

QIC Appeals: Portal User Guide

Version 1.6

Controlled electronic version prevails over printed copy of this document.

Provided by MAXIMUS Federal Instructional Design Team based in Pittsford, NY.

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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 and Part B (DME) appeals, and Part C case files. This guide is intended to be used by Medicare health plans, providers, suppliers 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 Environment

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, 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
- 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 B (DME):** Medicare suppliers and their representatives can submit *reconsideration appeal requests* for DME items/services that have been denied coverage at the redetermination level.
- **Medicare Part C:** Health plans can submit *case files*.

Qualified Independent Contractor (QIC) for Medicare Appeals

[SIGN IN](#)
[REGISTER](#)
[DECISION SEARCH](#)

Welcome to the QIC Appeals Portal for Independent Review of Medicare appeals, operated on behalf of The Centers for Medicare and Medicaid Services.

[Sign in](#)

Who May Register?

The QIC Portal is intended for use by healthcare providers, suppliers, office staff, billing companies, and Medicare health plans.

[Register](#)

Decision Search

If you wish to view the decisions for Part C please follow the link to the Decision Search.

[Decision Search](#)

Please follow the link to the [Portal User Guide](#) for instruction prior to registering.

This system is for the use of authorized users only. Individuals using this computer system without authority, or in excess of their authority, are subject to having all of their activities on this system monitored and recorded by system personnel. In the course of monitoring individuals improperly using this system, or in the course of system maintenance, the activities of authorized users may also be monitored. Authorized users using this system improperly or accessing areas beyond their authorization may have their authorization revoked and face disciplinary action including termination of employment. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

[Contact Us](#)
[About Us](#)
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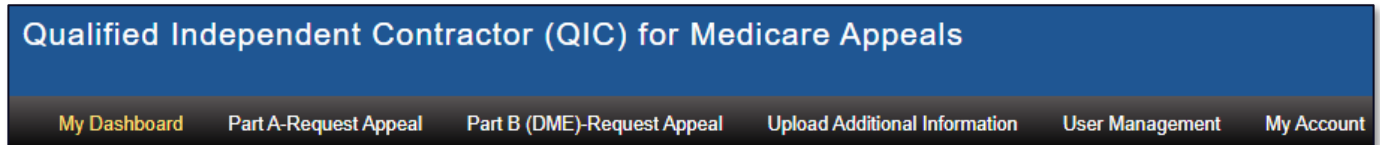
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Portal Navigation

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, provider, or supplier). The graphic below shows the provider/supplier menu bar.

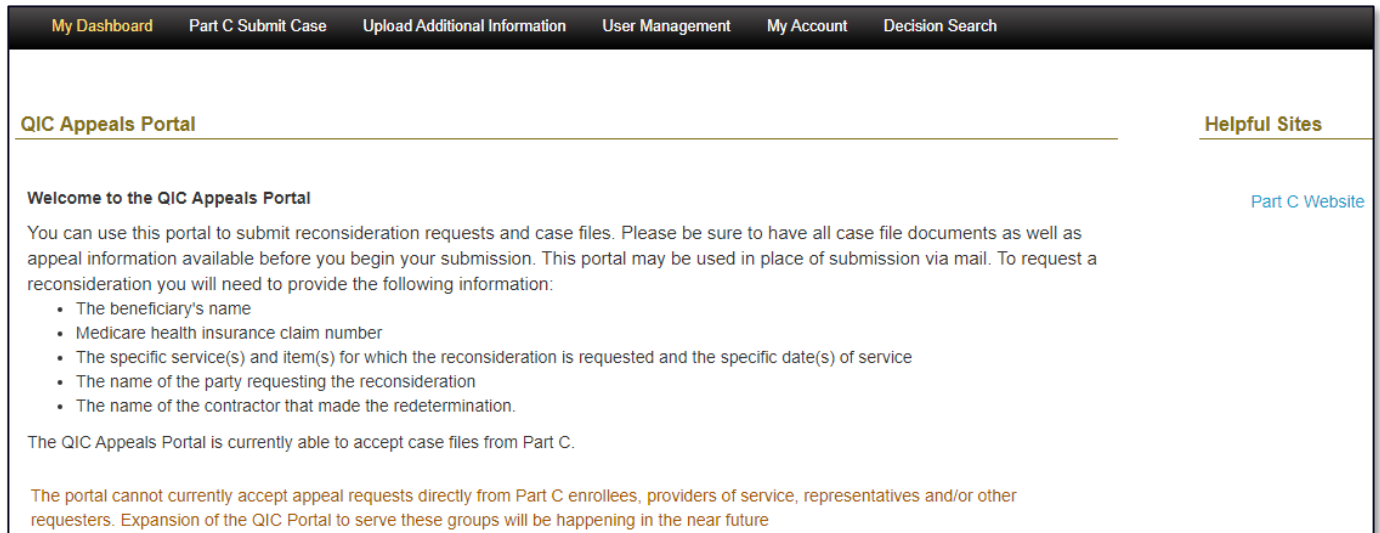
Provider/supplier menu bar



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.

Plan menu bar - QIC Appeals Portal page



Working with Portal Forms

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

▼ Appeal Information	
QIC Appeal Number	Appeal Priority
<input type="text"/>	<input type="radio"/> Expedited <input type="radio"/> Standard
Is this case an Auto-Forward?	
<input type="radio"/> Yes <input type="radio"/> No	
► Requestor	
Enrollee Information	
Health Insurance Claim Number (HIC #)	First Name
<input type="text"/>	<input type="text"/>
Address 1	Address 2 (optional)
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	<input type="text" value="Please choose"/> ▼
Phone	
<input type="text"/>	
Does the Enrollee require the Reconsideration Notice to be in a language other than English?	
<input type="radio"/> Yes <input type="radio"/> No	
Does the Enrollee require communication be made in any alternate format?	
<input type="radio"/> Yes <input type="radio"/> No	

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 Requestor to expand the Requestor section and display the section's fields.

