



## Qualified Independent Contractor (QIC) Portal User Guide

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Controlled electronic version prevails over printed copy of this document.

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## Introduction

The QIC Portal User Guide describes the portal environment and 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 healthcare providers, suppliers, office staff, billing entities and Medicare health plans.

After reviewing the portal environment and registration overview information on the next few pages, go to the portal registration page that applies to your type of organization for help getting started.

## About the QIC Portal

The QIC Portal is a web application that enables users to electronically submit reconsideration appeal requests, case files and additional information to Maximus, eliminating the need to fax or mail them.

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

- Quick submission of appeal information and related documentation
- Immediate on-screen acknowledgement that the documentation has been received by Maximus
- Follow-up email confirmation

QIC Portal users can submit the following types of appeal documentation directly to Maximus:

- **Medicare Part A:** Medicare providers, their representatives and State Medicaid agencies can submit *reconsideration* appeal requests and *additional information* 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 and *additional information* for DME items/services that have been denied coverage at the redetermination level.
- **Medicare Part C:** Health plans can submit *case files*, *additional information*, *requests to dismiss an ongoing reconsideration appeal* and *compliance notices*.

## Registration Procedures for Health Plans

### Registration Process Overview

#### QIC Portal Administrators

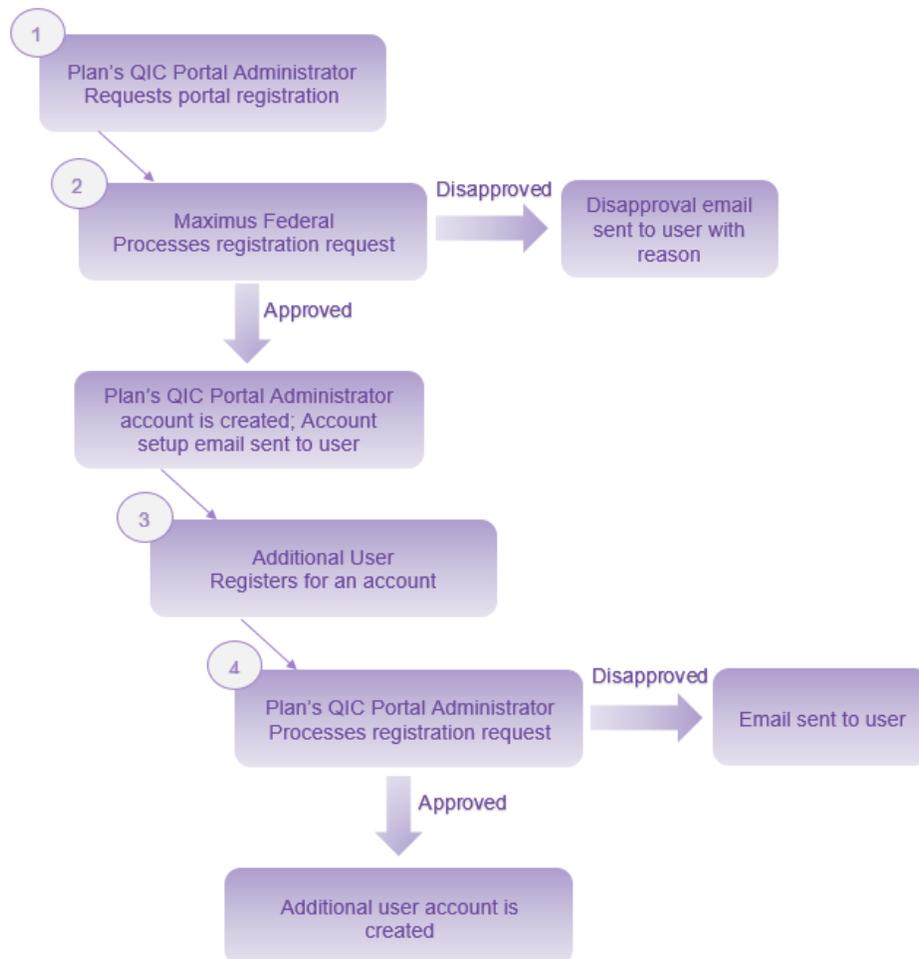
Health plans must designate an individual within their organization to become a QIC Portal Administrator. The role of the QIC Portal Administrator is to manage their organization's QIC Portal users and to create and associate contract numbers belonging to their organization.

Once the health plan designates a QIC Portal Administrator, this individual registers for an account, requesting approval from Maximus to become a QIC Portal Administrator for their group. Maximus will review the individual's registration details and approve or deny the request. If denied, Maximus will provide a denial reason via email. Denied registrants are welcome to submit a new registration request correcting the denial reason.

When the registration request is approved, the QIC Portal Administrator will receive an account activation email containing login credentials to access their new QIC Portal account.

#### Additional Users

After the QIC Portal Administrator account is activated, the health plan's staff members may register additional user accounts which will be administered by the organization's designated QIC Portal Administrator. The QIC Portal Administrator will receive email notification of additional user registrants and will approve or deny them. Once the designated administrator has approved an additional user's account, the additional user will receive an account activation email containing login credentials to access their new QIC Portal account.



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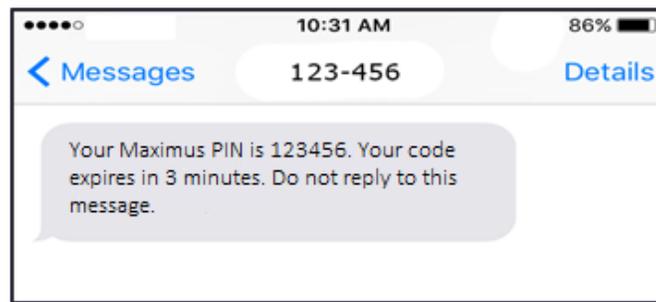
## Multi-Factor Authentication (MFA)

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 to Maximus, to stay ahead of potential threats to data security.

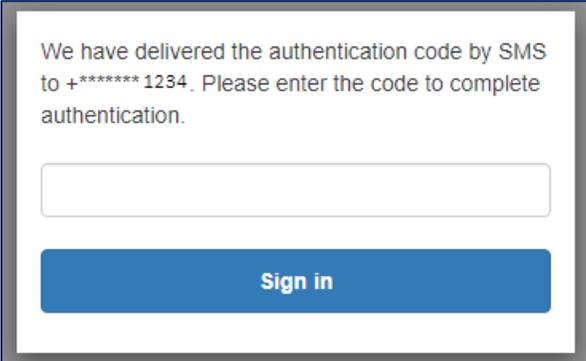
MFA provides an additional layer of security. It requires that users have two unique elements that identify them to our systems. When accessing the QIC Portal, in addition to your password you will enter a unique authentication code provided by a security token. The token is in the form of a six-digit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

Every QIC Portal registrant is therefore required to register a mobile device number during their account registration.

Each time you enter your username and password to access the QIC Portal, a text message containing your authentication code ("PIN") is sent to your registered mobile device.



You will be prompted to enter the authentication code you received within the below dialog box on the QIC Portal website.



## Registering as a QIC Portal Administrator

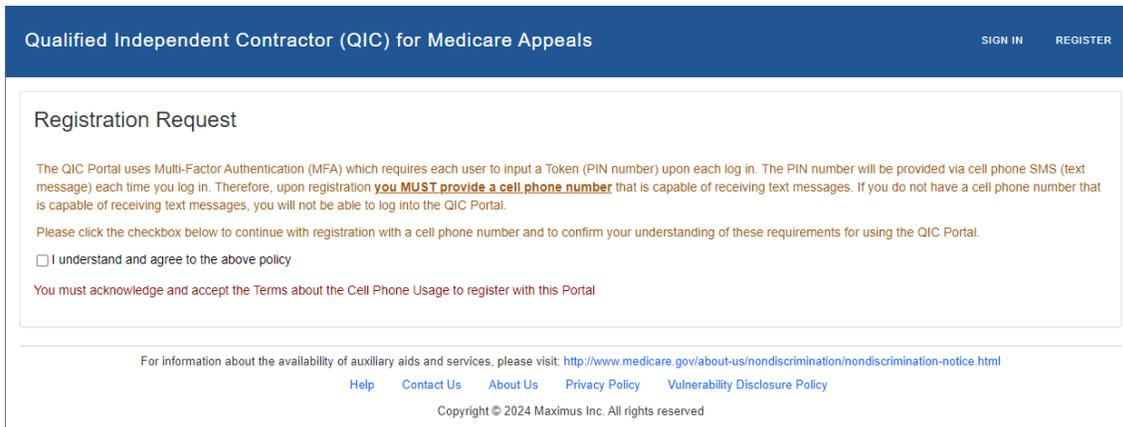
### Request Portal Registration – QIC Portal Administrator

