
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) 2019 AMP Onpoint-generated results which include appropriate resource use, total cost of care, behavioral health and substance use results for AMP Commercial HMO, Medicare Advantage, Commercial ACO and Medi-Cal Managed Care programs. This release also includes results for the clinical quality measures in AMP Commercial ACO and AMP Medi-Cal Managed Care.

Following the release of preliminary quality results, physician 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 (except for self-reported PO results).

Preliminary MY 2019 AMP results will be released on Wednesday, August 19, 2020, and the final date to submit questions or requests for appeals is 5 p.m. PST on Wednesday, September 9, 2020. 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 AMP 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 2019 Onpoint-Generated Results Questions & Appeals Period

<table>
<thead>
<tr>
<th>Deadline</th>
<th>Date</th>
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<tbody>
<tr>
<td>Onpoint-Generated Results Released to Participants.</td>
<td>Aug 19, 2020</td>
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<tr>
<td>AMP Commercial HMO: Resource use, cost, encounter, behavioral health and substance use measures</td>
<td>Aug 19, 2020</td>
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<tr>
<td>AMP Medicare Advantage: Resource use, cost, statin, encounter, behavioral health and substance use measures</td>
<td>Aug 19, 2020</td>
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<tr>
<td>AMP Commercial ACO*: Quality, resource use, encounter and cost measures</td>
<td>Aug 19, 2020</td>
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<tr>
<td>AMP Medi-Cal Managed Care*: Quality, resource use, encounter and cost measures</td>
<td>Aug 19, 2020</td>
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<tr>
<td>Questions and Appeals Submission Period: Participants review their Onpoint-generated results; participants submit questions and appeals via email to <a href="mailto:appeals@iha.org">appeals@iha.org</a>.</td>
<td>Aug 19 – Sept 9, 2020</td>
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<tr>
<td>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.</td>
<td>Sept 18, 2020</td>
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<tr>
<td>Appeals Decision Communicated to Participants.</td>
<td>Sept 22, 2020</td>
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<tr>
<td>Final Results Released to Participants.</td>
<td>Oct 16, 2020</td>
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*AMP Commercial ACO results and Medi-Cal Managed Care quality results are open to questions only.
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. AMP Commercial HMO and AMP Medicare Advantage POs are able to submit encounter data questions during the spring Audited Clinical 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 2019 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 Wednesday September 9, 2020. 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 9, 2020, 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 AMP 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?
- Did your organization review the results on the Onpoint Member-Level Detail Portal?

Other Reminders

1. If participants do not submit any questions or requests for appeal by the September 9 deadline, IHA will conclude that your organization has reviewed your preliminary results and determine your results to be issue-free.

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 aggregators, 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, including data resubmission as needed. If a resubmission and re-run of results is required, IHA will work with the health plan(s) and Onpoint to refresh the data. 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 16, 2020 pending no resubmissions from health plan(s).

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).