Requestor	
Party Appealing	Organization
<input type="text" value="Please choose"/>	<input type="text" value="Test Hospital"/>
Requestor Name	
<input type="text" value="Bob Smith"/>	
Address 1	Address 2
<input type="text" value="200 Back Street"/>	<input type="text"/>

Click the arrow  again to collapse the section.

QIC Multi-Factor Authentication

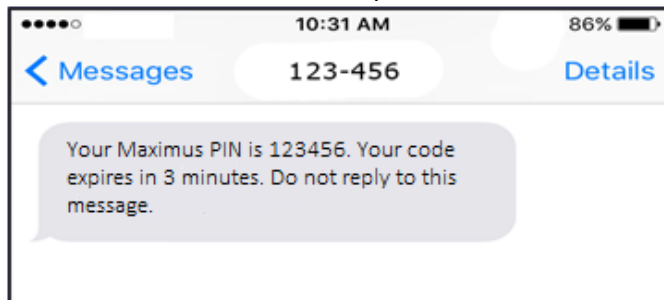
We don't have to tell you that data security is important, especially in the health care industry. In fact, it is critical for every individual and business, and essential for Maximus. We need to protect PHI, PII and proprietary company information. Simple passwords are no longer enough. We need to up 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.

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



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

We have delivered the authentication code by SMS to +***** 1234. Please enter the code to complete authentication.

Sign in

NOTE: The token number is valid for approximately three 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.

NOTE: Reasons Maximus Federal may disapprove a request include:

The organization sends a registration request multiple times.

The request is not completed correctly (e.g., misspelling).

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

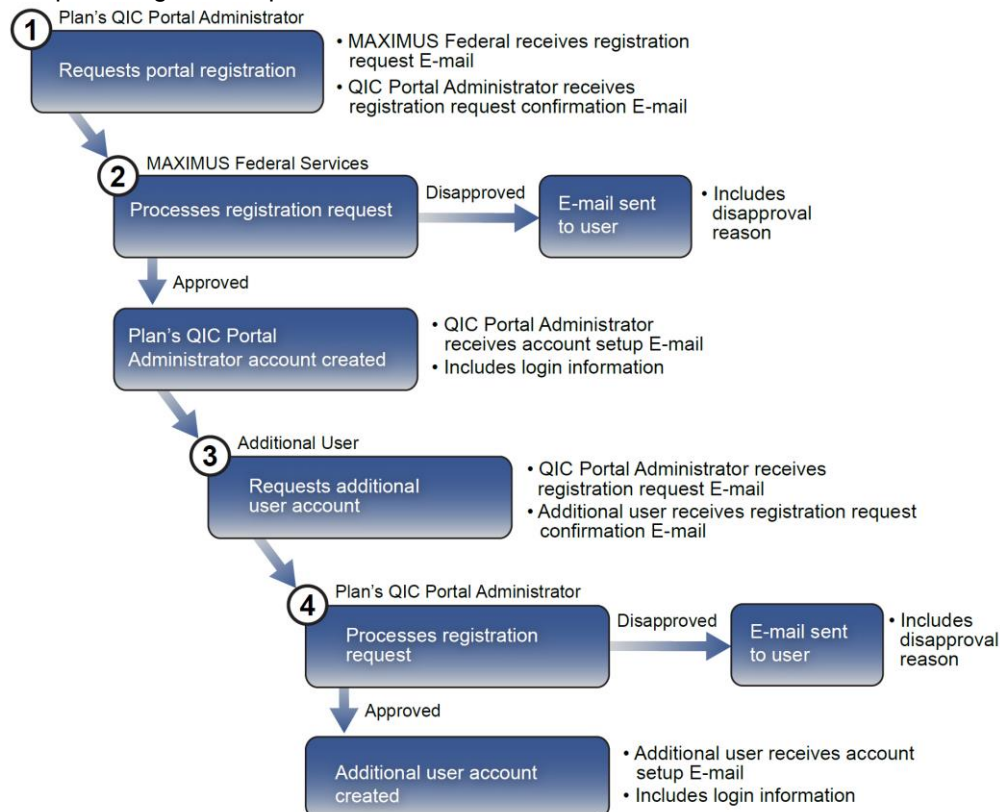
When the request is approved, a QIC Portal Administrator account is created for the person indicated in the registration request. The QIC Portal Administrator receives an account activation e-mail containing portal login credentials.

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.



QIC Portal Administrator Procedures

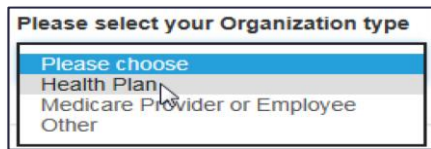
Request Portal Registration - QIC Portal Administrator

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 left 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 to 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):

