

# RP Multiplier Summary Sheet



2022 Data Collection

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