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

How to use this guide

It is an AMP program priority that all results for measures that are fully adopted in the AMP program are subject to participant review. After release of preliminary AMP results, provider organizations (POs) and health plan participants can review and submit questions or appeals to correct erroneous results. This guide provides information about this "questions and appeals period," including how to submit questions and appeals.

Background

Throughout this period, AMP staff will work with PBGH, Onpoint, TransUnion, health plans, provider organizations, and auditors to answer questions about your preliminary results. Participants may submit questions or appeals at any time during the questions and appeals period. The questions and appeals period for **TransUnion** submissions runs from **Aug. 31, 2022, until 5 p.m. PDT on Sept. 16, 2022.** The questions and appeals period for **PBGH and Onpoint** submissions runs from **Aug. 31, 2022, until 5 p.m. PDT on Sept. 30, 2022.**

During the questions and appeals period, POs and health plans can review and submit questions or appeals on ALL of the following results:

- MY 2021 AMP TransUnion, PBGH, and Onpoint-generated Preliminary Results
- MY 2020 Onpoint-generated AMP Results. Please note:
    - To support IHA's value-based incentive design, Onpoint generates the previous year's data (MY 2020) with the current year's (MY 2021) specifications to remove confounding variables when analyzing year-over-year performance. You can only 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.
    - There will be no changes to MY 2020 public recognition awards, public reporting, or health plan incentive payments.

Appeals often require significant follow-up, so please submit early to allow time for IHA, Onpoint, PBGH, health plans, and other vendors to research your questions! **Appeal requests submitted after the stated deadlines (5 p.m. PDT on Sept. 16, 2022 for TransUnion results, and Sept. 30 for PBGH and Onpoint results) won't be accepted.**

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.*	Aug. 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: Aug. 31 – Sept. 16, 2022 Onpoint and PBGH: Aug. 31 – Sept. 30, 2022
Resubmission 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.	Oct. 7, 2022 Note that September 30th is the last day to submit an appeal. IHA intends to complete all investigations by October 7th.
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.*	Oct. 14, 2022
Appeals decisions communicated to participants	Oct. 19, 2022
Final AMP results released to participants	End of November

Types of questions and appeals

AMP staff can accept and investigate requests related to:

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

AMP staff cannot accept requests related to:

- Issues related to contracts or payment
- MY 2020 appeals not related to a MY 2021 appeal

Please see our "Questions and Appeals Best Practices & Frequently Asked Questions" document for examples of prior year inquiries. This document shares tips on how to review your results, factors that the Appeals Panel considers, and examples of upheld or denied appeals.

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. PDT on Sept. 16, 2022 for TransUnion-generated results and Sept. 30 for PBGH and Onpoint-generated results.**

A blank submission form is available on the IHA website.

- **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 (e.g., table of year over year comparison) 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 in one form.

Appeals Panel

The Appeals Panel reviews all appeals and recommends the best response based on downstream use cases. This panel includes an equal number of representatives from both health plans and POs, and includes one at-large member. IHA values privacy and fairness in this process; as such, all appeals reviewed by the Appeals Panel are blinded and, if 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

- If participants do not submit any questions or requests for appeal by the **Sept. 16 for the TransUnion** deadline and **Sept. 30 for the PBGH and Onpoint** deadline, IHA will conclude that your organization has reviewed your results and determined your data to be issue-free.
- Requests for appeals must be accompanied by documentation or other evidence substantiating the error. The burden of proof is the submitter's responsibility.
- 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 data partners' staff to discuss your inquiry further.
- All communications and documentation related to questions and appeals must be finalized by **Oct. 7, 2022**. This is important for the IHA and Onpoint teams to prepare evidence and findings for the Appeals Hearing.
- Unresolved requests for appeals are forwarded to the Appeals Panel for review and final decision on **Oct. 14, 2022**. The panel reviews:
    - 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.
    - Any supporting documentation provided by the affected PO and/or health plan.
- IHA communicates the Appeals Panel's final findings to the submitter by **Oct. 19, 2022.**
- IHA works with the appropriate entities to address and resolve outstanding appeals, including data resubmission as needed.
- If resubmission is needed, the following deadlines will be followed:
    - TransUnion pipeline: health plan resubmissions must be sent to their auditor by October 7th. Health plans must then send the regenerated auditor-locked file to TransUnion by October 17th.
    - Onpoint pipeline: health plan resubmissions must be submitted by October 14 and pass by October 21.
- IHA data partners regenerate results, as needed, and IHA will release final results to participants by the end of November 2022.

Remember: early requests help us investigate your questions. Review your preliminary results and send any questions to IHA as soon as possible.

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