**Important:** This registration procedure *only* applies to the health plan's QIC Portal Administrator.

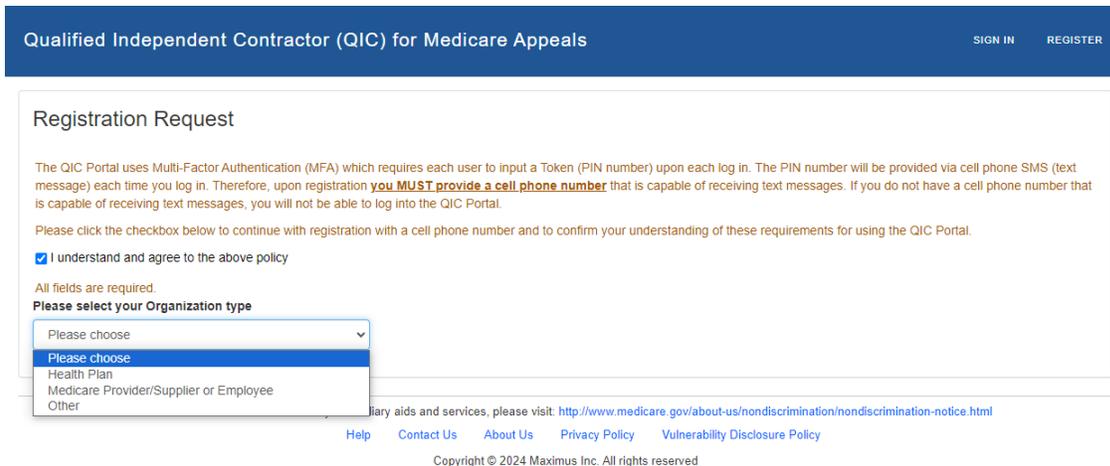
1. In your browser, access <https://qicappeals.cms.gov>.
2. On the left side of the page, click **Register**.



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



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



- In the **E-mail** field, type the email address to which you would like to receive portal correspondence and click **Enter**.

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

### Registration Request

The QIC Portal uses Multi-Factor Authentication (MFA) which requires each user to input a Token (PIN number) upon each log in. The PIN number will be provided via cell phone SMS (text message) each time you log in. Therefore, upon registration **you MUST provide a cell phone number** that is capable of receiving text messages. If you do not have a cell phone number that is capable of receiving text messages, you will not be able to log into the QIC Portal.

Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

All fields are required.

Please select your Organization type Please enter your E-mail

Health Plan

Enter

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

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- For the question **Are you registering as a QIC Portal Administrator?** select **Yes**.

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

### Registration Request

The QIC Portal uses Multi-Factor Authentication (MFA) which requires each user to input a Token (PIN number) upon each log in. The PIN number will be provided via cell phone SMS (text message) each time you log in. Therefore, upon registration **you MUST provide a cell phone number** that is capable of receiving text messages. If you do not have a cell phone number that is capable of receiving text messages, you will not be able to log into the QIC Portal.

Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

All fields are required.

Please select your Organization type Please enter your NPI

Medicare Provider/Supplier or Employee

Enter

No record of this unique identifier exists in our system, would you like to register this number?

Yes  No

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

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7. Complete the following fields (all fields are required except where indicated):

I understand and agree to the above policy

All fields are required.

Please select your Organization type:  Please enter your E-mail:

Are you registering as a QIC Portal Administrator?  
 Yes  No

First Name:  Last Name:  Title:

Correspondence for appeals you submit will be sent to this address.

Address 1:  Address 2 (optional):

City:  State:  ZIP Code:

Work Phone:  Cell Phone:

Request for Information Fax:  Decision Letter Fax:

- **First Name, Last Name, Title**
- **Address Line 1 and Address Line 2 (if applicable), City, State and Zip Code**
  - **Note:** List the address where all appeals correspondence should be sent to. Include an 'Attention:', 'Suite', 'Department', etc. as applicable. Correspondence includes, but is not limited to, the appeal acknowledgement notice, requests for additional information, and the appeal decision.
- **Work Phone** – enter the phone number by which Maximus may contact you when necessary; this number appears on each appeal submitted.
- **Cell Phone** – enter the mobile phone number to which you would like to receive your authentication text message. Maximus will not contact you at this number regarding your appeal/documentation submissions.
- **Request for Information Fax** – enter the fax number where Maximus should send requests for additional information.
- **Decision Letter Fax** – enter the fax number where Maximus should send the decision letter.

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

Qualified Independent Contractor (QIC) for Medicare Appeals
SIGN IN REGISTER

### Confirmation of QIC Appeals Portal Registration Request

Thank you for submitting your Request for Registration on the QIC Appeals portal. Your registration request will be processed shortly, and you will receive an email confirming your account with login and password information. You may not login to submit appeal requests until you receive these login details from Maximus.

If you need any assistance, please return to this site and use the Contact Us link at the bottom of any page.

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

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You will receive a confirmation email shortly after submitting your registration request.

From: MAXIMUS - QIC PORTAL STAFF <[DoNotReply@maximus.com](mailto:DoNotReply@maximus.com)>  
Date: Thu, May 16, 2024, 11:21 AM  
Subject: Confirmation of QICAppeals Portal Registration Request  
To:

Dear

Thank you for submitting your Request for Registration on the QICAppeals portal.

Your registration request will be processed shortly, and you will receive an email confirming your account with login and password information.

You may not login to submit appeal requests until you receive these login details from Maximus.

Thank you,  
Maximus

CONFIDENTIALITY NOTICE: This e-mail, including attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies and the original message.

## 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 email and proceeds to approve or deny the request.

1. Log in to the portal.
2. On the portal **menu bar**, click **User Management**.



3. Locate the desired user in the **Pending Registration** section and select **Approve** or **Deny** from the **Approve/Deny** column.

A screenshot of the 'Registration Request' table in the QIC Portal. The table has a header with columns: Name, Email, Phone, Approve, Deny, and Denial Reason. A row is shown for 'Martha Smith' with email 'test01@123.com'. The 'Approve' and 'Deny' columns for this row have radio buttons. A red box highlights the 'Approve' and 'Deny' columns for the first row.

Name	Email	Phone	Approve	Deny	Denial Reason
Martha Smith	test01@123.com		<input type="radio"/>	<input type="radio"/>	

- If **Deny** is selected, enter the reason for denial in the **Denial Reason** field; this is required.
4. Click **Submit**. Approved registration requests are listed in the **Approved Users** section.
  5. Click **Log out** in the top-right corner of the page when you are finished working in the portal.

**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. Click **My Account** on the **menu bar**.
2. Click **Add a Plan** in the **Associated Plans** section.

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

3. Type the plan's contract number in the **Plan Contract Number** field.
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 selected **Yes**, enter the plan's:
  - Legal Entity Name
  - Address
  - City, State, Zip Code
  - Phone (optional)
  - Fax (optional)
7. Click **Add Plan** at the bottom of the form. The plan is now added to your **Associated Plans** list.

Perform steps 2 through 7 above for each associated plan you would like to add.

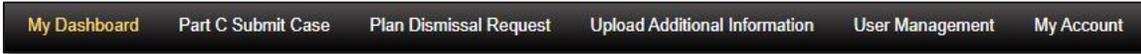
### **Add an Existing Plan – QIC Portal Administrator**

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.

## Navigating the Website

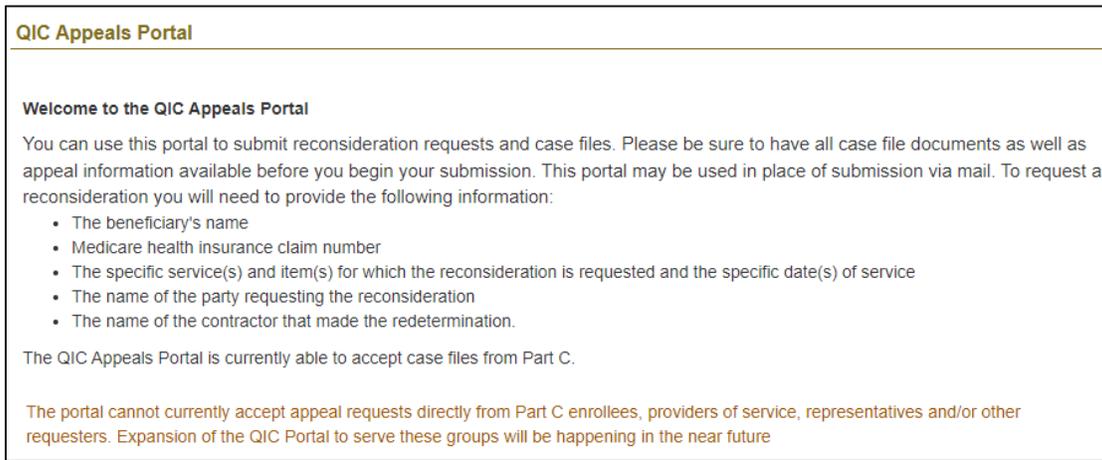
### Menu Bar

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



### My Dashboard

The dashboard displays the QIC Appeals Portal homepage. This page explains the criteria for using the portal and lists the requirements for requesting a reconsideration appeal or submitting a case file.

