# Contents

## Introduction

4

## QIC Appeals Portal Environment

5
- QIC Appeals Portal
- Portal Navigation
  - Menu Bar
  - My Dashboard
  - Working with Portal Forms

## QIC Multi-Factor Authentication

8

## Health Plan Portal Registration Procedures

9
- Portal Registration Process
- QIC Portal Administrator Procedures
  - Request Portal Registration - QIC Portal Administrator
  - Administer Additional User Accounts - QIC Portal Administrator
  - Add an Associated Plan - QIC Portal Administrator
  - Add an Existing Plan - QIC Portal Administrator
- Additional User Procedures
  - Request Portal Registration - Additional User
  - Add an Associated Plan - Additional User

## Medicare Provider/Employee Portal Registration Procedures

16
- Portal Registration Process
- QIC Portal Administrator Procedures
  - Request Portal Registration - QIC Portal Administrator
  - Administer Additional User Accounts - QIC Portal Administrator
- Additional User Procedures
  - Request Portal Registration - Additional User

## Portal Registration Procedures for Other Organization Types

21
- Portal Registration Process
- Requestor/Submitter Designation
- QIC Portal Administrator Procedures
  - Request Portal Registration - QIC Portal Administrator
  - Administer Additional User Accounts - QIC Portal Administrator
- Additional User Procedures
  - Request Portal Registration - Additional User
First Time Login Instructions ................................. 27

Appeal Request/Case File Submission Procedures ........ 29
  Request an Appeal - Medicare Part A Appeals Only .......... 29
  Submit a Part C Case .................................. 31
  Submit a Part D Drug Case File .............................. 32
  Submit a Part D LEP Case File .............................. 33
  Upload Additional Information .............................. 33

Appendix: .......................................................... 34
  Deactivate a Contract - Health Plan QIC Portal Administrator ........ 34
  Deactivate an Additional User - All QIC Portal Administrators .... 34
  Part C - Medicare Reconsideration Request Form ............ 35
  Part D - Drug Submit a Case File Form .................... 36
  Part D - LEP Submit a Case File Form ...................... 37
  My Account Page ........................................... 38

Version Control .................................................. 39
Introduction

The QIC Appeals Portal User Guide describes the portal environment and the portal registration process. It includes the specific steps to submit Medicare Part A appeals, Medicare Part C case files, and Medicare Part D case files. The guide is intended to be used by Medicare health plans, providers, and appeal representatives.

After reviewing the portal environment and registration overview information on pages five through seven, go to the portal registration page that applies to your type of organization. See the Table of Contents on page two for specific page numbers.

**Important:** Before accessing the QIC portal for the first time, please read the registration and appeal/case file submission instructions that apply to your organization and your role within the organization. Doing so will help you identify the information you need to provide when performing these procedures.
QIC Appeals Portal

The Qualified Independent Contractor (QIC) portal is a web application that enables users to electronically submit reconsideration appeal requests and case files to MAXIMUS Federal Services, therefore eliminating the need to fax or mail them.

Additional benefits of submitting an appeal or case file via the portal include:

- Quick submission of information and related documentation
- Immediate on-screen acknowledgement that the documentation has been received by MAXIMUS Federal Services
- Follow-up e-mail confirmation

The QIC portal functionality currently available for each of the Medicare projects is as follows:

- **Medicare Part A:** Medicare providers, their representatives, and State Medicaid agencies can submit reconsideration appeal requests for services that have been denied coverage at the redetermination level.
- **Medicare Part C:** Health plans can submit case files.
- **Medicare Part D:** Health plans can submit drug and LEP case files.
Portal Navigation

Menu Bar
The menu bar items enable you to access the main pages in the portal. The items available are based on your type of organization (i.e., plan or provider).

My Dashboard
The My Dashboard item displays the QIC Appeals Portal page. This page explains the criteria for using the portal and lists the requirements for requesting a reconsideration appeal or submitting a case file.
Working with Portal Forms

Portal users submit appeals and case files by completing applicable forms on the QIC Appeals Portal.

Sections of the form can be expanded or collapsed as needed by clicking the arrow next to the section name. In the example above, the Appeal Information section is expanded, while the Requestor section is collapsed.

Click the arrow to expand the Requestor section and display the section’s fields.

Click the arrow again to collapse the section.
QIC Multi-Factor Authentication

We don’t have to tell you that data security is important, especially in the health care industry. In fact, it is critical for every individual and business, and essential for MAXIMUS. We need to protect PHI, PII and proprietary company information. Simple passwords are no longer enough. We need to up our game and take additional steps to stay ahead of potential threats.

Multi-Factor Authentication (MFA) provides an additional layer of security. MFA requires that users have two unique elements that identify them to our systems. When accessing the QIC Appeals Portal, in addition to your password, you will enter a unique authentication code provided by a security token. The token is in the form of a six-digit number, called a soft token, which is provided in a text message sent to your cell phone.

Each person that would like to access the portal is required to submit a request for registration. In the request, a cell phone number must be provided.

Each time you access the portal, a text message containing your MAXIMUS PIN is sent to the cell phone number.

In the portal dialog box displayed, in the token field, you enter the pin number.

Note
The soft token is sent in a text message. Therefore, the phone number provided must be a cell phone number.

Note
The token number is valid for approximately five minutes. If the token number has expired or is entered incorrectly, an error is displayed. If you are not able to login successfully, log into the application again to receive a new token pin.
Health Plan Portal Registration Procedures

Portal Registration Process

Each health plan must submit a request for registration before being granted access to the portal. The first individual who submits a registration request for the health plan is designated as the QIC Portal Administrator for that health plan. Only one QIC Portal Administrator account is created for each health plan. The QIC Portal Administrator is responsible for approving and administering additional portal accounts requested by staff members. Therefore, prior to completing the portal registration process, each health plan should determine the individual who will be the plan’s QIC Portal Administrator.

