



Physician Efficiency, Appropriateness, & QualitySM (PEAQSM) Program Reconsideration Request

The Blue Cross and Blue Shield of Texas (BCBSTX) **PEAQ Program** evaluates provider performance to maximize quality of care for our members.

- **If you have questions on your PEAQ results**, contact us at PEAQ_Inquiries@bcbstx.com. You will receive an automated confirmation from BCBSTX with a case number while we review your request.
- **To request a reconsideration proceeding**, this form must be completed and submitted to PEAQ_Inquiries@bcbstx.com. If you have a case open, please reply to the email from BCBSTX that includes your case number. If providing documentation with this form, label each attachment with the provider's name.

Provider Information

This information must match what is shown on your Physician Performance Insight report.

Name:	Medical Group:
NPI (Individual):	TIN:
PEAQ Working Specialty:	
PEAQ case number (if applicable):	

Preferred Contact

Name:	Email:
Telephone:	

Which PEAQ component are you requesting reconsideration for?

<input type="checkbox"/> Composite	<input type="checkbox"/> Efficiency	<input type="checkbox"/> Appropriateness	<input type="checkbox"/> Quality
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What value(s) or measure(s) are you requesting reconsideration for?

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For each value or measure you are requesting reconsideration for, please provide details and evidence that the measure is not calculated correctly.

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Detail previous communication with BCBSTX about this inquiry:

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Please list other individuals who will attend your reconsideration proceeding.

Please indicate if you plan to have an attorney present. If an attorney attends without prior notification, the proceeding will have to be rescheduled.

Name:	Title:
Name:	Title:
Name:	Title:

Reconsideration proceedings will take place between September 5 and November 9.

Please select up to 5 preferred dates and times and we will schedule with you if a reconsideration proceeding is found to be appropriate after PEAQ inquiry review.

September:	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	
October:	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 31
November:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9								

Time:	<input type="checkbox"/> 8:00 a.m.	<input type="checkbox"/> 8:30 a.m.	<input type="checkbox"/> 12:00 p.m.	<input type="checkbox"/> 12:30 p.m.	<input type="checkbox"/> 4:00 p.m.	<input type="checkbox"/> 4:30 p.m.
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<input type="checkbox"/> I would like my reconsideration proceeding to be virtual.
<input type="checkbox"/> I would like my reconsideration proceeding to be in person at BCBSTX HQ, 1001 E. Lookout Drive, Richardson, TX.