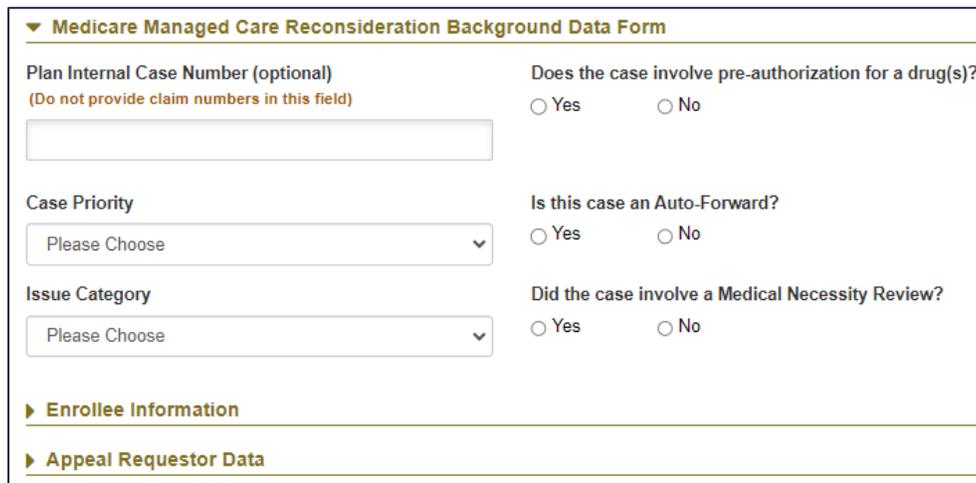


## Working with Portal Forms

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 below, the Reconsideration Background Data Form section is expanded while the Enrollee and Requestor sections are collapsed.

Click the arrow next to the section to expand or collapse that section's fields.



## How to Submit a Plan Dismissal Request

Use the Plan Dismissal Request form to submit a request for Maximus to dismiss an ongoing reconsideration appeal on the basis of approval or payment for the services or charges at issue by the health plan.

### Plan Dismissal Request Form Screenshot

This form is to be used by Medicare Health Plans that have decided to approve the item or service in dispute after the case file has been sent to Maximus for processing. Plans should complete the information below and send to Maximus as soon as the decision to approve the item or service has occurred to avoid a substantive Maximus decision being rendered. Please attach any pertinent documentation showing the Plan's approval. These may include but are not limited to: authorization documentation/screen prints showing authorization issued, documentation showing that the claim at issue was paid (i.e., EFT, check number, etc.).

#### Plan Dismissal Request

All fields are required except as noted.

##### ▼ Enrollee Information

First Name	Last Name	Middle Initial (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### ▼ QIC Appeal number and QIC Portal Confirmation Number

QIC Appeal number (example: 1-12345678901)	QIC Portal Confirmation number (example: Q18-00001234)
<input type="text"/>	<input type="text"/>

##### ▼ Date(s) of Service or Item/Service at appeal

Date(s) of Service or Item/Service at appeal

##### ▼ Medicare Health Plan (MHP) Data

Plan Contract Number	Plan Name
<input type="text" value="Please Choose"/>	<input type="text"/>

##### ▼ Medicare Health Plan (MHP) Contact Person

First Name	Last Name	Email
<input type="text" value="Chels"/>	<input type="text" value="Snell"/>	<input type="text" value="chelsea.lynn.snelling+1@gmail.com"/>

Work Phone	Date of Request
<input type="text" value="5853537031"/>	<input type="text" value="04-04-2024"/>

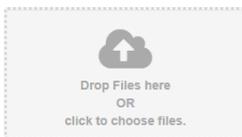
##### ▼ Explain briefly

500 characters left

##### ▼ Document Upload

Note: If multiple files are attached, they will all be combined and associated with the number above. If you need to submit documents for multiple appeals please submit them separately.

Acceptable file types include: .PDF only



## How to Complete the Plan Dismissal Request Form

1. Complete the **Enrollee Information** section with at least the first and last name of the beneficiary associated with the appeal.
2. If you have received an acknowledgement letter from Maximus already containing an appeal number, enter that appeal number in the **QIC Appeal number** field. If you have not received an acknowledgement letter from Maximus, provide the **QIC Portal Confirmation number** (i.e., Q23-00001234). The confirmation number can be found in the QIC Portal confirmation email you would have received after submitting your appeal through the QIC Portal website.
3. In the **Date(s) of Service or Item/Service at appeal** section, if requesting a dismissal of a Standard Claim (Reimbursement), provide the date(s) of service. If requesting a dismissal of an appeal of any other Case Priority, provide the item/service at issue.
4. In the **Medicare Health Plan (MHP) Data** section, select the contract number associated with the appeal from the **Plan Contract Number** field drop-down. This will populate the **Plan Name** field. The **Medicare Health Plan (MHP) Contact Person** fields should already be populated.
5. In the **Explain briefly** field, provide reasoning for the request to dismiss the reconsideration appeal.
6. If additional documentation is necessary, upload additional documentation in PDF format by dropping files onto or clicking on and then browsing from the file drop platform under **Document Upload**.
7. Click the **Submit** button to send the dismissal request to Maximus. If any data is incorrect, click the **Reset** or **Cancel** buttons to clear all fields.

## How to Submit a Compliance Notice

Use the Compliance Notice form to submit proof of compliance with a favorable or partially favorable reconsideration decision. The QIC Portal Compliance Notice form can be used whether the appeal was submitted through the QIC Portal website or not.

### Compliance Notice Form Screenshot

#### Compliance Notice

All fields are required except as noted.

##### ▼ QIC Appeal Data

Case Priority

Standard Service (Pre-authorization) ▼

QIC Appeal number (example: 1-12345678901)

##### ▼ Enrollee Information

First Name

Last Name

Middle Initial (optional)

##### ▼ Medicare Health Plan (MHP) Data

Plan Contract Number

Please Choose ▼

Plan Name

##### ▼ Medicare Health Plan (MHP) Contact Person

First Name

Chels

Last Name

Snell

Email

chelsea.lynn.snelling+1@gmail.com

Work Phone

5853537031

##### ▼ Compliance Data

Authorization Number

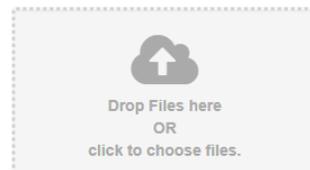
Authorization Date (mm/dd/yyyy)

mm/dd/yyyy 

##### ▼ Document Upload (Optional)

Note: If multiple files are attached, they will all be combined and associated with the number above. If you need to submit documents for multiple appeals please submit them separately.

Acceptable file types include: .PDF only



## How to Complete the Compliance Notice Form

1. In the **Case Priority** field drop-down, select the priority of the appeal you are submitting for as it was processed by Maximus.
2. Enter the **QIC Appeal Number** from the decision letter you received from Maximus.
3. Complete the **Enrollee Information** section with at least the first and last name of the beneficiary.
4. In the **Medicare Health Plan (MHP) Data** section, select the contract number associated with the appeal from the **Plan Contract Number** field drop-down. This will populate the **Plan Name** field. The **Medicare Health Plan (MHP) Contact Person** fields should already be populated.
5. In the **Compliance Data** section, fields will display based on the **Case Priority** selected. If **Case Priority** is set to **Expedited, Standard Service (Pre-authorization)** or **Standard Service – Part B Drug request (Pre-authorization)**, the fields will display as follows:

▼ Compliance Data

Authorization Number

Authorization Date (mm/dd/yyyy)

mm/dd/yyyy

If **Case Priority** is set to **Standard Claim (Reimbursement)**, the field names will change.

▼ Compliance Data

Check/EFT Number

Check/EFT Date (mm/dd/yyyy)

mm/dd/yyyy

Click the calendar icon next to the **Authorization Date** or **Check/EFT Date** fields to select the date, or manually enter the date in the provided format. Both of these fields are required to submit the form.

6. If additional documentation is necessary, upload additional documentation in PDF format by dropping files onto or clicking on and then browsing from the file drop platform under **Document Upload**.
7. Click the **Submit** button to send the compliance data to Maximus. If any data is incorrect, click the **Reset** or **Cancel** buttons to clear all fields.