Upon receiving the registration request, MAXIMUS Federal Services approves (or disapproves) the request.

When the request is approved, a QIC Portal Administrator account is created for the person indicated in the registration request. The QIC Portal Administrator receives an account activation e-mail containing portal login credentials.

Additional Users

After the QIC Portal Administrator account is activated, the plan’s staff members are able to request additional user accounts that are administered by the plan’s QIC Portal Administrator.

For example, “ABC Health Plan” submits a registration request with “Jane Doe” listed as the QIC Portal Administrator. After “Jane Doe” receives the activation e-mail, staff members (e.g., “John Smith”, “Ruth McFarland”) can request to be added as additional account users. Jane Doe is responsible for approving or denying each additional user registration request.

The portal registration process is illustrated below.

Note

Reasons MAXIMUS Federal Services may disapprove a request include:

1. The organization sends a registration request multiple times.
2. The request is not completed correctly (e.g., misspelling)

Note

After a portal account is approved and created, it takes approximately 30 minutes for it to be activated and accessible.
QIC Portal Administrator Procedures

Request Portal Registration - QIC Portal Administrator

IMPORTANT: This registration procedure applies to the health plan’s QIC Portal Administrator only.

1. In your browser, access https://QICAppeals.cms.gov

2. On the right side of the page, click Register.

3. Read the Registration Request policy and if you agree, select the I understand and agree to the above policy check box.

4. Click in the Organization Type list, and select Health Plan.

5. In the Email field, type the e-mail address for which you would like to receive portal correspondence.

6. Click Enter.

7. For the question “Are you registering as a QIC Portal Administrator?” select Yes.

8. Complete the following fields (all fields are required except where indicated):
   • First Name, Last Name, Title
   • Address 1 - The address for which you would like to receive mail correspondence
   • Address 2 (optional)
   • City, State, Zip Code
   • Mobile Phone - Type the cell phone number for which you would like to receive authentication tokens.
   • Appeal Contact Phone - Type the phone number for which MAXIMUS can contact you, if necessary. The number appears on each appeal submitted.
   • Decision Letter Fax
   • Request for Information Fax

9. Click Submit. Confirmation of your registration request is displayed.

Note: The e-mail address you enter must be unique (one that has not already been registered with the portal).

Note: Phone Number: Do not use hyphens, parentheses or spaces when entering the phone number. The system will format the phone number as you type.
Shortly after submitting your registration request, you will receive a confirmation e-mail.

Administer Additional User Accounts - QIC Portal Administrator

The health plan’s QIC Portal Administrator is responsible for administering the health plan’s additional user accounts. After a staff member submits a user registration request, the QIC Portal Administrator receives a notification e-mail and proceeds to approve or deny the request.

1. Log into the portal.

2. On the portal menu bar, click User Management.

3. In the Pending Registration section, for the desired user registration request, in the Approve/Deny column, select Approve or Deny.

4. If Deny is selected, in the Denial Reason (required) field, explain the reason for denying the registration request.

5. Click Submit. Approved registration requests are listed in the Approved Users section.

6. When you are finished working in the portal, in the top-right corner of the page, click Log out.
Add an Associated Plan - QIC Portal Administrator

Before a health plan’s QIC Portal Administrator can perform tasks related to a particular plan, the QIC Portal Administrator needs to add the plan to his/her account.

1. On the menu bar, click **My Account**.
2. In the **Associated Plans** section, click **Add a Plan**.
3. In the **Plan Contract Number** field, type the plan’s contract number.
4. Click **Enter**.
5. If the plan does not currently exist in the system, you are given the opportunity to add the plan. For the question “Do you want to add this plan contract?” select **Yes** or **No**. If you select **Yes**, go to step 6. If you select **No**, you can repeat steps 2 through 5 using a different contract number.
6. If you select **Yes**, enter the plan’s:
   - Legal Entity Name
   - Address
   - City, State, Zip Code
   - Phone (optional)
   - Fax (optional)
7. At the bottom of the form, click **Add Plan**.

The plan is added to your **Associated Plans** list.

For each plan you would like to add as an associated plan, perform steps 2 through 7.

Add an Existing Plan - QIC Portal Administrator

When entering a plan contract number for a plan that is administered by another QIC Portal Administrator, the system displays the plan name and the name of the QIC Portal Administrator. You have the option of adding the plan to your account. You cannot be the administrator for this plan.

**Humana Gold Plus - Natalie Mangold**

Would you like to add this plan to your account?

- [ ] Yes
- [ ] No
Additional User Procedures

Request Portal Registration - Additional User

Each individual who desires portal access must submit a request for portal registration. The health plan’s QIC Portal Administrator is responsible for approving or denying the request.

1. In your browser, access https://QICAppeals.cms.gov
2. On the right side of the page, click Register.

3. Read the Registration Request policy and if you agree, select the I understand and agree to the above policy check box.
4. Click in the Organization Type list, and select Health Plan.

5. In the Email field, type the e-mail address for which you would like to receive portal correspondence.
6. Click Enter.
7. For the question “Are you registering as a QIC Portal Administrator?” select No.
8. In the “Please enter the e-mail address of the QIC Portal Administrator that will approve your registration” field, enter your Portal Administrator’s e-mail address.
9. Click Enter. The system displays the name of Portal Administrator based on the e-mail address you entered in step 8.
10. Confirm the administrator is correct by selecting Yes or No. If you select Yes, proceed to step 11. If you select No, you are given the opportunity to enter a different e-mail address (see step 8).

11. Complete the following fields (all fields are required except where indicated):
   - First Name, Last Name, Title
   - Address 1 - The address for which you would like to receive mail correspondence
   - Address 2 (optional)
   - City, State, Zip Code
   - Mobile Phone - Type the cell phone number for which you would like to receive authentication tokens.
   - Appeal Contact Phone - Type the phone number for which MAXIMUS can contact you, if necessary. The number appears on each appeal submitted.

Note
The e-mail address you enter must be unique (one that has not already been registered with the portal).

Note
Phone: Do not use hyphens, parentheses or spaces when entering in the phone field. The system will format the phone number as you type.
• Decision Letter Fax
• Request for Information Fax

12. Click Submit. Confirmation of your registration request is displayed.

Shortly after submitting your registration request, you will receive a confirmation e-mail.

**Important**

After your registration request has been processed, you will receive another e-mail with the subject “Your QICAppeals Portal Account has been established.” When you receive the e-mail, perform the “First Time Login Instructions” procedure (see Table of Contents for page number).

**Add an Associated Plan - Additional User**

Before an additional user can perform tasks related to a particular plan, the additional user needs to add the specific plan to his/her account. An additional user can add any plans that exist in the system, even plans that are not administered by his/her own QIC Portal Administrator.

In the following illustration, Humana Health plan is registered with the QIC portal. The plan’s QIC Portal Administrator has added the Humana Health plan contract numbers (S2874, H0028, H0248) for which the administrator is responsible to his/her account. Also, the QIC Portal Administrator has approved two additional portal users, both of whom have added plan contract numbers to their accounts based on the plans administered by their QIC Portal Administrator.

Humana Gold Plus plan is registered with the QIC portal. The plan’s QIC Portal Administrator has added the Humana Gold Plus plan contract numbers (S5552, H5619, S5884) for which the administrator is responsible to his/her account. In addition, the QIC Portal Administrator has approved two additional portal users, both of whom have added plan contract numbers to their accounts based on the plans administered by their QIC Portal Administrator.
Also, Additional Portal User #2 has added plan H0248 to his/her account. This plan is administered by the QIC Portal Administrator for Humana Health. Because the user has added a plan that is administered by someone other than his/her own plan administrator, the user is an “associated” portal user for that contract number.

1. On the menu bar, click My Account.
2. In the Associated Plans section, click Add a Plan.
3. In the Plan Contract Number field, type the plan’s contract number.
4. Click Enter. The plan name and the name of the plan’s QIC Portal Administrator are displayed.
5. For the question, “Would you like to add this plan to your account?” select Yes or No.
   - If you select Yes, the plan is added to your Associated Plans list.
   - If you select No, you can repeat steps 2 through 5 using a different contract number.

Note
The plan’s QIC Portal Administrator has authority over his/her own additional users only. Therefore, if the administrator of the “associated” contract does not want a user to be an “associated user,” the additional user’s QIC Portal Administrator needs to deactivate the contract from the user’s account.

IMPORTANT
A plan’s contract number is case sensitive. E.g., H0028 is not the same as h0028.

Note
If a plan contract number does not exist in the QIC Appeals Portal, you are prompted to enter a different contract number.

HUMANA HEALTH

- Additional Portal User #1: S2874
- Additional Portal User #2: H0028, H0248

HUMANA GOLD PLUS

- Associated Portal User: H0248
- Additional Portal User #1: S2874, H5619, S5884
- Additional Portal User #2: H0028, H0248

QIC Portal Administrator:
S2874, H0028, H0248

QIC Portal Administrator:
S5552, H5619, S5884

Test Health Plan Two - Marshall Stack

Would you like to add this plan to your account?

- Yes
- No
Medicare Provider/Employee Portal Registration Procedures

Portal Registration Process

Each Medicare provider must submit a request for registration before being granted access to the portal. The first individual who submits a registration request for the provider is designated as the QIC Portal Administrator for that provider. Only one QIC Portal Administrator account is created for each provider. The QIC Portal Administrator is responsible for approving and administering additional portal accounts requested by staff members. Therefore, prior to completing the portal registration process, each provider should determine the individual who will be the provider’s QIC Portal Administrator.

Upon receiving the registration request, MAXIMUS Federal Services approves (or disapproves) the request.

When the request is approved, a QIC Portal Administrator account is created for the person indicated in the registration request. The QIC Portal Administrator receives an account activation e-mail containing portal login credentials.

Additional Users

After the QIC Portal Administrator account is activated, the plan’s staff members are able to request additional user accounts that are administered by the plan’s QIC Portal Administrator.

For example, “ABC Hospital” submits a registration request with “Jane Doe” listed as the QIC Portal Administrator. After “Jane Doe” receives the activation e-mail, staff members (e.g., “John Smith”, “Ruth McFarland”) can request to be added as additional account users. Jane Doe is responsible for approving or denying each additional user registration request.

The portal registration process is illustrated below.

**Note**

Reasons MAXIMUS Federal Services may disapprove a request include:
- The organization sends a registration request multiple times.
- The request is not completed correctly (e.g., misspelling)

**Note**

After a portal account is approved and created, it takes approximately 30 minutes for it to be activated and accessible.
QIC Portal Administrator Procedures

Request Portal Registration - QIC Portal Administrator

IMPORTANT: This registration procedure applies to the provider’s QIC Portal Administrator only.

1. In your browser, access https://QICAppeals.cms.gov
2. On the right side of the page, click Register.

3. Read the Registration Request policy and if you agree, select the I understand and agree to the above policy check box.
4. In the Organization type list, select Medicare Provider or Employee.
5. In the NPI field, enter your organization’s National Provider Identifier (NPI).
6. Click Enter.
7. For the question “No record of this unique identifier exists in our system, would you like to register this number?” select Yes or No.
   - If you select Yes, proceed to step 8. If you select No, you are given the opportunity to enter a different NPI (see step 5).
8. In the Organization/Provider Details section, complete the following fields (all fields are required except where indicated):
   - Organization
   - Address 1 - The address to which you would like to receive mail correspondence
   - Address 2 (optional)
   - City, State, Zip Code
9. In the Primary Contacts section, complete the following fields (all fields are required except where indicated):
   - First Name, Last Name, Title
   - E-mail
   - Mobile Phone - Type the cell phone number for which you would like to receive authentication tokens.
   - Appeal Contact Phone - Type the phone number for which MAXIMUS can contact you, if necessary. The number appears on each appeal submitted.
   - Fax

Note
The e-mail address you enter must be unique (one that has not already been registered with the portal).

Note
Phone: Do not use hyphens, parentheses or spaces when entering in the phone field. The system will format the phone number as you type.
10. Click Submit. Confirmation of your registration request is displayed.

Shortly after submitting your registration request, you will receive a confirmation e-mail.

**Important**
After your registration request has been processed, you will receive another e-mail with the subject “Your QICAppeals Portal Account has been established.” When you receive the e-mail, perform the “First Time Login Instructions” procedure (see the Table of Contents for the page number).

**Note**
The User Management link is visible only to the provider’s QIC Portal Administrator.

**Note**
Once an additional account user is created, the QIC Portal Administrator cannot edit the additional user’s information. However, the QIC Portal Administrator can deactivate an additional user.

**AdministrateurAdditional User Accounts - QIC Portal Administrator**

The provider’s QIC Portal Administrator is responsible for administering the provider’s additional user accounts. After a staff member submits a user registration request, the QIC Portal Administrator receives a notification e-mail and proceeds to approve or deny the request.

1. Log into the portal.
2. On the portal menu bar, click User Management.
3. In the Pending Registration section, for the desired user registration request, in the Approve/Deny column, select Approve or Deny.
4. If Deny is selected, in the Denial Reason (required) field, explain the reason for denying the registration request.
5. Click Submit. Approved registration requests are listed in the Approved Users section.
6. When you are done working in the portal, in the top-right corner of the page, click Log out.
Additional User Procedures

Request Portal Registration - Additional User

Each individual within an organization who desires portal access must submit a request for portal registration. The provider’s QIC Portal Administrator is responsible for approving or denying the request.

1. In your browser, access https://QICAppeals.cms.gov
2. On the right side of the page, click Register.
3. Read the Registration Request policy and if you agree, select the I understand and agree to the above policy check box.
4. Click in the Organization Type list and select Medicare Provider or Employee.
5. In the NPI field, enter your organization’s National Provider Identifier (NPI).
6. Click Enter. The system displays the name of the organization/provider based on the NPI you entered in step 5.
7. For the question “Is the organization below correct?” select Yes or No.
   - If you select Yes, proceed to step 8. If you select No, you are given the opportunity to enter a different NPI (see step 5).
8. In the Associated User section, complete the following fields (all fields are required except where indicated):
   - First Name, Last Name
   - E-mail
   - Mobile Phone - Type the cell phone number for which you would like to receive authentication tokens.
   - Appeal Contact Phone - Type the phone number for which MAXIMUS can contact you, if necessary. The number appears on each appeal submitted.
   - Fax

Note: Do not use hyphens, parentheses or spaces when entering in the phone field. The system will format the phone number as you type.
9. Click **Submit**. Confirmation of your registration request is displayed.

Shortly after submitting your registration request, you will receive a confirmation e-mail.

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**Important**

After your registration request has been processed, you will receive another e-mail with the subject “Your QICAppeals Portal Account has been established.” When you receive the e-mail, perform the “First Time Login Instructions” procedure (see the Table of Contents for the page number).
Portal Registration Procedures for Other Organization Types

This section applies to organizations, such as appeal representative organizations, that are not health plans or health care providers.

Portal Registration Process

Each organization must submit a request for registration before being granted access to the portal. The first individual who submits a registration request for the organization is designated as the QIC Portal Administrator for that organization. Only one QIC Portal Administrator account is created for each organization. The QIC Portal Administrator is responsible for approving and administering additional portal accounts requested by staff members. Therefore, prior to completing the portal registration process, each organization should determine the individual who will be the organization’s QIC Portal Administrator.

Upon receiving the registration request, MAXIMUS Federal Services approves (or disapproves) the request.

When the request is approved, a QIC Portal Administrator account is created for the person indicated in the registration request. The QIC Portal Administrator receives an account activation e-mail containing portal login credentials.

Additional Users

After the QIC Portal Administrator account is activated, the organization’s staff members are able to request additional user accounts that are administered by the organization’s QIC Portal Administrator.

For example, “MJ Law Firm” submits a registration request with “Mary Jones” listed as the QIC Portal Administrator. After Mary Jones receives the activation e-mail, staff members (e.g., “Tom Smith”, “Ruth McFarland”) can request to be added as additional account users. Mary Jones is responsible for approving or denying each additional user registration request.

The portal registration process is illustrated below.

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**Note**

Reasons MAXIMUS Federal Services may disapprove a request include:
- The organization sends a registration request multiple times.
- The request is not completed correctly (e.g., misspelling)

**Note**

After a portal account is approved and created, it takes approximately 30 minutes for it to be activated and accessible.
Requestor/Submitter Designation

As part of the registration procedure only, each of the organization’s QIC portal users must indicate whether he/she will be requesting appeals and/or submitting appeals.

Requestor

A requestor is a person legally authorized to request an appeal on behalf of another person or entity. The requestor is formally named in representation documentation and proof of representation is required. A requestor may also submit appeals.

For example, “General Hospital” authorizes “Mary Jones” of “MJ Law Firm” to file an appeal on the hospital’s behalf. “Mary Jones” submits the appeal along with the proper representation documents.

