

Request for Reconsideration

Note: The QBP administrative review process is a two-step process which includes: 1) a request for reconsideration, and 2) a request for an informal hearing after CMS has rendered its reconsideration decision. Both steps are conducted at the contract level. This first step affords an MA organization the opportunity to request a reconsideration of how its Star Rating, for the given measure in question, was calculated. This is not an opportunity for an MA organization to question how every measure was calculated. A request for reconsideration must be submitted by the date and time specified below in order to reserve the right to later request an informal hearing on the record.

Instructions: Use only the "Request for Reconsideration" form that can be found in HPMS. To download a copy of the form from HPMS, select Quality and Performance in the left navigation bar, then Part C Performance Metrics and then Quality Bonus Payment Rating. One form must be submitted for each contract for which reconsideration is requested. Each form may only be used for one contract. Complete the identifiable information including all contact information. **Please enable Macros in this form.** Mark an "X" next to the measure(s) that the MA Organization is questioning and requesting reconsideration. In the "Description of the Issue" specify any errors that the MA Organization asserts CMS may have made in calculating the contract's QBP determination. Save the information, please include your contract number in the filename and e-mail the completed form along with any additional documentary evidence to be considered to QBPAPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Reconsideration of QBP is made by completing the Excel version of this form downloaded from HPMS and e-mailing the form to QBPAPEALS@cms.hhs.gov by 5:00 p.m. EST on **November 26, 2013**. No late requests will be accepted.

Contract Number (5 character CMS assigned code):				
Contact First Name (your first name):				
Contact Last Name (your last name):				
Contact Title (your job title):				
Contact Phone Number (your phone number, include extension if necessary):				
Contact email address (your email address):				
Overall Rating	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
QBP/Overall Rating			Not Appealable	
Part C Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
C01 - Breast Cancer Screening	HEDIS		Not Appealable	
C02 - Colorectal Cancer Screening	HEDIS		Not Appealable	
C03 - Cardiovascular Care – Cholesterol Screening	HEDIS		Not Appealable	
C04 - Diabetes Care – Cholesterol Screening	HEDIS		Not Appealable	
C05 - Glaucoma Testing	HEDIS		Not Appealable	
C06 - Annual Flu Vaccine	CAHPS		Not Appealable	
C07 - Improving or Maintaining Physical Health	HOS		Not Appealable	
C08 - Improving or Maintaining Mental Health	HOS		Not Appealable	
C09 - Monitoring Physical Activity	HEDIS / HOS		Not Appealable	
C10 - Adult BMI Assessment	HEDIS		Not Appealable	
C11 - Care for Older Adults – Medication Review	HEDIS		Not Appealable	
C12 - Care for Older Adults – Functional Status Assessment	HEDIS		Not Appealable	
C13 - Care for Older Adults – Pain Screening	HEDIS		Not Appealable	
C14 - Osteoporosis Management in Women who had a Fracture	HEDIS		Not Appealable	
C15 - Diabetes Care – Eye Exam	HEDIS		Not Appealable	
C16 - Diabetes Care – Kidney Disease Monitoring	HEDIS		Not Appealable	
C17 - Diabetes Care – Blood Sugar Controlled	HEDIS		Not Appealable	
C18 - Diabetes Care – Cholesterol Controlled	HEDIS		Not Appealable	
C19 - Controlling Blood Pressure	HEDIS		Not Appealable	
C20 - Rheumatoid Arthritis Management	HEDIS		Not Appealable	
C21 - Improving Bladder Control	HEDIS / HOS		Not Appealable	
C22 - Reducing the Risk of Falling	HEDIS / HOS		Not Appealable	

C23 - Plan All-Cause Readmissions	HEDIS		Not Appealable	
C24 - Getting Needed Care	CAHPS		Not Appealable	
C25 - Getting Appointments and Care Quickly	CAHPS		Not Appealable	
C26 - Customer Service	CAHPS		Not Appealable	
C27 - Rating of Health Care Quality	CAHPS		Not Appealable	
C28 - Rating of Health Plan	CAHPS		Not Appealable	
C29 - Care Coordination	CAHPS		Not Appealable	
C30 - Complaints about the Health Plan	CTM		Not Appealable	
C31 - Beneficiary Access and Performance Problems	CMS Administrative Data			
C32 - Members Choosing to Leave the Plan	Medicare Beneficiary Database Suite of Systems		Not Appealable	
C33 - Health Plan Quality Improvement	Star Ratings		Not Appealable	
C34 - Plan Makes Timely Decisions about Appeals	IRE			
C35 - Reviewing Appeals Decisions	IRE			
C36 - Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
Part D Measures	Data Source	Request for Reconsideration		Description of the Issue (Please enter as much text as necessary to describe the reason you believe there was a Miscalculation and/or that Incorrect data were used)
		Miscalculation	Incorrect Data	
D01 - Call Center – Foreign Language Interpreter and TTY Availability	Call Center			
D02 - Appeals Auto-Forward	IRE			
D03 - Appeals Upheld	IRE			
D04 - Complaints about the Drug Plan	CTM	Not Applicable	Not Applicable	Not appealable, use Part C measure C30 above.
D05 - Beneficiary Access and Performance Problems	CMS Administrative Data	Not Applicable	Not Applicable	Not appealable, use Part C measure C31 above.
D06 - Members Choosing to Leave the Plan	Medicare Beneficiary Database Suite of Systems	Not Applicable	Not Applicable	Not appealable, use Part C measure C32 above.
D07 - Drug Plan Quality Improvement	Star Ratings		Not Appealable	
D08 - Rating of Drug Plan	CAHPS		Not Appealable	
D09 - Getting Needed Prescription Drugs	CAHPS		Not Appealable	
D10 - MPF Price Accuracy	PDE data, MPF Pricing Files, HPMS approved formulary extracts, and data from First DataBank and Medispan		Not Appealable	
D11 - High Risk Medication	Prescription Drug Event (PDE) data		Not Appealable	
D12 - Diabetes Treatment	Prescription Drug Event (PDE) data		Not Appealable	
D13 - Part D Medication Adherence for Diabetes Medications	Prescription Drug Event (PDE) data; Inpatient (IP) Data File		Not Appealable	
D14 - Part D Medication Adherence for Hypertension (RAS antagonists)	Prescription Drug Event (PDE) data; Inpatient (IP) Data File		Not Appealable	
D15 - Part D Medication Adherence for Cholesterol (Statins)	Prescription Drug Event (PDE) data; Inpatient (IP) Data File		Not Appealable	
Additional Comments (Please provide any additional information relevant to your request)				



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1129. The time required to complete this information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.