## Registering as an Additional User

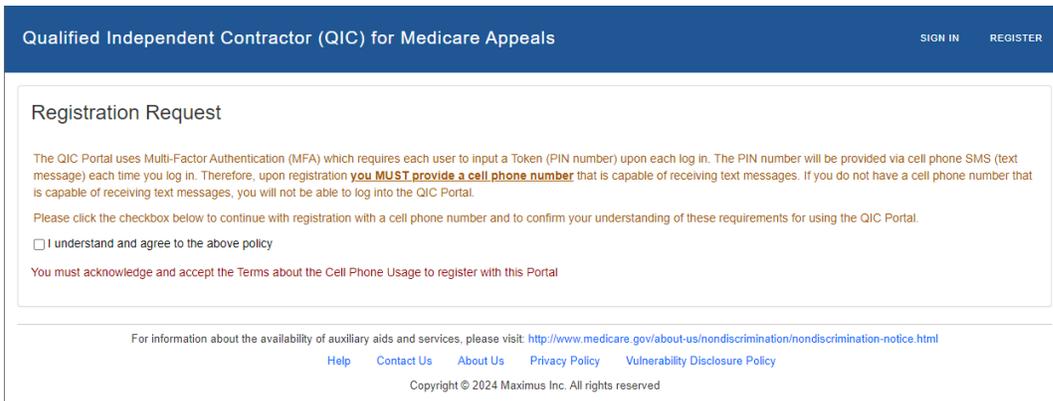
### Request Portal Registration – Additional User

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.

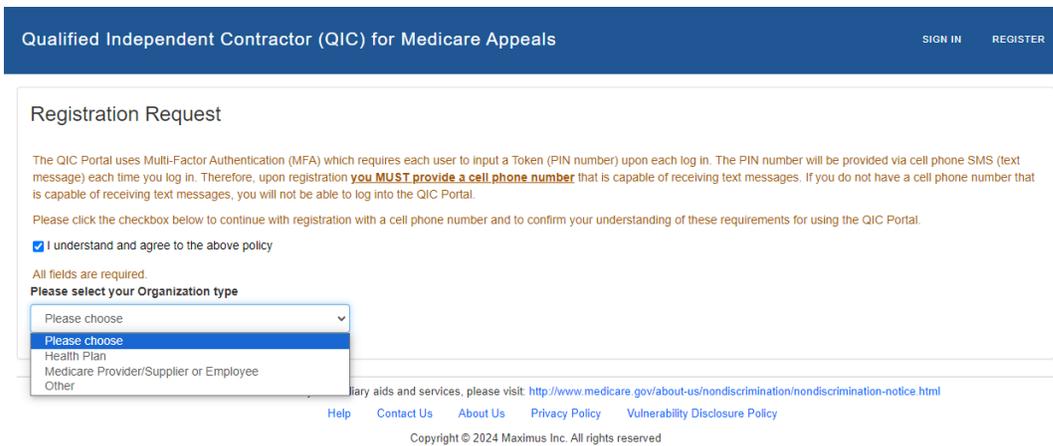
1. In your browser, access <https://qicappeals.cms.gov>.
2. On the left side of the page, click **Register**.



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



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



- In the **Email** field, type the email address to which you would like to receive portal correspondence and click **Enter**.

**Qualified Independent Contractor (QIC) for Medicare Appeals**

Registration Request

The QIC Portal uses Multi-Factor Authentication (MFA) which requires each user to input a Token (PIN number) upon each log in. The PIN number will be provided via text message each time you log in. Therefore, upon registration you **MUST provide a cell phone number** that is capable of receiving text messages. If you do not have a cell phone number that is capable of receiving text messages, you will not be able to log into the QIC Portal.

Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

All fields are required.

Please select your Organization type Please enter your E-mail

Health Plan

Enter

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

- For the question **Are you registering as a QIC Portal Administrator?** select **No**.
- In the **Please enter the e-mail address of the QIC Portal Administrator that will approve your registration** field, enter your QIC Portal Administrator’s email address.
- Click **Enter**. The system displays the name of the administrator based on the email address you entered in step 8.

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

Yes     No

- 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 email address (see step 8).
- Complete the following fields (all fields are required except where indicated):

**My Account**

<b>First Name</b> Chelsea	<b>Last Name</b> Snelling	<b>Title</b> Analyst
<b>Street Address 1</b> 3750 Monroe Ave.	<b>Street Address 2 (Optional)</b>	
<b>City</b> Pittsford	<b>State</b> NY	<b>Zip Code</b> 14534
<b>Email</b> chelsea.lynn.snelling+1@gmail.com	<b>Cell Phone</b> 585-353-7031	<b>Work Phone</b> 585-353-7031
<b>Decision Letter Fax</b> 585-353-7031	<b>Request for Information Fax</b> 585-353-7031	

- **First Name, Last Name, Title**
- **Address Line 1 and Address Line 2** (if applicable), **City, State and Zip Code**
  - **Note:** List the address where all appeals correspondence should be sent to. Include an ‘Attention:’, ‘Suite’, ‘Department’, etc. as applicable. Correspondence includes, but is not limited to

to, the appeal acknowledgement notice, requests for additional information, and the appeal decision.

- **Cell Phone** – enter the **mobile 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.
- **Work Phone** – enter the phone number by which Maximus may contact you, if necessary. This number appears on each appeal submitted.
- **Request for Information Fax** – enter the fax number where Maximus should send requests for additional information.
- **Decision Letter Fax** – enter the fax number where Maximus should send the decision letter.

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



The screenshot shows a web page titled "Qualified Independent Contractor (QIC) for Medicare Appeals". The page has a blue header with "SIGN IN" and "REGISTER" links. The main content area is white with a blue border. The title is "Confirmation of QIC Appeals Portal Registration Request". Below the title is a paragraph: "Thank you for submitting your Request for Registration on the QIC Appeals portal. Your registration request will be processed shortly, and you will receive an email confirming your account with login and password information. You may not login to submit appeal requests until you receive these login details from Maximus." Below this is another paragraph: "If you need any assistance, please return to this site and use the Contact Us link at the bottom of any page." At the bottom of the page, there is a footer with a link to "http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html" and a copyright notice: "Copyright © 2024 Maximus Inc. All rights reserved." There are also links for "Help", "Contact Us", "About Us", "Privacy Policy", and "Vulnerability Disclosure Policy".

You will receive a confirmation email shortly after submitting your registration request.

From: **MAXIMUS - QIC PORTAL STAFF** <[DoNotReply@maximus.com](mailto:DoNotReply@maximus.com)>  
Date: Thu, May 16, 2024, 11:21 AM  
Subject: Confirmation of QICAppeals Portal Registration Request  
To:

Dear

Thank you for submitting your Request for Registration on the QICAppeals portal.

Your registration request will be processed shortly, and you will receive an email confirming your account with login and password information.

You may not login to submit appeal requests until you receive these login details from Maximus.

Thank you,  
Maximus

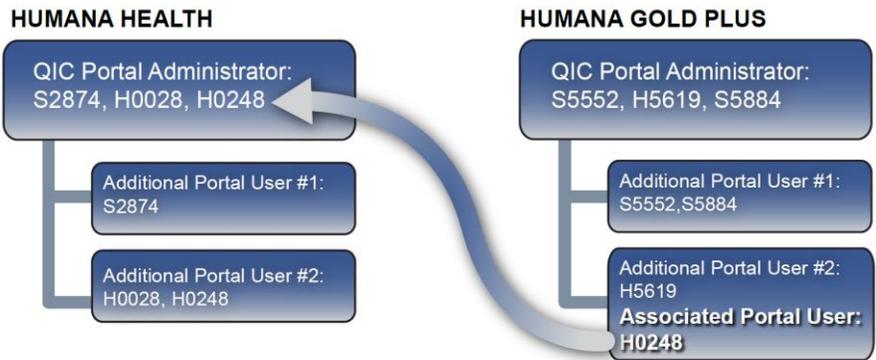
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## Add an Associated Plan – Additional User

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.

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.



**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. Click **My Account** on the **menu bar**.
2. Click **Add a Plan** in the **Associated Plans** section.
3. Enter the plan's contract number in the **Plan Contract Number** field.
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.

**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.

Associated Plans				
Plan Contract Number	Legal Entity Name	Contract Administrator	Contact Phone Number	Role
S1234	Test Health Plan	Marshall Stack	[REDACTED]	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 created for each provider/supplier. The 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.

**NOTE:** Reasons Maximus 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 approves (or disapproves) the request.

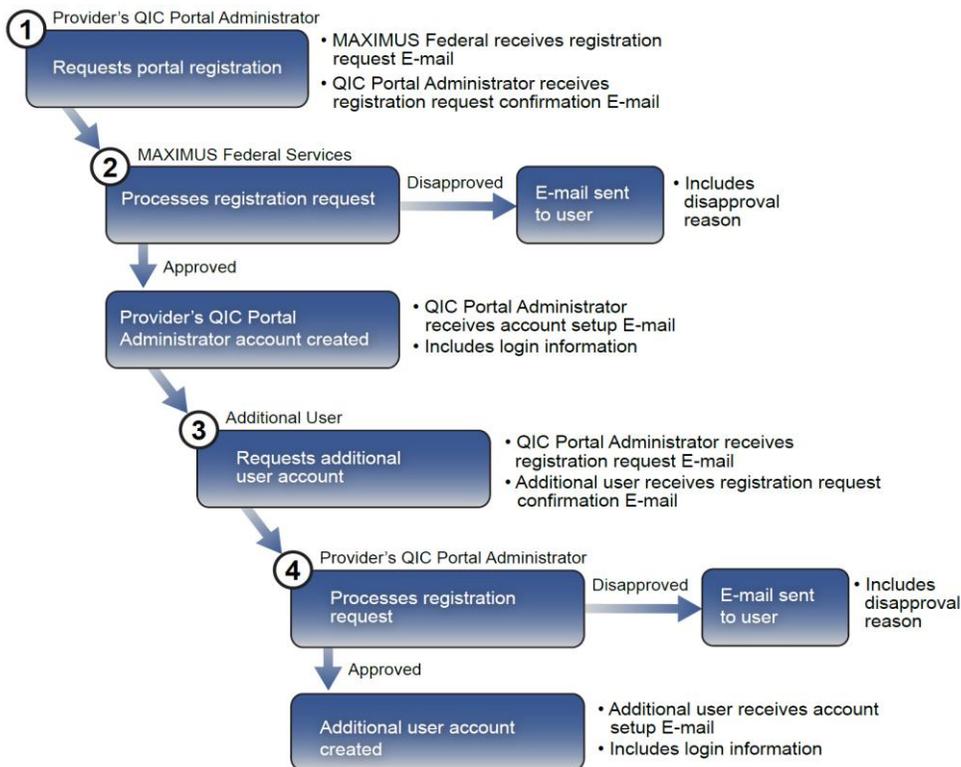
When the request is approved, a QIC Portal Administrator account is created for the person indicated in the registration request. The QIC Portal Administrator receives an account activation email containing portal login credentials.

### 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 email, 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

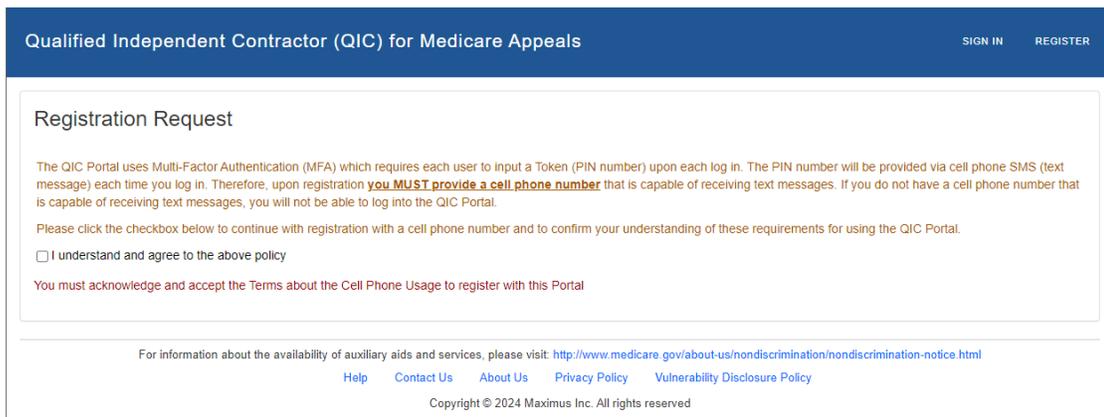
### Request Portal Registration – QIC Portal Administrator

**Important:** This registration procedure **only** applies to the provider's/supplier's QIC Portal Administrator.

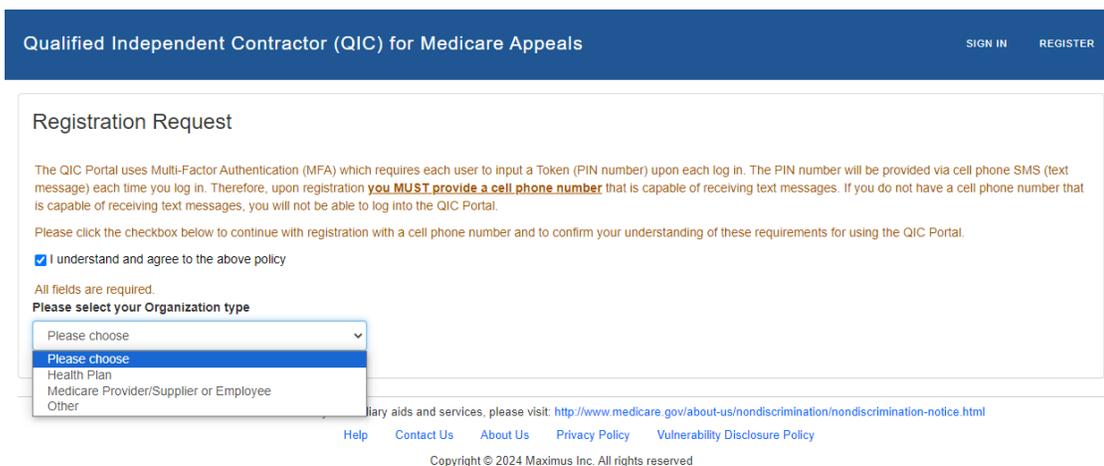
1. In your browser, access <https://qicappeals.cms.gov>.
2. Click **Register** on the left side of the page.



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



4. Select **Medicare Provider or Employee** from the **Organization type** list.



5. Enter your organization's National Provider Identifier (NPI) in the **NPI** field and click **Enter**. **Note:** 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.

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

### Registration Request

The QIC Portal uses Multi-Factor Authentication (MFA) which requires each user to input a Token (PIN number) upon each log in. The PIN number will be provided via cell phone SMS (text message) each time you log in. Therefore, upon registration **you MUST provide a cell phone number** that is capable of receiving text messages. If you do not have a cell phone number that is capable of receiving text messages, you will not be able to log into the QIC Portal.

Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

All fields are required.

Please select your Organization type Please enter your NPI

Medicare Provider/Supplier or Employee  Enter

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6. 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 7. If you select **No**, you are given the opportunity to enter a different NPI (see step 5).

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

### Registration Request

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Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

All fields are required.

Please select your Organization type Please enter your NPI

Medicare Provider/Supplier or Employee  Enter

No record of this unique identifier exists in our system, would you like to register this number?

Yes  No

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

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7. Complete the following fields (all fields are required except where indicated):

All fields are required.

Please select your Organization type: Medicare Provider/Supplier or Employee

Please enter your NPI: 7484651536121165

Enter

No record of this unique identifier exists in our system, would you like to register this number?  
 Yes  No

**Organization/Provider Details**

---

Organization

Correspondence for appeals you submit will be sent to this address.

Address 1 Address 2 (optional)

City State ZIP Code

Primary Contacts

First Name Last Name Title

E-mail Work Phone Cell Phone

Fax (optional)

Submit Reset Cancel

- **Organization**
- **Address Line 1** and **Address Line 2** (if applicable), **City**, **State** and **Zip Code**
  - **Note:** List the address where all appeals correspondence should be sent to. Include an 'Attention:', 'Suite', 'Department', etc. as applicable. Correspondence includes, but is not limited to, the appeal acknowledgement notice, requests for additional information, and the appeal decision.
- **First Name**, **Last Name**, **Title**
- **E-mail address**
- **Cell Phone** – enter the **mobile 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.
- **Work Phone** – enter the phone number by which Maximus may contact you, if necessary. This number appears on each appeal submitted.
- **Fax (optional)** – enter the fax number where Maximus can send a faxed request, if necessary.

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



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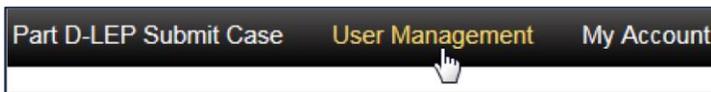
Thank you,  
 Maximus

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## 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 email, and proceeds to approve or deny the request.

- Log in to the portal.
- Click **User Management** on the portal **menu bar**.



- Select **Approve** or **Deny** from the **Approve/Deny** column under the **Pending Registration** section.
  - If **Deny** is selected, explain the reason for denying the registration request in the **Denial Reason** field; this is required.

