

## **Responses to Comments Received**

CMS received one comment on the December 6, 2013 notice on the extension request for the Appeals of Quality Bonus Payment Determinations.

### **Comment**

The Blue Cross and Blue Shield Association commented that CMS only offers plans 5 calendar days from receipt of their final ratings to request a technical report(s), and then after receipt of this report(s) only 7 calendar days to request a formal appeal. They also requested clarification for when the beginning of the request period begins.

### **CMS Response**

As stated in the April 15, 2011 Federal Register notice §422.260, “The MA organization requesting reconsideration of its QBP status must do so by providing written notice to CMS within 10 business days of the release of its QBP status.” Further, “The MA organization seeking an appeal of the reconsideration official’s decision regarding its QBP status must do so by providing written notice to CMS within 10 business days of the issuance of the reconsideration decision.” Thus, the time periods cited by the commenter are incorrect. Quality Bonus Payment ratings and the start of the appeals process are announced each year through an HPMS memo to Medicare Advantage Compliance Officers. Since for most organizations the Quality Bonus Payment rating is the Star Rating released in October of each year, organizations can prepare their reconsideration request well in advance of the beginning of the formal process.