



Reporting Independent Review Organization (IRO) Cases

For Carriers: How to Request and IRO Assignment and Submit Results

January 4, 2016



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Introduction

As part of the appeal and grievance procedures, an enrollee of a carrier may request an independent review upon receiving a second level appeal denial of benefits. The reason for the enrollee's request can be medical necessity of services, treatment involving experimental or investigational therapies, or contractual coverage disputes. In Washington, enrollees request a review by an Independent Review Organization (IRO) through their health plan and upon receiving that request, the health plan processes the assignment of the case to an IRO through the Office of the Insurance Commissioner's (OIC) on-line assignment system (the OIC portal).

The ultimate goal throughout the process is to provide transparency of the independent review process to interested parties. Use of the portal will improve the process for requesting and reporting IRO decisions and enable consumers to self-serve by publishing an online, searchable, publicly accessible database of IRO decisions.

Requirements and Implementation

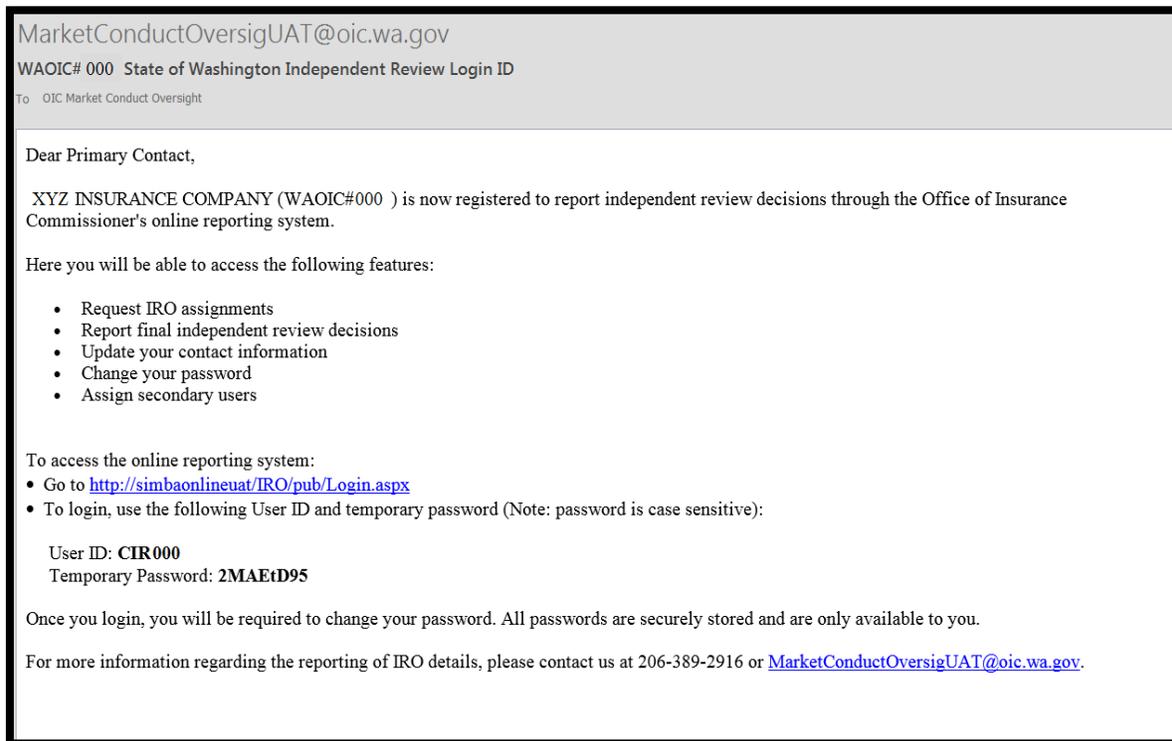
The OIC will continue to enforce the reporting requirements for external reviews of adverse benefit determinations by carriers and health plans, as required under RCW 48.43.535, WAC 284-43-550, and WAC 284-43-630. These statutes and rules require that within three business days of the enrollee's request the carrier must assign an IRO to the dispute and must submit the final IRO decision determination to the OIC portal within three days of the receipt of the final decision. In order to fulfill these requirements, the establishment of the portal allows for electronic request of the IRO and for electronic submission of the outcome of the dispute. In addition, the portal allows carriers to electronically track the rotational registry system of certified IRO's established by the commissioner.