Registration Request					
Pending Registration					
Name	Email	Phone	Approve	Deny	Denial Reason
Martha Smith	test01@123.com	[REDACTED]	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

4. Click **Submit**. Approved registration requests are listed in the **Approved Users** section.
5. When you are done working in the portal, click **Log out** located in the top-right corner of the page.

**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. Click **Register** on the left side of the page.



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

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

---

### Registration Request

The QIC Portal uses Multi-Factor Authentication (MFA) which requires each user to input a Token (PIN number) upon each log in. The PIN number will be provided via cell phone SMS (text message) each time you log in. Therefore, upon registration **you MUST provide a cell phone number** that is capable of receiving text messages. If you do not have a cell phone number that is capable of receiving text messages, you will not be able to log into the QIC Portal.

Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

You must acknowledge and accept the Terms about the Cell Phone Usage to register with this Portal

---

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4. Select **Medicare Provider or Employee** from the **Organization type** list.

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

Registration Request

The QIC Portal uses Multi-Factor Authentication (MFA) which requires each user to input a Token (PIN number) upon each log in. The PIN number will be provided via cell phone SMS (text message) each time you log in. Therefore, upon registration **you MUST provide a cell phone number** that is capable of receiving text messages. If you do not have a cell phone number that is capable of receiving text messages, you will not be able to log into the QIC Portal.

Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

All fields are required.

Please select your Organization type

Please choose

- Please choose
- Health Plan
- Medicare Provider/Supplier or Employee
- Other

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5. Enter your organization’s National Provider Identifier (NPI) in the **NPI** field and click **Enter**. **Note:** 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.

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

Registration Request

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Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

All fields are required.

Please select your Organization type

Medicare Provider/Supplier or Employee

Please enter your NPI

Enter

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6. The system displays the name of the organization/provider based on the NPI you entered in step 5.

Is the Organization below correct?

Yes  No

**Organization/Provider Details**

Organization/Provider	Primary Contact	Phone
Medical Hospital, Inc.	John Smith	123-456-7890

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**
- **Email**
- **Cell Phone** – enter the **mobile 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.
- **Work Phone** – enter 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.

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

### Confirmation of QIC Appeals Portal Registration Request

Thank you for submitting your Request for Registration on the QIC Appeals portal. Your registration request will be processed shortly, and you will receive an email confirming your account with login and password information. You may not login to submit appeal requests until you receive these login details from Maximus.

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You may not login to submit appeal requests until you receive these login details from Maximus.

Thank you,  
Maximus

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## 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 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 approves (or disapproves) the request.

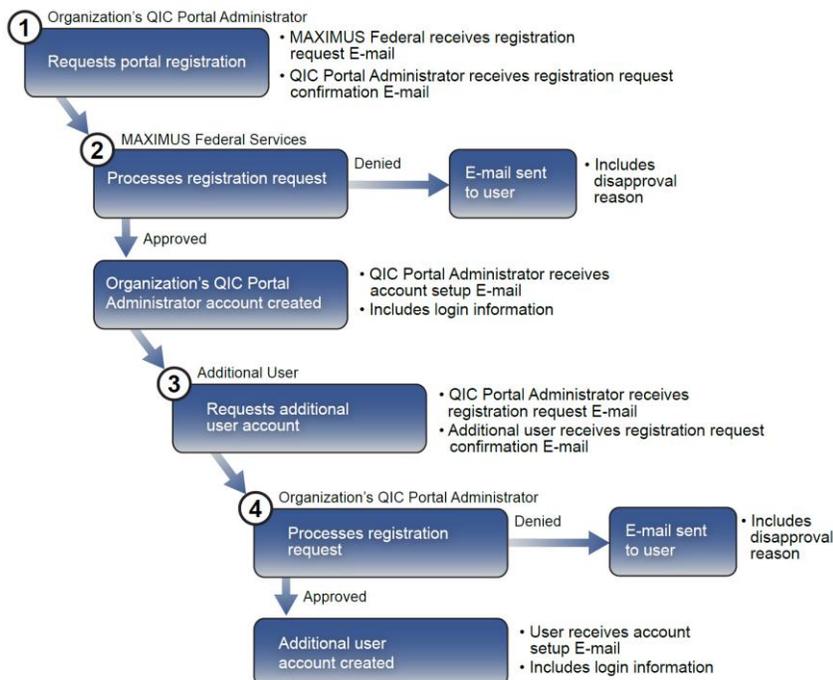
When the request is approved, a QIC Portal Administrator account is created for the person indicated in the registration request. The QIC Portal Administrator receives an account activation email containing portal login credentials.

### 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 email, 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 they 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 **only** applies to the organization’s QIC Portal Administrator.

1. In your browser, access <https://qicappeals.cms.gov>.
2. Click **Register** on the left side of the page.



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

Qualified Independent Contractor (QIC) for Medicare Appeals SIGN IN REGISTER

---

### Registration Request

The QIC Portal uses Multi-Factor Authentication (MFA) which requires each user to input a Token (PIN number) upon each log in. The PIN number will be provided via cell phone SMS (text message) each time you log in. Therefore, upon registration **you MUST provide a cell phone number** that is capable of receiving text messages. If you do not have a cell phone number that is capable of receiving text messages, you will not be able to log into the QIC Portal.

Please click the checkbox below to continue with registration with a cell phone number and to confirm your understanding of these requirements for using the QIC Portal.

I understand and agree to the above policy

You must acknowledge and accept the Terms about the Cell Phone Usage to register with this Portal

---

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4. Select **Other** from the **Organization type** drop-down list.

The screenshot shows the 'Registration Request' form in the QIC Portal. The header includes 'Qualified Independent Contractor (QIC) for Medicare Appeals' and links for 'SIGN IN' and 'REGISTER'. The form contains a 'Registration Request' section with a paragraph explaining Multi-Factor Authentication (MFA) and a checkbox for 'I understand and agree to the above policy' which is checked. Below this, it says 'All fields are required.' and 'Please select your Organization type'. A dropdown menu is open, showing options: 'Please choose', 'Please choose', 'Health Plan', 'Medicare Provider/Supplier or Employee', and 'Other'. The 'Other' option is highlighted. At the bottom, there are links for 'Help', 'Contact Us', 'About Us', 'Privacy Policy', and 'Vulnerability Disclosure Policy', and a copyright notice for 2024 Maximus Inc.

5. Enter your organization's Employer Identification Number (EIN) in the **EIN** field and click **Enter**.

The screenshot shows the 'Registration Request' form in the QIC Portal. The header includes 'Qualified Independent Contractor (QIC) for Medicare Appeals' and links for 'SIGN IN' and 'REGISTER'. The form contains a 'Registration Request' section with a paragraph explaining Multi-Factor Authentication (MFA) and a checkbox for 'I understand and agree to the above policy' which is unchecked. Below this, it says 'All fields are required.' and 'Please select your Organization type'. A dropdown menu is open, showing options: 'Please choose', 'Please choose', 'Health Plan', 'Medicare Provider/Supplier or Employee', and 'Other'. The 'Medicare Provider/Supplier or Employee' option is selected. To the right, there is a text input field labeled 'Please enter your NPI' and a blue 'Enter' button. At the bottom, there are links for 'Help', 'Contact Us', 'About Us', 'Privacy Policy', and 'Vulnerability Disclosure Policy', and a copyright notice for 2024 Maximus Inc.

6. 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 7. If you select **No**, you are given the opportunity to enter a different EIN (see step 5).

7. Complete the following fields (all fields are required except where indicated):

All fields are required.

Please select your Organization type  Please enter your EIN

No record of this unique identifier exists in our system, would you like to register this number?  
 Yes  No

---

**Organization/Provider Details**

Organization

Correspondence for appeals you submit will be sent to this address.

Address 1  Address 2 (optional)

City  State  ZIP Code

---

**Primary Contacts**

First Name  Last Name  Title

E-mail  Work Phone  Cell Phone

Fax (optional)

Will you as the Primary Contact be requesting appeals through this portal?  
 Yes  No

Requestor: Person legally authorized to request an appeal on behalf of an organization. This person is formally named in representation documentation and proof of representation is required.

- **Organization**
- **Address Line 1** and **Address Line 2** (if applicable), **City**, **State** and **Zip Code**
  - **Note:** List the address where all appeals correspondence should be sent to. Include an 'Attention:', 'Suite', 'Department', etc. as applicable. Correspondence includes, but is not limited to, the appeal acknowledgement notice, requests for additional information, and the appeal decision.
- **First Name, Last Name, Title**
- **E-mail**
- **Cell Phone** – enter the **mobile 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.
- **Work Phone** – enter the phone number by which Maximus may contact you, if necessary. This number appears on each appeal submitted.
- **Fax (optional)** – enter the phone number Maximus should send a fax to, if necessary.

8. 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**.

✔ Many Lawyer authorize individuals registered as Submitters with my organization, to submit appeals on my behalf.

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



The screenshot shows a web page titled "Qualified Independent Contractor (QIC) for Medicare Appeals". The page has a blue header with "SIGN IN" and "REGISTER" links. The main content area is white and contains the following text:

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Your registration request will be processed shortly, and you will receive an email confirming your account with login and password information.

You may not login to submit appeal requests until you receive these login details from Maximus.

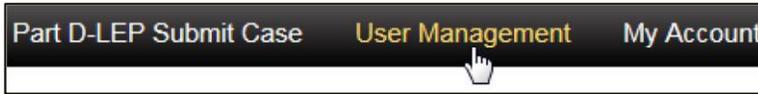
Thank you,  
Maximus

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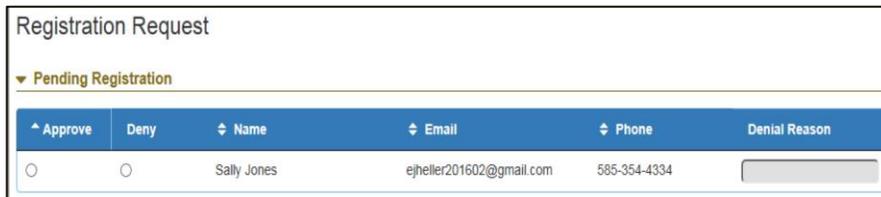
## Administer Additional User Accounts – QIC Portal Administrator

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 email and proceeds to approve or deny the request.

1. Log in to the portal.
2. Click **User Management** on the portal menu bar.



3. In the **Pending Registration** section, for the desired user registration request, select **Approve** or **Deny** from the **Approve/Deny** column.
  - If **Deny** is selected, explain the reason for denying the registration request in the **Denial Reason** field (required).



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	

**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.

4. Click **Submit**.
5. Approved registration requests are listed in the **Approved Users** section.
6. When you are done working in the portal, click **Log out** in the top-right corner of the page.



▼ Approved Users					
Name	Email	Contract#	Entity Name	Date Added	Expire User
Marshall Stack	ejheller2016@gmail.com	No Plan	No Plan		<a href="#">Expire User</a>
Sally Jones	ejheller201602@gmail.com	No Plan	No Plan		<a href="#">Expire User</a>

## 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. Click **Register** on the left side of the page.



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

4. Select **Other** from the **Organization type** drop-down.

5. Enter your organization's Employer Identification Number (EIN) in the **EIN** field and click **Enter**.

6. The system displays the name of the organization/provider based on the EIN you entered in step 5.
- For the question **Is the organization below correct?** select **Yes** or **No**.
    - If you select **Yes**, proceed to step 7. If you select **No**, you are given the opportunity to enter a different EIN (see step 5).
7. Complete the following fields (all fields are required except where indicated):

- **Address Line 1** and **Address Line 2** (if applicable), **City**, **State** and **Zip Code**
  - **Note:** List the address where all appeals correspondence should be sent to. Include an 'Attention:', 'Suite', 'Department', etc. as applicable. Correspondence includes, but is not limited to, the appeal acknowledgement notice, requests for additional information, and the appeal decision.
- **First Name**, **Last Name**, **Title**
- **E-mail**

- **Cell Phone** – enter the **mobile 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.
  - **Work Phone** – enter the phone number by which Maximus may contact you, if necessary. This number appears on each appeal submitted.
  - **Fax (optional)** – enter the phone number Maximus should send a fax to, if necessary.
8. 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.
  - If **No** is selected, select **Yes** or **No** for the question **Will you as the Associated User be submitting appeals on behalf of someone else?**

**NOTE:** An organization can have multiple requestors and submitters.

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

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



Shortly after submitting your registration request, you will receive a confirmation email.

From: **MAXIMUS - QIC PORTAL STAFF** <[DoNotReply@maximus.com](mailto:DoNotReply@maximus.com)>  
Date: Thu, May 16, 2024, 11:21 AM  
Subject: Confirmation of QICAppeals Portal Registration Request  
To:

Dear

Thank you for submitting your Request for Registration on the QICAppeals portal.

Your registration request will be processed shortly, and you will receive an email confirming your account with login and password information.

You may not login to submit appeal requests until you receive these login details from Maximus.

Thank you,  
Maximus

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## First Time Login Instructions

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

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

1. In your email application, open the email with the subject **Your QICAppeals Portal Account has been established**. The email includes your **User ID** and **Temporary Password**.

From: <[gicportalsupport@maximus.com](mailto:gicportalsupport@maximus.com)>  
Date: Wed, May 22, 2024, 10:54 PM  
Subject: Your QICAppeals Portal Account has been established  
To:

Welcome and thank you for registering for an account on the QICAppeals Portal.

Your User ID is

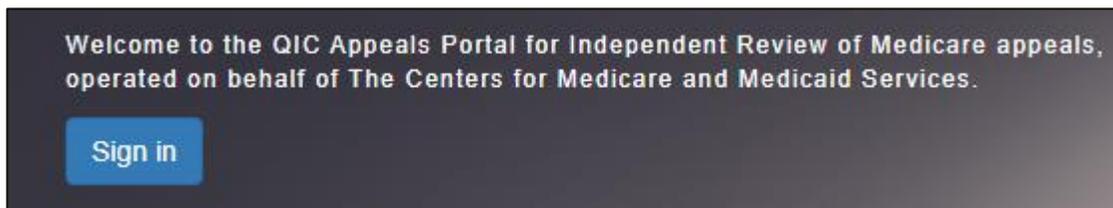
Your Temporary Password is QICjs#

You will be prompted to change your password when you log in for the first time.

Please [click here](#) to access the QICAppeals Portal and Log In.

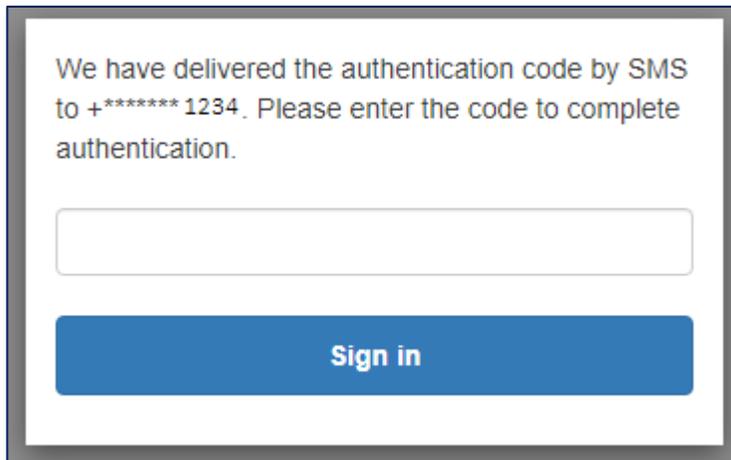
Thank you,  
Maximus

2. In your browser, access <https://qicappeals.cms.gov> (or click the **click here** link within the email you received establishing your account).
3. Click **Sign in** on the homepage.



4. Enter your **User ID** in the **Email Address** field.
5. Enter the **temporary password** indicated in the email you received establishing your account, in the **Password** field.
6. Click **Sign in**.

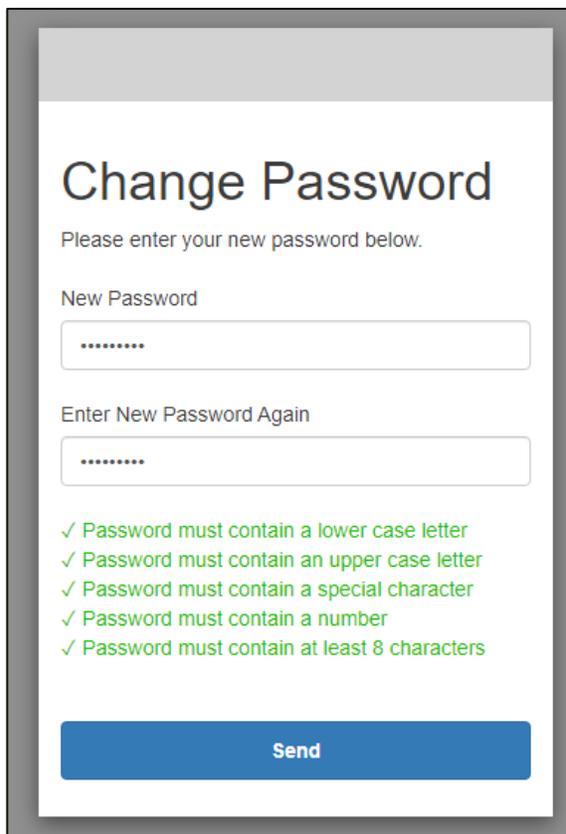
7. Enter the Maximus pin you received on your mobile device in the **Token** field.



