

P4P Appeals Process

Purpose

All involved in producing P4P results strive to achieve 100 percent accuracy of the final results. However in the previous two years there have been a few instances where Physician Organizations, even after participating in a validation stage, have disagreed with data in their final reports and appealed for changes in their results. The process outlined below is proposed as a formal process to guide the resolution of such appeals.

Content of Appeals

This process applies to:

- Clinical results
- Patient Experience results
- IT Adoption results
- Physician Incentive Bonus results

It does *not* apply to health plan payment methodology or amount.

Procedure

1. Notification of appeal rights and instructions on how to submit an appeal distributed to physician organizations and health plans with final performance results.
2. Physician organization/health plan submits an appeal to IHA any time after the validation process, but no later than five (5) business days after receiving their final results.
3. IHA sends e-mail of acknowledgement to physician organization/health plan within one business day and determines whether it requires Appeals Review Panel involvement within two (2) business days of receipt.
4. After IHA determination, appropriate appeals are forwarded to the Appeals Review Panel for review and final resolution within five (5) business days. Panel reviews:
 - a. Appeal request form
 - b. Supporting documentation
 - c. Summary from the P4P Data Aggregator describing source and reason for possible error, scope of change requested and recommendation for resolution
5. IHA works with the appropriate entities to appropriately address and resolve all other appeals within five (5) business days.
6. IHA communicates final findings to the physician organization/health plan within one (1) business day of determination.
7. NCQA makes any required correction to the data and resends it to the affected physician organization and health plans within two (2) business days of the determination.
8. Appeals Review Panel to make recommendations to P4P Steering Committee on process improvements for future years, particularly related to communicating with and seeking additional input from other stakeholders as needed.

Handling of Specific Appeal Types

Appeals that P4P staff can reject:

- Missed deadlines by PO or PO's auditor

Appeals that P4P staff can approve and resolve:

- Health Plan calculation/data submission error
- Auditor error
- Data aggregation error

Appeals Review Panel

Health plans: Mike Belman, Blue Cross
Dave Meyer, Blue Shield

Physician groups: Dan Bluestone, Sante
Dan Temianka, Healthcare Partners

At-large: Linda Sawyer, Lumetra

2006 Timeline