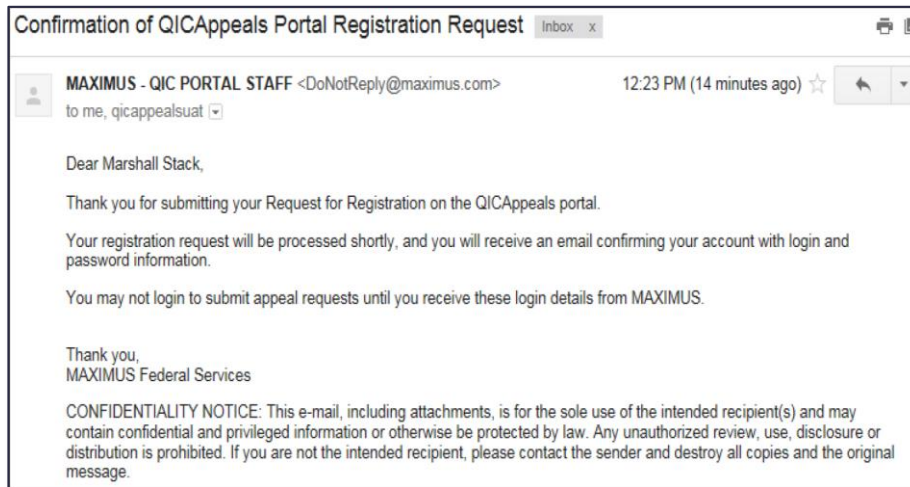
- First Name, Last Name, Title
- Address 1 - The address for which you would like to receive mail correspondence
- Address 2 (optional)
- City, State, Zip Code
- Registration Phone - Type the **cell phone** number to which you would like to receive your authentication token text message. Maximus will NOT contact you at this number regarding your appeal/documentation submissions.
- Appeal Contact Phone - Type the phone number by which Maximus may contact you, if necessary. This number appears on each appeal submitted.
- Decision Letter Fax
- Request for Information Fax

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

- Click **Submit**. Confirmation of your registration request is displayed.



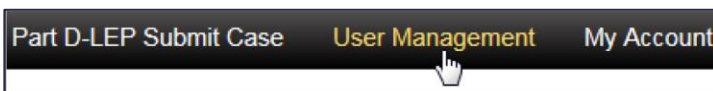
Shortly after submitting your registration request, you will receive a confirmation e-mail.



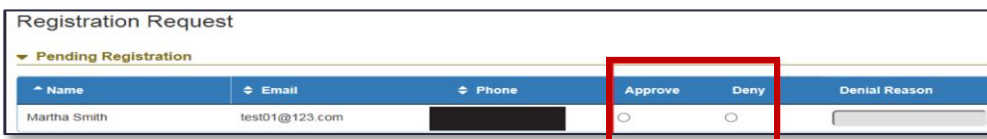
Administer Additional User Accounts - QIC Portal Administrator

The 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.

- Log into the portal.
- On the portal **menu bar**, click **User Management**.



- 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**.

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 or deactivate the user's access to a specific plan contract.

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**.

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

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

Associated Plans				
Plan Contract Number	Legal Entity Name	Contract Administrator	Contact Phone Number	Role
H0028	Humana Health	Marshall Stack	555-555-5555	Administrator

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

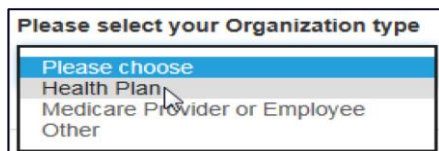
Request Portal Registration - Additional User

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**.

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

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.

Is Marshall Stack, Plan Portal Administrator the correct QIC Portal Administrator?

☐ Yes ☐ No

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
- Registration Phone - Type the **cell phone** number to which you would like to receive your authentication token text message. Maximus will NOT contact you at this number regarding your appeal/documentation submissions.
- Appeal Contact Phone - Type the phone number by which Maximus may contact you, if necessary. This number appears on each appeal submitted.
- 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.



Add an Associated Plan - Additional User

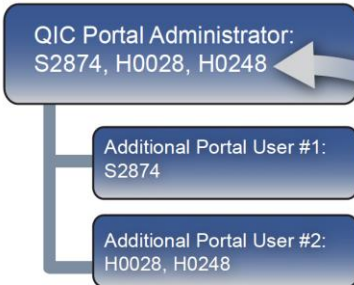
Before an additional user can perform tasks related to a particular plan, the additional user needs to add the specific plan to his/her account. An additional user can add any plans that exist in the system, even plans that are not administered by his/her own QIC Portal Administrator.

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.

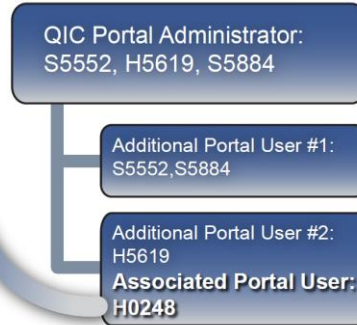
Humana Gold Plus plan is registered with the QIC portal. The plan's QIC Portal Administrator has added the Humana Gold Plus plan contract numbers (S5552, H5619, S5884) for which the administrator is responsible to his/her account. In addition, the QIC Portal Administrator has approved two additional 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.

HUMANA HEALTH



HUMANA GOLD PLUS



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.

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.

Test Health Plan Two - Marshall Stack

Would you like to add this plan to your account?

☐ Yes ☐ No

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.

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.

▼ Associated Plans				
▲ Plan Contract Number	Legal Entity Name	Contract Administrator	Contact Phone Number	Role
S1234	Test Health Plan	Marshall Stack		User

- If you select **No**, you can repeat steps 2 through 5 using a different contract number.

Medicare Provider/Supplier/Employee Portal Registration Procedures

Portal Registration Process

Each Medicare provider or supplier must submit a request for registration before being granted access to the portal. The first individual who submits a registration request for the provider/supplier is designated as the QIC Portal Administrator for that provider/supplier. Only one QIC Portal Administrator account is created for each provider/supplier. 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/supplier should determine the individual who will be the QIC Portal Administrator.

Upon receiving the registration request, Maximus Federal 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.

NOTE: Reasons Maximus Federal may disapprove a request include:

The organization sends a registration request multiple times.

