



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: October 16, 2026

TO: Medicare Advantage Organizations and Program of All-Inclusive Care for the Elderly plans

FROM: Jennifer Smith
Acting Director, Medicare Enrollment and Appeals Group

SUBJECT: Request for Feedback to Inform Planning for the Medicare Part C Independent Review Entity (IRE) Program

The Centers for Medicare & Medicaid Services (CMS) periodically conducts market research and stakeholder outreach to inform program and acquisition planning. As part of its current market research for the Qualified Independent Contractor (QIC) program, which includes the Part C and Part D Independent Review Entities (IREs), CMS is preparing to issue a Request for Information (RFI) on SAM.gov to assess the marketplace and obtain prospective vendor input. Given continued growth in Medicare Advantage (MA) enrollment and the Part C Independent Review Entity (IRE) workload, CMS is also using this opportunity to explore potential approaches to support the growing needs of the Part C IRE program and seek input from MA organizations.

One option under consideration would divide the current national Part C IRE jurisdiction into two geographic jurisdictions, with a separate contract serving each jurisdiction and performing the same functions. Currently, the Part C IRE operates as a single national contract serving one nationwide jurisdiction and conducts independent, second-level reviews of appeals of health plan denials for MA enrollees.

The approach under consideration is similar to the geographic structure used for the Original Medicare (OM) Part A and Part B QIC jurisdictions. The OM Part A QIC work is divided between East and West jurisdictions, while the Part B QIC work is divided between North and South jurisdictions. Within each Line of Business, the QICs perform the same functions and apply the same Medicare statutes, regulations, CMS policies, and program requirements.

CMS would like to understand how a potential geographic division may impact MA organization appeal operations and any downstream effects on the industry. CMS will consider this feedback as part of its evaluation. No decision has been made to change the current Part C IRE structure.

CMS requests that MA organizations submit feedback addressing the following:

1. What factors should CMS consider in evaluating whether dividing the current national Part C IRE jurisdiction into two geographic jurisdictions could help support the

program's growing needs? Please identify any potential benefits or concerns associated with this approach.

2. What operational considerations, if any, should CMS take into account if Part C IRE functions were divided between two geographic jurisdictions?

Comments should be submitted to the Part C Appeals and Grievances resource portal:

<https://appeals.lmi.org> with the subject line "Medicare Part C IRE Jurisdiction Feedback" within **14 calendar days of the date of this memo.**