Enter the line item(s) in which the payments or fees reported in RPO-235E are reported in the Provider Organization's audited financial statements.	If a non-zero amount is reported in RPO-235E	Text
RPO-236	MSO Services	Select all services provided by the Provider Organization's corporately affiliated MSO(s) to any of the Provider Organization's reportable corporate affiliates under the terms of the management services agreement(s). ☐ Revenue Cycle Management (e.g., billing and collection, coding, claims submission, etc.) ☐ Human Resources (e.g., payroll, benefits) ☐ Purchasing ☐ Patient Scheduling ☐ Payer Contracting ☐ Network Development (e.g., ACO network, Integrated Delivery Network development) ☐ Other; Describe	Yes	Checkbox, Multiple Answer, Text

Number	Name	Instructions	Required	Format
RPO-237	Agreements and Authorities	Select each agreement or authority that exists between any of the Provider Organization's reportable corporate affiliates that is a direct provider of patient care services ("provider") and another Entity (e.g., a corporately affiliated MSO, Category I SEI). ☐ Continuity agreements (e.g., restricted stock transfer agreements) with a member of the provider's executive leadership. ☐ Non-compete agreements for the staff of the provider. ☐ Authority of another Entity to appoint one or more members of the governing board(s) of the provider(s). ☐ Authority of another Entity to direct or approve the budget of the provider(s). ☐ Authority of another Entity to direct or approve the strategic plan of the provider(s). ☐ Authority of another Entity to direct or approve the assumption of new debt or loans for the provider(s). ☐ Authority of another Entity to direct or approve new expenditures or investments for the provider(s). ☐ Authority of another Entity to direct or approve the sale of property, plant, or equipment of the provider(s). ☐ Authority of another Entity to direct or approve the sale, merger, or other change-of control transaction involving the provider(s) or any of its corporate affiliates. ☐ Authority of another Entity to direct the hiring or firing of the clinical staff of the provider(s). ☐ Authority of another Entity to direct the hiring or firing of the non-clinical staff of the provider(s). ☐ Authority of another Entity to direct or approve the reduction, elimination, or addition of clinical service lines of the provider(s). ☐ None of the above	Yes	Checkbox, Multiple Answer

Number	Name	Instructions	Required	Format
RPO-238	Recent Activities	Select each activity that occurred at any of the Provider Organization's reportable corporate affiliates over the course of the Provider Organization's most recent fiscal year. ☐ The FTE count of clinical staff of any reportable corporate affiliate decreased by more than 10% from the beginning to the end of the most recent fiscal year. ☐ The FTE count of non-clinical staff of any reportable corporate affiliate decreased by more than 10% from the beginning to the end of the most recent fiscal year. ☐ A reportable corporate affiliate sold real property. ☐ A reportable corporate affiliate declared bankruptcy. ☐ A reportable corporate affiliate received a notice of default or covenant violation under any loan agreement, line of credit, lease, sale-leaseback arrangement, or any other agreement that creates a repayment or performance obligation. ☐ A reportable corporate affiliate reduced or eliminated clinical services. ☐ None of the above	Yes	Checkbox, Multiple Answer

Notes to the Significant Equity Investor and Private Equity File

RPO-212: Corporate Affiliate Name

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In RPO-212, the Provider Organization identifies which of its corporate affiliates has a relationship with an SEI. This question allows the Provider Organization to differentiate between an investment in the entire Provider Organization, and an investment made in only a part of the Provider Organization's business (e.g., a joint venture). The SEI relationship should be reported at the uppermost corporate level to which the investment applies.

SEI Relationships That Pertain to the Entire Provider Organization: If an SEI invests in an entire Provider Organization, the Provider Organization will report the relationship as occurring between the SEI and the Uppermost Corporate Parent. The Provider Organization will list its Uppermost Corporate Parent in RPO-212. The Provider Organization will list the SEI in RPO-214. If multiple SEIs are investing in the Provider Organization, report each on a separate row, repeating the name of the Uppermost Corporate Parent in RPO-212.

SEI Relationships That Pertain to Part of the Provider Organization: If an SEI invests in only part of the Provider Organization, the Provider Organization will report the corporate affiliate in which the SEI invests in RPO-212. The Provider Organization will list the SEI in RPO-214. If multiple SEIs are investing in the same corporate affiliate, report each on a separate row, repeating the name of the corporate affiliate in RPO-212. If the same SEI has multiple, separate investments in two or more corporate affiliates within the same Provider Organization (e.g., multiple, separate joint venture investments), the Provider Organization will report each corporate affiliate in which the SEI invests on a separate row in RPO-212, repeating the name of the SEI in RPO-214.

L. Attachments

Provider Organizations will use the File Attachments tab to upload certain files identified in the table below. Please include the name of the MA-RPO file (e.g., Physician Roster File) and the name of the corporate affiliate or Corporately Affiliated Contracting Entity (e.g., Example Medical Group) in the file attachment name.

Name	Instructions	Required	Format
Physician Roster File(s)	Upload completed Physician Roster files for each Corporately Affiliated Contracting Entity. See Section F: Physician Roster File for additional information. The Physician Roster file template is available on the program website.	Yes, unless the Provider Organization does not establish contracts on behalf of physicians or the Provider Organization is approved for an Abbreviated Filing.	MA-RPO Issued Microsoft Excel
Advanced Practice Provider and Behavioral Health Clinician Roster File(s)	Upload a completed Advanced Practice Provider and Behavioral Health Clinician Roster file. See Section G: Advanced Practice Provider and Behavioral Health Clinician Roster File. The Advanced Practice Provider and Behavioral Health Clinician Roster file template is available on the program website.	Yes, unless the Provider Organization does not employ APPs or behavioral health clinicians.	MA-RPO Issued Microsoft Excel
Financial Statements File(s)	Upload completed Financial Statements files for the Provider Organization and each corporate affiliate that is a physician practice. See Section I: Financial Statements File for additional information. The Financial Statements template is available on the program website.	Yes, unless available from CHIA.	MA-RPO Issued Microsoft Excel
Audited Financial Statements	Upload the Audited Financial Statements for the Provider Organization and each corporate affiliate that is a physician practice. Internal financial statements must be submitted if the Entity does not prepare Audited Financial Statements in the regular course of its business.	Yes, unless available from CHIA, DOI, or AGO.	PDF
Payer Mix File(s)	Upload completed Payer Mix file(s) for each corporate affiliate that is a physician practice. See Section J: Payer Mix File for additional information. The Payer Mix template is available on the program website.	Yes, unless the Provider Organization does not have any corporate affiliates that are a physician practice.	MA-RPO Issued Microsoft Excel
Significant Equity Investor and Private Equity File	Upload a completed Significant Equity Investor and Private Equity file. See Section K: Significant Equity Investor and Private Equity File. The Significant Equity Investor and Private Equity template is available on the program website.	Yes, unless the Provider Organization does not have any reportable relationships with Significant Equity Investors.	MA-RPO Issued Microsoft Excel
Corporate Organizational Chart	Upload a corporate organizational chart. (See Note Corporate Organizational Chart on page 95)	Yes	PDF

Name	Instructions	Required	Format
Affidavit of Truthfulness and Proper Submission	Upload a completed version of the MA-RPO-issued Affidavit of Truthfulness and Proper Submission form, signed by two duly authorized representatives of the Provider Organization. The Provider Organization cannot use the same Affidavit of Truthfulness and Proper Submission that it submitted in 2025 to complete this requirement. A new affidavit must be signed and uploaded.	Yes	PDF
Qualitative Description of Out-of-State Entities	Upload a brief qualitative description of out-of-state Facilities and physicians. (See Note Qualitative Description of Out-of-State Entities on page 96)	Yes, unless the Provider Organization does not have any out-of-state Facilities or physicians.	PDF

Notes to the Attachments

Corporate Organizational Chart

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The Provider Organization must submit a full corporate organizational chart. The corporate organizational chart must adhere to the following guidelines:

1. The organizational chart must be updated to be accurate as of January 1, 2026.

2. The organizational chart must show all Entities (clinical or non-clinical) that are owned (wholly or partially) or Controlled by the Provider Organization.

3. The organizational chart must depict the Provider Organization's parent company(ies), if any. For example, a wholly-owned physician organization will not depict a parent company; a large for-profit health care system with a corporate holding company as a parent will depict that Entity.

4. The organizational chart must depict the Provider Organization's Significant Equity Investors reported in RPO-214, management companies reported in RPO-215A, general partners reported in RPO-215C, and the percent interest that each Significant Equity Investor has in the Provider Organization or one of the Provider Organization's corporate affiliates.

5. Each Entity must be depicted separately from each other Entity such that its relationship to other corporate Entities can be clearly understood.

6. If an organization is unable to fully depict its affiliates on a single chart, separate charts may be submitted, provided that the relationship between all Entities is clear.

7. The organizational chart must depict the level of ownership or Control of each subsidiary if the level is less than 100%. For example, where an Entity has partial ownership or Control in a joint venture (clinical or non-clinical), the percent ownership/Control must be indicated.

8. The organizational chart must distinguish between clinical and non-clinical Entities. For example, clinical and non-clinical Entities may be differentiated using a separate color or shape.

9. The organizational chart must include a key or legend.

10. The organizational chart may be produced in any software (e.g., PowerPoint, Word, Visio), but must be submitted as a .PDF file.

Qualitative Description of Out-of-State Entities

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Provider Organizations must submit a brief qualitative description of out-of-state licensed facilities and physicians. For licensed facilities and physician groups located in New England and New York, the qualitative description must include, at a minimum, the name and location of each of these entities and, for physician groups, the number of physicians in the practice. The description must also include the total number of licensed facilities and physicians located outside of New England and New York.

Provider Organizations with out-of-state entities might provide the following information, for example:

Example Health System owns the following entities in New England and New York:

- *Hospital A – General Acute Care Hospital – Manchester, New Hampshire*
- *Hospital B – Psychiatric Hospital – Portland, Maine*
- *Physician Group C – 100-physician multi-specialty practice – Albany, New York*

Example Hospital System also owns 20 acute hospitals and 10 rehabilitation hospitals located in Arizona, Colorado, and Texas, and establishes contracts on behalf of approximately 1,000 physicians outside of New England and New York.