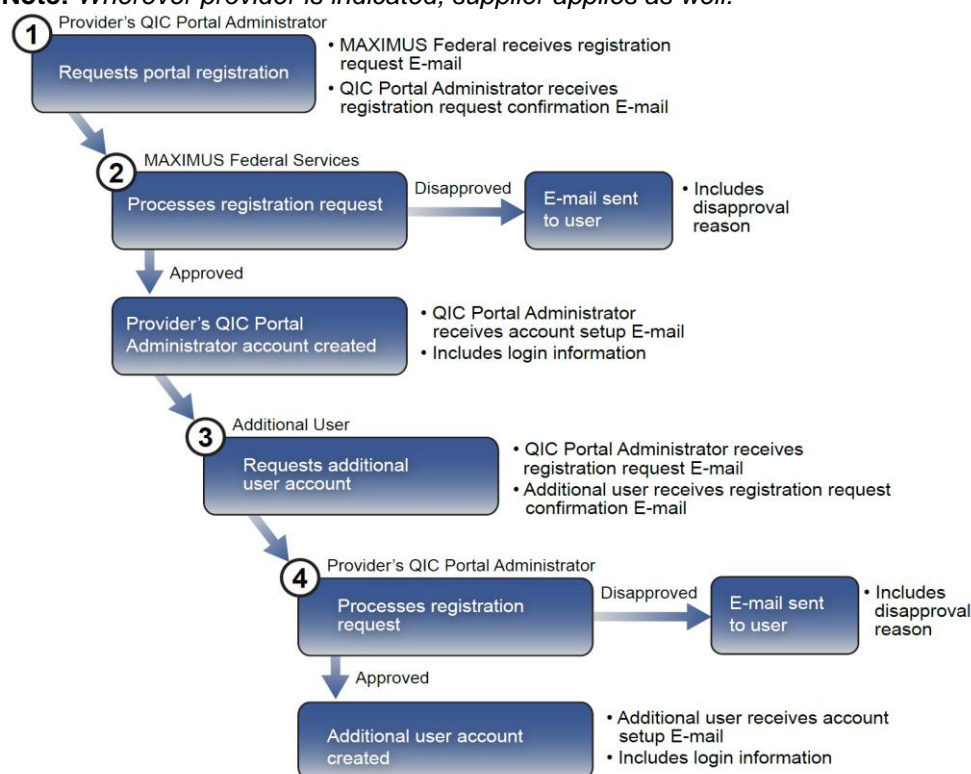
The request is not completed correctly (e.g., misspelling).

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: Wherever provider is indicated, supplier applies as well.



QIC Portal Administrator Procedures

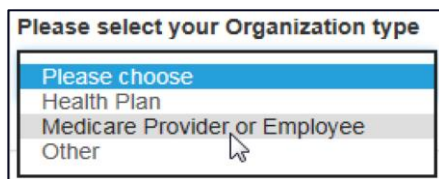
Request Portal Registration - QIC Portal Administrator

IMPORTANT: This registration procedure applies to the provider's/supplier'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**.



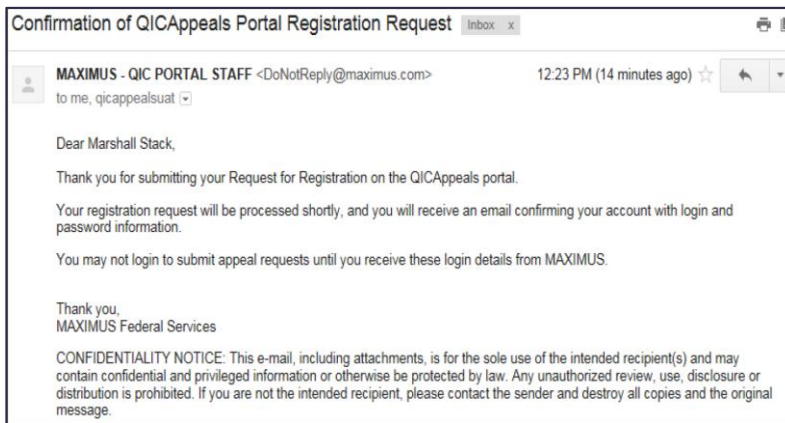
5. In the **NPI** field, enter your organization's National Provider Identifier (NPI). While you may only register one NPI to your account, you may submit cases for any other NPI by noting the change in the free text fields on the appeal submission form.
6. Click **Enter**.
7. For the question "No record 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

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

- 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. Click **Submit**. Confirmation of your registration request is displayed.



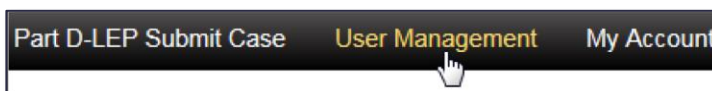
Shortly after submitting your registration request, you will receive a confirmation e-mail.



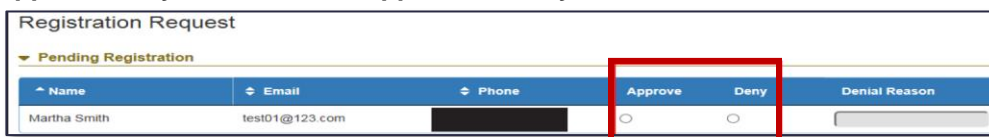
Administer Additional User Accounts - QIC Portal Administrator

The 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 done working in the portal, in the top-right corner of the page, click **Log out**.

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.

Additional User Procedures

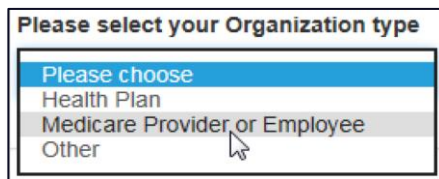
Request Portal Registration - Additional User

Each individual within an organization who desires portal access must submit a request for portal registration. The provider's/supplier'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). While you may only register one NPI to your account, you may submit cases for any other NPI by noting the change in the free text fields on the appeal submission form.
6. Click **Enter**. The system displays the name of the organization/provider based on the NPI you entered in step 5.

