

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 found 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 QBAPPEALS@cms.hhs.gov by the due date.

Due Date: A Request for Reconsideration of QBP is made by completing this form and e-mailing the form to QBAPPEALS@cms.hhs.gov by 5:00p.m. EST on January 7, 2011. 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 Indicate with "X"		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 Indicate with "X"		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 - Appropriate Monitoring for Patients Taking Long Term Medications	HEDIS		Not Appealable	
C07 - Annual Flu Vaccine	CAHPS		Not Appealable	
C08 - Pneumonia Vaccine	CAHPS		Not Appealable	
C09 - Improving or Maintaining Physical Health	HOS		Not Appealable	
C10 - Improving or Maintaining Mental Health	HOS		Not Appealable	
C11 - Osteoporosis Testing	HOS		Not Appealable	
C12 - Monitoring Physical Activity	HOS		Not Appealable	
C13 - Access to Primary Care Doctor Visits	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 - Testing to Confirm Chronic Obstructive Pulmonary Disease	HEDIS		Not Appealable	
C22 - Improving Bladder Control	HOS		Not Appealable	
C23 - Reducing the Risk of Falling	HOS		Not Appealable	

C24 - Getting Needed Care	CAHPS		Not Appealable	
C25 - Doctors who Communicate Well	CAHPS		Not Appealable	
C26 - Getting Appointments and Care Quickly	CAHPS		Not Appealable	
C27 - Customer Service	CAHPS		Not Appealable	
C28 - Overall Rating of Health Care Quality	CAHPS		Not Appealable	
C29 - Overall Rating of Plan	CAHPS		Not Appealable	
C30 - Complaints about the Health Plan	CTM		Not Appealable	
C31 - Plan Makes Timely Decisions about Appeals	Appeals			
C32 - Reviewing Appeals Decisions	Appeals			
C33 - Corrective Action Plans	Audit		Not Appealable	
C34 - Call Center - Hold Time	Call Center			
C35 - Call Center - Information Accuracy	Call Center			
C36 - Call Center - Foreign Language interpreter and TTY/TDD availability	Call Center			

Part D Measures	Data Source	Request for Reconsideration Indicate with "X"		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 – Hold Time (Customer Calls to Drug Plan)	Call Center			
D02 – Call Center – Hold Time (Pharmacist Calls to Drug Plan)	Call Center			
D03 – Call Center – Information Accuracy (Drug Plan)	Call Center			
D04 – Call Center – Foreign Language Interpreter and TTY/TDD availability (Drug Plan)	Call Center			
D05 - Drug Plan's Timeliness in Giving a Decision for Members Who Make an Appeal	Appeals			
D06 - Fairness of Drug Plan's Denials to Member Appeals, Based on an Independent Reviewer	Appeals			
D07 - Drug Plan Provides Pharmacists with Up-to-Date and Complete Enrollment Information about Plan Members	4Rx		Not Appealable	
D08 - Complaints about Joining and Leaving the Drug Plan	CTM	Not Appealable	Not Appealable	This measure is not used in the Quality Bonus Payment Calculation
D09 - All Other Complaints about the Drug Plan	CTM	Not Appealable	Not Appealable	This measure is not used in the Quality Bonus Payment Calculation
D10 - Beneficiary access problems Medicare Found During an Audit of the Plan	Audit		Not Appealable	
D11 - Drug Plan Provides Information or Help When Members Need It	CAHPS		Not Appealable	
D12 - Members' Overall Rating of Drug Plan	CAHPS		Not Appealable	
D13 - Members' Ability to Get Prescriptions Filled Easily When Using the Drug Plan	CAHPS		Not Appealable	
D14 - Completeness of the Drug Plan's Information on Members Who Need Extra Help	LIS		Not Appealable	
D15 - Drug Plan Provides Accurate Price Information for Medicare's Plan Finder Web site and Keeps Drug Prices Stable During the Year	PF/PDE		Not Appealable	
D16 - Drug Plan Members 65 and Older Who Receive Prescriptions for Certain Drugs with a High Risk of Side Effects, When There May Be Safer Drug Choices	PDE		Not Appealable	
D17 - Using the Kind of Blood Pressure Medication That Is Recommended for People with Diabetes	PDE		Not Appealable	

Additional Comments (Please provide any additional information relevant to your request)