MY 2021 AMP Questions and Appeals Roles and Responsibilities

Below is a list of important dates to note and information about roles and expectations for the upcoming Questions and Appeals process. IHA will provide additional information regarding the appeals process in the coming weeks and will post resources on www.iha.org.

Timeline

Activity	Date
AMP results released to participants: • *AMP Commercial HMO: Quality, patient experience, resource use, cost, encounter, behavioral health and substance use measures* • *AMP Medicare Advantage: Quality, resource use, cost, statin use, encounter, behavioral health and substance use measures* • AMP Commercial ACO: Quality, resource use, encounter, cost measures • *AMP Medi-Cal Managed Care: Quality, patient experience, resource use, encounter, cost measures* *Note: You can submit questions or appeals about MY 2020 Onpoint-generated results if you are also submitting questions or appeals about the same measure for your MY 2021 Onpoint-generated results. See Submission Guide for more information.*	August 31, 2022
Questions and appeals submission period: Participants review their results and submit questions and appeals to appeals@iha.org using the appropriate submission form. *Note: For questions on where to find or how to access results, please email amp@iha.org*	TransUnion: August 31 – September 16, 2022 Onpoint and PBGH: August 31 – September 30, 2022
Last day to resubmit for inclusion in November final release* **Unless otherwise communicated to your plan by IHA, TransUnion, and/or Onpoint*	• TransUnion: October 17, 2022 ◦ Health Plans must generate results to their auditor by October 7. TransUnion must receive auditor-locked resubmissions by October 17. • Onpoint: October 14, 2022 ◦ Files should be submitted by October 14 and must pass by October 21.
Investigation finalization: All communications and documentation related to questions and appeals must be finalized.	October 7, 2022

	• Note that September 30 is the last day to submit an appeal. IHA intends to complete all investigations by October 7.
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. *Note: We recognize this date falls after the health plan resubmission dates to TransUnion and Onpoint. The panel will determine whether the data vendors can/cannot include the recently resubmitted results in the final results.*	October 14, 2022
Appeals decisions communicated to participants	October 19, 2022
Final AMP results released to participants	End of November

Types of questions health plans 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 codes).
- Confirming encounter and enrollment data.

Health plan expectations

- During the Questions and Appeals period (August 31 – September 30) and the additional investigation period (October 3 – 7), work with IHA and AMP data vendors 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 results as needed, including member level data.
- Communicate with POs directly to answer questions and share PHI as needed.
- Anticipate any potential data corrections and plan accordingly (data pulls).
- Notify IHA staff about any office closure at any point during the Appeals process. Please provide this information when providing contact information for your health plan.
- Resubmit auditor-locked files to TransUnion by October 17 for inclusion in the November final release, unless otherwise communicated to your plan by IHA
- Resubmit Onpoint files by October 14 for inclusion in the November final release, unless otherwise communicated to your plan by IHA.
- The files must be submitted by October 14 and must pass by October 21.

Types of questions provider organizations may receive

- Confirming specific HP 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 distribution of supplemental data and use (lab data, immunizations, CPT codes) to HPs.
- Confirming encounter and enrollment data

Provider organization expectations

- Thoroughly review your preliminary measure results and submit inquiries to the AMP team.
- Work with IHA and AMP data vendors to support any additional investigation as needed.
- Make internal resources available to review AMP results as needed, including member level data.
- Communicate with HPs directly to answer questions and share PHI as needed.

IHA staff expectations

- Gather as much background information and supporting evidence from the PO as possible.
- Investigate any data issues identified by POs and plans during the Questions and Appeals period.
- 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 October 14.

Reminders

- Your plan may receive multiple questions from multiple POs. IHA staff will consolidate inquiries when possible and provide as much current information from the PO(s) as possible.
- During this time, IHA or AMP data vendors may ask to schedule meetings to review cases with the health plan (and PO) as needed.
- IHA cannot adjudicate any issues regarding contracts and payment.
- All communications and documentation related to questions and appeals must be finalized by October 7. This is important for the IHA team to prepare evidence and findings for the Appeals Hearing.