Request for Reconsideration

Note: The QBP administrative review process is a two-step process that 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 on the home page, then Performance Metrics. On the Performance Metrics page select Reports, Costs and then MA QBP Rating. One form must be submitted for each contract for which reconsideration is requested. Complete the identifiable information including all contact information. 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 QBPAPPEALS@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 QBPAPPEALS@cms.hhs.gov by 5:00 p.m. EST on XXXXX. 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	Miscalculation	Incorrect Data	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)
QBP/Overall Rating				

Part C Measures	Data Source	Miscalculation	Incorrect Data	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)
C01				
C02				
C03				
C04				
C05				
C06				
C07				
C08				
C09				
C10				
C11				
C12				
C13				
C14				
C15				
C16				
C17				
C18				

Part C Measures	Data Source	Miscalculation	Incorrect Data	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)
C19				
C20				
C21				
C22				
C23				
C24				
C25				
C26				
C27				
C28				
C29				
C30				
C31				
C32				

Part D Measures	Data Source	Miscalculation	Incorrect Data	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)
D01				
D02				
D03				
D04				
D05				

Part D Measures	Data Source	Miscalculation	Incorrect Data	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)
D06				
D07				
D08				
D09				
D10				
D11				
D12				
D13				

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 and form number CMS-10346 (Expires: XXXX). 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.