

## **Reporting Independent Review Organization (IRO) Cases**

For Carriers: How to Request and /RO Assignment and Submit Results

### **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. Features on portal:

- 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 an email which will grant access to the OIC portal.

To designate a primary contact, or update an existing primary contact, please email [companysupervisionfilings@oic.wa.gov](mailto:companysupervisionfilings@oic.wa.gov)

## **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 & Regulated Entities" tab
- Click "Independent Review process"
- Click on the "IRO review login" tab under the header "Independent review reporting for carriers"

### ***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.

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.

### **The Home Screen**

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

### ***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.

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.

### **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.

If the chosen field selected requires an explanation, such as Contractual Coverage Dispute, then 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.

### **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.

### **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.

### Data Fields and Definitions Table

| Data Fields                                     | Definition/Available Options   |
|---|--|
| Policy Type                                     | <ul style="list-style-type: none"> <li>➤ Large Group Grandfathered</li> <li>➤ Small Group Grandfathered</li> <li>➤ Individual Grandfathered</li> <li>➤ Large Group Non-Grandfathered</li> <li>➤ Small Group Non-Grandfathered</li> <li>➤ Individual Non-Grandfathered</li> </ul> |
| 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"> <li>➤ Male</li> <li>➤ Female</li> <li>➤ Transitioning</li> <li>➤ Not Provided</li> </ul>  |
| Was Covered Person English Language Proficient? | <ul style="list-style-type: none"> <li>➤ Yes</li> <li>➤ If no, was documentation provided in native language?</li> </ul>   |

|   |   |
|---|---|
| Independent Review Final Resolution                         | <ul style="list-style-type: none"> <li>➤ Upheld</li> <li>➤ Overturned</li> <li>➤ Withdrawn by Carrier</li> <li>➤ Withdrawn by Enrollee</li> </ul> |
| Date IRO Completed the Review or Closed File                | Reference documentation from IRO  |
| 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.   |

**Questions?**

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