Submitter

A submitter is a person who has been granted the authority to submit an appeal on behalf of a requestor within their own organization.

Continuing with the previous example, “Mary Jones” would like to allow another person on her staff to submit appeals for her. Therefore, “Mary Jones” designates “Tom Smith” as an appeal submitter on her behalf.

QIC Portal Administrator Procedures

Request Portal Registration - QIC Portal Administrator

IMPORTANT: This registration procedure applies to the organization’s QIC Portal Administrator only.

1. In your browser, access https://QICAppeals.cms.gov
2. On the right side of the page, click Register.
3. Read the Registration Request policy and if you agree, select the I understand and agree to the above policy check box.
4. Click in the Organization Type list, and select Other.
5. In the EIN field, enter your organization’s Employer Identification Number (EIN).
6. Click Enter.
7. For the question “No record of this unique identifier exists in our system, would you like to register this number?” select Yes or No.
   - If you select Yes, proceed to step 8. If you select No, you are given the opportunity to enter a different EIN (see step 5).
8. If you select **Yes**, in the **Organization/Provider Details** section, complete the following fields (all fields are required except where indicated):
   - Organization
   - Address 1 - The address to which you would like to receive mail correspondence
   - Address 2 (optional)
   - City, State, Zip Code

9. In the **Primary Contacts** section, complete the following fields (all fields are required except where indicated):
   - First Name, Last Name, Title
   - E-mail
   - Mobile Phone - Type the **cell phone** number for which you would like to receive authentication tokens.
   - Appeal Contact Phone - Type the **phone** number for which MAXIMUS can contact you, if necessary. The number appears on each appeal submitted.
   - Fax

10. For the question “Will you as the Primary Contact be requesting appeals through this portal?” select **Yes** or **No**.
    - If **Yes** is selected, **Yes** is automatically selected for the question “Will you as the Primary Contact be submitting appeals on behalf of someone else?” Also, the statement authorizing the organization’s registered submitters to submit appeals on your behalf is displayed.
    - If **No** is selected, for the question “Will you as the Primary Contact be submitting appeals on behalf of someone else?” select **Yes** or **No**.

11. Click **Submit**. Confirmation of your registration request is displayed.
    Shortly after submitting your registration request, you will receive a confirmation e-mail.
Administer Additional User Accounts - QIC Portal Administrator

The organization’s QIC Portal Administrator is responsible for administering the organization’s additional user accounts. When a staff member submits a user registration request, the QIC Portal Administrator receives a notification e-mail and proceeds to approve or deny the request.

1. Log into the portal.

2. On the portal menu bar, click **User Management.**

3. In the **Pending Registration** section, for the desired user registration request, in the **Approve/Deny** column, select **Approve** or **Deny**.

4. If **Deny** is selected, in the **Denial Reason** (required) field, explain the reason for denying the registration request.

5. Click **Submit**.

6. Approved registration requests are listed in the **Approved Users** section.

7. When you are done working in the portal, in the top-right corner of the page, click **Log out**.

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**Note**
The User Management link is visible only to the organization’s QIC Portal Administrator.

**Note**
Once an additional account user is created, the QIC Portal Administrator cannot edit the additional user’s information. However, the QIC Portal Administrator can deactivate an additional user’s account.
Additional User Procedures

Request Portal Registration - Additional User

Each individual within an organization who desires portal access must submit a request for portal registration. The organization’s QIC Portal Administrator is responsible for approving or denying the request.

1. In your browser, access https://QICAppeals.cms.gov
2. On the right side of the page, click Register.
3. Read the Registration Request policy and if you agree, select the I understand and agree to the above policy check box.
4. Click in the Organization Type list and select Other.
5. In the EIN field, enter your organization’s Employer Identification Number (EIN).
6. Click Enter. The system displays the name of the organization/provider based on the EIN you entered in step 5.
7. For the question “Is the organization below correct?” select Yes or No.
   - If you select Yes, proceed to step 8. If you select No, you are given the opportunity to enter a different EIN (see step 5).
8. In the Associated User section, complete the following fields (all fields are required except where indicated):
   - First Name, Last Name
   - E-mail
   - Mobile Phone - Type the cell phone number for which you would like to receive authentication tokens.
   - Appeal Contact Phone - Type the phone number for which MAXIMUS can contact you, if necessary. The number appears on each appeal submitted.
   - Fax

Note
Phone: Do not use hyphens, parentheses or spaces when entering in the phone field. The system will format the phone number as you type.
9. For the question “Will you as the Associated User be requesting appeals through this portal?” select Yes or No.

- If Yes is selected, Yes is automatically selected for the question “Will you as the Associated User be submitting appeals on behalf of someone else?” Also, the statement authorizing the organization’s registered submitters to submit appeals on your behalf is displayed.

   - Sally Jones authorize individuals registered as Submitters with my organization, to submit appeals on my behalf

If No is selected, for the question “Will you as the Associated User be submitting appeals on behalf of someone else?” select Yes or No.

10. Click Submit. Confirmation of your registration request is displayed.

    Shortly after submitting your registration request, you will receive a confirmation e-mail.
First Time Login Instructions

When you log into the portal the first time, you are prompted to change your password and answer one password security question.

1. In your e-mail application, open the e-mail with the subject “Your QICAppeals Portal Account has been established.”

   The e-mail includes your User ID and Temporary Password.

   ![Image of e-mail with User ID and Temporary Password]

   **IMPORTANT:** The temporary password must be typed in the format indicated. Do not include the brackets.

   **Example:** QICms-1234

2. In your browser, access https://QICAppeals.cms.gov (or in the e-mail indicating that your account has been established, click the click here link).

3. In the Email Address field, enter your User ID.

4. In the Password field, enter the temporary password indicated in the “Your QICAppeals Portal Account has been established” e-mail.

   **IMPORTANT:** The temporary password must be typed in the format indicated. Do not include the brackets.

   ![Image of e-mail with User ID and Temporary Password]

   **Example:** QICms-1234

5. Click Login.

6. In the Token field, enter the MAXIMUS pin you received (on your cell phone)

   ![Image of Token field]

7. Click Login.

8. In the Current Password field, type the temporary password indicated in the e-mail.

9. In the New Password and Verify New Password fields, type your new password (must meet the password policy requirements).

10. Click Save Changes.
11. In the **Security Question** list, click the arrow.

   ![Security Question](Image)

12. Select a question in the list.

   ![Security Question](Image)

13. In the **Answer** field, type your answer (the answer is case sensitive).

   ![Security Question](Image)

14. In the **Current Password** field, type your *new password*.

   ![Current Password](Image)

15. Click **Save Changes**.
16. Read the “Terms and Conditions of Use” information.
17. At the bottom of the “Terms and Conditions of Use” page, click **I Agree**.
18. The profile update confirmation page is displayed. Click the **Home Page** link and login with your *User ID* and *new password*.

   ![Profile update confirmation](Image)

19. In the **Token** field, enter the MAXIMUS pin you received.
Appeal Request/Case File Submission Procedures

Request an Appeal - Medicare Part A Appeals Only

A user may request a reconsideration appeal for services that have been denied coverage at the redetermination level.

1. Log into the portal.
2. On the menu bar, click **Part A - Reconsideration Appeal Request**.

3. In the **Redetermination** section, complete the following fields (all fields are required except where indicated):
   - MAC That Issued Redetermination
   - Reason For Appeal
   - Redetermination Number (optional)
   - Redetermination date (optional)
   - Overpayment involved (optional)
   - Did the appeal involve the following: RAC or PSC/ZPIC? (optional)
   - Does the appeal involve an extrapolation issue? (optional)
   - Does the appeal involve a Medicare Secondary Payer (MSP) Issue? (optional)

4. In the **Beneficiary** section, complete the following fields:
   - First Name
   - Last Name
   - Medicare Number (MBI) or Medicare Insurance Number (HIC)

5. The **Requestor** information is pre-populated with the active portal user’s information. In the **Party Appealing** list, select the applicable party. If you are a provider or provider employee, go to step 7.

6. If you are a member of an appeal representative organization or State Medicaid Agency:
   - If the active portal user is registered as a requestor, the user has the option of submitting the appeal on his/her own behalf or submitting the appeal on behalf of another requestor. If doing the latter, select the check box and in the **Requestor Name** list, select the name of the requestor.
   - If the active portal user is registered as a submitter only, in the **Requestor Name** list, the user must select the name of the requestor.

Note
If the contents of a section are not visible, click the arrow next to the section name to expand the section.

Note
If the name and number of the MAC that issued the redetermination is not listed, you cannot submit your appeal using the portal.

Note
Enter the beneficiary’s Medicare Number (MBI) or Medicare Insurance Number (HIC).

Note
The Medicare Insurance Number field requires a minimum of 10 characters (maximum of 20). Otherwise, the appeal cannot be submitted via the QIC Portal.

Note
If Provider Representative is selected as the Party Appealing, you are prompted to indicate whether an AOR form is included in the case file.
7. In the **Provider** section, enter the provider’s name.
8. In the **Claim Details** section, complete the following fields:
   - Claim Number (optional)
   - Item/Service Type
   - Date(s) of Service (From, To)
9. Click **Save**.
10. For each additional claim:
   a. Click **Add Another Claim**
   b. Repeat steps 8 and 9.
11. In the **Upload Supporting Documents** section:
   a. Click the **Choose files** icon.
   b. Navigate to and select the document to upload.
   c. Click **Open**.
   - If you want to upload another document, repeat steps 11a - 11c.
12. Click **Submit**. Your appeal request receipt is displayed. The receipt includes your temporary ID that you will need to reference should you contact MAXIMUS Federal Services prior to receiving an acknowledgement letter.
13. When you are finished working in the portal, in the top-right corner of the page, click **Log Out**.
Submit a Part C Case

To submit a Part C case, Medicare Advantage Plans complete and submit the “Part C - Medicare Reconsideration Request” form. The form is essentially the electronic version of the Reconsideration Background Data Form. The steps that are unique for completing the electronic form are detailed below. All fields are required except where indicated in the form.

1. Log into the portal.
2. On the menu bar, click Part C Submit Case.

3. Complete the Part C - Medicare Reconsideration Request form.
4. Completing the Provider Identification Data section is optional. However, if you choose to do so, all of the following steps are required:
   a. Complete: Provider or Facility Name, Specialty, Records Requested/Provided?, Contract Provider?
   b. Click Save.
5. For each additional provider:
   a. Click Add Another Provider.
   b. Repeat step 4.
6. In the Case File Upload section:
   a. Click the Choose files icon.
   b. Navigate to and select the document to upload.
   c. Click Open.
   - If you want to upload another document, repeat steps 6a - 6c.
7. In the Plan Contract Documents section:
   a. Click the Choose files icon.
   b. Navigate to and select the document to upload.
   c. Click Open.
   - If you want to upload another document, repeat steps 7a - 7c.
8. Click Submit. Your appeal request receipt is displayed. The receipt includes your temporary ID that you will need to reference should you contact MAXIMUS Federal Services prior to receiving an acknowledgement letter.

9. When you are finished working in the portal, in the top-right corner of the page, click Log Out.
Submit a Part D Drug Case File

To submit a Part D drug case file, drug plans complete and submit the “Part D-Drug Submit a Case File” form. The form is essentially the electronic version of the Case File Transmittal Form. The steps that are unique for completing the electronic form are detailed below. All fields are required except where indicated in the form.

