

MY 2018 Align. Measure. Perform. (AMP) Questions and Appeals Period Submission Guide

Purpose: Questions & Appeals Period

There is a standard 15 business day review and question period for all releases of Align. Measure. Perform. (AMP) program results. This document refers specifically to measurement year (MY) 2018 AMP Onpoint-generated results which include Appropriate Resource Use, Total Cost of Care, and opioid results for AMP Commercial HMO, Medicare Advantage, and Medi-Cal Managed Care programs. This release also includes results for the clinical quality measures in AMP Medi-Cal Managed Care.

Following the release of preliminary quality results, provider organization (PO) and health plan participants have the opportunity to review their preliminary results. Upon review, participants may submit questions and requests for appeals if they believe results are in error (with the exception of self-reported PO results).

Preliminary MY 2018 AMP results will be released on Monday, August 26, 2019, and the final date to submit questions or requests for appeals is **5 p.m. PST on Monday, September 16, 2019**. Throughout this period, AMP staff will work with health plan and PO participants, Onpoint Health Data, NCQA and other partners to answer submitted questions and investigate requests for appeal.

Participants may submit a question or a request for an appeal any time during the Questions & Appeals Period but are strongly encouraged to do so **during the first week** of the period to allow sufficient time for IHA staff and partners to research and resolve incoming questions or appeals.

POs and health plans requesting an appeal must provide evidence supporting their appeal; late appeal requests will not be accepted.

Timeline: MY 2018 Onpoint-Generated Results Questions & Appeals Period

Deadline	Date
Onpoint-Generated Reports Released to Participants. <ul style="list-style-type: none"> ● <i>AMP Commercial HMO: Resource use, cost and opioid measures</i> ● <i>AMP Medicare Advantage: Resource use, cost, statin and opioid measures</i> ● <i>AMP Medi-Cal Managed Care: Quality, resource use and cost</i> 	Aug 26, 2019
Questions and Appeals Submission Period: Participants review their Onpoint-generated results; participants submit questions and appeals via email to appeals@iha.org .	Aug 26– Sept 16, 2019
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.	Sept 23, 2019
Appeals Decision Communicated to Participants.	Sept 25, 2019
Resubmission of Files to Onpoint (if needed).	Oct 4, 2019
Final Reports Released to Participants.	Oct 14, 2019

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Specific Types of Requests

AMP staff can accept and resolve requests related to:

- Health plan data submission errors
- Data aggregation errors
- Questions regarding methodology

AMP staff cannot accept requests related to missed deadlines by the PO, including those caused by its encounter intermediary or auditor; nor requests to resubmit isolated encounter data transmission issues. POs are able to submit encounter data questions during the Quality Questions and Appeals period, but POs are ultimately responsible for ensuring successful encounter data transmission to their contracted health plans throughout the year.

MY 2018 Appeals Panel

The Appeals Panel is composed of representatives from three participating health plans, three participating POs and one at-large member.

How to Submit a Question or Appeal

All questions and appeals must be submitted to IHA via email at appeals@iha.org no later than 5 p.m. PST on Monday September 16, 2019. In the email text, please include the following information:

- Your organization's name and Physician Organization ID (PO ID)
- The specific rates in question (include which product, measure, and rate)
- Any rationale and documentation you have to support that the result reflects an error and does not reflect actual experience.
- *When Submitting a Question:* Indicate **Question** in the email subject line. Note that a question may be resolved or elevated to an appeal before September 16, 2019, if the PO feels that there is an error in the calculation of a rate.
- *When Submitting an Appeal:* If you think there is an error in the calculation of a rate, indicate **Appeal** in the email subject line and include your organization's name and PO ID.

When documenting your questions and appeals, please anticipate the following staff questions:

- Is the result consistent with your organization's performance for other years?
- Is it consistent with your organization's performance for other health plans?
- Is the result in question based on very small membership, which may yield unstable results year-to-year?
- Did the size or risk of your contracted population with the health plan change substantially?

Other Reminders

1. If participants do not submit any questions or requests for appeal by the September 16 deadline, IHA will conclude that your organization has reviewed your preliminary results and determine your results to be issue-free.

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2. Requests for appeals to results must be accompanied by documentation or other evidence substantiating the error. The burden of proof is the PO's responsibility.
3. AMP staff will acknowledge receipt of emailed questions and requests for appeals within one business day. You may be asked to provide additional information and/or meet with AMP staff to discuss your inquiry further.
4. Requests for appeals are forwarded to the Appeals Panel for review and final decision. The panel reviews:
 - a. A blinded summary of the PO or health plan's question or request for appeal.
 - b. Any supporting documentation provided by the affected PO and/or health plan.
 - c. Any responses or findings from health plans, IHA's data aggregator, NCQA, or other vendors (as appropriate).
 - d. A summary from AMP staff describing (i) the source and reason for the possible error, (ii) the scope of the change requested, and (iii) its recommendation for resolution.
5. IHA communicates the Appeals Panel's final findings to the PO or health plan within two business days of determination.
6. IHA works with the appropriate entities to address and resolve outstanding appeals within ten business days, including data resubmission as needed. If a resubmission and re-run of results is required, health plans must resubmit data to Onpoint by Friday October 4, 2019. Please note that resubmissions resulting from the appeals period may impact the date for final release of results.
7. IHA re-runs results, as needed, and releases final results to participants by October 14, 2019 pending no resubmissions from health plans.

Remember: early requests allow for ample investigation of your question. Review your preliminary results and send any questions to IHA as soon as possible.

Do not send IHA any protected health information (PHI).