Responses to Comments Received: Appeals of Quality Bonus Payment Determinations

CMS received two comments on the 60-day Federal Register notice for the Appeals of Quality Bonus Payment Determinations (CMS-10346), published at 91 FR 52303. The comment period closed on October 13, 2026. Below are the summaries of the comments and CMS's responses.

Comment: CMS omits any monetary valuation or wage loading for the combined 17,390 annual burden hours.

Response: CMS is unable to determine the basis for the commenter's estimate of 17,390 annual burden hours. We estimated the total annual burden for developing and presenting cases to CMS for review by multiplying the number of MA contracts expected to appeal their quality bonus payment (QBP) determinations by the attorney hours estimated to prepare each appeal. Of the approximately 500 MA contracts that receive a QBP determination each year, we estimated that 4 percent, or 20 contracts, will appeal their ratings. We further estimated that one attorney needs 8 hours per contract to research, draft, and submit the supporting documentation and arguments to CMS. This results in a total annual burden of 160 hours (20 contracts × 8 hours per contract). To calculate the total annual labor cost, we multiplied the 160 hours by the average adjusted hourly attorney rate, which includes fringe benefits and overhead.

Comment: CMS should annually report aggregate, nonidentifying appeal statistics, including request counts, measures appealed, outcomes at each stage, and dollar amounts at stake. The supporting statement should explain and reconcile the estimates of respondents, annual responses, and burden hours. Appeals should use structured fields to identify the measure, disputed data element, error type, and requested correction, enabling root-cause analysis across years. CMS should accept electronic appeals through the Health Plan Management System (HPMS) and publish a decision log with reasons to reduce repeat appeals on settled issues.

Response: Each year, CMS distributes a memorandum through the Health Plan Management System (HPMS) titled "20XX Quality Bonus Payment Determinations and Administrative Review Process for Quality Bonus Payments and Rebate Retention Allowances." The memorandum explains how quality bonus payment (QBP) status is determined, describes the administrative review process, and provides procedural instructions for MA organizations seeking review under 42 C.F.R. § 422.260. All MA organizations have access to the memorandum, as well as the "Request for Reconsideration" form. Each MA organization that submits a request for reconsideration receives a Technical Report explaining the rationale for CMS's decision, whether favorable or unfavorable to the MA organization, as well as a QBP decision letter.

CMS appreciates the commenter's feedback and will consider the suggestions in the future.