



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

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About this Document

The purpose of this document is to introduce the Portal Solution for the Department of Insurance External Review (DOI ER) process. This guide was created for use by Independent Review Organizations (IRO) and IRO representatives for their use in performing external reviews that they have been assigned.

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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' with fields for First Name, Last Name, Email Address, and Confirm Email; 'Login Information' with fields for Username, Password, and Confirm Password; and 'Password reminder questions' with three dropdown menus for questions and corresponding text input fields for answers. 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.

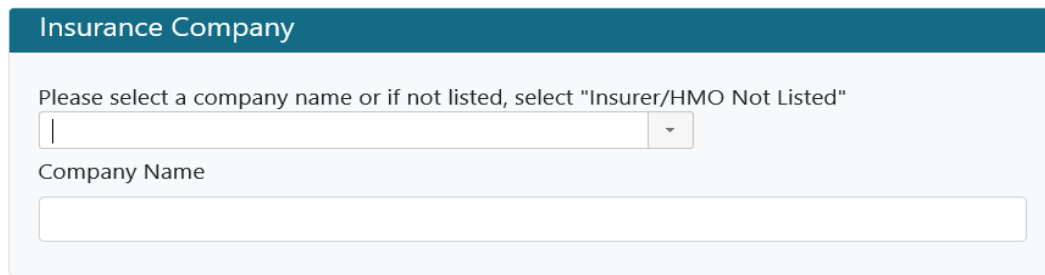
Please select a user type listed above

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 downward arrow. 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 (IRO)

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 two sections to organize all cases assigned to that insurer.

- **Requests Needing External Review Determination** will contain cases that have been submitted by an applicant and reviewed by the insurer, who has also uploaded all of the documentation and forms related to the claim denial.
- **Assigned External Review Cases** contains all cases that have been assigned to the IRO. All cases that have been completed and reviewed by the IRO are available to query from a list of options (User last name, tracking ID # etc...)

INDEPENDENT REVIEW ORGANIZATION

PROPEER RESOURCES INC.

☰ Requests needing External Review Determination

Requests listed below have been assigned to your Independent Review Organization that are needing your determination. The Determination Due Date is the date external review determination needs to be made by your organization.

Status Definitions:

<u>Awaiting Insurer Claim Denial Basis</u>	<u>Awaiting IRO Review Determination</u>
Case has been assigned to IRO to begin review. The Insurer has been informed to provide claim denial basis	Case has been assigned to IRO to complete review. The Insurer has provided claim denial basis.

Tracking #	Determination Due Date	Policyholder	Patient Name	Status
2020000036	8/20/2020	Demo User	Demo User	Awaiting IRO Review Determination
2020000035	8/20/2020	Demo User	Demo User	Awaiting IRO Review Determination
2020000022	6/10/2020	June Fourth	June Fourth	Awaiting Insurer Claim Denial Basis

☰ Assigned External Review Cases

Search By:

Email Alerts

When a case has been submitted by an applicant and deemed eligible for external review by their insurer, the NDOI will assign an IRO to perform an independent review of the case. The first alert informs the IRO of the Tracking # of the case, and that the case has reached the stage for the insurer to provide claim denial basis and provide the IRO will all claim documents.

External Review Case Form #2020000035 is Awaiting Insurer Claim Denial Basis

Select the below link to access the Nebraska Department of Insurance External Review portal to view this case. If this is the first time you've accessed this solution, you will be able to request access via the same link.

<https://ecmp.nebraska.gov/DOI-ER>

The Nebraska Department of Insurance

PO Box 82089

Lincoln, Nebraska 68501-2089

Phone: 402-471-2201

Once the insurer has logged in the uploaded all of the claim documents, the IRO will get an email alert informing them of the Tracking # and that the case has been assigned to their organization to perform a review of the case.

Hello ,

With case #2020000035, your organization has been assigned to perform independent review of this case.

Select the below link to access the Nebraska Department of Insurance External Review portal to perform external review. If this is the first time you've accessed this solution, you will be able to request access via the same link.

<https://ecmp.nebraska.gov/DOI-ER>

The Nebraska Department of Insurance

PO Box 82089

Lincoln, Nebraska 68501-2089

Phone: 402-471-2201

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.

+ Patient/Policyholder

+ Representative/Insurance Information

+ Treating Health Care Provider/Health Care Facility

- Expedite Review/Experimental-Investigational Denial

Expedite Review

Do you wish to obtain expedite review?

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

Experimental/Investigational Denial

Do you wish to experimental/Investigational denial certification?

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

+ Denial Reason

+ Supporting documents

Eligibility Review

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

Throughout the eligibility determination process the status of the case (expedited or standard) may be changed if the case does not meet certain criteria. When it reaches the IRO, the status shown is final, which will also be reflected in the Determination Due Date field on the IRO home page.

☰ Requests needing External Review Determination

Requests listed below have been assigned to your Independent Review Organization that are needing your determination. The Determination Due Date is the date external review determination needs to be made by your organization.

Status Definitions:

Awaiting Insurer Claim Denial Basis	Awaiting IRO Review Determination
Case has been assigned to IRO to begin review. The Insurer has been informed to provide claim denial basis	Case has been assigned to IRO to complete review. The Insurer has provided claim denial basis.

Tracking #	Determination Due Date	Policyholder	Patient Name	Status
2020000035	8/20/2020	Demo User	Demo User	Awaiting Insurer Claim Denial Basis

☰ Assigned External Review Cases

Search By:

Supporting Documents

When performing the review of the case, all of the information provided by the applicant and the insurer is available on the Independent Review Organization Application Review page, which is accessed by clicking on the case Tracking #. All documentation uploaded by the applicant and insurer is available in the Supporting Documents section for the IRO 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.

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 External Review Determination

Once the IRO has reviewed the information and documentation submitted by the applicant and insurer, they will enter the decision in the External Review Determination section, which will appear red. The IRO must attach a copy of their final determination, and has the option to attach an invoice to the insurer. Finally, the insurer will select their determination from the drop down list and select either Claim Denial Upheld, Overturn Claim Denial, Partially Overturn Claim Denial, or Unable to Perform Due to Conflict or Lack of Specialist. If the IRO is unable to perform the review, a text box will appear for a brief explanation of the issue.

External Review Determination

Please attach external review determination letter

External review determination letter must be attached to submit

[Attach](#)

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

Document Type

[No attached documents were found.](#)

Please attach Insurance Invoice

[Attach](#)

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

Document Type

[No attached documents were found.](#)

Independent Review Determination Overturn Claim Denial

Next Steps:
Notice goes to insurer to authorize or pay for the service in accordance with the IRO decision. Notice goes to the insured that the claim denial has been overturned.

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

[Return to Home Page](#)

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). Once the insurer has submitted all documents for the claim denial bases, the status of the case will then change to Awaiting IRO Determination.

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](#)

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.

Attach

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: