Welcome to the C2C Portal



The C2C Portal (the Portal) is a simple alternative for providers, beneficiaries or authorized representatives to securely submit new Medicare second-level appeal requests, subsequent documentation or written inquiries to C2C Innovative Solutions (C2C) electronically.



Time saver: Once you reach our homepage, <u>www.C2CInc.com</u> add it to your favorites for easy access later.

Registering to use the C2C Portal

On the Portal Welcome page enter your email address and click Submit.

C 2 C	Home	QIC Part B North	QIC Part B South	QIC Part A East	Part D QIC	No Surprises Act	Contact
QIC Appeals Portal	- Step 1						
To begin the process, please enter your em login name matching your email address.	nail address to see if you	already have an acco	ount with a				
Your EMAIL address:	SUBMIT						

The Portal will check to see if you are a registered user. If you are not, it will prompt you to proceed to the registration page.

C 2 C INNOVATIVE	Home	QIC Part B North	QIC Part B South	QIC Part A East	Part D QIC	No Surprises Act	Contact
QIC Appeals Portal - S You do not yet have an accour Click the "Get Started" button to set up your ac Get Started	Step 1 nt with this	email address	as a USERNAM	/E on "www.c	2cinc.com"		

C 2 C

Click Get Started to open the registration page. Complete the online form.

- Email Address: This email address will serve as your user name when logging into the Portal. It is important that you have a valid email address since this email address will be used to send an email confirmation advising that your submission was successful. It also allows us to contact you if an issue is found with your submitted file that prevents us from processing it.
- Verify Email Address: This entry must match exactly with the email address entry before the account is created.
- **Password:** This will be the password used on the login page.

INOVATIVE LUTIONS, INC. 12. Guidy & Vider - Coart to Chart		Home	UIC FAILD N
ppellant File Upload Sig	gnup - Crea	ate Accoun	t
Email Address	Verify Email A	ddress	
Your email will be your username	e to use to sign in	to the website.	
Password	Verify Passwo	rd	
First Name	Last Name		
Organization Phone (Enter contac	t number if Bene	eficiary appellan	t)
Organization Name (Enter "Benefi	iciary" if a Medic	are Beneficiary a	appellant)
Create Account	and Continu	e Cancel	

The password must be at least eight characters long and contain at least one number. Please note, the password is case sensitive.

- Verify Password: This entry must match exactly with the password entry before the account is created.
- First Name/Last Name: This information will be used to identify you should we need to contact you if an issue is found with your submitted file that prevents us from processing it.

- **Organization Phone Number:** Please make sure to enter a valid telephone number since this information will be used to contact you if an issue is found with your submitted file that prevents us from processing it.
- **Organization Name:** This information will help us identify who you represent. If you are a Medicare appellant and filing the appeal, please use the word "Beneficiary" in this space.

Please note, C2C is committed to protecting your privacy and will not share your information with any other organization.

Once you have completed the online registry click **Create Account and Continue.**

Logging into the Portal

To log into the Portal enter the email address you used to register on the Welcome screen. Click **Submit.**

INNOVATIVE SOLUTIONS, INC.		Home	GIC FAILD NOTI	UIC.
Appellant File Upload - Step 1				
Welcome				
To begin the signup process, ple with a login name matching you	ase enter your email a r email address.	address to see if y	ou already have an ac	count
Your EMAIL address:		SURMIT		

The Portal will confirm your account. Click **Proceed to Login**



Enter your user name and password. Remember your user name is the email address used to register. Click **Login** or click **Cancel** to abort the login process.

If you don't remember your password click **Reset Password.**

Username:	mary.smith@email.com
Password:	•••••
	Login Cancel
	Remember Login
	Reset Password
	Reset Password

Enter your user name and click **Send Reset Link.** The Portal will send an email with a link to a page that will enable you to reset your password.

C2C Innovative Solutions	s, Inc. (C2C) > Home	
If you forgot your password an emai email and you will be taken to a pag	I with a password reset link will be sent e where you can then create a new pas	to you. Click on the link in that sword.
User Name: 🕦	mary.smith@emal.com]
Send Reset Link Cancel		

On the reset password page, enter your new password and confirm the entry. Remember passwords must be at least eight characters long and contain at least one number. Click **Change Password**.

C 2 C INNOVATIVE SOLUTIONS INC Hospity, Backy & Value - Ecest to Ecest	
mary.smith@email.com	
New Password	
Confirm Password	
Change Password Cancel	

Loading your document

The Appellant File Upload screen displays your profile information. You have the option to update your profile from this screen if needed.

Select the Appeal Jurisdiction to file your second-level appeal.

Part A East – For Medicare Part A claims processed in Colorado, New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida, Tennessee, South Carolina, North Carolina, Virginia, West Virginia, Puerto Rico, Virgin Islands, Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New Jersey, New York, Delaware, Maryland, Pennsylvania, and District of Columbia. This jurisdiction also includes reconsiderations involving MSP recoveries.

Email Address	-			
mary.smith@email.com				
First Name	Last Name			
Mary	Smith			
Organization Phone				
904-555-5555				
Organization Name				
New Health System				
Part A East Part B South Part B North				
Upload your completed ap	opeal request file or su	pporting document	ation	
+ Select PDF file to u	pload			
LIPLOAD EXCEL FILE				
Upload an excel file with c	laim information wher	n submitting an appo	eal for more than 20 c	laims
	and a set			
 Select EXCEL file to 	o upload			

- Part B South For Medicare Part B claims processed in Colorado, Connecticut, New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Tennessee, Alabama, Georgia, Florida, North Carolina, South Carolina, Virginia, West Virginia, Puerto Rico and Virgin Islands
- Part B North For Medicare Part B claims processed in Alaska, Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, District of Columbia, New York, Pennsylvania, New Jersey, Delaware, Maryland, Ohio, Kentucky, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Missouri, Iowa, Kansas, Nebraska, South Dakota, North Dakota, Wyoming, Montana, Idaho, Washington, Oregon, California, Nevada, Arizona, Utah, Hawaii, Guam, Northern Mariana Islands and American Samoa

Your appeal request and any supporting documentation you would like to include must be submitted as a single PDF, with the exception of an Excel file which is discussed below.

There are multiple options to create a single PDF file depending on the tools available to you. One common approach is to print to a PDF. Open the file(s) to convert, select Print, and change your Printer selection to Microsoft Print to PDF and click **Print**. Once all your file(s) are in PDF format, you can combine them into a single PDF. For detailed instructions on how to combine PDFs please refer to the Adobe website



https://helpx.adobe.com/acrobat/how-to/combine-files-into-pdf.html?set=acrobat-fundamentals--edit-pdf.

To load your appeal request click **Select PDF file to upload.**

Appeal jurisdiction Part A East Part B South Part B North	
UPLOAD PDF FILE Upload your completed appeal request file or supporting documentation	
+ Select PDF file to upload	
UPLOAD EXCEL FILE Upload an excel file with claim information when submitting an appeal for more than 20 claims	
+ Select EXCEL file to upload	

A file explorer window will open to enable you to navigate to and select the file you would like to submit. Click on the file and click **Open.** Click **Cancel** if you wish to abort the process and return to the Appeal File Upload screen.

Organize 👻 New fold	der					83	- 🗆	(
🛨 Home (H:) 🔷 🔨	Name	^	Date modified	Туре	Size			
Music	Reconsideration re	equest	6/13/2018 4:42 PM	Adobe Acrobat D	859	КВ		
🚟 Videos								
Word Document								
This PC								
3D Objects								
Desktop								
Bocuments								
🕹 Downloads								
👌 Music								
E Pictures								
Videos								
Local Disk (C:)								
Local Disk (C:) Home (H:)								

After you select the file, the Portal will determine if the file added is of the correct file format. If an error occurred, the Portal will display the reason for the error. You must click **Cancel** to remove the erroneous file



before the Portal enables you to submit the correct file.

If your selected file meets the Portal requirements, a paperclip icon (not the name of the file) will display along with the file size.

878.79 KB 自 Delete	UPLOAD PDF FILE Upload your comple + Select PDF fi	eted appeal request file or su le to upload	pporting documentation	
	0	878.79 KB	窗 Delete	

When submitting appeals that involve a large number of claims you can also submit an Excel file (.csv, .xls, .xlsx) with your request. The file should contain the following information for each claim being appealed:

- Claim number
- Beneficiary MBI
- Date of service
- Procedure code

This Excel file is optional, but will assist in the processing of your large-claim appeals.

Click Select Excel file to upload. The Portal will open the file explorer	UPLOAD EXCEL FI Upload an excel fi	ILE ile with claim information wher	n submitting an appeal for mo	re than 20 claims
window and enable you to	+ Select EXC	EL file to upload		
file you wish to transmit.	Ø	6.17 KB	🖻 Delete	

Review your information before you finish the upload process:

- A valid email address is provided
- The correct jurisdiction is selected
- The file(s) is ready to upload and all erroneous files have been removed

Once you are ready to submit, click **Submit** in the bottom left. You can also click **Cancel** at any point to abort the process.

C 2 C INNOVATIVE		Home	QIC Part B N	lorth Q
Appellant File	Upload			
Email Address				
mary.smith@email.com				
First Name	Last Name			
Mary	Smith			
Organization Phone 904–555–5555]			
Organization Name				
Appeal jurisdiction Part A East Part B South Part B North UPLOAD PDF FILE Upload your completed apper Select PDF file to upload	al request file or supp pad	orting document.	ation	
Ø	878.79 KB	। 団 Delete		
UPLOAD EXCEL FILE Upload an excel file with claim + Select EXCEL file to up	n information when su	ibmitting an appe	eal for more tha	an 20 claims
0	25.09 KB	前 Delete		
SUBMIT Cancel				

If any required information is omitted, the Portal will display an error message immediately below the page title, Appellant File Upload. The message will detail what needs to be corrected before you are able to submit.



If no errors are encountered, the Portal will display "Thank you." This message is an indication that the submission was successful. In addition, an email confirming the submission will be sent to the email provided in your profile.



If you have any questions on how to use our Portal you may call us at:

- 904-224-7446 for Part A East appeals
- 904-224-2613 for Part B South appeals
- 904-224-7426 for Part B North appeals