



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**, complete this form and submit it 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

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

Preferred Contact

Name:	Email:
Telephone:	

Describe your PEAQ inquiry or concern(s):

Detail previous communication with BCBSTX about this inquiry:

Reconsideration proceedings will take place Tuesdays and Thursdays between August 16 and October 27.

Please note your preferred dates and times and we will schedule with you if a reconsideration proceeding is found to be appropriate after PEAQ inquiry review. Reconsideration proceedings will be virtual unless you note otherwise below.

August:	<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 23	<input type="checkbox"/> 25	<input type="checkbox"/> 30					
September:	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 22	<input type="checkbox"/> 27	<input type="checkbox"/> 29	
October:	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 11	<input type="checkbox"/> 13	<input type="checkbox"/> 18	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 27		
Time:	<input type="checkbox"/> 8 a.m.	<input type="checkbox"/> 9 a.m.	<input type="checkbox"/> 12 p.m.	<input type="checkbox"/> 3 p.m.	<input type="checkbox"/> 4 p.m.					
<input type="checkbox"/> I would like my reconsideration proceeding to be in person.										
<input type="checkbox"/> I am unable to attend a pre-scheduled time slot. I would like to request an alternative date or time.										
Date:				Time:						