

MY 2018 Align. Measure. Perform. (AMP)

Questions and Appeals Period *Health Plan Roles and Responsibilities*

There is a standard 15 business day review and question period for each set of Align. Measure. Perform. (AMP) program results: Quality, Appropriate Resource Use and Total Cost of Care. Following the release of preliminary reports, physician organization (PO) and health plan participants have the opportunity to review their preliminary AMP results and submit questions or requests for appeals if they believe results are in error (with the exception of self-reported PO results).

The AMP program features two main result releases every year. In the Spring, the AMP program releases results generated from the audited health plan and PO clinical submission to TransUnion HealthCare, as well as Patient Experience data from the Patient Assessment Survey. In late Summer, the AMP program releases results generated by IHA's data aggregator, Onpoint Health Data, using the member-level data (e.g. claims and encounters) submitted to Onpoint.

Below is a list of important dates to note and some information about roles and expectations for the upcoming appeals process regarding results generated by Onpoint. Additional information regarding how to submit questions or requests for appeals will be posted on the [IHA website](#).

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

Deadline	Date
Onpoint-Generated Reports Released to Participants. <ul style="list-style-type: none"> ● AMP Commercial HMO: Resource use, cost and opioid measures ● AMP Medicare Advantage: Resource use, cost, statin and opioid measures ● AMP Medi-Cal Managed Care: Quality, resource use and cost 	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

Types of questions your health 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 receipt of encounter data.
- Confirming enrollment data.

Health plan expectations:

- Work with AMP staff, IHA's data aggregator Onpoint Health Data, NCQA, or other partners (as appropriate) to review and respond to PO inquiries and appeals within 3 business days. Additional investigation may be needed, depending on the issue raised by the PO.
- Make internal resources available to review AMP data and reports as needed.
- Communicate with POs directly to answer questions and share PHI as needed.
- Resubmit data on timeline identified in the AMP Program Manual in response to identified issues or upheld appeals for correction.

AMP staff expectations:

- Gather as much background information and supporting evidence from the PO and/or health plan as possible.
- Investigate any data issues identified during submission.
- Provide inquiries to health 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.
- Notify health plans if a resubmission of data is required as the result of an upheld appeal.

Reminders:

- Health plans 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 the Questions and Appeals period, IHA may ask to schedule meetings to review cases with the health plan (and PO) as needed.
- NCQA may contact health plans and POs during the Questions and Appeals period to investigate questions and requests for appeals.