1. Log into the portal.

2. On the menu bar, click Part D-Drug Submit Case.

3. Complete the Part D-Drug Submit a Case File form.

4. In the Prescriber and Drug Benefit in Dispute Information section:
   a. Enter the prescriber’s information.
   b. Enter the drug information.
      - If the enrollee previously purchased the drug: Complete the Date of purchase, Amount paid, and Drug Tier fields. Click Save. To add another purchase for the same drug, click Add Another Purchase and complete same fields.
   c. Click Save Prescriber & Drug.
   d. For each additional drug (at appeal) prescribed by the physician whose information was entered in step 4a, click Add Drug and enter the drug information. Click Save Drug.
   e. For each additional prescribing physician involved in the appeal, click Add Prescriber and complete steps 4a through 4d.

5. In the Documentation section, under Case File Documentation:
   a. Click the Choose files icon.
   b. Navigate to and select the document to upload.
   c. Click Open.
      - If you want to upload another document, repeat steps 5a - 5c.

6. In the Documentation section, under Evidence of Coverage:
   a. Click the Choose files icon.
   b. Navigate to and select the document to upload.
   c. Click Open.
      - If you want to upload another document, repeat steps 6a - 6c.

7. In the Documentation section, under Drug Formulary:
   a. Click the Choose files icon.
   b. Navigate to and select the document to upload.
   c. Click Open.
      - If you want to upload another document, repeat steps 7a - 7c.

8. Click Submit. A confirmation receipt is displayed.

9. When you are finished working in the portal, in the top-right corner of the page, click Log Out.
Submit a Part D LEP Case File

To submit a Part D LEP case file, drug plans complete and submit the “Part D-LEP Submit a Case File” form. The form is essentially the electronic version of the LEP Case File Transmittal Form. The steps that are unique for completing the electronic form are detailed below. All fields are required except where indicated in the form.

1. Log into the portal.

2. On the menu bar, click **Part D-LEP Submit Case**.

3. Complete the **Part D-LEP Submit a Case File** form.

4. In the **Appeal Information** section, complete the following:
   a. QIC Appeal Number
   b. Date on Late Enrollment Penalty Notice to Enrollee (if available)
   c. Beneficiary’s gap in creditable prescription drug coverage **From** and **To** dates.
   d. Click **Save**.
   e. For each additional gap in creditable prescription drug coverage, click **Add Another Date Range** and complete steps 4a through 4d.

5. Completing the **Late Enrollment Penalty (LEP) Information** section is optional. However, if you choose to do so, when completing the dates the beneficiary attested to having prior creditable prescription drug coverage, be sure to click **Save**. For each additional prior creditable prescription drug coverage time frame, click **Add Another Date Range**.

6. In the **Documentation** section:
   a. Click the **Choose files** icon.
   b. Navigate to and select the document to upload.
   c. Click **Open**.
      - If you want to upload another document, repeat steps 6a - 6c.

7. Click **Submit**. A confirmation receipt is displayed.

8. When you are finished working in the portal, in the top-right corner of the page, click **Log Out**.

Upload Additional Information

Health plans and providers can submit additional information via the portal. Additional information may be submitted only for appeals which MAXIMUS has already received.

1. On the menu bar, click **Upload Additional Information**.

2. In the **Project** field, select the project for which you are submitting additional information.

3. Complete the **QIC Appeal number** field or **QIC Portal Temp ID** field.

4. If desired, in the **Additional Information Document details** section, describe the information you are uploading.

5. In the **Document Upload** section, attach the necessary files.

6. Click **Submit**.
Appendix:

Deactivate a Contract - Health Plan QIC Portal Administrator

Health plan QIC Portal Administrators have the ability to deactivate plan contract numbers of additional user accounts. Additional users cannot deactivate plan contract numbers.

1. On the menu bar, click User Management.
2. To deactivate a contract number, in the Approved Users section, for the approved user for whom the contract number is assigned, click Expire Contract.
3. In the Expire Contract dialog box, click Confirm.

Deactivate an Additional User - All QIC Portal Administrators

QIC Portal Administrators have the ability to deactivate additional user accounts for which he/she administers.

1. On the menu bar, click User Management.
2. To deactivate a user, in the Approved Users section, for the desired user, click Expire User.
3. In the Expire User dialog box, click Confirm.

Note: Deactivated contract numbers of additional users are listed in the User Management page’s Denied/Expired Users section.

Note: Additional users that have been deactivated are listed in the User Management page’s Denied/Expired Users section.
### Part C - Medicare Reconsideration Request Form

The table below provides a general description of the form’s sections and the information requested in each.

<table>
<thead>
<tr>
<th>Section</th>
<th>Information Requested</th>
</tr>
</thead>
</table>
| Medicare Managed Care Reconsideration Background Data Form | • Case priority  
• Issue Category  
  - When selecting **Appellant Dismissal Case File**, complete the QIC Appeal Number and Plan’s Dismissal Reason fields.  
  - When selecting **Other**, complete the Please Provide Category field.  
• Did the case involve a medical necessity review? |
| Enrollee Information | • Name, address, Medicare Number (MBI) or HIC # (10 characters min., 20 max.), etc.  
• Is/Was the enrollee in Hospice?  
• Language, communication requirements? |
| Appeal Requestor Data | • Appeal requestor party type  
  - If Representative, enrollee’s estate, or non-contract provider, indicate if required documentation is in the case file.  
• Requestor’s name, address, phone |
| Medicare Health Plan (MHP) Data | • CMS Contract #, name, type  
• **Pre-populated:** Address |
| Medicare Health Plan (MHP) Contact Person for this Reconsideration | • **Pre-populated:** Name, e-mail, phone, fax  
• Alternate contact (optional) |
| MHP Organization Determination | • Initial authorization request or claim submission date  
• Plan’s initial denial date  
• Expedited request made/granted?  
• Plan extension taken? |
| MHP Reconsideration | • Reconsideration request date  
• Reconsideration determination date  
• Expedited request made/granted?  
• Plan extension taken? |
| Provider Identification Data (Optional) | • Provider name  
• Speciality  
• Records requested/received?  
• Contract provider?  
• Services requested/received outside of MHP’s service area/network? |
### Definition of Denied Services or Claims

- Items/services in dispute
- Diagnosis (optional), item/service codes, (optional)

---

### Part D - Drug Submit a Case File Form

The table below provides a general description of the form’s sections and the information requested in each.

<table>
<thead>
<tr>
<th>Sections</th>
<th>Information Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Plan Information</strong></td>
<td>• CMS contract #, plan name, type, ID, formulary ID</td>
</tr>
<tr>
<td></td>
<td>• <strong>Pre-populated:</strong> Current portal user’s name, address, e-mail, phone, fax</td>
</tr>
<tr>
<td><strong>Appeal Information</strong></td>
<td>• QIC appeal number</td>
</tr>
<tr>
<td></td>
<td>• Appeal priority, type</td>
</tr>
<tr>
<td></td>
<td>• Case an auto-forward?</td>
</tr>
<tr>
<td></td>
<td>- If <strong>No</strong> is selected, completing the Plan Level 0 and Plan Level 1 sections is required.</td>
</tr>
<tr>
<td></td>
<td>- If <strong>Yes</strong> is selected, select the level at which the case was auto-forwarded. If the case was auto-forwarded at the Coverage Determination level, completing the Plan Level 0 section is required only.</td>
</tr>
<tr>
<td><strong>Requestor</strong></td>
<td>• Appeal requestor party type</td>
</tr>
<tr>
<td></td>
<td>• If Other is selected, complete the Representative Information section</td>
</tr>
<tr>
<td><strong>Enrollee Information</strong></td>
<td>• Medicare Number (MBI) or HIC # (10 characters min., 20 max.), name, address, phone</td>
</tr>
<tr>
<td></td>
<td>• Language, communication requirements?</td>
</tr>
<tr>
<td><strong>Plan Level 0: Coverage Determination</strong></td>
<td>• Coverage determination request date</td>
</tr>
<tr>
<td></td>
<td>• Expedited request made/granted?</td>
</tr>
<tr>
<td><strong>Plan Level 1: Redetermination</strong></td>
<td>• Redetermination request date</td>
</tr>
<tr>
<td></td>
<td>• Expedited request made/granted?</td>
</tr>
<tr>
<td><strong>Prescriber and Drug Benefit in Dispute Information</strong></td>
<td>• Prescriber’s name, address, phone, fax</td>
</tr>
<tr>
<td></td>
<td>• Drug name, strength, brand/generic, off-formulary</td>
</tr>
<tr>
<td></td>
<td>• Denial rationale</td>
</tr>
<tr>
<td><strong>Exhibits Instructions</strong></td>
<td>• Select the procedural/evidentiary documents that will be uploaded as part of the case file.</td>
</tr>
</tbody>
</table>
**Part D - LEP Submit a Case File Form**

The table below provides a general description of the form’s sections and the information requested in each.

<table>
<thead>
<tr>
<th>Sections</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Health Plan Information** | • CMS contract #, plan name, ID, type  
  • **Pre-populated**: Current portal user’s name, address, e-mail, phone, fax |
| **Appeal Information** | • QIC appeal number  
  • Date on LEP notice  
  • Date range indicating the gap in creditable prescription drug coverage |
| **Enrollee Information** | • Medicare Number (MBI) or HIC # (10 characters min., 20 max.), name, address, phone, birth date  
  • Language, communication requirements? |
| **Late Enrollment Penalty (LEP) Information (Optional)** | • Date on the declaration of prior prescription drug coverage  
  • Date the declaration of prior prescription drug coverage received by plan  
  • Prior prescription drug coverage dates  
  • Did the enrollee have previous creditable coverage with your organization?  
  • Was beneficiary previously disenrolled from your plan? |
| **Exhibits Instructions** | • Procedural and evidentiary document checklist. Select the documents that will be included as part of the case file. |
| **Overview of Issues** | • Brief description of issues at appeal |
| **Timeline of Facts** | • Chronology of pertinent facts/ findings |
| **Documentation** | • Upload applicable case file documents. |
My Account Page

On the My Account page (accessed from the menu bar) you can change your security question and answer. You can change your password by clicking **Go to change password page** and completing the Update Password form.
## Version Control

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Version</th>
<th>Author</th>
<th>Summary of change</th>
<th>Reviewed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/15/2017</td>
<td>1.0</td>
<td>Eric Heller</td>
<td>Base version</td>
<td>Stephen Geng</td>
</tr>
<tr>
<td>08/01/2017</td>
<td>1.1</td>
<td>Eric Heller</td>
<td>Interface update for all registration procedures: Changed Cell Phone to Mobile Phone, added Appeal Contact Phone field.</td>
<td>Stephen Geng</td>
</tr>
<tr>
<td>03/09/2018</td>
<td>1.2</td>
<td>Eric Heller</td>
<td>Pg.29, 35, 36, 37: Added MBI field. Pg.35: Added Issue Category, Appellant Dismissal info.</td>
<td>Stephen Geng</td>
</tr>
<tr>
<td>03/21/2019</td>
<td>1.3</td>
<td>Eric Heller</td>
<td>Pg.33 Added Upload Additional Information procedure.</td>
<td>Stephen Geng</td>
</tr>
</tbody>
</table>