



**Nebraska Department of Insurance –
External Review Solution (DOI ER)
User Guide – Applicant 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 main 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.

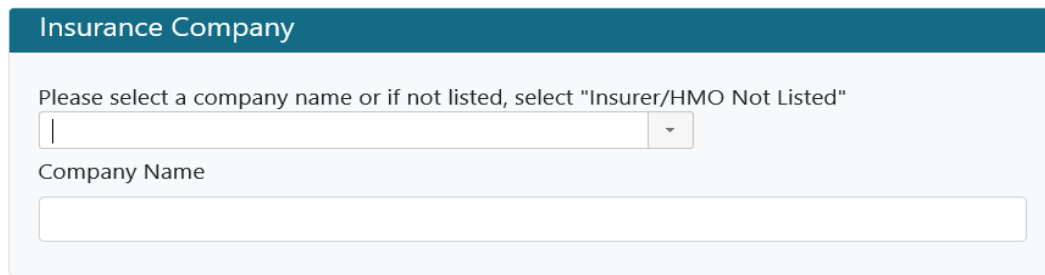
Please select a user type listed above

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. 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.

The patient/representative will indicate who is filling out this application, the Patient Information, Policyholder information, and if applicable; the Representative contact information.

POLICYHOLDER/PATIENT INFORMATION

The External Review Process

This EXTERNAL REVIEW REQUEST FORM must be filed with the Nebraska Department of Insurance within FOUR (4) MONTHS after receipt from your insurer of a denial of payment on a claim or request for coverage of a health care service or treatment. The Department of Insurance mailing address and telephone number are: Nebraska Department of Insurance, PO Box 82089, Lincoln, NE 68501-2089, (877) 564-7323

Who is completing this external review request application?

- I am the Patient.
- I am the Legal Representative for the Patient. *Example: Parent, Legal Guardian*
- I am the Patient Representative that is not the Legal Representative for the Patient. *Example: Friend, Treating Healthcare Provider*

Patient			* Required Information
First Name*	Last Name*	Date of Birth*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address*			
<input type="text"/>			
City*	State*	Zip Code*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Personal Phone*	Work Phone		
<input type="text"/>	<input type="text"/>		
Email*			
<input type="text"/>			
Relationship To Policyholder*			
<input type="text"/>			

Policyholder		* Required Information
First Name*	Last Name*	
<input type="text"/>	<input type="text"/>	

Portal Page 2: Insurance Information

The user will then be prompted to select from a list of already approved insurance companies or select "Insurance Company Not Listed" which will allow them to enter one.

After they select or enter an insurance company, they will be prompted to enter their Insurance ID Number, Group Number or Input related Insurance Claim / Reference Numbers. Again with red '*' being required before they can move onto the next page.

INSURANCE INFORMATION

Select covered person's Insurance Company from the following list. The Insurance Company selected will be provided access to this external review request. If the Insurance Company is not listed, select Insurance Company Not Listed and input insurance company information below.

Insurance Company Not Listed
Aetna
Agent Health Team Co.
Blue Cross and Blue Shield of Nebraska
Bright Health
Cigna
Golden Rule, A United Healthcare Company

Show All Items

BackSaveNext

Your Information** Required Information*

Covered Person Insurance ID Number*

Group Number(if applicable)

Input related Insurance Claim/Reference Number(s)*

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Similar to the insurance information page, a user will be prompted to select from a list of already approved treating healthcare providers or select “Treating Healthcare Provider Not Listed” or “Health Care Facility is not Listed” and will be prompted to enter the applicable information.

HEALTH CARE PROVIDER INFORMATION

Treating Health Care Provider	* Required Information
Select/Search Treating Health Care Provider from the following list. If the Treating Health Care Provider is not listed, select 'Treating Health Care Provider Not Listed' and input all known information.	
Health Care Provider*	<input type="text"/>

Health Care Facility	* Required Information
Select/Search Health Care Facility from the following list. If the Health Care Facility is not listed, select 'Health Care Facility is Not Listed' and input all known information.	
Health Care Facility*	<input type="text"/>

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?