This portal will provide a tool for the OIC staff, carriers, and providers to more efficiently review IRO decisions. Starting January 3, 2016, assignments and reporting will shift to the OIC's website where the following features will be offered:

- IRO Assignments:
 - Carriers log in and receive the next IRO assignment in their rotational registry
 - Allows carriers to request waivers in certain cases
- Reporting IRO Decisions
 - Carriers can log in, select pending cases, and report the IRO's decision.
 - The carrier has access to all open and closed IRO decisions and grants access to multiple users, as designated by the company.
- Online Access
 - Will allow consumers, providers, and carriers to search the IRO data, based on defined selection criteria
 - Case details of the IRO decision will be available for viewing
 - Statistical reporting on the IRO data.

Carrier's Primary Contact for Reporting Independent Review Decisions

Before a company can begin submitting requests for IRO assignments, they must first designate a primary contact who will control the company's primary log in and will be responsible for granting access to secondary users. The primary contact will receive the following email which will grant access to the OIC portal.



To designate a primary contact, please email MarketConductOversig@oic.wa.gov or call (206) 389-2916.

Getting Started

Upon receiving a request from the enrollee for an external independent review, the carrier will need to log on to the OIC's website to obtain the proper IRO assignment. The following is a guideline for properly accessing these items through the OIC's website and portal.

Logging in through the OIC's Website

The portal may be accessed on-line at: <http://www.insurance.wa.gov/>

- Click on the "For Insurers" tab
- Under "Market Conduct", click "Independent Review Organization (IRO) assignments"
- Click on the "File online" tab

The Login Screen

Upon entering the portal for the first time, both primary and secondary users will be required to change the password provided to the user via the OIC's automated email. After the password has been changed the user will be directed to the portal's login screen when entering the portal. All passwords are securely stored and are only available to you.

The screenshot shows a web page titled "Change Password" for the "OFFICE of the INSURANCE COMMISSIONER WASHINGTON STATE". The user is identified as "XYZ INSURANCE COMPANY" with "WAOIC #: 000" and "NAIC #: 00000". A password requirement note states: "Password must be between 8 and 16 characters, and must have at least two numbers and one letter." The form includes three input fields: "Temporary Password", "New Password", and "Confirm New Password". A green "Change Password" button is centered below the fields. The footer contains a grid of links: Help, Connect with us, Laws & rules, About OIC, Need some help?, Email Market Oversight, RCW (laws) & WAC (rules), and What we do.

Home	About OIC	Connect with us	Laws & rules	Logout
Change Password				
XYZ INSURANCE COMPANY WAOIC #: 000 NAIC #: 00000				
Password must be between 8 and 16 characters, and must have at least two numbers and one letter.				
Temporary Password				
<input type="text"/>				
New Password		Confirm New Password		
<input type="text"/>		<input type="text"/>		
Change Password				
Help	Connect with us	Laws & rules	About OIC	
Need some help?	Email Market Oversight	RCW (laws) & WAC (rules)	What we do	

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About OIC Connect with us Laws & rules Log in

Independent Review login

User Name

Password

[Forgot Password?](#)

[Log In](#)

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If there are any questions, or if problems occur when logging in to the portal, click on the *Help* link at the bottom of the page and you will be directed to a screen which will provide contact information for assistance to help the user log in. In the event that the user forgets their password, click the “Forgot Password?” link and the user will be able to send themselves a new password.

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Forgot Password

Please enter your contact information then click on 'Submit' to receive your new password.

Login Name

Email

[Cancel](#) [Submit](#)

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The Home Screen

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Home About OIC Connect with us Laws & rules Logout

Independent Review Decisions

XYZ Insurance Company
WAOIC #: 000 NAIC #: 00000

Search Independent Reviews By Status

Assignment #	Assigned Date	Status
+ 30	11/25/2015	Open
+ 31	11/25/2015	Open

ACCOUNT SETTINGS

-
-
-

Once the primary contact has changed the password, the Home Screen will appear. The Home Screen is where the user can find links to perform the following tasks:

- Request IRO Assignments
- Report Final IRO Details
- Update Contact Information
- Change the User Password
- Search Independent Reviews by Status

As a reminder, there will be no data in the database when this system goes live in January, 2016. Data will populate as each user enters IRO decision determination information into the system.

Updating Contact Information and Secondary Users

Under menu options located on the left side of the Home Screen, the primary contact will find links that will allow for updating user contact information and will provide the primary contact with the opportunity to establish secondary users. Secondary users will be able to access the portal, request IRO assignments, and report independent review outcomes. As a reminder, the user logged on during the reporting process is attesting that the electronic filing represents an accurate, and complete statement of the information required to be provided to the OIC pursuant to IRO reviews.

A key feature of the portal is the ability of the primary contact to add and remove secondary users. The primary contact can add secondary users and allows carriers to designate individuals within their company to request an IRO and enter IRO decision data into the system while having the portal track the individual entering the information.

Home Screen Utilization

Once the Home Screen has been accessed, the carrier has access to a variety of features:

- Ability to sort assignments by the status of the independent review (open, closed, all).
- View search results and export search results to Excel.
- View assignment details (Assignment #, IRO name, date assigned, status, type of review, and resolution).

Creating a Request to Assign an Independent Review Organization

When the primary contact or a secondary user hits the “Request an IRO” tab, the individual will be directed to the Initial IRO Request screen where the carrier’s next IRO in their rotation will appear.

The Initial IRO Request screen also contains two required entries and they are located under “Independent Review Details”. In this portion of the request, the carrier will be asked to identify the type of review, reviews will be classified as expedited or standard. Also, the OIC requests from each carrier the date the enrollee requested the independent review which is defined as the date the carrier receives notification from the enrollee that they would like an independent review. Once the required information is completed, click the “Request IRO” tab and the assignment will be completed.

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Independent Review Request

XYZ Insurance Company
WAOIC #: 000 NAIC #: 00000

Independent Review Details

Type of review
Select an Item

Date enrollee requested review

IRO Assigned
Medical Review Institute of America, Inc

Request Waiver

Cancel Request IRO

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Independent Review Request

XYZ INSURANCE COMPANY
WAOIC #: 000 NAIC #: 00000

Independent Review Details

Type of review
Select an Item

Date enrollee requested review

IRO Assigned
Virginia Health Quality Center

Request Waiver

Waived Independent Review Organization(s)	Reason for Waiver	Description
IPRO	Conflict of Interest	Select an Item
IMEDECS	Other	Enter text here for "Other" explanation

Cancel Request IRO

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The initial request screen is also where a request for a waiver of the IRO would be entered. A waiver can be requested if there is a conflict of interest. Conflicts of interest should fall under the following descriptions:

- IRO is a subsidiary of Carrier
- IRO owned by Carrier (5% or greater)
- IRO received financial incentive for decision
- IRO receives incentive to promote product/service
- IRO known familial relationship with Carrier
- IRO prior involvement in case under review

If the reason for the waiver does not fall under the guidelines for a conflict of interest, please provide a description as to why a waiver is needed.

Once the “Request IRO” option is chosen, the user will be taken to the Independent Review Request Confirmation screen. The user will find the assignment number, the IRO assigned, the IRO certification #, IRO contact information, and page options to either “Add another” or return to the Independent Review home page.

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Independent Review Request Confirmation

XYZ INSURANCE COMPANY
WAOIC #: 000 NAIC #: 00000

We received your IRO request.

Your review assignment number is **182**.

IRO Assigned: IPRO
Certification #: 2001-02-A

1979 Marcus Ave
PO Box 33400
Lake Success New York 11042

Phone: 516-326-7767
Fax: 516-326-1034
Email: deidentity@oic.wa.gov
Website: www.irpo.org

What would you like to do next?

-  [Add another](#) Independent Review request.
-  [Return to your Independent Review home page.](#)

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Reporting Final Resolution of the Independent Review

Upon receiving the IRO's decision, the carrier will return to the portal to complete the details of the independent review. On the Home Screen, the user clicks the link under for the corresponding assignment number and will then be taken to the Independent Review Decision screen. The following items will be requested and are necessary to properly report the facts of the independent review (items in gray on the screen are details previously submitted in the initial request). The required fields are defined as the following:

- *Date carrier acknowledges receipt of request by enrollee:* The date the carrier confirms receipt of the IRO request and notifies the enrollee.
- *Date carrier notifies enrollee of IRO contact information:* The date the Enrollee/Appellant was notified by the carrier of name and contact information of IRO.
- *Date carrier provides the IRO with complete file documentation:* All file documents carrier used in decision has been provided to IRO. Per RCW 48.43.535(4), must include enrollee medical records, documentation used by the carrier in making the determination, documentation used by the carrier in making the determination, and a list of the enrollees physicians or health care providers who may have records relevant to the appeal.

The sections that follow address the issue under review, the plan details, enrollee information, and information and timelines regarding the outcome of the independent review. The definitions for each field can be found in the table below.

If the chosen field selected requires an explanation, such as Contractual Coverage Dispute, than a text box (titled *Subject of the Dispute* for Contractual Coverage Dispute) will populate for further explanation. Continuing on through the IRO reporting process, the carrier will need to fill out the required fields and select drop-down options as required.

The following screens display the last steps in completing the independent review reporting process.

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Independent Review Decision

XYZ INSURANCE COMPANY
WAOIC #: 000 NAIC #: 00000

Review Assignment Number 182 **Date IRO Assigned** 12/14/2015

IRO Assigned IPRO

Independent Review Dates

Type of Review
Standard

Date the enrollee requested review
12/02/2015

Date carrier acknowledged receipt of request by enrollee

Date carrier notified enrollee of IRO contact information

Date carrier provided the IRO with complete file documentation

Issues and Plan Details

Issues and Plan Details

Reason for request
Contractual Coverage Dispute

Subject of dispute

Policy Type
Select an Item

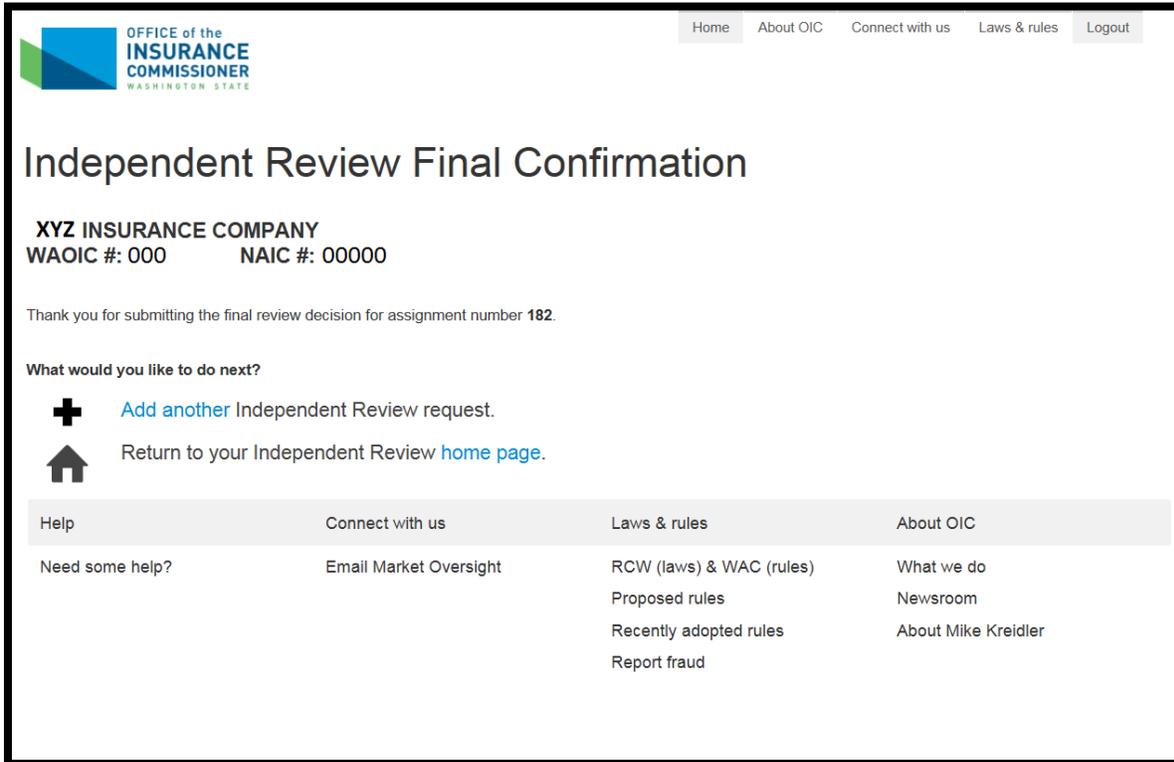
Diagnosis
(optional)

Diagnosis Subcategory
(Optional)

Disputed Treatment (Procedure Code)
(optional)

Enrollee Information	
Enrollee Age <input type="text"/>	Gender Select an Item <input type="button" value="v"/>
Was covered person limited English proficient? Select an Item <input type="button" value="v"/>	
Independent Review Decision	
Independent review final resolution Select an Item <input type="button" value="v"/>	Date IRO completed review or closed file <input type="text"/>
Date the carrier was notified by the IRO of final resolution <input type="text"/>	Date the enrollee was notified of final resolution <input type="text"/>
Date the carrier closed the file <input type="text"/>	
Decision Rationale from IRO <input type="text"/>	
Important: Do not provide confidential patient information.	

Specialty, credentials and qualification of reviewer(s) <input type="text"/>
Important: Do not identify reviewer by name.
Declaration
By submitting these documents electronically to the WA State Office of the Insurance Commissioner, Company Supervision Division, I understand, agree and certify on behalf of TIME INSURANCE COMPANY (NAIC #69477):
1. I, Primary Contact am authorized to submit a request for an Independent Review Organization (IRO) assignment.
2. To the best of my knowledge the electronic filing represents an accurate, and complete statement of the information required to be provided to the Office of the Insurance Commissioner pursuant to IRO reviews.
<input type="button" value="Cancel"/> <input type="button" value="Submit final decision"/>
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Independent Review Final Confirmation

XYZ INSURANCE COMPANY
WAOIC #: 000 NAIC #: 00000

Thank you for submitting the final review decision for assignment number **182**.

What would you like to do next?

-  [Add another](#) Independent Review request.
-  Return to your Independent Review [home page](#).

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Final Determination Confirmation

After filling in all required fields, the user confirms they are authorized to submit the information and confirms the information is accurate by selecting the *Submit final decision* tab. The OIC portal will display a confirmation stating the information was received and from there the user can navigate to the Home Page to review further cases, request another IRO, or log out.

Data Fields and Definitions Table

Data Fields	Definition/Available Options
Policy Type	<ul style="list-style-type: none"> ➤ Large Group Grandfathered ➤ Small Group Grandfathered ➤ Individual Grandfathered ➤ Large Group Non-Grandfathered ➤ Small Group Non-Grandfathered ➤ Individual Non-Grandfathered
Diagnosis	General ICD-10 code reference
Diagnosis Subcategory	Dropdown list of subcategories (ICD-10 codes) based on the ICD-10 code entered in the Diagnosis field. Values will only display if the Diagnosis entered has subcategories.
Disputed Treatment	The CPT code being disputed. Field only accepts a single CPT code.
Enrollee's Age	Specific age will not be made public.
Gender	<ul style="list-style-type: none"> ➤ Male ➤ Female ➤ Transitioning ➤ Not Provided
Was Covered Person English Language Proficient?	<ul style="list-style-type: none"> ➤ Yes ➤ If no, was documentation provided in native language?
Independent Review Final Resolution	<ul style="list-style-type: none"> ➤ Upheld ➤ Overturned ➤ Withdrawn by Carrier ➤ Withdrawn by Enrollee
Date IRO Completed the Review or Closed File	Reference documentation from IRO

Data Field	Definition/Available Options
Date the Carrier is Notified by the IRO of Final Resolution	Reference documentation from IRO
Date the Enrollee was notified of the Final Resolution	The date the enrollee was notified of the outcome. The enrollee has a right to know why the review is taking longer. By the IRO or the carrier.
Date the Carrier Closed the File	The date that the IRO decision has been implemented by the Carrier.

Defining Terms

Adverse Benefit Determination [from RCW 48.43.005(2)]: A denial, reduction, or termination of, or a failure to provide or make payment, in whole or in part, for a benefit, including a denial, reduction, termination, or failure to provide or make payment that is based on a determination of an enrollee's or applicant's eligibility to participate in a plan, and including, with respect to group health plans, a denial, reduction, or termination of, or a failure to provide or make payment, in whole or in part, for a benefit resulting from the application of any utilization review, as well as a failure to cover an item or service for which benefits are otherwise provided because it is determined to be experimental or investigational or not medically necessary or appropriate.

Carrier [from RCW 48.44.010(1)]: A health maintenance organization, an insurer, a health care services contractor, or other entity responsible for the payment of benefits or provision of services under a group or individual agreement.

Enrollee [from RCW 48.43.005(11)]: A person covered by a health plan including a subscriber, policyholder, beneficiary of a group plan, or individual covered by any other health plan.

Final External Review Decision [from RCW 48.43.005(18)]: A determination by an independent review organization at the conclusion of an external review.

OIC Contact Information

Primary Email

MarketConductOversig@oic.wa.gov

Primary Contacts

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