Value Based P4P Quality Results Questions and Appeals Process

Measurement Year 2015

**Purpose**

IHA is committed to providing physician organizations (PO) and health plans an opportunity to review their preliminary Value Based Pay for Performance (VB-P4P) quality results and submit questions and/or requests for changes if they believe any of their results are in error. A three-week review and question period is standard for each set of VB-P4P results: Quality, Appropriate Resource Use and Total Cost of Care. This document refers specifically to the Measurement Year (MY) 2015 VB-P4P Quality results, which includes Clinical, Meaningful Use of Health IT, and Patient Experience results.

PO Quality Preliminary Reports are released on May 25, 2016, and the final date to submit a request for additional information and/or an appeal/request for changes is **5 PM PDT on June 15, 2016**. Throughout this period, VB-P4P staff will work with health plans, CHPI, NCQA and auditors to answer POs’ questions about results provided in these reports.

To submit requests for additional information or corrections/changes, please complete the **Quality Results Questions and Appeals Form** and send to **p4p@ncqa.org**, beginning with “Appeals:” in the subject line.

POs may submit a question and/or appeal at any time during the Quality Results Appeals/Changes Period, but are strongly encouraged to do so during the first week of the period to allow time for IHA, CHPI, NCQA, health plans and other vendors to research the question. The burden of proof is the PO’s responsibility; insufficient time to research questions asked late in the Appeals/Changes Period may result in an appeal being denied, due to insufficient evidence.

**PO Requests for Additional Information and VB-P4P Quality Results Appeals/Changes Period - MY 2015**

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Health plans and self-reporting POs submit auditor-locked clinical results to IHA via TransUnion HealthCare</td>
<td>May 9, 2016</td>
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<tr>
<td>PO Quality preliminary reports released to POs</td>
<td>May 25, 2016</td>
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<tr>
<td>POs review their Quality results and submit Request for Quality Results Questions and Appeals Form to <a href="mailto:p4p@ncqa.org">p4p@ncqa.org</a> (note: begin with “Appeals:” in the subject line). VB-P4P staff will work with health plans and applicable vendors to research and respond to PO questions.</td>
<td>May 25 – June 15, 2016</td>
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<tr>
<td>Quality Appeals hearing</td>
<td>June 22, 2016</td>
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<tr>
<td>Quality Appeals decisions communicated to POs</td>
<td>June 23, 2016</td>
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<tr>
<td>Resubmission of Auditor-locked VB-P4P Quality results (if needed)</td>
<td>June 29, 2016</td>
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<tr>
<td>Final Quality results released to health plans and POs</td>
<td>July 6, 2016</td>
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Procedure

1. PO Quality Preliminary Reports are released to POs on May 25th, 2016 along with instructions for submitting questions or requests for changes.

2. POs submit Request for Quality Results Questions and Appeals Form to p4p@ncqa.org no later than twenty-one (21) days after receiving results (i.e., by June 15th, 2016, 5:00 pm PDT). The request form can be used to submit:
   a. **General Inquiries**: If you are submitting a general inquiry to get more clarity about any aspect of your reports, select “Request for Additional Information” in the "Type of Inquiry" column. Staff will respond to these requests to help you better understand your PO’s performance results.
   b. **Appeals**: If you believe there was an error in how a rate was calculated, then select “Appeal/Request for Change to Rate” and provide sufficient documentation/evidence to substantiate the error.

3. If a PO does not submit a completed Quality Results Questions and Appeals Form and email it to p4p@ncqa.org by June 15, 2016, 5:00 pm PT, we conclude that you reviewed your reports and determined your data are issue-free.

4. Requests for appeals/changes to results must be accompanied by documentation or other evidence substantiating the error. The burden of proof is the PO’s responsibility.

5. VBP4P staff will acknowledge receipt of Request for Additional Information and VBP4P Quality Results Appeals Form within one (1) business day.

6. Requests for changes/appeals are forwarded to the Appeals Review Panel for review and final decision within five (5) business days from the end of the Changes/Appeals Period. The panel reviews:
   a. A blinded version of the PO’s Quality Results Questions and Appeals Form
   b. Any supporting documentation
   c. A summary from VBP4P staff describing (i) the source and reason for the possible error, (ii) the scope of the change requested, and (iii) its recommendation for resolution.

7. IHA communicates the panel’s final findings to the PO within one (1) business day of determination.

8. IHA works with the appropriate entities to address and resolve outstanding appeals within five (5) business days, including data resubmission as needed.

9. IHA re-runs and publishes final results, as needed, to health plans and POs by July 6, 2016.

Handling of Specific Types of Requests

- VBP4P staff can reject requests related to missed deadlines by the PO, including those caused by its auditor or vendor.
- VBP4P staff can approve and resolve requests related to:
  - health plan calculation/data submission error(s)
  - auditor error(s)
  - data aggregation error(s)
- Questions or issues with a health plan’s payment methodology or amount should be addressed with the health plan.

MY 2015 Appeals Panel

The Appeals Review Panel will consist of representatives from three participating health plans, three physician organizations, and one at-large member.