Method 1 - Print/Upload
Download Expedite
Method 1 - Print/Upload
Method 2 - Email

Please attach expedite review certification form

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

Document Type

No attached documents were found.

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.](#)

Portal Page 6: Supporting Documents

On this page, users will be able to add any kind of supporting documentation that will support their case review.

SUPPORTING DOCUMENTS

Optional - If you have received an internal review letter, please attach a scan of that letter

Please attach insurance company appeal decision letter

[Attach](#)

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

Document Type

No attached documents were found.

Optional - Before submitting External Review Request, you may attach Supporting Documents provided by insurer. Provide one of the following:

- Summary of Coverage
- Certificate of Coverage
- Peer-Reviewed Medical Literature (Journals, Cases, etc.)
- Insurance policy benefit booklet for Insured health benefit plan
- Copy of member ID number

Please attach supporting documents

[Attach](#)

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

Document Type

No attached documents were found.

Optional - Before submitting External Review Request, you may attach Supporting Media. Provide one of the following:

- Supporting Media

Please attach supporting media documents

[Attach](#)

Accepted file types: PDF, JPG, GIF, TIF and MP4.

Document Type	Description
No attached documents were found.	

Optional - Before submitting External Review Request, you may attach scan(s) which include the front and back of the insured identification card or other evidence showing that the covered person is insured by the health insurance company named in this application.

Please attach insurance identification card

[Attach](#)

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

Document Type

No attached documents were found.

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

On this page, user will indicate what the insurance claim denial reason is, a description of the claim that was denied, and attach a letter of medical necessity if one was provided.

DENIAL REASON

Denial reason stated in the insurer's appeal decision letter:

- The health care service or treatment is not medically necessary.
- The health care service or treatment is experimental or investigational.

At least one checkbox above must be selected.

Summary of External Review Request

Enter a brief description of the claim, the request for health care service or treatment that was denied.

Optional - If your provider has written a letter of medical necessity explaining why the claim is valid. Please attach below.

 **Attach**

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

Document Type

 No attached documents were found.

To submit an external review request, the patient must consent to the release of their medical records. This can be done several ways.

Method 1: If the patient is filling out the review request, they may electronically release medical records by checking the box “I authorize the Release of Medical Records”, entering their name, and the date.

Method 2: If the review request is being filled out by a patient representative, they will be prompted to download a pdf Release of Medical Records document which the patient must sign and will be uploaded. The Release of Medical Records MUST BE attached before the review can be submitted.

RELEASE OF MEDICAL RECORDS

To appeal your health carrier's denial, you must consent to the release of your medical records.

I hereby request an external appeal. I attest that the information provided in this application is true and accurate to the best of my knowledge. I authorize my insurance company and my health care providers to release all relevant medical or treatment records to the independent review organization and the Nebraska Department of Insurance. I understand that the independent review organization and the Nebraska Department of Insurance will use this information to make a determination on my external appeal and that the information will be kept confidential and not be released to anyone else. This release is valid for one year.

I am the Patient

Input your name:

Date:

I Authorize the Release of Medical Records

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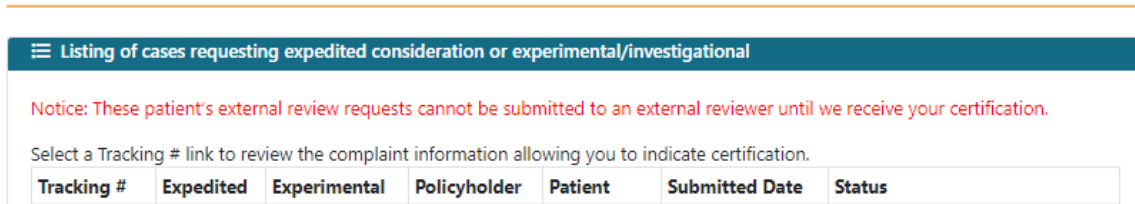
[Back](#) [Save](#) [Submit](#)

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 blue 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
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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

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: