

# RP Multiplier Summary Sheet



## 2025 Data Collection

Please fill out the following form and submit it when submitting the RP file. The form can be emailed to [Eric.Yang@chiamass.gov](mailto:Eric.Yang@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.