

RP Multiplier Summary Sheet



2023 Data Collection

Please fill out the following form and submit it when submitting the RP file. The form can be emailed to Shalome.Sine@chiamass.gov.

Name:

Organization:

Date:

Which RP file is being submitted?

Hospital _____

Physician Group _____

Other Provider _____

How were the multipliers derived?

Provider Contracts _____

Imputed from Claims Data _____

Other _____

Comments: Please describe how the multipliers were imputed if derived from claims data and any other relevant information.