Is the Organization below correct?	
<input type="radio"/> Yes	<input type="radio"/> No
Organization/Provider Details	
Organization/Provider	Primary Contact
Test Hospital	Bob Smith

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

- Registration Phone - Type the **cell phone** number to which you would like to receive your authentication token text message. Maximus will NOT contact you at this number regarding your appeal/documentation submissions.
 - Appeal Contact Phone - Type the phone number by which Maximus may contact you, if necessary. This number appears on each appeal submitted.
 - Fax
9. Click **Submit**. Confirmation of your registration request is displayed.



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



Portal Registration Procedures for Other Organization Types

This section applies to organizations, such as appeal representative organizations, that submit appeals on behalf of health plans or health care providers/ suppliers.

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.

NOTE: Reasons Maximus Federal may disapprove a request include:

The organization sends a registration request multiple times.

The request is not completed correctly (e.g., misspelling).

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

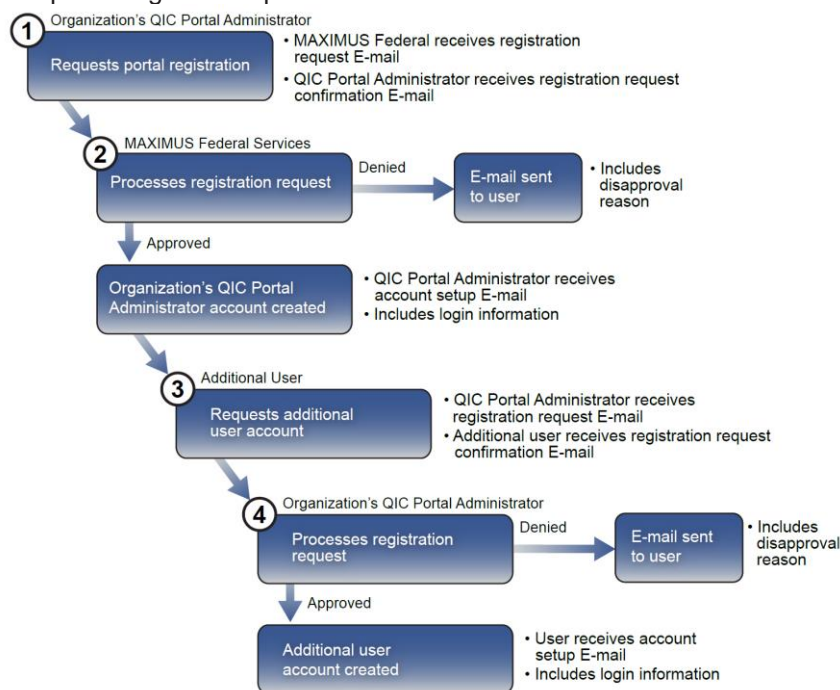
When the request is approved, a QIC Portal Administrator account is created for the person indicated in the registration request. The QIC Portal Administrator receives an account activation e-mail containing portal login credentials.

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.



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

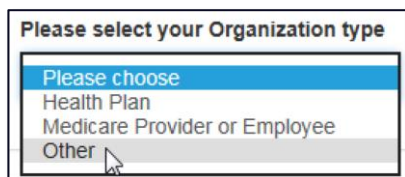
Request Portal Registration - QIC Portal Administrator

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**.

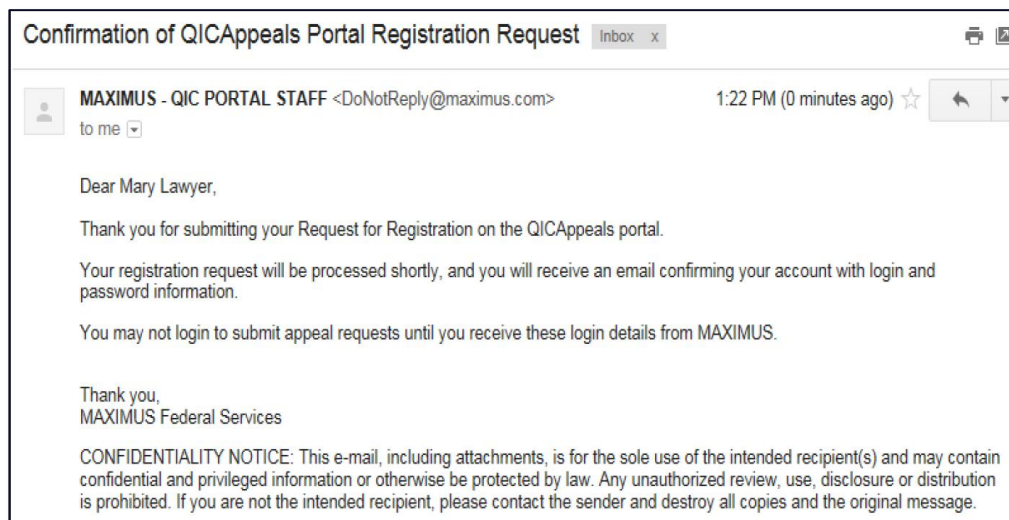


5. In the **EIN** field, enter your organization's Employer Identification Number (EIN).
6. Click **Enter**.
7. For the question "No record of this unique identifier exists in our system, would you like to register this number?" select **Yes** or **No**.

- 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**.

☒ I Mary Lawyer authorize individuals registered as Submitters with my organization, to submit appeals on my behalf.

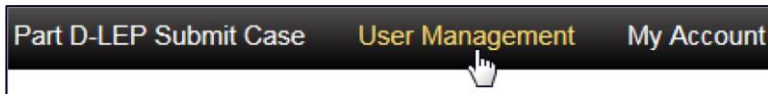
- 11. Click **Submit**. Confirmation of your registration request is displayed. Shortly after submitting your registration request, you will receive a confirmation e-mail.



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**.

Registration Request						
▼ Pending Registration						
Approve	Deny	Name	Email	Phone	Denial Reason	
<input type="radio"/>	<input type="radio"/>	Sally Jones	ejheller201602@gmail.com	585-354-4334		

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.

▼ Approved Users						
Name	Email	Contract#	Entity Name	Date Added	Expire User	
Marshall Stack	ejheller2016@gmail.com	No Plan	No Plan		Expire User	
Sally Jones	ejheller201602@gmail.com	No Plan	No Plan		Expire User	

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.

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

Additional User Procedures

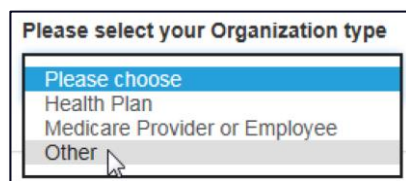
Request Portal Registration - Additional User

Each individual within an organization who desires portal access must submit a request for portal registration. The 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

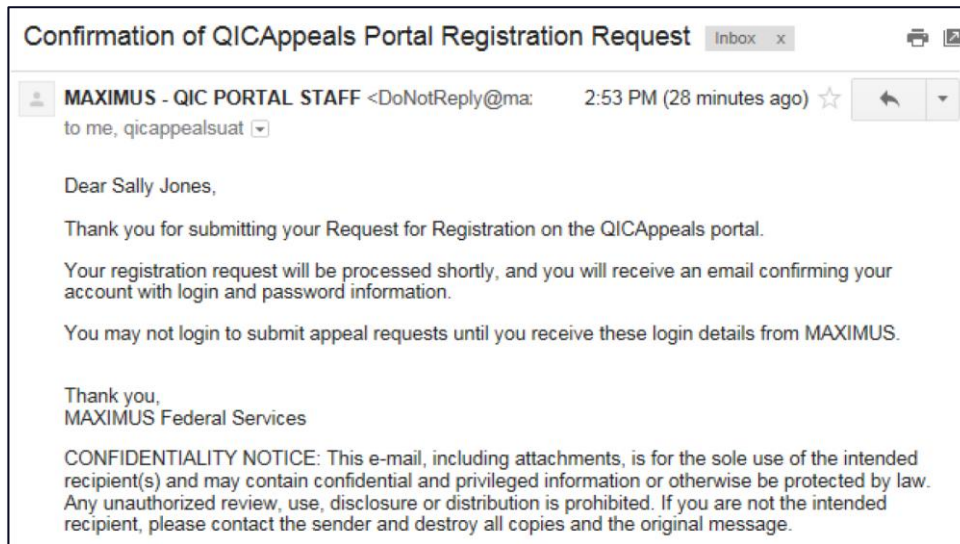
9. For the question “Will you as the Associated User be requesting appeals through this portal?” select **Yes** or **No**.

NOTE: An organization can have multiple requestors and submitters.

- 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. 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**.

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

10. Click **Submit**. Confirmation of your registration request is displayed. Shortly after submitting your registration request, you will receive a confirmation e-mail.

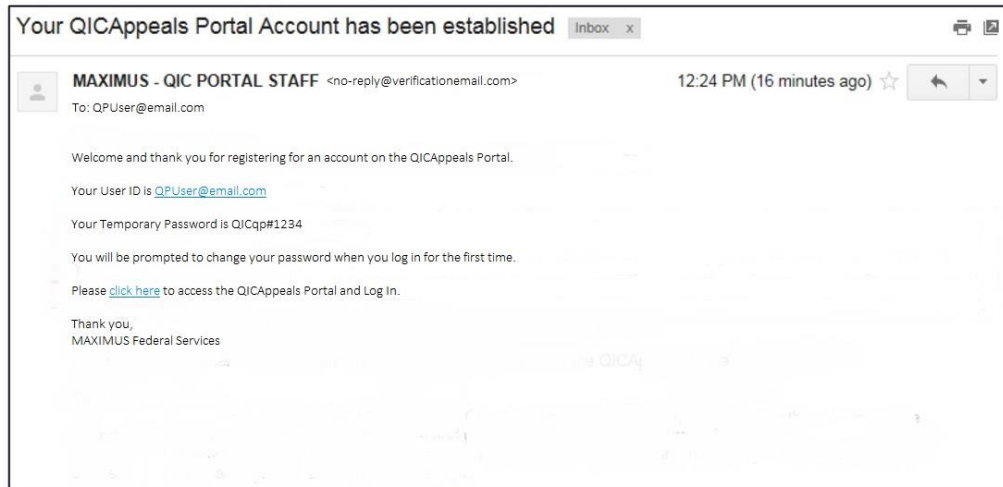


First Time Login Instructions

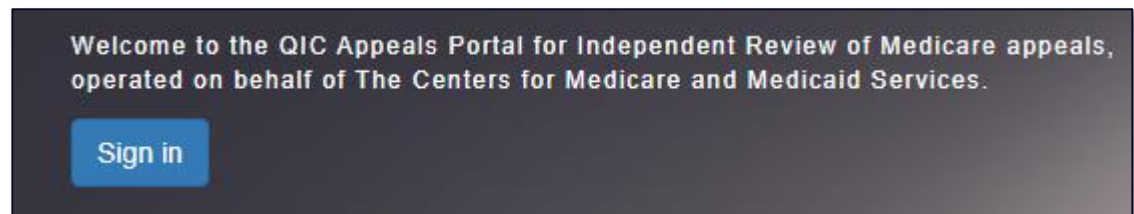
When you log into the portal the first time, you are prompted to change your password and answer one password security question.

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*.

NOTE: If you don't see an e-mail with this subject in your inbox, check in the e-mail program's spam (junk) folder.

