

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

How to Use this Guide

It is an AMP program priority that all results used for accountability (e.g., public reporting, health plan incentives, awards) are subject to participant review. After release of preliminary AMP reports, physician organizations (POs) and health plan participants can review and submit questions about the reports or appeals to correct erroneous results. This guide provides information about this “Questions & Appeals Period”, including how to submit questions and appeals.

Background

Throughout this period, AMP staff will work with health plans, PBGH, NCQA and auditors to answer questions about your reports. Participants may submit questions or appeals at any time during the Questions & Appeals Period, which is open from **May 29, 2020 until 5 p.m. PST on June 26, 2020.**

During this Questions and Appeals period, POs and health plan participants can review and submit questions or appeals on two different reports:

- MY 2019 AMP Preliminary AMP Commercial HMO and Medicare Advantage Quality Reports
- **Updated** MY 2018 AMP Commercial HMO Appropriate Resource Use and Total Cost of Care Reports¹

Appeals often require significant follow up, so please submit as early as you can to allow time for IHA, PBGH, NCQA, health plans and other vendors to research your questions! **Late appeal requests will not be accepted.**

Timeline

Activity	Date
Preliminary MY 2019 & Updated MY 2018 AMP Reports Released to Participants	May 29, 2020
Questions and Appeals Submission Period: Participants review their results and submit questions and appeals to appeals@iha.org using the appropriate Submission Form.	May 29–June 26, 2020
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 if further action is needed.	July 7, 2020
Appeals Decisions Communicated to Participants	July 9, 2020
Resubmission of Auditor-Locked AMP Results (if needed)	July 28, 2020
Final AMP Commercial HMO and Medicare Advantage Reports Released to Participants	August 14, 2020

¹ Only physician organizations contracted with Health Net, Sharp, and/or Western Health Advantage in 2018 will have a chance to submit an appeal for their MY 2018 Commercial HMO ARU, Cost, and Behavioral Health & Substance Use (COB & UOD) results during this Questions & Appeals period. All other participant results have been finalized as part of MY 2018 Reports Release on October 21, 2019. Impacted POs were notified via email with additional information. [Learn more here.](#)

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Types of Questions & Appeals

AMP staff can accept and resolve requests related to:

- Health plan calculation/data submission errors
- Auditor errors
- Data aggregation errors
- Questions regarding AMP methodologies

AMP staff cannot accept requests related to:

- Missed data submission deadlines by the PO, including those caused by its auditor or encounter intermediary
- Resubmission of isolated encounter data transmission issues, as POs are responsible for ensuring successful encounter data transmission to their contracted health plans throughout the year
- Correction of self-reported data submitted by the PO (e.g., results submitted to TransUnion by your PO)

How to Submit a Question or Appeal

All questions and appeals must be submitted via email to appeals@iha.org no later than 5 p.m. PST on June 26, 2020.

Each question and appeal must include the appropriate submission form. Two forms will be accepted:

- MY 2019 AMP Commercial HMO and Medicare Advantage Quality Reports Submission Form
- Updated MY 2018 AMP Commercial HMO Appropriate Resource Use and Total Cost of Care Reports Submission Form

A sample submission form is included in the *Appendix* of this submission guide.

- *Submitting a Question:* To submit a general inquiry about results, indicate Question in the submission form. A question may be resolved or elevated to an appeal, if the PO feels that there is an error in the calculation of a rate.
- *Submitting an Appeal:* If you think there is an error in the calculation of a rate, indicate Appeal in the submission form and provide all available documentation or evidence to substantiate the request for appeal. If you are not certain that there is a rate calculation error, it is best to start the inquiry as a question, which can later be elevated to an appeal if needed.

When submitting questions or appeals, POs must complete a separate Questions and Appeals Submission Form for each health plan. PLEASE DO NOT INCLUDE INQUIRIES FOR MULTIPLE HEALTH PLANS ON ONE FORM.

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Appeals Panel

The Appeals Panel reviews all appeals and recommends the best response. The Appeals Panel includes representatives from three participating health plans, three participating POs and one at-large member. IHA values privacy and fairness in this process; as such, all appeals reviewed by the Appeals Panel are blinded and, in the event that a member of the Appeals Panel represents an organization submitting the appeal, that panel member's vote will be counted as "abstain" by IHA.

Other Reminders

1. If participants do not submit any questions or requests for appeal by the June 26 deadline, IHA will conclude that your organization has reviewed your reports and determined your data to be issue-free.
2. Requests for appeals must be accompanied by documentation or other evidence substantiating the error. The burden of proof is the submitter's responsibility.
3. AMP staff will acknowledge receipt of questions and appeals within one business day. You may be asked to provide additional information and/or meet with IHA and/or NCQA staff to discuss your inquiry further. Please note that further correspondence may come from NCQA staff at amp@ncqa.org.
4. Unresolved requests for appeals are forwarded to the Appeals Panel for review and final decision on July 7, 2020. The panel reviews:
 - a. A summary from AMP staff describing the appeal, including: (i) the source and reason for the possible error, (ii) the scope of the change requested, and (iii) recommendations for resolution.
 - b. Any supporting documentation provided by the affected PO and/or health plan.
5. IHA communicates the Appeals Panel's final findings to the submitter within two business days of the appeals hearing.
6. IHA works with the appropriate entities to address and resolve outstanding appeals, including data resubmission as needed.
7. IHA reruns results, as needed, and releases final quality results to participants by August 14, 2020.

Remember: early requests help us investigate 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).