

MY 2018 Align. Measure. Perform. (AMP) Commercial HMO and Medicare Advantage Quality Results Questions and Appeals *Health Plan Roles and Responsibilities*

Below is a list of important dates to note and some information about roles and expectations for the upcoming appeals process. Additional information regarding the appeals process will be emailed to you in the coming weeks and will also be posted on the [IHA website](#).

Timeline: MY 2018 AMP Commercial HMO and Medicare Advantage Quality Results Questions & Appeals Period

Deadline	Date
AMP Commercial HMO & Medicare Advantage Preliminary Reports Released to Participants.	May 24, 2019
Questions and Appeals Submission Period: Participants review their Quality results; participants submit questions and appeals to appeals@iha.org using the MY 2018 AMP Commercial HMO and Medicare Advantage Quality Results Questions and Appeals Submission Form .	May 24–June 14, 2019
Quality Appeals Hearing: Any information gathered during the Questions and Appeals period will be presented to the Appeals Panel, who will determine if an appeal is upheld and results need to be re-run.	June 28, 2019
Quality Appeals Decision Communicated to Participants.	July 2, 2019
Resubmission of Auditor-Locked AMP Quality Results (if needed).	July 12, 2019
Final AMP Commercial HMO and Medicare Advantage Quality Reports Released to Participants.	August 12, 2019

Types of questions your plan may receive:

- Confirming specific PO results. For example, confirm and compare member level numerator hits for a given measure or identify any data source issues that may have impacted a given measure.
- Confirming receipt of supplemental data and use (Lab data, immunizations, CPT II codes).
- Confirming encounter and enrollment data.

Health plan expectations:

- Work with NCQA to review and respond to PO inquiries and appeals within 3 business days. Additional back and forth and further investigation may be needed, depending on the issue raised by the PO.
- Make internal resources available to review AMP data and reports as needed, including member level reports.
- Communicate with POs directly to answer questions and share PHI as needed.
- Anticipate any potential data corrections and plan accordingly (data pulls and auditor review).

NCQA/AMP staff expectations:

- Gather as much background information and supporting evidence from the PO as possible.
- Investigate any data issues identified during submission.
- Provide inquiries to plans within 3 business days of receipt.
- Schedule calls with the PO and health plan as needed.
- Draft an issue summary and present to the AMP Appeals Panel on June 28.

Reminders:

- Your plan may receive multiple questions from multiple POs. AMP staff will consolidate inquiries when possible, and provide as much current information from the PO as possible.
- During this time IHA and NCQA may ask to schedule meetings to review cases with the health plan (and PO) as needed.