



**Nebraska Department of Insurance –
External Review Solution (DOI ER)
User Guide – Insurer Perspective**

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About this Document

The purpose of this document is to give both functional and technical design of the Department of Insurance External Review (DOI ER) OnBase and Portal Solution for the purposes of being used by a Department of Insurance Admin or OCIO staff.

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NE Enterprise Registration

In order to access the DOI External Review Portal, the user will first need to register with the Nebraska Enterprise System to obtain the credentials that will be used to access the portal.

- The DOI External Review Portal can be located at <https://ecmp.nebraska.gov/DOI-ER>
- Select [Register Here](#) under the New User Instructions section

NEW USER INSTRUCTIONS

All users accessing this portal this portal will need to register for an account within the Nebraska Enterprise Self Registration portal. Click the following link to register:

[Register Here](#)

After your account has been created, return to this page to login to the Denied Claim External Review Request Portal.

The user will enter their information and create a username and password for the portal.



The screenshot shows the 'NEBRASKA ENTERPRISE SELF REGISTRATION' header. Below it is the 'NEW ACCOUNT REGISTRATION' section. A red asterisk indicates required fields. The form is divided into three sections: 'User Information' (First Name, Last Name, Email Address, Confirm Email), 'Login Information' (Username, Password, Confirm Password), and 'Password reminder questions' (three questions with dropdown menus and text input fields). A 'Register Account' button is at the bottom.

After the security questions are set up and Register Account is selection, the user will be automatically directed to another page within the Nebraska Enterprise System. This page is not necessary for registration, and the user may return to the portal home page at <https://ecmp.nebraska.gov/DOI-ER>

Solution Overview

The solution comprises two primary components: DOI External Review Portal and OnBase Workflow. The two components are linked via OnBase Document Types. All data and documents input/retrieved via the portal are directly stored and accessed in/from OnBase.

- The DOI External Review Portal can be located at <https://ecmp.nebraska.gov/DOI-ER>
- OnBase Unity Client is available via the Software Center or by contacting OCIO

DOI External Review Portal Access

After a user is registered within the Nebraska Enterprise system, and they have entered those credentials to access the portal, they will be prompted to define the user role they will function as (Patient – Policyholder – Patient Representative; Physician; Insurance Company – Producer; IRO).

Patient - Policyholder - Patient Representative

Patient/Authorized Representative user access to create an external request is granted immediately. Throughout the request and review process, the Patient/Authorized Representative is able to view status and provide additional supporting documentation to support the external review complaint.

Physician

Physician user access is granted once Nebraska Department of Insurance staff has reviewed and approved your information. Once access has been granted, you will be able to create a new complaint requesting external review on behalf of a patient. For complaints where you've been granted access to, you will also be able to view status and provide additional supporting documentation to the complaint.

Insurance Company - Producer

Insurance Company/Producer user access is granted once Nebraska Department of Insurance staff has reviewed your information. Once access has been granted, you will be able to review and provide additional supporting documentation to assigned complaint and related supporting documentation. Once access has been granted to a complaint, you will also be able to add additional insurer users specific to your assigned complaints.

IRO

Independent Review Organization user access is granted once Nebraska Department of Insurance staff has reviewed your information. Once access has been granted, you will be able to review and provide additional supporting documentation to assigned complaint.

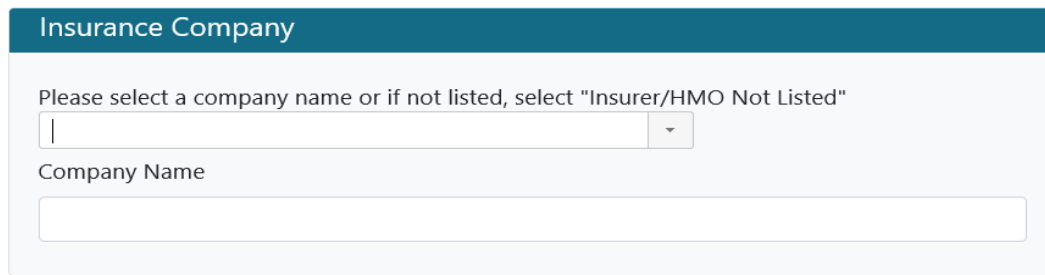
Please select a user type listed above

If the user is a *patient – policyholder - representative* they will have immediate access to the solution to submit External Review Requests. If a user is a *healthcare provider, insurance company user, or IRO company user*; a notification will be sent to DOI ER Reviewer internal staff to approve or deny access (for insurers and IROs, each company may have an administrator account that can grant access and manage account for members who register as “Staff”. When a new healthcare provider, insurance company user, or IRO company user requests access to the solution, they will be required to choose or enter their contact information. After access is granted or denied, a notification will be sent to the user and they will be able to access the solution.

Data Lookups

All contact information for healthcare providers, healthcare facilities, insurance companies, and IRO companies are required to be reviewed and approved by Department of Insurance Staff. To do this, any time a new user requests access to the solution, they are required to choose from a list of already approved contact information or they can choose “Not listed” in order to enter new information. If they choose “Not listed,” a lookup form is generated with the contact information they entered, and sent to department of insurance staff for review.

Additionally, when a patient – policy holder – representative is filling out their external review case form, they are required to enter their healthcare provider, treating healthcare facility, and insurance company and they are permitted to choose from a list of already approved contact information or they can choose “Not Listed.” If they choose “Not listed,” a lookup form is generated with the contact information they entered, and sent to department of insurance staff for review.



The screenshot shows a form titled "Insurance Company" with a dark blue header. Below the header, there is a text prompt: "Please select a company name or if not listed, select 'Insurer/HMO Not Listed'". This is followed by a dropdown menu with a small downward arrow on the right. Below the dropdown is a text input field labeled "Company Name".

External Review Request Form (Applicant)

To submit a new external review request, a patient/policyholder/representative or physician will log into the DOI ER portal and select “Create New External Review.” From the home screen, a user will also be able to see and resume filling out previously saved External Review Case Requests Forms that have not been submitted as well as check the status of previously submitted External Review Case Requests.

EXTERNAL REVIEW REQUEST

🌐 Select “Create New External Review Request” below to begin the external review request process.

📄 [Create New External Review Request](#)

The user will fill out their information as prompted through the portal with red ‘*’ fields being required before they can move to the next page. At any point, a user will be able to save their progress and come back later by selecting “Save” and navigating back to the DOI ER Portal login screen.

Portal Home Page

Once the user has been granted access, the first screen they will see upon logging into the solution in the home page, which consists of three sections to organize all cases assigned to that insurer.

- **Requests Needing Eligibility Review Determination** will contain cases that have been submitted by an applicant and are ready to be reviewed for their eligibility for the external review process.
- **Requests Needing Claim Denial Basis** contains a list of eligible cases that have been assigned to an Independent Review Organization (IRO), and are ready to have **ALL** claim information submitted in order for them to perform their review.
- **Assigned External Review Cases** contains all cases that have been assigned to the insurer. The cases are available to query from a list of options (User last name, tracking ID # etc...)

INSURANCE COMPANY REPRESENTATIVE

Cigna

☰ Requests Needing Eligibility Review Determination

Requests listed below have been submitted to NDOI requesting external review. The patient or authorized representative has indicated that you're the insurer/producer of their denied internal review. The Determination Due Date is the date eligibility review determination needs to be made by your organization. Select a Tracking # link to review the complaint information.

Tracking #	Determination Due Date	Policyholder	Patient Name	Status
2020000052		Demo Usr	Demo Usr	Awaiting Eligibility Determination
2020000049		Demo User	Demo User	Awaiting Eligibility Determination
2020000047		Demo User	Demo User	Awaiting Eligibility Determination

☰ Requests Needing Claim Denial Basis

Requests listed below have been assigned to an Independent Review Organization and are needing the claim denial basis made by your organization. Select a Tracking # link to review the complaint information.

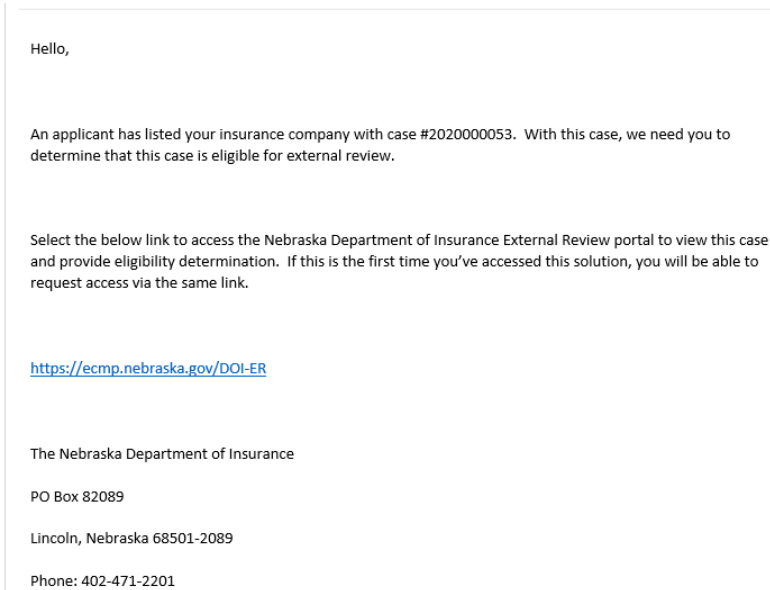
Tracking #	Claim Denial Due Date	Policyholder	Patient Name	Status
2020000036		Demo User	Demo User	Awaiting Insurer Claim Denial Basis
2020000035		Demo User	Demo User	Awaiting Insurer Claim Denial Basis

☰ Assigned External Review Cases

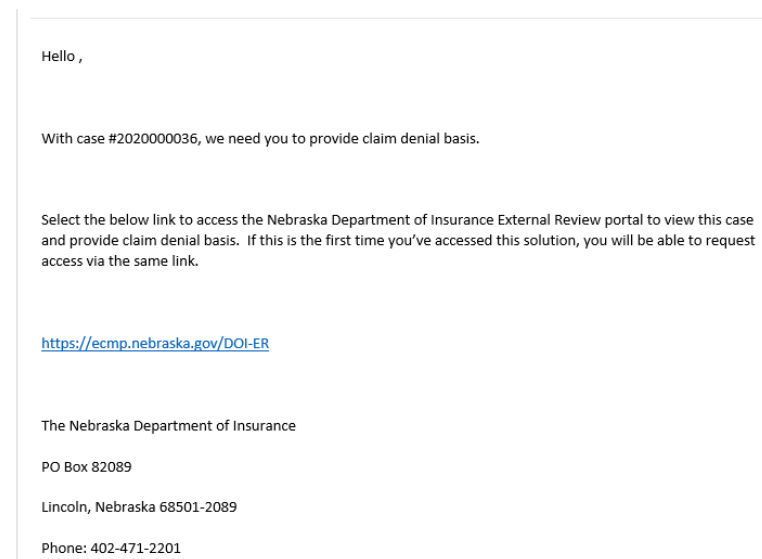
Search By:

Email Alerts

When a case has been submitted by an applicant, the insurance company they choose is linked to the case and is alerted via email that a case has been submitted. The first alert informs the insurer of the Tracking # of the case, and that they are needed to perform an eligibility review determination.



If the case is eligible for external review, the NDOI is then alerted to assign an Independent Review Organization (IRO) to the case to perform an independent review. Once this is done, the insurer will receive another alert via email informing them that they are needed to provide a claim denial basis.



Supporting Documents

When reviewing the case for eligibility, all of the information provided by the applicant is available on the Insurance Company Representative Application Review page, which is accessed by clicking on the case Tracking #. All documentation uploaded by the applicant is available in the Supporting Documents section for the insurer to review. This will include forms for expedited requests and experimental-investigational denial requests, which have been either signed by the physician and uploaded by the applicant, or completed by the physician via the external review portal.

Supporting documents					
Document	Document Type	Description	Uploaded By	Role	Date
View Document	DOI ER Letter from Provider		DemoUser	Applicant	8/3/2020
View Document	DOI ER Expedited Certification Form		DemoUser	Treating Healthcare Provider	8/4/2020
View Document	DOI ER Experimental Investigational Certification Form		DemoUser	Treating Healthcare Provider	8/4/2020
View Document	DOI ER Request Form		DemoUser		8/3/2020

Entering the Determination

Once the insurer has reviewed the information and documentation submitted by the applicant, they will enter their eligibility determination in the Eligibility Review section, which will appear red. The insurer must provide a brief explanation in the comment section and has the option to attach an Eligibility Determination document. Finally, the insurer will select their determination from the drop down list and select either Eligible for Review, Ineligible for Review, or Overturn Claim Denial.

Eligibility Review

Explain external review eligibility determination. Input comment to support determination below:

Utilize the following upload button to attach documentation supporting eligibility determination.
Examples of supporting documents:

- Letter of eligibility determination
- Medical records supporting eligibility determination
- Coverage document supporting eligibility determination

[Attach](#)

Accepted file types: PDF, JPG, GIF, and TIFF.

Document Type	Uploaded By	Role	Date
No attached documents were found.			

If you have decided to pay this claim instead of proceeding with external review, select **Overturn Claim Denial**

Eligibility Review Determination

Next Steps:

[Save without Submitting](#) [Submit External Review Eligibility Determination](#)

Expedited Requests

When an applicant submits a case, they have the option to choose whether or not they want the review to be expedited. The status of the expedited request is reflected in the Expedited Review/Experimental-Investigation Denial section on the case information page.

The screenshot shows a web portal interface with several sections. At the top, there are four expandable menu items: 'Patient/Policyholder', 'Representative/Insurance Information', 'Treating Health Care Provider/Health Care Facility', and 'Expedite Review/Experimental-Investigational Denial'. The 'Expedite Review/Experimental-Investigational Denial' section is expanded, showing two side-by-side forms. The left form is titled 'Expedite Review' and contains the question 'Do you wish to obtain expedite review?' with a 'Yes' button, and 'Which method will you obtain certification from your health care physician?' with a 'Method 1 - Print/Upload' button. The right form is titled 'Experimental/Investigational Denial' and contains the question 'Do you wish to experimental/Investigational denial certification?' with a 'Yes' button, and 'Which method will you obtain certification from your health care physician?' with a 'Method 1 - Print/Upload' button. Below these forms are three more menu items: 'Denial Reason', 'Supporting documents', and 'Eligibility Review'. The 'Eligibility Review' section is highlighted in red and contains the text 'Explain external review eligibility determination. Input comment to support determination below:'.

In order for the applicant to obtain the documents needed for expedited and experimental-investigational requests, they can either choose to have an E-mail sent to their provider to complete the section in the portal, or they can upload the signed form. Regardless of which option is chosen, the forms will be available for viewing under the Supporting Documents section.

If the applicant requests an expedited review but their case does not meet the criteria (post-service appeal, not time sensitive etc...), the insurer can write a note to the NDOI and indicate that the request does not meet the criteria and must either be changed to a standard review, or more information is necessary in order for the request of an expedited review to be considered. If the request is changed to standard, the Expedited Review/Experimental-Investigational Denial section will be updated to reflect this.

The screenshot shows the 'Eligibility Review' section of the web portal. It features a red header with the text 'Eligibility Review'. Below the header is a text area with the prompt 'Explain external review eligibility determination. Input comment to support determination below:'. Below the text area is a large empty text box for input. Below the text box is the text 'Utilize the following upload button to attach documentation supporting eligibility determination.' followed by 'Examples of supporting documents:' and a bulleted list: 'Letter of eligibility determination', 'Medical records supporting eligibility determination', and 'Coverage document supporting eligibility determination'. Below the list is a blue 'Attach' button with a paperclip icon. At the bottom, there is a small icon and the text 'Accepted file types: PDF, JPG, GIF, and TIFF.'

Providing Claim Denial Basis

Once the eligible case has been reviewed by the NDOI and assigned to an Independent Review Organization (IRO), the insurer will receive an alert via email informing them that they are needed to provide claim denial basis for the case. Once the insurer accesses the case via the portal, they are presented with the Claim Denial Basis and Document of Appeal Decision section, which will appear in red.

Claim Denial Basis and Document of Appeal Decision

Explain claim Denial Basis

Use the following upload button to attach documentation supporting claim denial.