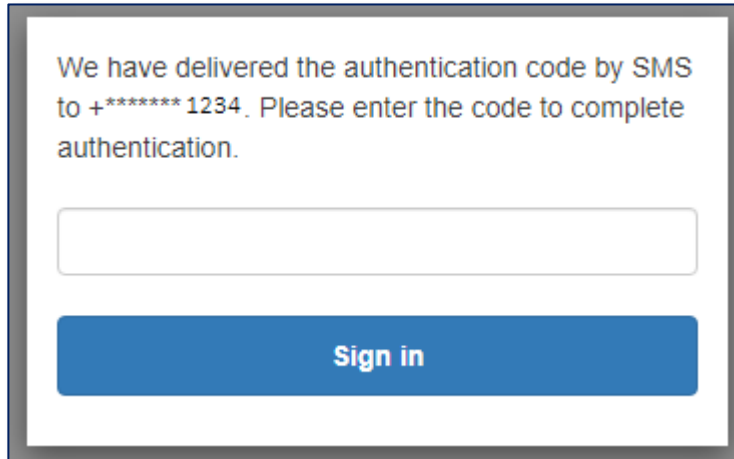


2. In your browser, access **<https://QICAppeals.cms.gov>** (or in the e-mail indicating that your account has been established, click the **click here** link).
3. On the homepage, click **Sign in**.



4. In the **Email Address** field, enter your *User ID*.
5. In the **Password** field, enter the *temporary password* indicated in the "Your QICAppeals Portal Account has been established" e-mail.
6. Click **Sign in**.

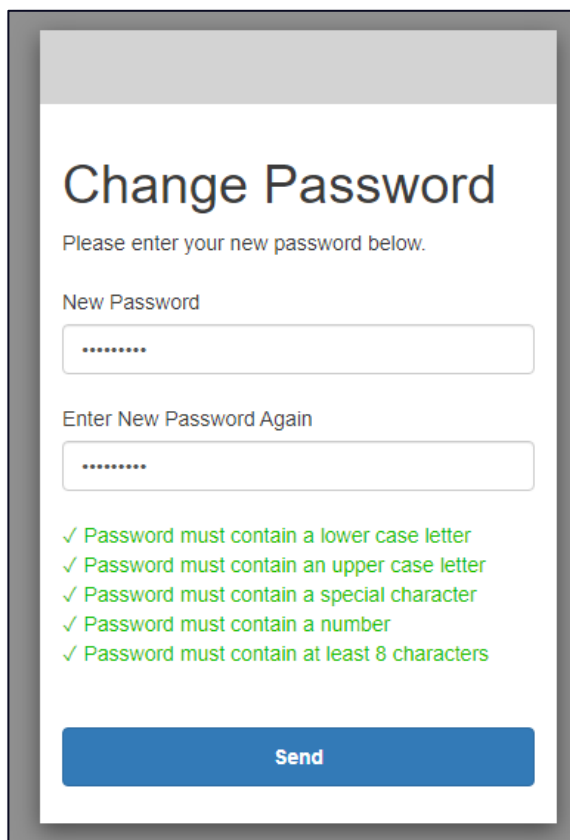
7. In the **Token** field, enter the Maximus pin you received (on your cell phone)



We have delivered the authentication code by SMS to +***** 1234. Please enter the code to complete authentication.

Sign in

8. Click **Sign in**.
9. In the **New Password** and **Enter New Password Again** fields, type your new password (must meet the password policy requirements).



Change Password

Please enter your new password below.

New Password

Enter New Password Again

- ✓ Password must contain a lower case letter
- ✓ Password must contain an upper case letter
- ✓ Password must contain a special character
- ✓ Password must contain a number
- ✓ Password must contain at least 8 characters

Send

10. Click **Send**.
11. You will receive another authentication code SMS message. Enter the authentication code and click **Sign in**.
12. Read the "Terms and Conditions of Use" information.

13. At the bottom of the "Terms and Conditions of Use" page, click

I Agree

Appeal Request/Case File Submission Procedures

Request an Appeal - Medicare Part A, Part B (DME) Appeals

A user may request a reconsideration appeal via the portal for Part A or Part B (DME) services that have been denied coverage at the redetermination level.

1. Log into the portal.
2. On the menu bar, if submitting a:
 - Part A appeal, click **Part A - Reconsideration Appeal Request**.
 - Part B (DME) appeal, click **DME - Request Appeal**.
3. In the **Redetermination** section, complete the following fields (all fields are required except where indicated):
 - MAC That Issued Redetermination (REQUIRED)
 - 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)

* Must be between 10 and 20 characters.

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/supplier or provider/supplier 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.

<input checked="checked" type="checkbox"/>	Requestor Name
Check here if you would like to submit an appeal on behalf of another requestor for your Organization	<div style="border: 1px solid #ccc; padding: 2px;"> Please choose ▼ </div>

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

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.

Submitter Name	Requestor Name
Pat Kane	Please choose Stephen Gold Mary Lawyer

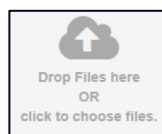
7. In the **Provider** section, enter the provider's name.
8. In the **Claim Details** section, complete the following fields:
 - Claim Number (optional)
 - Item/Service Type
 - Date(s) of Service (From, To)

IMPORTANT: If you do not click **Save** on the Claim Details section, the claim information will not be submitted with the form.

9. Click **Save**.
10. For each additional claim:
 - a. Click **Add Another Claim**
 - b. Repeat steps 8 and 9.
 - c. To delete an added claim, click the 'x' at the end of the row.

11. In the **Upload Supporting Documents** section:

- a. Click the **Choose files** icon.



NOTE: Only PDF documents can be uploaded.

- b. Navigate to and select the document to upload.
 - c. Click **Open**.
 - d. If you want to upload another document, repeat steps 11a - 11c.
 - e. To delete an uploaded document, click the 'x' at the end of the row.
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 prior to receiving an acknowledgement letter.

Thank you for submitting your appeal for the services provided to J. BENEFICIARY, **3123A.

Your request was submitted and has been received on **Tue Mar 29, 2016 at time 10:49 AM ET**.

Your temporary ID, should you need to contact us prior to receiving your mailed Acknowledgment Letter is **Q16-00000067**.

Please note that you are not required to submit a paper copy of this Case File and doing so could delay processing of the appeal.

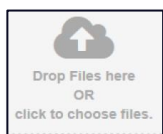
[Print This Page](#)
[Save as PDF](#)

13. When you are finished working in the portal, in the top-right corner of the page, click **Log Out**. You will then receive an email confirming the successful receipt of your submission.

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. To delete an added provider, click the ‘x’ at the end of the row.
 - c. 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**.
 - d. If you want to upload another document, repeat steps 6a - 6c.
 - e. To delete an uploaded document, click the ‘x’ at the end of the row.
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**.
 - d. If you want to upload another document, repeat steps 7a - 7c.

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

IMPORTANT: If you do not click **Save** in the **Provider Identification Data** section, the provider information will not be submitted with the form.

NOTE: Only PDF documents can be uploaded.

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 prior to receiving an acknowledgement letter.

Thank you for submitting your appeal for the services provided to J. BENEFICIARY, **3123A.

Your request was submitted and has been received on **Tue Mar 29, 2016 at time 10:49 AM ET**.

Your temporary ID, should you need to contact us prior to receiving your mailed Acknowledgment Letter is **Q16-00000067**.

Please note that you are not required to submit a paper copy of this Case File and doing so could delay processing of the appeal.

[Print This Page](#) [Save as PDF](#)

9. When you are finished working in the portal, in the top-right corner of the page, click **Log Out**. You will then receive an email confirming the successful receipt of your submission.

Upload Additional Information

Health plans and providers/suppliers 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.

My Dashboard **Part C Submit Case** **Part D-Drug Submit Case**

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 can 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**.

Sally Jones	201602@gmail.com	S1234	Test Health Plan	03/21/2016	Expire Contract
-------------	------------------	-------	------------------	------------	---------------------------------

3. In the **Expire Contract** dialog box, click **Confirm**.

Expire Contract

deactivate this contract
S1234 for the User Sally
Jones User Id:
201602@gmail.com?

CONFIRM CANCEL

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**.

Approved Users					
Name	Email	Phone	Role	Date Added	Expire User
Pat Kane	test88@123.com	555-555-5555	Submitter	03/31/2016	Expire User

3. In the **Expire User** dialog box, click **Confirm**.

Expire User

Are you sure you want to
deactivate User Pat Kane User Id
test88@123.com?

CONFIRM CANCEL

Part C - Medicare Reconsideration Request Form

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

Section	Information Requested
Medicare Managed Care Reconsideration Background Data Form	<ul style="list-style-type: none"> • Case priority • Issue Category <ul style="list-style-type: none"> ○ 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. • Is this case an Auto-Forward? • Did the case involve a medical necessity review?
Enrollee Information	<ul style="list-style-type: none"> • Name, address, phone, Medicare Number (MBI) or HIC # (10 characters min., 20 max.) • Is/Was the enrollee in Hospice? • Language/communication requirements
Appeal Requestor Data	<ul style="list-style-type: none"> • Appeal requestor party type <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • CMS Contract #, name, type • Pre-populated: Address
Medicare Health Plan (MHP) Contact Person for this Reconsideration	<ul style="list-style-type: none"> • Pre-populated: Name, e-mail, phone, fax • Alternate contact (optional)
MHP Organization Determination	<ul style="list-style-type: none"> • Initial authorization request or claim submission date • Plan's initial denial date • Expedited request made/granted? • Plan extension taken?
MHP Reconsideration	<ul style="list-style-type: none"> • Reconsideration request date • Reconsideration determination date • Expedited request made/granted? • Plan extension taken?
Provider Identification Data (Optional)	<ul style="list-style-type: none"> • Provider name • Specialty • Records requested/provided? • Contract provider? • Services requested/received outside of MHP's service area/network?
Definition of Denied Services or Claims	<ul style="list-style-type: none"> • Items/services in dispute • Diagnosis (optional), item/service codes, (optional)

My Account Page

On the My Account page (accessed from the menu bar) you can change your password by clicking **Go to change password page** and completing the Update Password form.

<input type="button" value="Update"/>	<input type="button" value="Do Not Save Changes"/>	<input type="button" value="Go to change password page"/>
---------------------------------------	--	---

My Account

Update Password

Current Password	New Password	Verify New Password
<input type="password"/>	<input type="password"/>	<input type="password"/>

PASSWORD POLICY:
Password

1. Password must contain a lower case letter
2. Password must contain an upper case letter
3. Password must contain a special character
4. Password must contain a number
5. Password must contain at least 8 characters

<input type="button" value="Update"/>	<input type="button" value="Do Not Save Changes"/>
---------------------------------------	--

Revision History

Revision Date	Version	Author	Summary of Change	Reviewed by:	
				Department Rep.	Project Rep.
02/15/2017	1.0	E. Heller	Base version.	Stephen G	
08/01/2017	1.1	E. Heller	Interface update for all registration procedures: Changed Cell Phone to Mobile Phone, added Appeal Contact Phone field.	Stephen G	
03/09/2018	1.2	E. Heller	Pg.29, 35, 36, 37: Added MBI field. Pg.35: Added Issue Category, Appellant Dismissal info.	Stephen G	
03/21/2019	1.3	E. Heller	Pg.33 Added Upload Additional Information procedure.	Stephen G	
09/16/2019	1.4	E. Heller	Pgs 2-6, 16-19, 29, 33: Updated to include Part B DME.	Stephen G	
01/29/2021	1.5	I. Caspersson	MAXIMUS to Maximus, Removed references to Part D.	Chelsea S	
02/18/2016	1.5	I. Caspersson	Converted to MS Word.	n/a	
06/15/2021	1.6	C. Snelling	Updated registration, login, and other procedures to reflect new under AWS. Incorporated new screenshots to reflect updated homepage and login/registration functionality.	Sarah K	Tammy T Katy H Danielle M