

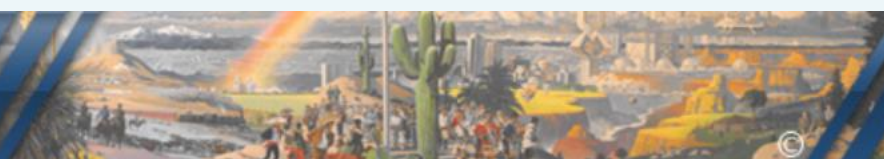
# Industrial Commission of Arizona Medical Resource Office (MRO) Portal

In 2016, the ICA launched the MRO Portal. Now Medical Services Providers can submit an online Request for Administrative Peer Review when their patients are denied preauthorization requests for medical treatment and services related to an accepted industrial injury.

**Easy, Simple to Use Online Portal**

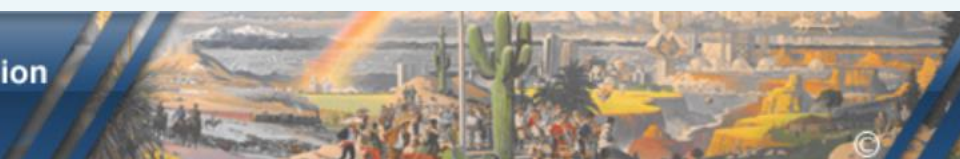
**Replaces Paper-Based Requests**

**Web-Based Access to Requests, Information and Records**



## MRO Portal Benefits

- Automates the creation and routing of administrative peer review requests.
- Provides web-based data capture, document storage and distribution of peer review records.
- Supports the standardized use of evidence-based treatment guidelines.
- Streamlines the administration of peer review requests.
- Reduces the time to settle claimant disputes.



# An Overview of the Process



# Receiving Prescribed Treatment



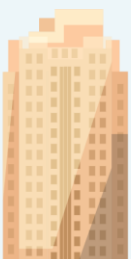
PATIENT / CLAIMANT

Meet John. John has been injured on the job and requires treatment.



MEDICAL SERVICES  
PROVIDER

John receives prescribed treatment from a medical services provider which includes the use of opioids for pain management.



INSURANCE PROVIDER

The employer's insurance provider denies the treatment prescribed to John.



# Responding to Denied Treatment



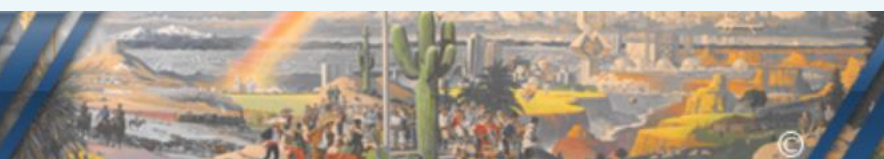
PATIENT / CLAIMANT

John informs his medical services provider of the treatment denial.



MEDICAL SERVICES  
PROVIDER

On John's behalf, the medical services provider submits a Request for Administrative Peer Review using the online MRO Portal.



# A Look at the Online Administrative Peer Review Request



## Before You Begin

- Have your claimant information available (such as medical records, ICA Claim Number or SSN, Payer Claim #, claimant contact information, ICD/CPT/NDC treatment codes and payer denial or non-response documents.)
- Go to <https://mro.azica.gov/Account/Login>

**Note:** While on the portal, you can click **Save** at any time to record what you've entered and return later to complete.







# Administrative Peer Review Request

Go to the MRO Portal at <https://mro.azica.gov/Account/Login>.

Register and set a password. Select **Provider** from the **Party Type** dropdown.

Please fill out the following information to begin registration.

<b>First Name*</b>	<b>Middle Name</b>
<input type="text"/>	<input type="text"/>
<b>Last Name*</b>	<b>Email*</b>
<input type="text"/>	<input type="text"/>
<b>Phone</b>	<b>Employer Name</b>
<input type="text" value="###-###-####"/>	<input type="text"/>
<b>Party Type*</b>	
<input type="text" value="Provider"/>	





# Administrative Peer Review Request (Cont.)

Populate the **Provider Information** and **Reason for Review** sections.

**Provider Information**

<b>Provider First Name*</b> Heather	<b>Provider Last Name*</b> Healer	<b>Provider Address*</b> 123 Pine St	<b>Provider City*</b> Phoenix
<b>Provider State*</b> AZ	<b>Provider ZIP*</b> 85040	<b>Provider Phone*</b> (123) 555-1212	<b>Provider Email</b> hhealer874947c@contoso.com
<b>Provider Fax</b> (123) 555-1212	<b>Provider Specialty*</b> Pain Management	<b>Provider NPI Number</b>	

**Reason for Review**

<b>Reason for Request*</b> Denial of requested medical treatment or services	<b>Urgent or life-threatening condition</b> False
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# Administrative Peer Review Request (Cont.)

Populate the **Claimant Information** section.

**Claimant Information** -

<b>First Name*</b>	<b>Middle Name</b>	<b>Last Name*</b>	<b>Email</b>
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Jones"/>	<input type="text" value="jjones87937a@contoso.com"/>
<b>Address*</b>	<b>City*</b>	<b>State*</b>	<b>ZIP*</b>
<input type="text" value="123 Elm St"/>	<input type="text" value="Phoenix"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none; padding: 2px 5px 2px 20px;" type="text" value="AZ"/> ▼	<input type="text" value="85040"/>
<b>Phone*</b>	<b>Date of Birth*</b>	<b>SSN**</b>	<b>Date of Injury*</b>
<input type="text" value="(123) 555-1212"/>	<input type="text" value="12/10/1968"/>	<input type="text" value="123-45-6789"/>	<input type="text" value="01/04/2017"/>
<b>ICA Claim Number**</b>	<b>Payer Claim #</b>	<b>Employer Name</b>	<b>Attorney Name</b>
<input type="text" value="839837363"/>	<input type="text" value="983887"/>	<input type="text" value="Acme Inc"/>	<input type="text" value="Sam Lawman"/>
<b>Attorney Email</b>	<b>Attorney Phone</b>	<b>Attorney Address</b>	<b>Attorney City</b>
<input type="text" value="slawman78465b@contoso.com"/>	<input type="text" value="(123) 555-1212"/>	<input type="text" value="123 Oak St"/>	<input type="text" value="Phoenix"/>
<b>Attorney State</b>	<b>Attorney ZIP</b>	<b>Attorney Type</b>	
<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none; padding: 2px 5px 2px 20px;" type="text" value="AZ"/> ▼	<input type="text" value="85040"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none; padding: 2px 5px 2px 20px;" type="text" value="Claimant Attorney"/> ▼	

\*\* ICA Claim Number or Social Security Number is required



# Administrative Peer Review Request (Cont.)

Populate the **Payer Information** section.

Payer Information
-

<b>Payer Name*</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="Insurance Co"/>	<b>Contact First Name*</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="Paula"/>	<b>Contact Last Name*</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="Payit"/>	<b>Payer Address*</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="123 Spruce St"/>
<b>Payer City*</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="Phoenix"/>	<b>Payer State*</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="AZ"/>	<b>Payer ZIP*</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="85040"/>	<b>Payer Phone</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="(123) 555-1212"/>
<b>Payer Email</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="ppayit7487846d@contoso.com"/>	<b>Payer Fax</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="(123) 555-1212"/>	<b>Payer Type</b> <input style="width: 90%; border: 1px solid #ccc; padding: 2px 5px;" type="text" value="Insurance Carrier"/>	



# Administrative Peer Review Request (Cont.)

Add treatment/service codes to the **Requested Treatments** section.

**Requested Treatments**

Please enter criteria in at least one of the following fields and select Search. To narrow results, fill in as many fields as you can. Code # will try to match any records which starts with the criteria entered. Description will try to match any records that contain the criteria entered.

**Code #**  **Code Type**  **Description**

Add Code	Code #	Code Type	Description
<input checked="" type="checkbox"/>	123.3	ICD9	Taeniasis, unspecified

Previous **1** Next  per page 1 total record(s) (filtered from 433,169 total entries)

**Requested Treatments**

Select each specific requested medication

Actions	Code #
<input type="button" value="🗑"/>	123.1
<input type="button" value="🗑"/>	123.3

Previous **1** Next  per page 2 total record(s)



# Administrative Peer Review Request (Cont.)

Easily click-drag-drop any documents into the “Drag files here” window of the **Attachments** section. Medical records and payer denial or non-response documents are required.

Attachments

Attach copies of relevant medical information or records, including information pertaining to the treatment guideline(s)), and if applicable, copies of documentation related to the payer denial or non-response (e.g., MRO-1) request.

Medical records and documentation of payer denial or non-response (e.g., MRO-1) request.

+ Add Document
Download Zip

Actions	Date Added	Added By	File Name
			No

Previous
Next
25 ▼ per page

File Upload ✕

Drag files here

--- Or ---

Navigate to files

**File name:** MRO Pre Authorization.pdf

**File size:** 35344

**Document Types\***

MRO-1 Pre-Authorization Request and Payer Decision

MRO-2 Request for Administrative Peer Review

Payer Denial or Non-Response for Pre-Auth Request

Physician Reports/Medical Records

Peer Vendor Report and Determination Letter

Upload



# Administrative Peer Review Request (Cont.)

Finally, add any reasons or justifications to support the request in the **Notes** section, click **Save** then **Submit**.

**New Note** ✕

**Notes**

State the specific reason/justification to support your request.

+ Add Note

Date Added	Added
No search results	

25

per page

Showing 0 to 0 of 0 entries

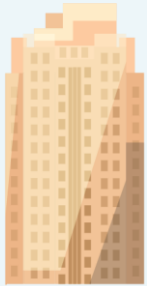
✓ Submit

🏠 Save

✕ Cancel



# After Your Request is Submitted



INSURANCE PROVIDER

The insurance provider is notified of the submitted request.



INDEPENDENT MEDICAL  
PEER REVIEW GROUP

The request is routed to an independent medical peer review group for processing. Any questions or requests are made so all information, documents and records are available for evaluation.





# The Peer Review Process



PHYSICIAN

Based on the specialty needed, the independent medical peer review group assigns a physician to perform the review. The physician reviews all patient data and documents and renders an evidence-based treatment decision.



INDEPENDENT MEDICAL  
PEER REVIEW GROUP

The Independent Medical Peer Review Group notifies the Patient/Claimant, Medical Services Provider and Payer/Insurance Provider of the final decision. All findings are stored in the MRO Portal.



# Thank you!

The Medical Resource Office is invested in the success of the MRO Portal. We are using technology to improve efficiency with simple, easy-to-use processes. Join us!

Questions, comments or concerns? Please contact me:

Jacqueline Kurth, Manager  
Industrial Commission of Arizona  
Medical Resource Office  
Email: [mro@azica.gov](mailto:mro@azica.gov)  
800 W Washington St, Phoenix AZ 85007  
Phone: (602) 542-6731  
FAX: (602) 542-4797