

Third-Party Payer Instructions for the Electronic Complaint Resolution Process Ohio Complaint Handling and Monitoring Program (OCHAMP) and the Credentialing & Contract Complaint System

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 the Department.

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.

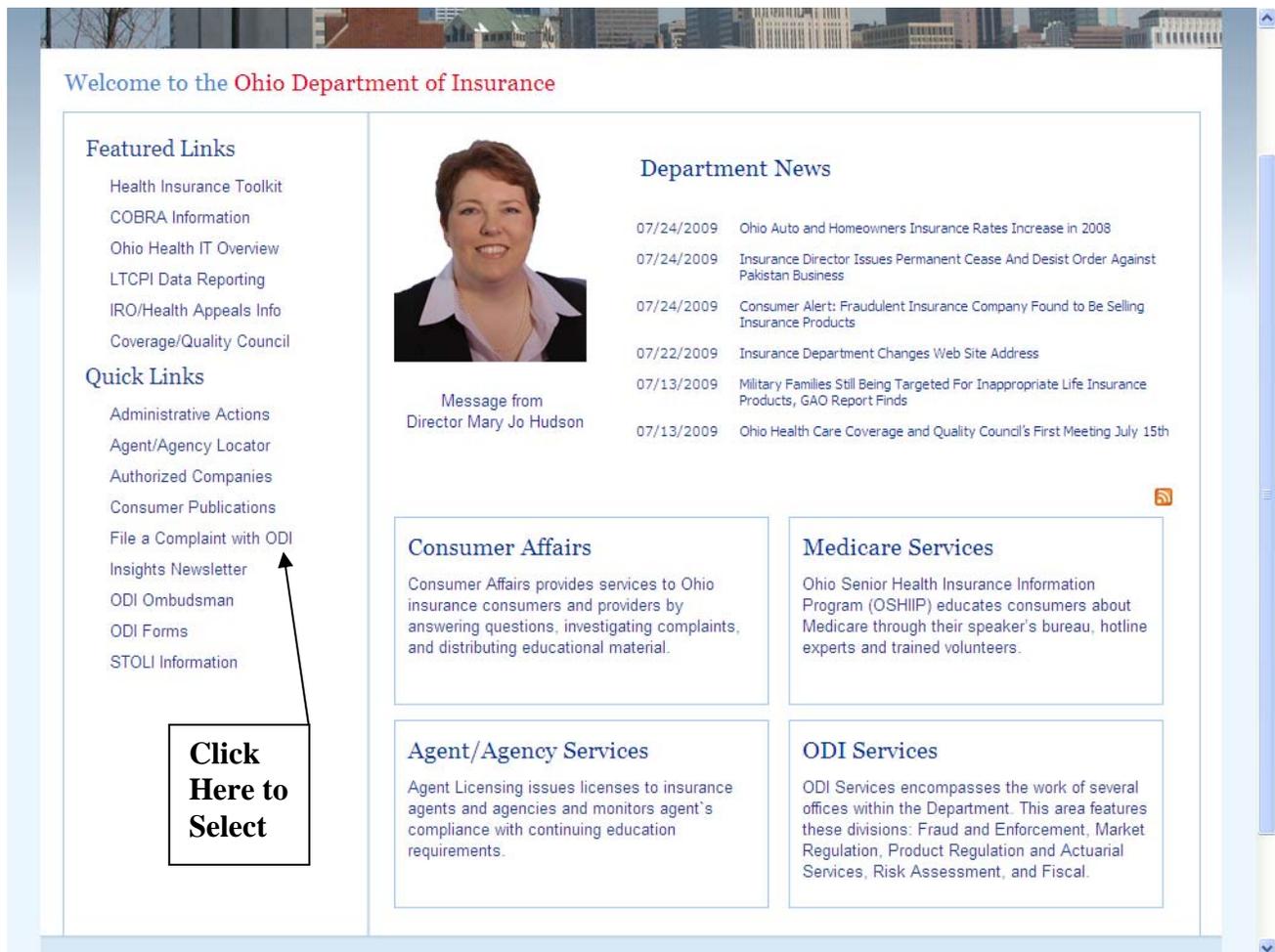


Figure 1: This is our main page at www.insurance.ohio.gov

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.

The screenshot shows the Ohio Department of Insurance website. At the top, there is a navigation bar with links for Home, About ODI, Contact, and Secured Login. The Ohio.gov logo and Department of Insurance name are prominently displayed. A search box is located in the top right corner. Below the navigation bar, a secondary menu includes Consumer Services, Medicare Services, Agent/Agency Services, Company Services, Communications, and Policy & Legislation. The main content area is titled "Ohio Department of Insurance Policy & Legislation". On the left, a "Quick Links" sidebar lists various services such as Administrative Actions, Agent / Agency Locator, and File a Complaint With ODI. The central "Complaint Center" section features a heading "Please choose from the following:" followed by three bullet points: "Consumer Complaint information page", "Enforcement Complaint information page", and "Provider Complaint information page". Each bullet point includes a brief description of the service. At the bottom of the page, there is a footer with a privacy statement, disclaimer, and contact information, along with the state's equal opportunity employer statement.

Figure 2: Complaint Center:

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

The screenshot shows a webpage titled "Provider Complaint Options" with a blue header. On the left, there are two columns of links: "Top Company Links" and "Quick Links". The main content area is divided into sections: "Filing a Complaint", "Prompt Pay", "Credentialing & Contract Complaint", and "Responding to a Complaint". A "Provider Links" sidebar is on the right. Two callout boxes with black borders and white text are overlaid on the page. The first callout box, on the left, points to the "OCHAMP" link in the "Prompt Pay" section. The second callout box, on the right, points to the "Contract & Credentialing" link in the "Credentialing & Contract Complaint" section. The footer contains a navigation bar with links like "Privacy Statement", "Disclaimer", "Bulletins", etc.

Top Company Links

- Listing of Insurance Companies Authorized to Transact Business in Ohio
- Company Admission Application (UCAA)
- Annual Filing Requirements
- Health Insuring Corporations Operating In Ohio
- Market Conduct Annual Statement
- Domestic Company Financial Statement
- Annual Financial Data Inquiry
- Prompt Pay Data Call

Quick Links

- Insights Newsletter
- ODI Ombudsman
- ODI Forms
- STOLI Information
- Prompt Pay Data Call

Provider Complaint Options

Filing a Complaint

A consumer or insured may file a complaint with the Department's Office of Consumer Services.

Prompt Pay

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.

Prompt Pay Instructions:

The Department has developed an online provider complaint system called *Ohio Complaint Handling and Monitoring Program (OCHAMP)*. To access detailed instructions on the process for submitting and/or responding to provider complaints on OCHAMP please select

[Complaint Submission Instructions \(for Providers\)](#)
[Complaint Resolution Instructions \(for Third-Party Payers\)](#)

Credentialing & Contract Complaint

There is also an option for providers to file complaints pertaining to credentialing & contract process established due to recent enactment of legislation to address these issues (HB 125) [Credentialing & Contract Complaint Form](#).

Responding to a Complaint

[Prompt Pay and Credentialing & Contract Complaint](#)

The Department will forward provider complaints to the third-party payers for a response. The third-party payer will be directed to resolve the complaint directly with the provider. The third-party payer will notify the Department of the resolution of the complaint.

Click here for the third-party payer's [Prompt Pay Response Form](#).

Click here for the third-party payer's [Credentialing and Contract Complaint Response Form](#).

[Frequently Asked Questions about Ohio's prompt payment laws and online complaint system](#)

Provider Links

- [Prompt Payment Law](#)
- [Time Frames for Claims](#)
- [Claim Processing](#)
- [Complaint Form](#)
- [Claims Covered by Law](#)
- [Agency Contacts](#)
- [Starting an appeal](#)
- [HB 125 Forum & Frequently Asked Questions](#)
- [Prompt Pay Frequently Asked Questions](#)
- Have Prompt Pay Complaint Questions? [Email us here](#)

Callout Box 1 (Left): Click here to go to OCHAMP- the online provider complaint system

Callout Box 2 (Right): Click here to go to the Contract & Credentialing online provider complaint system

Privacy Statement | Disclaimer | Bulletins | Rules / Ohio Administrative Code | Ohio Revised Code | Fee Schedule | Contact

Figure 3: Provider Complaint Information Page

- Select one of the two links to access the provider complaint application, depending on the type of complaint you have received.

Home | About ODI | Contact | Secured Logon

Ohio.gov | Department of Insurance

Search

Consumer Services | Medicare Services | Agent/Agency Services | Company Services | Communications | Policy & Legislation

Ohio Department of Insurance

Top Company Links

- Listing of Insurance Companies Authorized to Transact Business in Ohio
- Company Admission Application (UCAAA)
- Annual Filing Requirements
- Health Insuring Corporations Operating In Ohio
- Market Conduct Annual Statement
- Domestic Company Financial Statement
- Annual Financial Data Inquiry
- Prompt Pay Data Call

Quick Links

- Administrative Actions
- Agent / Agency Locator
- Authorized Companies
- Consumer Publications
- File a Complaint With ODI

ODI FORMS

Important Instructions:
 Word/Excel documents can be downloaded into your computer and saved. To complete the document, move the cursor to each shaded field (this can be done by hitting the Tab key). To mark a specific box, click on the box.

PDF documents may be printed and then completed by hand.

INS0504- Third-Party Payer Response Form

 Fill this form out Online	
 Microsoft Word Document (.doc)	138Kb
 Portable Document Format (.pdf)	47 Kb

Select this option to access the Secured Logon Screen to sign up a New User

Figure 4: Provider Complaint Forms page-This will basically look the same for either provider complaint application, other than the form number listed above the selection options.

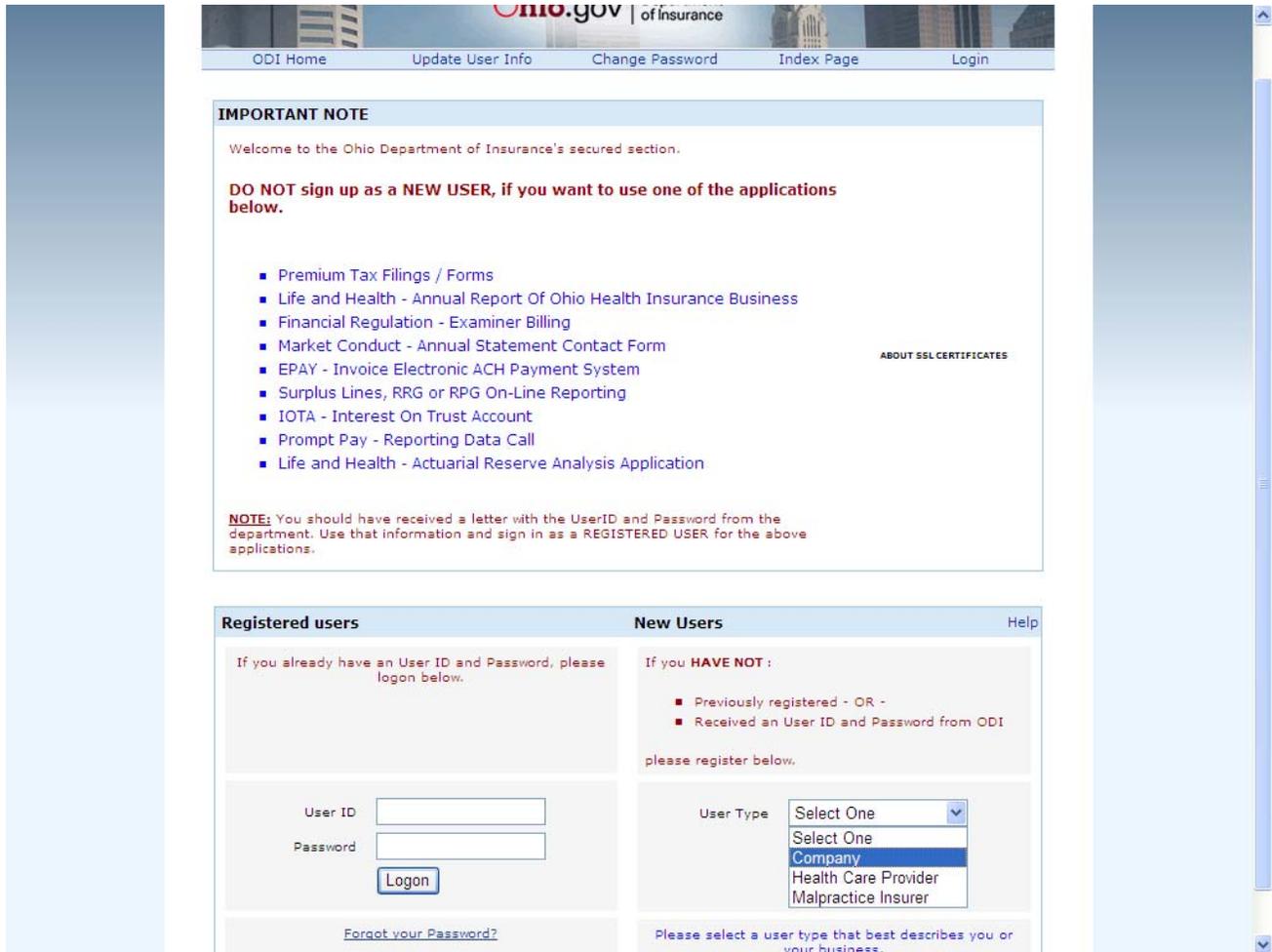


Figure 5: Secured Logon Screen

- Registering as a new user requires you to select "company" as the user type.
- An email will be sent with your password to be activated.
- After you activate your password and 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 informing them of the complaint.
- Follow the instructions in the email which will direct the user to the logon screen to sign in and retrieve the complaint details.
- You will have the equivalent of 21 straight days to respond to the complaint back through the online system. This is 15 working days, consistent with Ohio Administrative Code 3901-1-07.

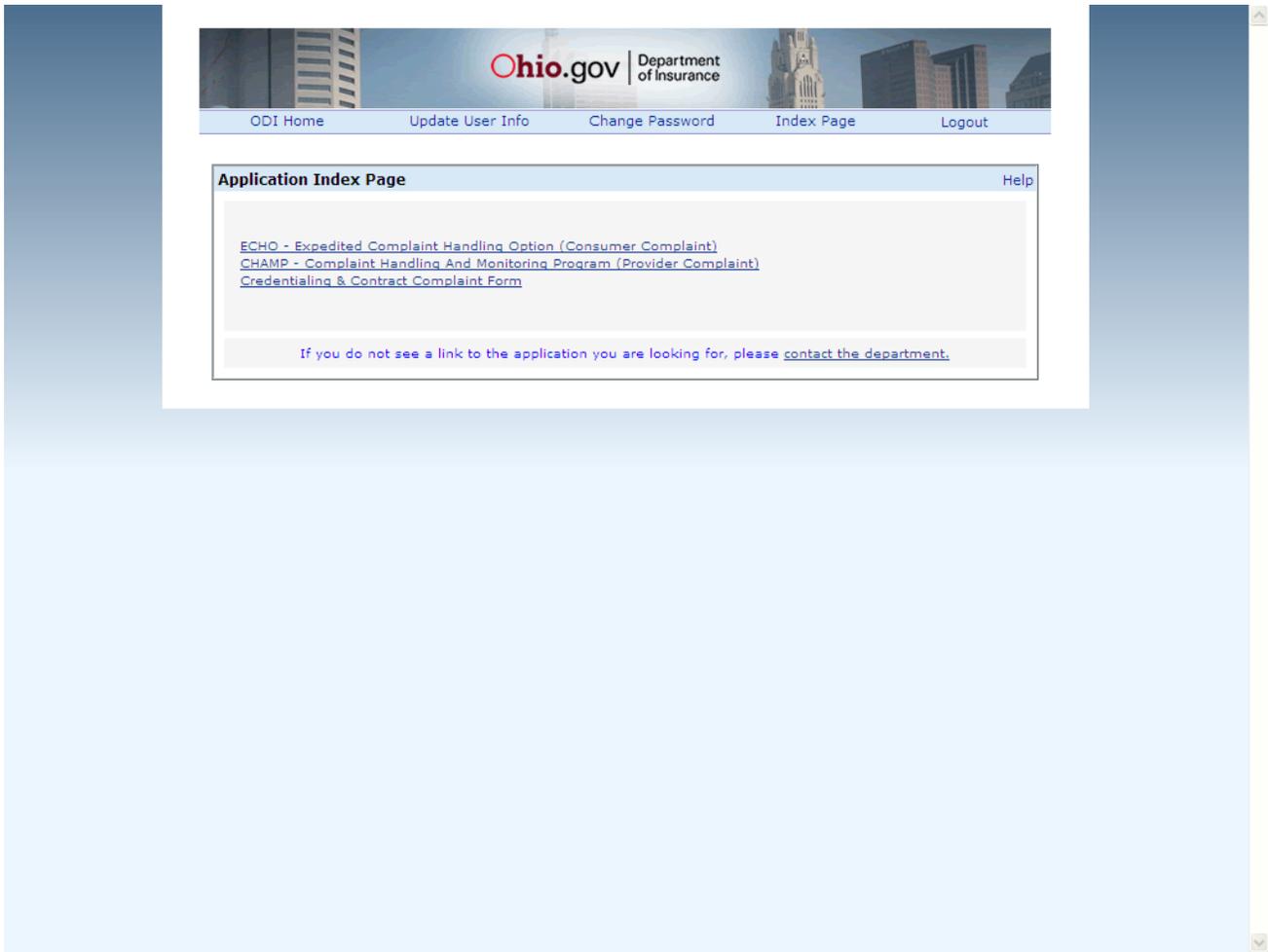


Figure 6: Application Index Page

- Once you are a registered user, after you logon you will be directed to the application index screen.
- Select the application you need to use depending on what type of complaint you have received.



Figure 7: Company-Account Setup 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 5**) where you may retrieve the complaint for resolution.



Figure 8: Employer Identification Number

- To register as a new user, your company's Employer Tax Identification Number is also needed.

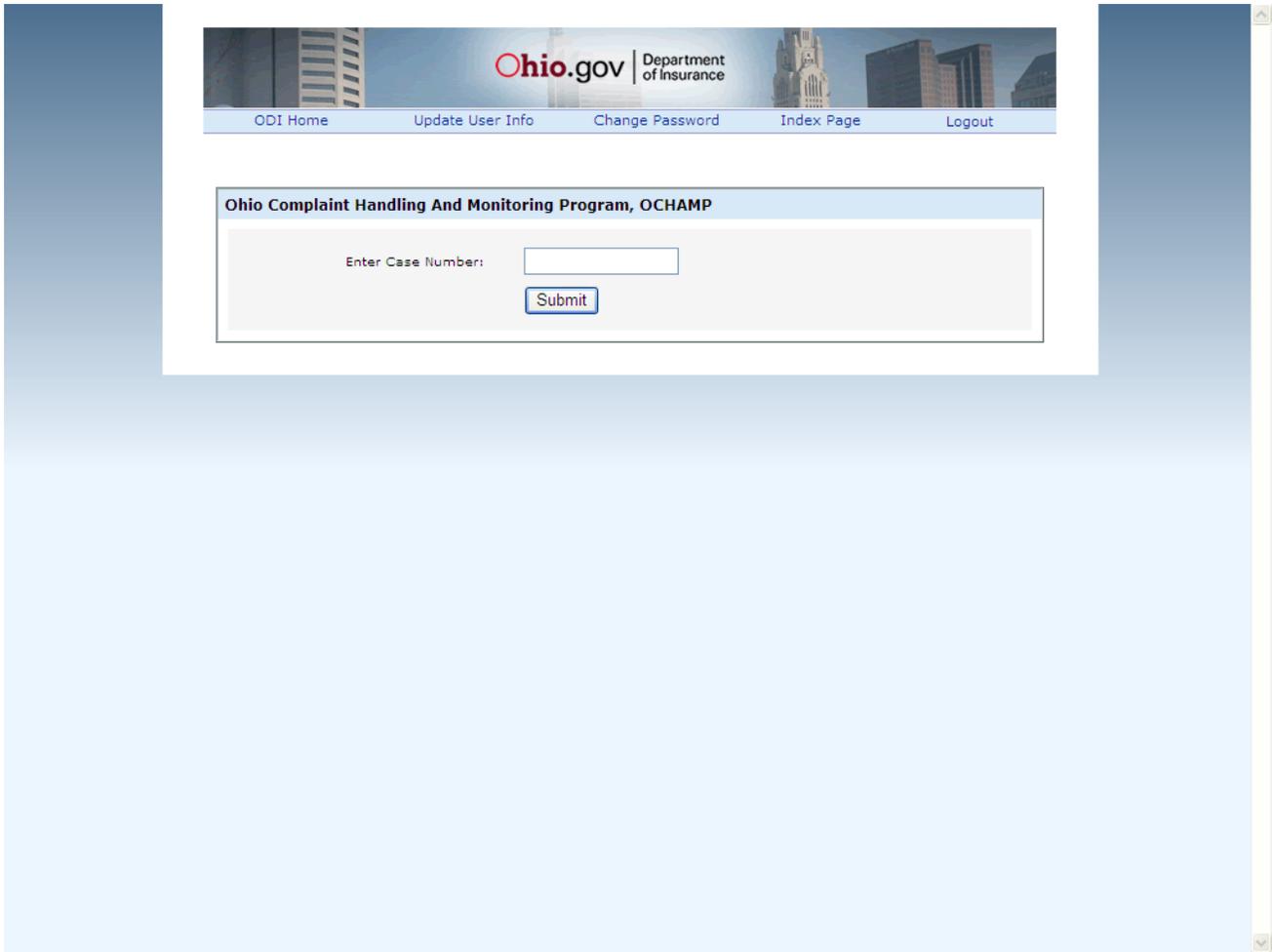


Figure 9: After logging in to the Secured Area, enter the case number you wish to retrieve (which will be identified when you receive and email from the Department notifying you of a complaint).

Top Half of Resolution Form

Ohio.gov | Department of Insurance

ODI Home Update User Info Change Password Index Page Logout

Ohio Complaint Handling And Monitoring Program, OCHAMP

Please Enter Your Resolution Information for Case Number 10589

Keep in mind the more information you provide to **Back and Spine Center of West Chester**, the better they will understand your claims processing.
Prior to completing this form, the Third-Party Payer should contact the provider directly and resolve all issues stated in the complaint. Please contact Market Conduct at 614-644-2577 if there are any questions.

All fields marked with a * are required.

Claim Identifying Information Will Be Here

Provider Details Will Be Here

[Click for complaint details](#)

Click Here for Detail of Complaint

Complaint Details

Complaint Date:
Insured's Name:
Patient's Name:
Policy or ID #:
Group Number:
Group Name:
Date of Service:
Claim Number:
Billed Amount:
Submit Method: PAPER
Provider Complaint: 7

Provider Details

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

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: [] [] 2008
Date Claim Paid or Denied (if applicable): [] [] 2008

Covered Not Covered Contractual Adjustment Deductible Payment Insured's Responsibility

Figure 10: 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

Provider Complaint: 7

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

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: [Month] [Year] 2008

Date Claim Paid or Denied (if applicable): [Month] [Year] 2008

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:

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

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

Employer Other external source (explain in comments)
 Member / Patient Submitting provider

Other Comments

This field is limited to 2000 characters.

Figure 11: 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.

Final Note: Confirmation of Resolution Completion

- You will receive a pop-up resolution number being assigned to the case, in addition to an email that is sent to the email address the complaint notification had gone to. Record the resolution number and/or save the email. It is at this stage 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.
- If you have further questions, please contact the Department's Office of Consumer Affairs at 1-800-686-1526.