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.

Table of Contents

About this Document

Table of Contents

Nebraska Enterprise Registration

Solution Overview

DOI External Review Portal Access

Data Lookups and External Review Request Form

External Review Portal

Portal Home Page

Email Alerts

Supporting Documents/Entering the Determination

Expeditied Requests

Providing Claim Denial Basis

Administrator Access

Expeditied or Experimental/Investigational Certifications

More on Expeditied Review

More on Experimental-Investigational Review

Expeditied and Experimental/Investigational Review Certification (Healthcare Provider)

Expeditied Review Certification

Experimental/Investigational Review Certification
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

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

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](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 chose “Not listed” in order to enter new information. If they chose “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 chose “Not Listed.” If they chose “Not listed,” a lookup form is generated with the contact information they entered, and sent to department of insurance staff for review.

**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](image.png)
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.

Hello,

An applicant has listed your insurance company with case #2020000036. With this case, we need you to determine that this case is eligible for external review.

Select the below link to access the Nebraska Department of Insurance External Review portal to view this case and provide eligibility determination. 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 68501-8289
Phone: 402-471-2201

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.

Hello,

With case #2020000036, we need you to provide claim denial basis.

Select the below link to access the Nebraska Department of Insurance External Review portal to view this case and provide claim denial basis. 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
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.

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<th>Description</th>
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<th>Role</th>
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</tbody>
</table>

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.
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.

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.
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.

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.

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.
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 choose 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.
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 choose 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.
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.

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.

[Image of Experimental/Investigational Review Certification form]
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.

[Image of the form: Physician/Healthcare Provider Expedited Review Certification form]

The form includes fields for the treating healthcare provider to certify that they are the treating provider for the patient, and to describe the rationale for certification with information regarding the patient's specific diagnosis. Additionally, there is a field for the provider to input their name and date, followed by a submit button.