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

**Sign in**

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



## 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. Click **I Agree** at the bottom of the **Terms and Conditions of Use** page.

## 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 in to the portal.
2. 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)
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 a 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 select the name of the requestor from the **Requestor Name** list.

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

<input checked="" type="checkbox"/>	<b>Requestor Name</b>
Check here if you would like to submit an appeal on behalf of another requestor for your Organization	Please choose <input type="button" value="v"/>

and

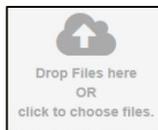
# maximus

- 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. Enter the provider's name in the **Provider** section.
8. Complete the following fields in the **Claim Details** section:
  - Claim Number (optional)
  - Item/Service Type
  - Date(s) of Service (From, To)
9. Click **Save**.
10. For each additional claim, click **Add Another Claim** and repeat steps 8 and 9.
  - To delete an added claim, click the **x** at the end of the row.
11. In the **Upload Supporting Documents** section:
  - Click the **Choose files** icon.

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



**NOTE:** Only PDF documents can be uploaded.

- Navigate to and select the document to upload.
  - Click **Open**.
  - Repeat the steps above to upload another document. Click the **x** at the end of the row to delete an uploaded document.
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 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, click **Log Out** in the top-right corner of the page. 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 for where indicated in the form.

1. Log in to the portal.
2. Click **Part C Submit Case** on the **menu bar**.



3. Complete the **Part C – Medicare Reconsideration Request** form.
4. Completing the **Provider Identification Data** section is optional. However, all of the following steps are required if you choose to do so.
  - Complete: Provider or Facility Name, Specialty, Records Requested/Provided?, Contract Provider?
  - Click **Save**.
5. For each additional provider:
  - Click **Add Another Provider** and repeat step 4.
  - To delete an added provider, click the **x** at the end of the row.
6. In the **Case File Upload** section:
  - Click the **Choose Files** icon.

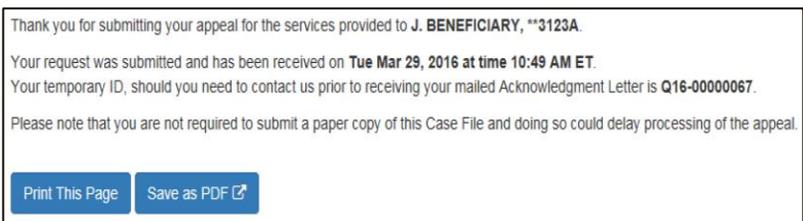


- Navigate to and select the document to upload.
  - Click **Open**.
  - Repeat the steps above to upload another document. Click **x** at the end of the row to delete an uploaded document.
7. In the **Plan Contract Documents** section:
    - Click the **Choose Files** icon.
    - Navigate to and select the document to upload.
    - Click **Open**.
    - Repeat the steps above to upload another document.
  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 prior to receiving an acknowledgement letter.

**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.



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

## Upload Additional Documentation

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. Click **Upload Additional Information** on the **menu bar**.
2. Select the project for which you are submitting additional information in the **Project** field.



3. Complete the **QIC Appeal Number** or **QIC Portal Temp ID** field.
4. If desired, describe the information you are uploading in the **Additional Information Document Details** section.
5. Attach the necessary files in the **Document Upload** section.
6. Click **Submit**.

## Appendices

### Appendix A: 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. Click **User Management** on the **menu bar**.
2. To deactivate a contract number, click **Expire Contract** for the approved user for whom the contract number is assigned, from the **Approved Users** section.

Sally Jones	201602@gmail.com	S1234	Test Health Plan	03/21/2016	<a href="#">Expire Contract</a>
-------------	------------------	-------	------------------	------------	---------------------------------

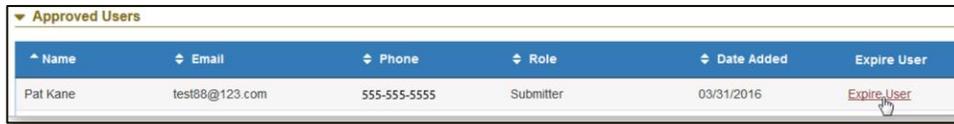
3. Click **Confirm** in the **Expire Contract** dialog box.



## Appendix B: Deactivate an Additional User – All QIC Portal Administrators

QIC Portal Administrators have the ability to deactivate additional user accounts for which they administer.

1. Click **User Management** on the **menu bar**.
2. Click **Expire User** for the desired user in the **Approved Users** section.



Name	Email	Phone	Role	Date Added	Expire User
Pat Kane	test88@123.com	555-555-5555	Submitter	03/31/2016	<a href="#">Expire User</a>

3. Click **Confirm** in the **Expire User** dialog box.



## Appendix C: 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"> <li>• Case priority</li> <li>• Issue Category               <ul style="list-style-type: none"> <li>○ When selecting <b>Appellant Dismissal Case File</b>, complete the QIC Appeal Number and Plan's Dismissal Reason fields.</li> <li>○ When selecting <b>Other</b>, complete the Please Provide Category field.</li> </ul> </li> <li>• Is this case an Auto-Forward?</li> <li>• Did the case involve a medical necessity review?</li> </ul>
Enrollee Information	<ul style="list-style-type: none"> <li>• Name, address, phone, Medicare Number (MBI) <b>or</b> HIC # (10 characters min., 20 max.)</li> <li>• Is/Was the enrollee in Hospice?</li> <li>• Language/communication requirements</li> </ul>
Appeal Requestor Data	<ul style="list-style-type: none"> <li>• Appeal requestor party type               <ul style="list-style-type: none"> <li>○ If Representative, enrollee's estate, or non-contract provider, indicate if required documentation is in the case file.</li> </ul> </li> <li>• Requestor's name, address, phone</li> </ul>
Medicare Health Plan (MHP) Data	<ul style="list-style-type: none"> <li>• CMS Contract #, name, type</li> <li>• Pre-populated: Address</li> </ul>
Medicare Health Plan (MHP) Contact Person for this Reconsideration	<ul style="list-style-type: none"> <li>• Pre-populated: Name, e-mail, phone, fax</li> <li>• Alternate contact (optional)</li> </ul>
MHP Organization Determination	<ul style="list-style-type: none"> <li>• Initial authorization request or claim submission date</li> <li>• Plan's initial denial date</li> <li>• Expedited request made/granted?</li> <li>• Plan extension taken?</li> </ul>
MHP Reconsideration	<ul style="list-style-type: none"> <li>• Reconsideration request date</li> <li>• Reconsideration determination date</li> <li>• Expedited request made/granted?</li> <li>• Plan extension taken?</li> </ul>
Provider Identification Data (Optional)	<ul style="list-style-type: none"> <li>• Provider name</li> <li>• Specialty</li> <li>• Records requested/provided?</li> <li>• Contract provider?</li> <li>• Services requested/received outside of MHP's service area/network?</li> </ul>
Definition of Denied Services or Claims	<ul style="list-style-type: none"> <li>• Items/services in dispute</li> <li>• Diagnosis (optional), item/service codes, (optional)</li> </ul>

## Appendix D: 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.

### My Account

#### Update Password

---

<b>Current Password</b> <input type="text"/>	<b>New Password</b> <input type="text"/>	<b>Verify New Password</b> <input type="text"/>
-------------------------------------------------	---------------------------------------------	----------------------------------------------------

**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

## Revision History

Revision Date	Version	Author	Summary of Change	Project Rep.
2/15/2017	1.0	E.Heller	Base version.	S. Geng
8/1/2017	1.1	E. Heller	Interface update for all registration procedures. Changed Cell Phone to Mobile Phone, added Appeal Contact Phone field.	S. Geng
3/9/2018	1.2	E. Heller	Pgs. 29, 35, 36, 37: Added MBI field. Pg 35: added Issue Category, Appellant Dismissal info	S. Geng
3/21/2019	1.3	E. Heller	Pg 33: Added Upload Additional Information procedure	S. Geng
9/16/2019	1.4	E. Heller	Pgs. 2-6, 16-19, 29, 33: Updated to include Part B DME	S. Geng
1/29/2021	1.5	I. Caspersson	MAXIMUS to Maximus, removed references to Part D	C. Snelling
2/18/2021	1.5	I. Caspersson	Converted to MS Word	n/a
6/15/2021	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.	S. Krieger
12/7/2022	1.7	C. Snelling	Template update. Added new drug pre-authorization question for health plan users; updated branding	K. Werdein
6/3/2024	1.8	C. Snelling	Update to health plan compliance notice submission process. Updated screenshots to align with current system pages and email examples.	K. Werdein