

Third-Party Payer Instructions for the Electronic Complaint Submission Process Complaint Handling and Monitoring Program (CHAMP)

Overview

The purpose of instituting electronic complaint submissions is to streamline the provider complaint process, capture data, and further enhance overall analysis of the complaints by Department's Market Conduct Division.

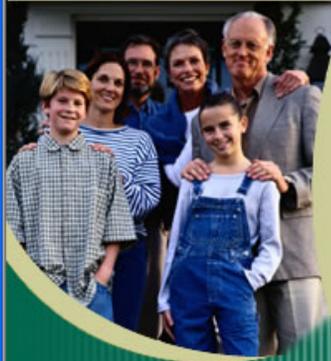
The following pages show the pertinent screens used in this process and include instructions on completing a response once a complaint has been filed against your company.



Figure 1: This is our main page at www.ohioinsurance.gov

To register new users without having received a complaint, please follow these instructions:

- Please select File a Complaint With ODI.
- This will take you to the Complaint Center.



Home >

Complaint Center

Please choose any one of the following.

- [Consumer Complaint information page](#)

The Department's Consumer Services Division provides consumer information and investigates complaints against companies or agents involving all kinds of insurance.

- [Enforcement Complaint information page](#)

The Enforcement Unit investigates allegations of illegal conduct by insurance agents and agencies.

- [Fraud Complaint information page](#)

The division will investigate complaints of persons suspected of fraudulently attempting to receive a benefit from an insurance company.

- [Provider Complaint information page](#)

A healthcare provider may submit a prompt pay complaint to the Ohio Department of Insurance by completing the prompt pay complaint form. A provider should follow all contract grievance and appeal procedures before filing a complaint with the Department.

Quick Links

- [Agent Locator](#)
- [Journal Search](#)
- [ODI Forms](#)
- [Consumer Publications](#)
- [File a Complaint With ODI](#)
- [Medical Malpractice](#)
- [Fee Schedule](#)

Figure 2: Complaint Center:

- Select [Provider Complaint information page](#).

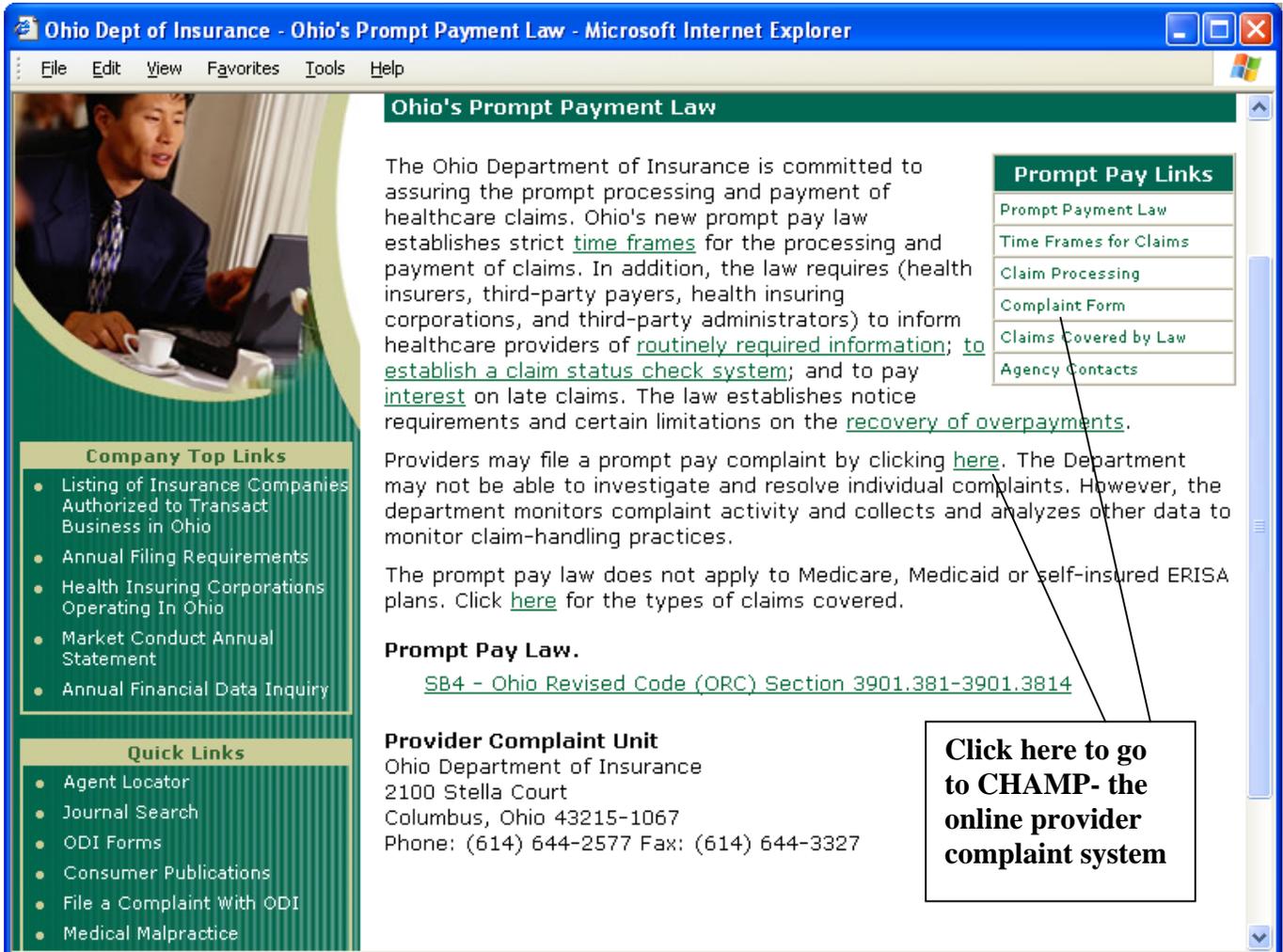


Figure 3: Ohio's Prompt Payment Law

- Select one of the two links to access the provider complaint form information page.



Figure 4: Prompt Pay Complaint Form information

- Go to the ODI Forms Page by selecting one of the two links to the Complaint Form.



Figure 5: INS0505 Provider Complaint Forms page

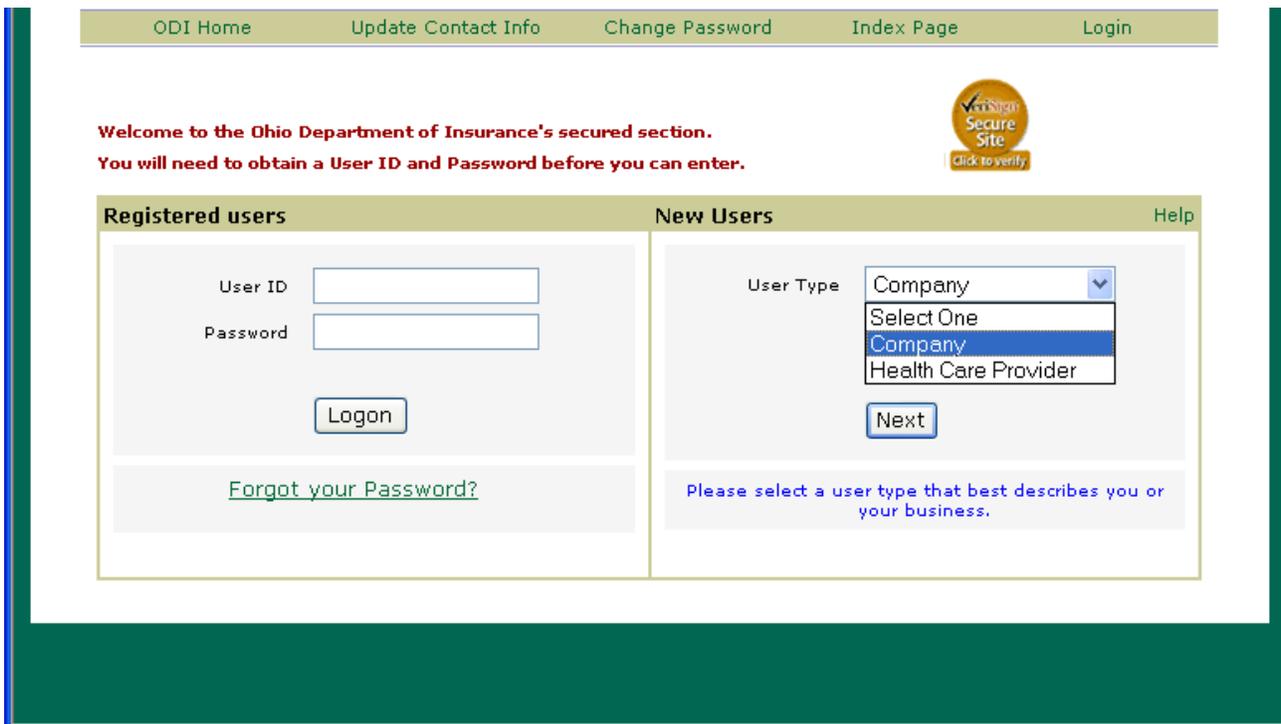


Figure 6: Secured Logon Screen

- Registering as a new user requires you to select "company" as the user type.
- After you become a registered user, when a complaint has been filed involving your company, an email will be directed to the appropriate contact at your company indicating that a complaint has been filed.
- Click on the link in the email to be directed to the logon screen to sign in and retrieve the complaint.

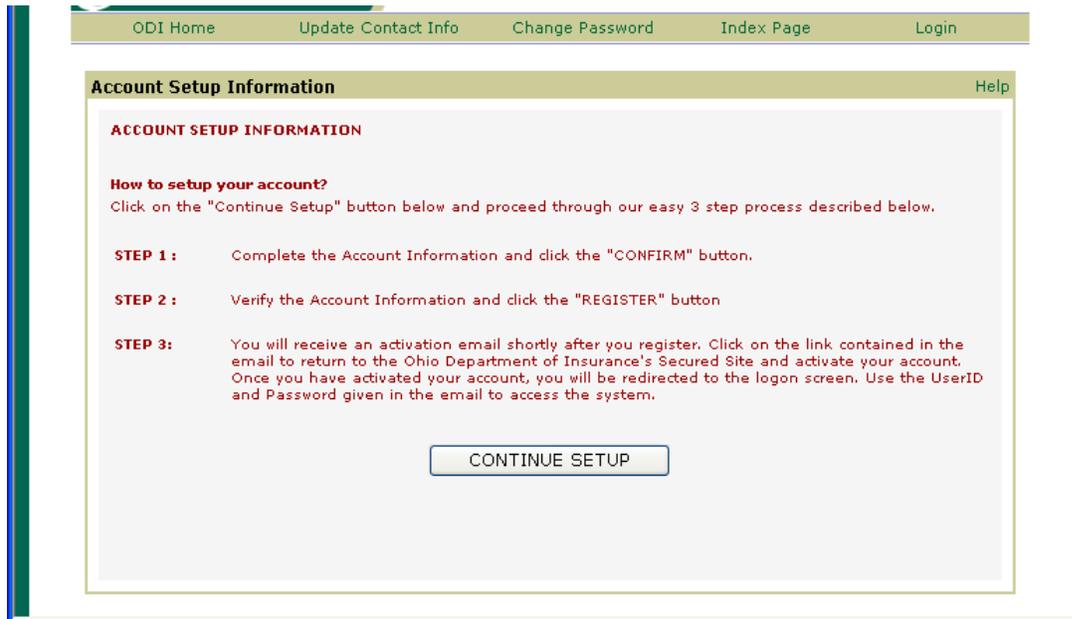


Figure 7: Company-Account Setup Information

- You will then be directed to the account set-up screen. Please follow the steps as indicated.

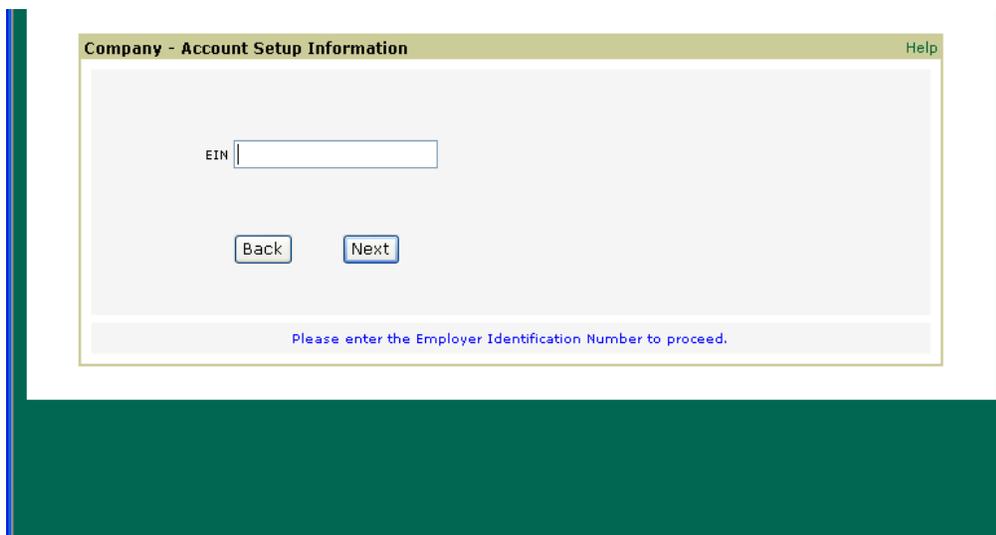


Figure 8: Account Setup Information

- To register as a new user, please enter your company's Employer Tax Identification Number.

COMPANY - ACCOUNT INFORMATION Help

ACCOUNT SETUP - STEP 1

- Complete all required fields below. Required fields are marked with an *. Click HELP if you have any questions about the information request.
- Challenge question details are collected for future password reset in case you forget your password.
- After you have entered your information, click "CONFIRM" to process or "CANCEL" to cancel the setup process and return to logon screen.

First Name *

Middle Initial

Last Name *

Home Phone

Business Phone

Ext

Email Address *

Confirm Email Address *

User ID *

Challenge Question *

Challenge Answer *

Figure 9: Company-Account Information

- Complete your information on the Account Information (new user) screen and then follow all the instructions from the activation email which will be sent after you register.
- You are required to click on the link in the email to activate your account.
- Write down your password, as you will be redirected back to the Logon Screen (**Figure 6**) where you may retrieve the complaint for resolution.

Application Index Page Help

[ECHO - Expedited Complaint Handling Option \(Consumer Complaint\)](#)

[CHAMP - Complaint Handling And Monitoring Program \(Provider Complaint\)](#)

Please click the link to go to appropriate application.

Figure 10: Application Index Page

- Once you are a registered user, after you logon you will be directed to the application index screen.
- Select provider complaint since that is what prompted you to come to our website.



Figure 11: Enter the case number you wish to retrieve (which will be identified when you receive and email from the ODI notifying you of a complaint).

Top Half of Resolution Form

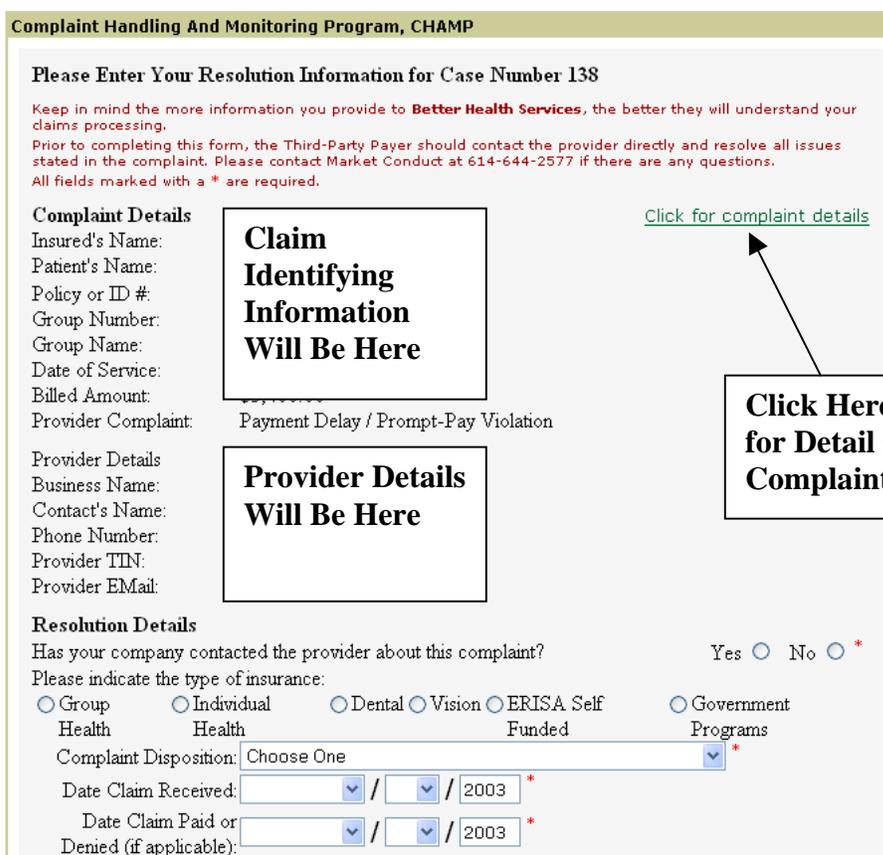


Figure 12: Resolution Form

- Please verify the information that the provider entered is correct and complete the form as indicated.
- Make sure to contact the provider as instructed.
- Notice that you can view the provider complaint in its entirety by clicking the appropriate link located in the top-right corner.

Bottom Half of Resolution Form

Ohio Dept of Insurance - Secured Provider Complaints - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Provider Details
Business Name:
Contact's Name:
Phone Number:
Provider TIN:
Provider EMail:

**Provider Details
Will Be Here**

Resolution Details

Has your company contacted the provider about this complaint? Yes No *

Please indicate the type of insurance:

Group Health Individual Health Dental Vision ERISA Self Funded Government Programs

Complaint Disposition: Choose One *

Date Claim Received: / / 2003 *

Date Claim Paid or Denied (if applicable): / / 2003 *

Covered	Not Covered	Contractual Adjustment	Deductible	Payment	Insured's Responsibility
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the claim(s) in question remain(s) denied or not covered in full (other than deductible / coinsurance), please indicate the appropriate reason(s) below:

<input type="checkbox"/> Benefit Maximum Met	<input type="checkbox"/> Claim Filing Time Limit Exceeded
<input type="checkbox"/> Claim Paid in Error / Recovery Issue	<input type="checkbox"/> Coding Issue
<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Medicare Liability
<input type="checkbox"/> Member / Patient Not Eligible	<input type="checkbox"/> Other (provide comments below)
<input type="checkbox"/> Out of Network - Reduced Benefits Applied	<input type="checkbox"/> Patient Not Our Member
<input type="checkbox"/> Pre-Existing Condition	<input type="checkbox"/> Worker's Compensation Liability

If you are waiting for information, please indicate from whom below:

<input type="checkbox"/> Employer	<input type="checkbox"/> Member / Patient
<input type="checkbox"/> Other external source (explain in comments)	<input type="checkbox"/> Submitting provider

Other Comments

This field is limited to 2000 characters.

Figure 13: Resolution Form (Continued)

- Enter the Resolution Details, including claims information.
- Please indicate the appropriate reason(s) for the final disposition of the claim.
- Additional comments can also be included if you feel it is necessary to substantiate your company's position in the adjudication of the claim. This information will also be shared with the provider.
- Submit the resolution when every applicable field on the form has been completed.

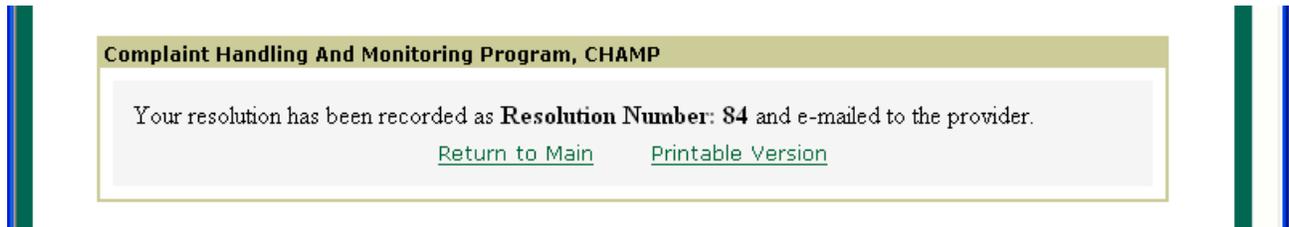


Figure 14: Confirmation of Resolution Completion

Record the resolution number and note that the provider has now been informed the response is available and can sign back onto the website to retrieve the response you have provided.

You will be able to generate a printable version of the completed resolution from this screen.

If you have further questions, please contact the Department's Market Conduct Division at (614) 644-3428.