Nebraska Department of Insurance – External Review Solution (DOI ER) User Guide – Treating Healthcare Provider 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 treating healthcare providers and provider representatives for their use in filing external review requests and completing

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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
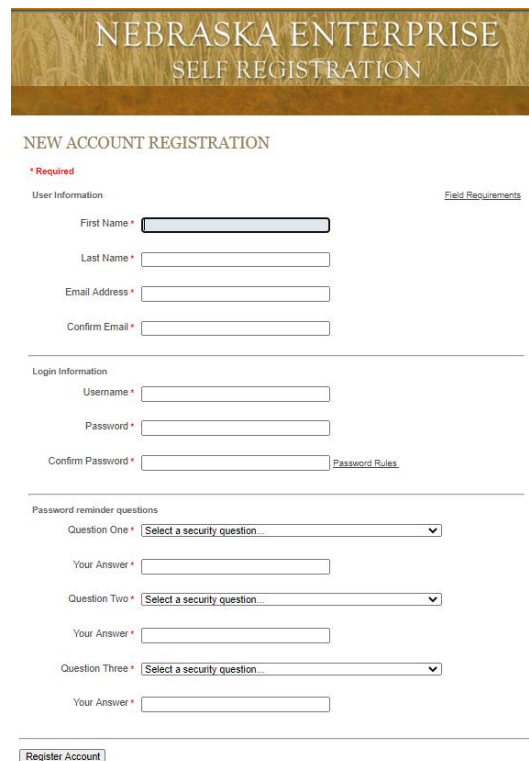- Select Register Here under the New User Instructions section

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.

NEBRASKA ENTERPRISE
SELF REGISTRATION

NEW ACCOUNT REGISTRATION

* Required

User Information   Field Requirements

First Name * [   ]

Last Name * [   ]

Email Address * [   ]

Confirm Email * [   ]

Login Information

Username * [   ]

Password * [   ]

Confirm Password * [   ]   Password Rules

Password reminder questions

Question One * [Select a security question... ▾]

Your Answer * [   ]

Question Two * [Select a security question... ▾]

Your Answer * [   ]

Question Three * [Select a security question... ▾]

Your Answer * [   ]

[Register Account]

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.
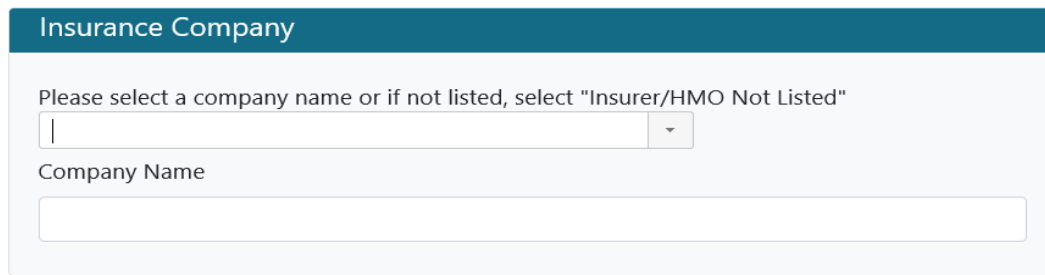
Please select a user type listed above

[⌄]

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 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.

Insurance Company

Please select a company name or if not listed, select "Insurer/HMO Not Listed"

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 (Treating Healthcare Provider)

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.

- **Listing of cases requesting expedited consideration or experimental/investigational** will contain cases that have been submitted by an applicant and require a physician certification for an expedited request or an experimental/investigational denial.
- **Assigned External Review Cases** contains all cases that have been assigned to the Treating Healthcare provider for review, as well as cases that are linked to the provider but did not require an expedited or experimental/investigational certification. The cases are available to query from a list of options (User last name, tracking ID # etc…)

HEALTHCARE PROVIDER

☰ Listing of cases requesting expedited consideration or experimental/investigational

Notice: These patient's external review requests cannot be submitted to an external reviewer until we receive your certification.

Select a Tracking # link to review the complaint information allowing you to indicate certification.

Tracking #	Expedited	Experimental	Policyholder	Patient	Submitted Date	Status
2020000055	Yes	No	Demo User	Demo User	8/10/2020	Awaiting Provider Certification
2020000051	Yes	Yes	Demo User	Demo User	8/5/2020	Awaiting Provider Certification
2020000050	Yes	Yes	Demo User	Demo User	8/5/2020	Awaiting Provider Certification

⊕ Select "Create New External Review Request" below to begin the external review request process.

▦ Create New External Review Request

☰ Listing of incomplete external review requests that have yet to be submitted

Select a Tracking # link to continue filling out a previously started external review request application.

Tracking #	PolicyHolder	Patient Name	Status
2020000048	Demo User	Demo User	Awaiting Submission

☰ Listing of submitted external review requests

Select a Tracking # link to review the external review request information and attach additional supporting documentation to the request.

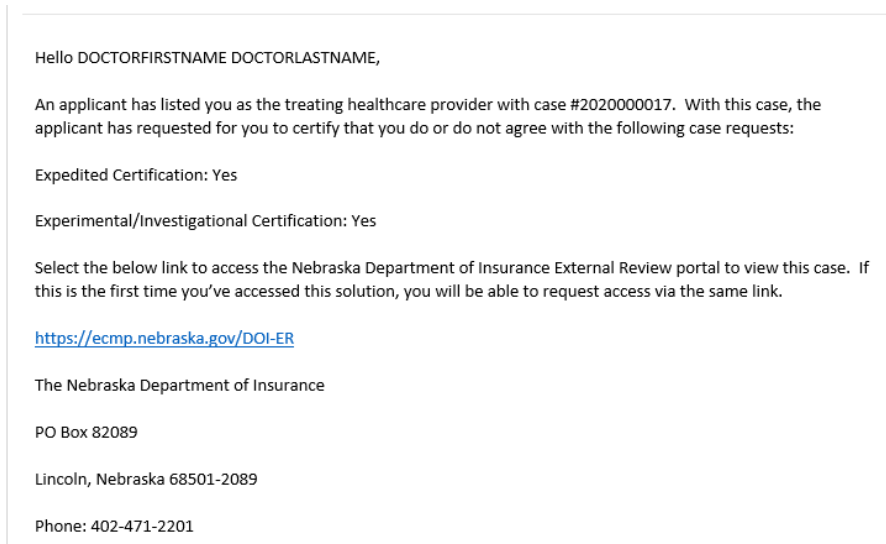| Tracking #	PolicyHolder	Patient Name	Submitted Date	Status
2020000047	Demo User	Demo User	7/31/2020	Awaiting Eligibility Determination

☰ Assigned External Review Cases

Search By: [⌄] [ ] [Search]

In the middle section, the provider also has the option to submit an application on behalf of a patient by clicking Create New External Review Request. They can also see a list of cases that have been submitted and those that have been started but not yet submitted. For instructions on submitting an external review request, please refer to the applicant guide.

Email Alerts

As an applicant completes the request, they have two options to obtain the necessary certification from providers. This certification is needed for claims that have been denied as being Experimental-Investigational or if expedited consideration has been requested.

The first option is the E-mail method of obtaining certification, in which the treating healthcare provider they link to the case will receive an email alter informing them of the status of the case. The alert informs the treating healthcare provider of the Tracking # of the case, and that they are needed to provide certification for one or both of these.

Hello DOCTORFIRSTNAME DOCTORLASTNAME,

An applicant has listed you as the treating healthcare provider with case #2020000017. With this case, the applicant has requested for you to certify that you do or do not agree with the following case requests:

Expedited Certification: Yes

Experimental/Investigational Certification: Yes

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

The other option the applicant has is to upload the supporting documents themselves and attach to their initial request. They must obtain the provider certification on their own and can download the appropriate form from the portal.

Back to Home Page

When the provider clicks the link in the email, they are taken back to the home page to select the case.

HEALTHCARE PROVIDER

☰ Listing of cases requesting expedited consideration or experimental/investigational

Notice: These patient's external review requests cannot be submitted to an external reviewer until we receive your certification.

Select a Tracking # link to review the complaint information allowing you to indicate certification.

Tracking #	Expedited	Experimental	Policyholder	Patient	Submitted Date	Status
2020000057	Yes	Yes	Demo One	Demo One	8/18/2020	Awaiting Provider Certification
2020000056	Yes	Yes	Demo User	Demo User	8/18/2020	Awaiting Provider Certification
2020000055	Yes	No	Demo User	Demo User	8/10/2020	Awaiting Provider Certification

Supporting Documents

When reviewing the case for expedited consideration and/or investigational-experimental certification, all of the information provided by the applicant is available on the Healthcare Provider Review page, which is accessed by clicking on the case Tracking #. These are available in the Supporting Documents section, and the Provider may also attach their own documentation to be considered by the IRO during their final review.

HEALTHCARE PROVIDER REVIEW

Please complete the *Certification* section below

Status:	Reference Number:
Awaiting Provider Certification	34
Tracking Number:	Insurance ID Number:
2020000055	34

⊕ Patient/Policyholder
⊕ Representative/Insurance Information
⊕ Treating Health Care Provider/Health Care Facility
⊕ Expedite Review/Experimental-Investigational Denial
⊕ Denial Reason
⊕ Supporting Documents

Please attach supporting documents

🔗 Attach
📄 Accepted file types: PDF, JPG, GIF, and TIFF.

Document	Document Type	Description	Uploaded By	Role	Date
View Document	DOI ER Supporting Media	TST IMAGE	Patient1	Applicant	8/10/2020
View Document	DOI ER Request Form		Patient1		8/11/2020

CERTIFICATION

PHYSICIAN/HEALTHCARE PROVIDER EXPEDITED REVIEW CERTIFICATION

Providing Required Certifications for Expedited/Investigational Requests

Once the treating healthcare provider has reviewed the information and documentation submitted by the applicant, they will enter their certification(s) in the Certification section, which will appear red. Each certification – Expedited and Investigational/Experimental – has its own steps to follow, which are defined on the following page.

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	Experimental/Investigational Denial
Do you wish to obtain expedite review?	Do you wish to experimental/Investigational denial certification?
Yes	Yes
Which method will you obtain certification from your health care physician?	Which method will you obtain certification from your health care physician?
Method 1 - Print/Upload	Method 1 - Print/Upload

⊕ Denial Reason
⊕ Supporting documents
Eligibility Review

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.

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.

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. Numbers 1-3 are required in order to submit.

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: 📅

Submit

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, or choose to have an email alert sent to have the provider attest via the online portal.

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

If they select Method 2 (Email), 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?   [Yes ▼]

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

[🔗 Attach]

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

Document Type

📋 No attached documents were found.

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[Back] [Save] [Next]

More on Experimental/Investigational Review

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 Experimental/Investigational Certification Form and bring this to their treating healthcare provider, or choose to have an email alert sent to have the provider attest via the online portal.

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

If they select Method 2 (Email), 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.