[Attach](#)

Accepted file types: PDF, JPG, GIF, and TIFF.

Document Type	Uploaded By	Role	Date
No attached documents were found.			

If an insurer does not provide documentation and explanation of the basis for a claim denial, the IRO will decide this external review without that information, which will likely result in the denial being overturned.

[Save without Submitting](#) [Submit Claim Denial Basis](#)

The insurer has the option to write any case notes or comments to the IRO in the Explain Claim Denial Basis section. Additionally, the insurer will submit **ALL** claims information and documentation related to the claim to be used by the IRO to make their final determination (there is a file size limit of 30 MB per file).

Administrator Access

Each insurance company will have an Administrator account assigned that will have additional privileges for accepting/rejecting staff access requests and managing user accounts that have access to the external review portal. When first registering for the external review portal, when they are selecting their role, the applicant will select Administrator and their access will be approved/rejected by the NDOI.

Once approved, the administrator's home page will have two additional sections that are not available to Staff members.

Staff Access

The following staff have access to perform eligibility review and assist with external reviews linked to your organization. To add a new staff member, the staff member will need a user account defined on the State of Nebraska Self-register pages located here . Have the staff member provide their user id to you to add to your organization. If there is a staff member who no longer is part of your organization, select the remove access link.

Access Requested for Staff member

User ID	First Name	Last Name	Action
InsInsIns	User	User	Click here to review access

Staff Member Granted Access

User ID	First Name	Last Name	Action
CignaCigna	Aaron	Ro	Click here to review access
InsIns	Insa	Insa	Click here to review access
InsDemo2	Demo	Uer	Click here to review access
doi_er_insurance	Daryl	Eller	Click here to review access
CignaStaff	Cigna	Staff	Click here to review access
DemoIns	Demo	Ins	Click here to review access
CignaTest	Cigna	Test	Click here to review access

When an administrator selects a user who has requested access to the portal, they will have the option to approve or deny their access after clicking [Click here to review access](#). For users who already have been granted access, the administrator has the ability to remove their access should they no longer require it.

User Name InsInsIns	User Type Insurance Company	Access Requested Staff
First Name User	Last Name User	
Title User	Company Name Cigna	
Address asdf		
City asdf	State IN	Zip Code asdf3
Phone (123) 333-1111	Email ExtRev@protonmail.com	

Grant Access
Deny Access
Cancel

User Name InsDemo2	User Type Insurance Company	Access Requested Staff
First Name Demo	Last Name Uer	
Title MIMI	Company Name Cigna	
Address 13		
City Omaha	State NE	Zip Code 68123
Phone (402) 333-2828	Email EXTREV@PROTONMAIL.COM	

Remove Access
Cancel

More on Expedited Review

When requesting an external review, a patient/policyholder/representative can request that review be expedited. To do this, their treating healthcare provider needs to attest that the external review request qualifies/does qualify to be expedited.

To send this to the treating healthcare provider, they can either chose to download and print a pdf copy of the Expedited Review Certification Form and bring this to their treating healthcare provider

If they select Method 1, a signed Expedited Review Certification Form MUST BE attached below before the review request can be submitted.

If they select Method 2, an email notification will be sent to their treating healthcare provider and they will be able to do their certification steps via the online portal.

EXPEDITED REVIEW

You may request that your external appeal be handled on an expedited basis if a delay would seriously jeopardize the life or health of the patient or would jeopardize the patient's ability to regain maximum function. In order to obtain expedited review, your treating health care provider will need to complete an expedited review form on the patient's behalf. Please understand that until a completed form from your treating health care provider is attached to this external review request, an expedited or experimental/investigational external review cannot be assigned to an independent review organization. There are two options for obtaining treating health care provider certification:

Method 1 (print/upload) You can save this application, download/print the form and work with your treating health care provider to fill out the form. Once completed by your treating health care provider, return to this application to upload the treating health care provider signed copy of the form.

Method 2 (email) You can select email form to treating health care provider. When you select this option, an email will be sent to the treating health care provider listed below with instructions for completing expedited review certification electronically. We suggest that you follow up with your treating health care provider to let them know that a request was sent to them.

Do you wish to obtain Expedited Review?

Which method will you obtain certification from your treating health care provider?

Please attach expedite review certification form

Accepted file types: PDF, JPG, GIF, and TIFF.

Document Type

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More on Experimental/Investigational Denial

When requesting an external review, a patient/policyholder/representative can indicate that their insurance claim denial reason was experimental/investigational. To do this, their treating healthcare provider needs to attest that the external review request qualifies/does qualify to be expedited.

To send this to the treating healthcare provider, they can either chose to download and print a pdf copy of the Expedited Review Certification Form and bring this to their treating healthcare provider

If they select Method 1, a signed Experimental/Investigational Review Certification Form MUST BE attached below before the review request can be submitted.

If they select Method 2, an email notification will be sent to their treating healthcare provider and they will be able to do their certification steps via the online portal.

EXPERIMENTAL/INVESTIGATIONAL DENIAL

If your claim was denied due to experimental/investigational reason, your treating health care provider will need to complete an experimental/investigational review form on the patient's behalf. Please understand that until a completed form from your treating health care provider is attached to this external review request, an experimental/investigational external review cannot be assigned to an independent review organization. There are two options for obtaining treating health care provider certification:

Method 1 (Print/Upload) You can save this application, download/print the form and work with your treating health care provider to fill out the form. Once completed by your treating health care provider, return to this application to upload the treating health care provider signed copy of the form.

Method 2 (Email) You can select email form to treating health care provider. When you select this option, an email will be sent to the treating health care provider listed below with instructions for completing expedited review certification electronically. We suggest that you follow up with your treating health care provider to let them know that a request was sent to them.

Do you need to obtain experimental/investigation denial certification?

Which method will you obtain certification from your health care provider?

[Download Experimental/Investigational Review Certification Form Template](#)

Please attach Experimental/Investigational Denial Form

[Attach](#)

Accepted file types: PDF, JPG, GIF, and TIFF.

Document Type

No attached documents were found.

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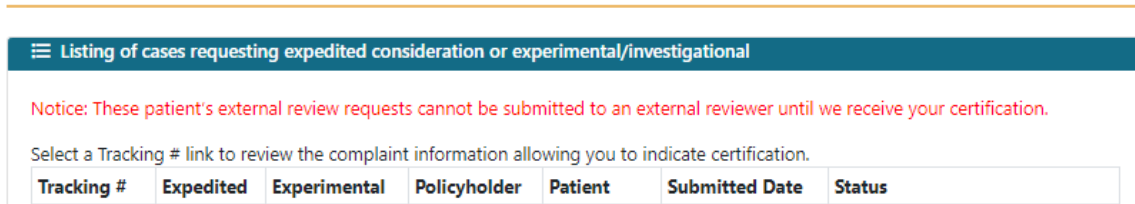
[Back](#) [Save](#) [Next](#)

Expedited or Experimental/Investigational Certification (Treating Healthcare Provider)

When a patient/policyholder/representative indicates that a review requires expedited review or the denial reason was Experimental/Investigational and select Method 2: Email for the treating healthcare provider certification, an email notification will be sent to the treating healthcare provider where they will log in or request access to the DOI portal.

Once they have access, they will be able to view and review all cases assigned to them.

HEALTHCARE PROVIDER



The screenshot shows a web interface for a healthcare provider. At the top, there is a dark teal header with a white hamburger menu icon and the text "Listing of cases requesting expedited consideration or experimental/investigational". Below the header, a red notice reads: "Notice: These patient's external review requests cannot be submitted to an external reviewer until we receive your certification." Underneath the notice, there is a line of text: "Select a Tracking # link to review the complaint information allowing you to indicate certification." Below this text is a table with the following columns: Tracking #, Expedited, Experimental, Policyholder, Patient, Submitted Date, and Status.

Tracking #	Expedited	Experimental	Policyholder	Patient	Submitted Date	Status
------------	-----------	--------------	--------------	---------	----------------	--------

Once a case has been assigned to a treating healthcare provider for Expedited or Experimental/Investigational Review, they will be able to view all details entered in the case review form as well as supporting documentation.

Experimental/Investigational Review Certification

If experimental/Investigational Review is requested, the treating healthcare provider will fill out all applicable information, attach any document to support their review and either agree that the case was denied for experimental/investigational reasons, or overturn.

HEALTHCARE PROVIDER EXPERIMENTAL/INVESTIGATIONAL DENIALS REVIEW CERTIFICATION

**PHYSICIAN CERTIFICATION
EXPERIMENTAL/INVESTIGATIONAL DENIALS**

The external review application for Patient: Test Patient. Policyholder: Test Patient indicates experimental/investigational denial reason.

In my medical opinion as the Insured's treating physician, I hereby certify to the following: (Please check all that apply) (NOTE: Requirements #1 - #3 below must all apply for the covered person to qualify for an external review).

1. The covered person has a terminal medical condition, life threatening condition, or a seriously debilitating condition.
Explain:

2. The covered person has a condition that qualifies under one or more of the following:[indicate which description(s) apply]:

Standard health care services or treatments have not been effective in improving the covered person's condition.
Explain:

Standard health care services or treatments are not medically appropriate for the covered person.
Explain:

There is no available standard health care service or treatment covered by the health carrier that is more beneficial than the requested or recommended health care service or treatment.
Explain:

3. The health care service or treatment I have recommended and which has been denied, in my medical opinion, is likely to be more beneficial to the covered person than any available standard health care services or treatments.
Explain:

4. The health care service or treatment recommended would be significantly less effective if not promptly initiated.
Explain:

5. It is my medical opinion based on scientifically valid studies using accepted protocols that the health care service or treatment requested by the covered person and which has been denied is likely to be more beneficial to the covered person than any available standard health care services or treatments.
Explain with reference to studies:

6. Please provide a description of the recommended or requested health care service or treatment that is the subject of the denial.
Explain:

Optional - Attach supporting documentation referenced above.

Accepted file types: PDF, JPG, GIF, and TIFF.

Document Type

No attached documents were found.

CERTIFICATION

I hereby certify that I am the treating physician for Test Patient and that I have requested the authorization for a drug, device, procedure or therapy denied for coverage due to the insurance company's determination that the proposed therapy is experimental and/or investigational. I understand that in order for the covered person to obtain the right to an external review of this denial, as treating physician I must certify that the covered person's medical condition meets certain requirements indicated on this form.

I hereby certify that the above criteria does not apply for Test Patient.

Input your name:

Expedited Review Certification

If Expedited Review is requested, the treating healthcare provider will fill out all applicable information, attach any document to support their review and either agree that the case needs expedited review or overturn.

PHYSICIAN/HEALTHCARE PROVIDER EXPEDITED REVIEW CERTIFICATION

CERTIFICATION FOR TREATING HEALTH CARE PROVIDER FOR EXPEDITED CERTIFICATION OF PATIENT'S EXTERNAL REVIEW APPEAL

The external review application for Patient: Test Patient, Policyholder: Test Patient is requesting expedited consideration of the patient's external review appeal.

NOTICE TO THE TREATING HEALTH CARE PROVIDER

Patients can request an external review when a health carrier has denied a health care service or course of treatment on the basis of a utilization review determination that the requested health care service or course of treatment does not meet the health carrier's requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment you requested. The Nebraska Department of Insurance oversees external appeals. The standard external review process can take up to 45 days from the date the patient's request for external review is received by our department. Expedited external review is available only if the patient's treating health care provider certifies that adherence to the time frame for the standard external review would seriously jeopardize the life or health of the covered person or would jeopardize the covered person's ability to regain maximum function. An expedited external review must be completed at most within 72 hours. This form is for the purpose of providing the certification necessary to trigger expedited review.

CERTIFICATION

I hereby certify that: I am a treating health care provider for Test Patient (hereafter referred to as "the patient"); that adherence to the time frame for conducting a standard external review of the patient's appeal would, in my professional judgment, seriously jeopardize the life or health of the patient or would jeopardize the patient's ability to regain maximum function; and that, for this reason, the patient's appeal of the denial by the patient's health carrier of the requested health care service or course of treatment should be processed on an expedited basis.

I hereby certify that the above criteria does not apply for Test Patient.

Describe rationale for certification with information regarding patient's specific diagnosis:

Input your name:

Date: