

**The Ohio Department of Insurance
50 West Town Street, Suite 300
Columbus, OH 43215**

Prompt Pay Reporting Instructions

Definitions

When completing your Prompt Pay reporting, the following definitions should be considered when compiling your data:

1. Appeal – When a member/insured or provider on behalf of a member/insured requests, in writing, a reconsideration of an adverse claim determination.
2. Appeals Upheld – Appeals where the original claims determination did not change.
3. Appeals Reversed – Appeals where the original claims determination was overturned and paid (include partial payment and payments applied to deductibles).
4. Claim – Any request submitted to a third-party payer for payment of benefits under a benefit plan or contract*. Self-funded claims submitted under ERISA plans and capitated claims should be excluded.
5. Claims Paid – Claims closed with an amount paid **including any amount applied to a deductible of greater than zero dollars**. This term includes partially paid claims and/or claims with any number of line items paid.
6. Claims Denied – Claims closed with no payment (zero amount paid). **Do not include claims that were applied to the deductible**, as these would be reported in Claims Paid.
7. Statutory Processing Time – The actual claims **processing** time in calendar days calculated in accordance with Sections 3901.381 (B)(2)(a) and (b) of the Ohio Revised Code, which provide in pertinent part:

The number of days that elapse between the third-party payer's last request for supporting documentation within the thirty-day period and the third-party payer's receipt of all of the supporting documentation that was requested shall not be counted for purposes of determining the third-party payer's compliance with the time period of not more than forty-five days for payment or denial of a claim.

* * *

(b) If a third-party payer determines, after receiving initially requested documentation, that it needs additional supporting documentation pertaining to a beneficiary's preexisting condition, which condition was unknown to the third-party payer and about which it was reasonable for the third-party payer to have no knowledge at the time of its initial request for documentation, and the third-party payer subsequently requests this additional supporting documentation, the number of days that elapse between making the request and receiving the additional supporting documentation shall not be counted for purposes of determining the third-party's compliance with the time period of not more than forty-five days.

Data Requirements

Business Lines/Categories

The Ohio Department of Insurance (ODI) has identified the prompt pay data that must be reported according to statute. There are four general business line categories that are further defined by more specific business lines (subcategories or business line) within each general category. Companies must report prompt pay data only for the subcategories for which they write business. The business line categories are:

Individual – Health Insurance

- Medical (*Comprehensive, Individual, Conversion, Open Enrollment, Franchise Blanket Accident & Sickness, and Short Term Medical*)
- Supplemental Coverage (*Dental, Hosp./Surg./Outpatient Ind., Rx, Specified/Named Disease/Intensive Care/Organ & Tissue Transplant, Vision*)
- Senior Coverage (*Medicare Supplement*)
- Miscellaneous (*Accident Only, Student Policies – Accident & Health*)

Group/Blanket Policy – Health Insurance

- Medical (*Comprehensive, Large Group, Small group, Non-employer Group, Alliance, Franchise/Blanket Accident & Sickness, and Short Term Medical*)
- Supplemental Coverage (*Dental, Hosp./Surg./Outpatient Ind., Rx, Specified/Named Disease/Intensive Care/Organ & Tissue Transplant, Vision*)
- Senior Coverage (*Medicare Supplement*)
- Miscellaneous (*Accident Only, Student Policies – Accident & Health*)

Non Group – Health Insuring Corporation (HIC)

- Medical (*Comprehensive, Individual, Conversion, Open Enrollment*)

- Supplemental Coverage (*Dental, Rx, Short Term Care, Vision, Mental Health*)
- Group – Health Insuring Corporations (HIC)**
- Medical (*Comprehensive, Large Group, Small Group, Non-employer Group, Small Employer Health Care Alliance, Alliance*)
 - Supplemental/Specialty Plans (*Dental, Rx, Short Term Care, Vision, Mental Health*)

Prompt pay information is organized and reported by the subcategories above. The same questions are asked for each subcategory (or business line).

Questions with Common Answers Across Business Lines

Answers to some questions are consistent across business lines (that is, the response will not change). The answers to these questions will only need to be provided once. Several of these questions may appear to be business line specific; however ODI requires that the responses to these questions remain consistent across business lines. **If, after initially answering these “consistent” questions, an answer is changed, the new answer will be applied to that question for each business line being reported for this reporting period.** For instance, if after answering these questions it is realized an incorrect email address was entered, it is changed and saved. The new email address will be entered as the answer for each line of business. The questions that require consistent answers across business lines are below. (An * indicates an answer is required.)

1. Federal Identification Number *
2. Street Address line 1 *
3. Street Address line 2
4. City *
5. State *
6. Zip Code *
7. Contact Name *
8. Company Contact Title
9. Company Contact Phone Number *
10. Company Contact E-Mail Address *
11. Company Web Site Address
12. Manner of reporting (Per Claim or Per Line) *
13. So that we can understand the extent of paper claims received in your normal course of business, please indicate an ESTIMATE of the total volume of paper claims processed during the reporting period that may or may not have been included in this reporting. (Provide one estimate that includes ALL business lines.) This is for informational purposes only so that Department can gauge the extent of paper claims being used by providers as a whole. (Accepted responses are: 0%-10%, 11%-20%, 21%-30% or Over 30%) *
14. If paper claims were included in your reporting because you could not distinguish between paper claims and electronic claims. *

Questions with Individual Answers for Each Business Line

The same questions are asked for each business line; however the answers will vary based on the business line being reported on. For instance, the number you respond with for the total number of claims paid will not be the same for each line of business. When compiling the data for these questions, please keep the answers separate for each line of business being reported.

An answer for each question is required. Your answers for each line of business are saved at one time and the answers for the business lines are recorded one business line at a time. (The Procedures section explains this in detail.) If the response for any of these questions is zero (0), you must place "0" (the number zero) in the space provided (without the quotes). In order for your submission to be accepted, the fields **MUST** add correctly:

Line 1 **MUST** equal the sum of lines 3, 5, 7 and 9 ($1=3+5+7+9$).

Line 2 **MUST** equal the sum of lines 4, 6, 8 and 10 ($2=4+6+8+10$).

Fields 11 and 12 are considered informational rather than data fields, and as such, are included within the previous fields. Please **DO NOT** add these fields twice.

The same fourteen questions are asked for each line of business being reported. They are listed below.

1. Number of total claims paid (> zero dollar payment, including amount(s) applied to the deductible) during the reporting period
2. Number of total claims denied (zero dollar payment) during the reporting period
3. Number of claims paid within 30 days of receipt
4. Number of claims denied with 30 days of receipt
5. Number of claims paid more than 30 days after receipt but within the 45 day statutory processing time where additional information was requested
6. Number of claims denied more than 30 days after receipt but within the 45 day statutory processing time where additional information was requested
7. Number of claims paid more than 30 days after receipt although no additional information was requested
8. Number of claims denied more than 30 days after receipt although no additional information was requested
9. Number of claims paid beyond 45 days of statutory processing time where additional information was requested
10. Number of claims denied beyond 45 days statutory processing time where additional information was requested
11. Number of claims which included paid interest (this is an information field only, as this number is included within the above fields)
12. Number of claims denied as duplicative (this is an information field only, as this number is included within the above fields)
13. Number of appeals upheld during reporting period
14. Number of appeals reversed, in whole or in part, during the reporting period

Procedures

The application used in the past has been changed in many ways to facilitate the new reporting requirements and to provide additional functionality to help companies accurately report their data. You will now be able to change your data up until you decide to submit it to ODI. This will allow you to complete most of the work and wait until you are sure the data entered is accurate and complete before submitting it. You will no longer need to contact ODI to have your data reset (as long as you did not submit). The sections below provide detailed instructions on how to complete each step of the reporting process.

Website Access

Internet access is required to comply with the prompt pay reporting requirements. Please browse to <http://www.insurance.ohio.gov>. Below is a view of ODI's website. If you are ready to enter your prompt pay data, simply click the link near the upper left to go to the secured login page (labeled as "Link 1" in the image below). Otherwise, click "Link 2" to be directed to the Market Regulation portion of ODI's web site.

The screenshot shows the Ohio Department of Insurance website. At the top, there is a navigation bar with links: Home | About ODI | Contact | Secured Logon. The Ohio.gov logo and Department of Insurance are also present. A search box is in the top right. Below the navigation bar, there is a secondary menu with links: Consumer Affairs | Medicare Services | Agent/Agency Services | ODI Services | Communications | Policy & Legislation. A yellow callout box labeled 'Link 1' points to the 'Secured Logon' link, stating: 'Click here to go to the secured logon page.' Below this, the main content area features a 'Welcome to the Ohio Department of Insurance' message. On the left, there are 'Featured Links' and 'Quick Links' sections. In the center, there is a photo of Director Mary Jo Hudson with a 'Message from Director Mary Jo Hudson' link. On the right, there is a 'Department News' section with several news items. A secondary menu is open over the 'ODI Services' link, listing: Risk Assessment, Product Regulation & Actuarial Services, Market Regulation, Fraud & Enforcement, Licensing, Fiscal, Surplus Lines & RPG/RRG, and Company Related Links. A yellow callout box labeled 'Link 2' points to the 'Market Regulation' item in this sub-menu, stating: 'Hover your cursor over ODI Service to show the sub-menu. Then click on Market Regulation on the sub-menu.'

Clicking the Market Regulation sub-menu item will redirect you to the Market Regulation page as shown below. Click the Prompt Pay Data Call link as directed in the image; here you'll find contact information as well as a link for this instruction document. The Secured Logon link will be available in the upper left corner of each page of ODI's web site (Link 1 in the image above). Just click that link to login when you are ready to start the reporting process.

Logging In

ODI has created a prompt pay reporting application that is accessible from Department's web site by using credentials supplied by ODI. (You will be asked to change your password if your current password does not comply with State of Ohio standards.) For security reasons, if you do not perform any actions within a preset time, your account may be logged off. If this happens, you will lose any data entered but not saved.

ODI Home	Update User Info	Change Password	Index Page	Login
--------------------------	----------------------------------	---------------------------------	----------------------------	-----------------------

IMPORTANT NOTE

Welcome to the Ohio Department of Insurance's secured section.

DO NOT sign up as a NEW USER, if you want to use one of the applications below.

- [Premium Tax Filings / Forms](#)
- [Life and Health - Annual Report Of Ohio Health Insurance Business](#)
- [Financial Regulation - Examiner Billing](#)
- [EPAY - Invoice Electronic ACH Payment System](#)
- [Surplus Lines, RRG or RPG On-Line Reporting](#)
- [IOTA - Interest On Trust Account](#)
- [Prompt Pay - Reporting Data Call](#)
- [Life and Health - Actuarial Reserve Analysis Application](#)



Enter your User ID and Password, then click the Logon button.

NOTE: You should have received a letter with the UserID and Password from the department. Use that information and sign in as a REGISTERED USER for the above applications.

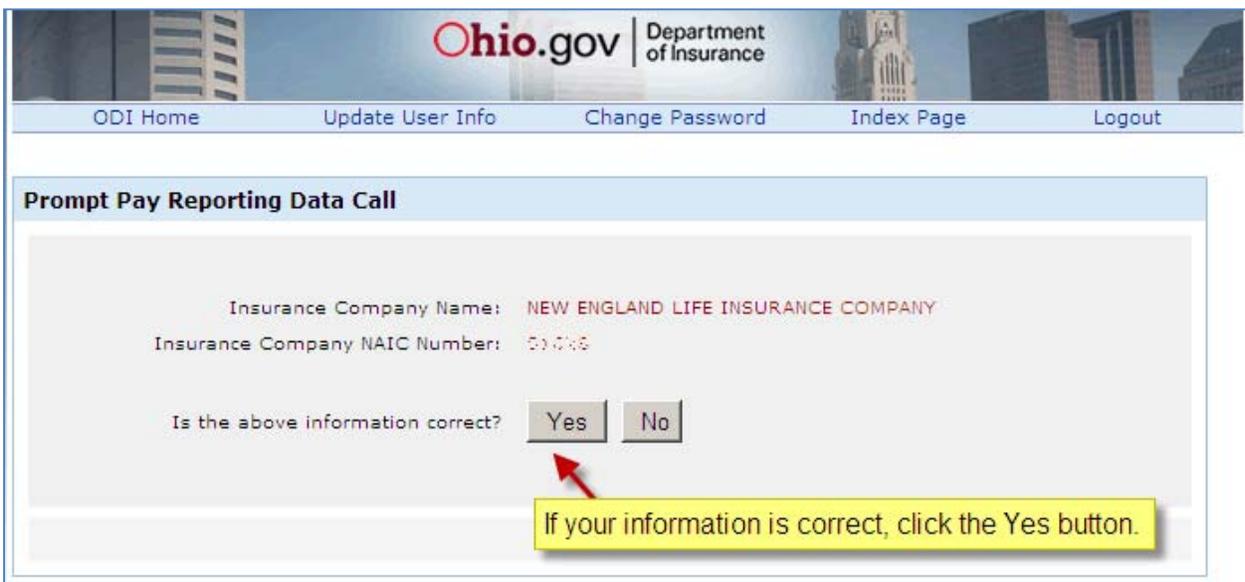
<p>Registered Users</p> <p>If you already have an User ID and Password, please logon below.</p> <p>User ID <input type="text"/></p> <p>Password <input type="password"/></p> <p style="text-align: center;"><input type="button" value="Logon"/></p> <p style="text-align: center;">Forgot your Password?</p>	<p>New Users</p> <p>If you HAVE NOT :</p> <ul style="list-style-type: none"> ■ Previously registered - OR - ■ Received an User ID and Password from ODI <p>please register below.</p> <p>User Type <input type="text" value="Select One"/></p> <p style="text-align: center;"><input type="button" value="Next"/></p> <p style="text-align: center;">Please select a user type that best describes you or your business.</p>
--	--

Application Access

Once signed in, you will see a screen where you can select which application you would like to use. Most people will only see the Prompt Pay application as shown in the next image. Click the link that says Prompt Pay – Reporting Data Call.



On the next screen, you will verify your company information. (Please note: The NAIC Number has been purposefully masked and other company-identifying information may not be consistent across all screen shots.)



Entering Your Data

The image below shows the business lines that require prompt pay reporting. Select the lines you are reporting on. (Here two have been selected. The business lines you select should be reflective of the lines of business your company writes.) Then click the Continue button. The business lines being reported on will be saved once you click the Continue button.

Ohio.gov | Department of Insurance

ODI Home Update User Info Change Password Index Page Logout

Prompt Pay Reporting Data Call

If you are returning to enter more information or make corrections, please be aware that unchecking a line will delete previously entered data for that line of business.

Please select the lines of business in which your company is engaged. You will be required to report data on each of these lines.

Individual Policy - Health Insurance

- Medical (Comprehensive, Individual, Conversion, Open Enrollment, Franchise Blanket Accident & Sickness, and Short Term Medical)
- Supplemental Coverage (Dental, Hosp./Surg./Outpatient Indemnity, Rx, Specified/Named Disease/Intensive Care/Organ & Tissue Transplant, Vision)
- Senior Coverage (Medicare Supplement)
- Miscellaneous (Accident Only, Student Policies - Accident & Health)

Group/Blanket Policy - Health Insurance

- Medical (Comprehensive, Large Group, Small Group, Non-employer Group, Alliance, Franchise/Blanket Accident & Sickness, and Short Term Medical)
- Supplemental Coverage (Dental, Hosp./Surg./Outpatient Indemnity, Rx, Specified/Named Disease/Intensive Care/Organ & Tissue Transplant, Vision)
- Senior Coverage (Medicare Supplement)
- Miscellaneous (Accident Only, Student Policies - Accident & Health)

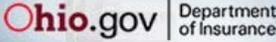
Non Group - Health Insuring Corporation (HIC)

- Medical (Comprehensive, Individual, Conversion, Open Enrollment)
- Supplemental/Specialty Plans Coverage (Dental, Rx, Short Term Care, Vision, Mental Health)

Group - Health Insuring Corporation (HIC)

- Medical (Comprehensive, Large Group, Small Group, Non-Employer Health Care Alliance, Alliance)
- Supplemental/Specialty Plans Coverage (Dental, Rx, Short Term Care, Vision, Mental Health)

When you click the Continue button, you will be directed to the screen for entering the prompt pay data. The top portion of the screen (shown below) contains the information that remains consistent across all reported-on business lines. This information will be saved when you save the data for the prompt pay figures for the first line of business. You will not need to enter this data again; however, if you change any portion of this data the change(s) will be reflected for each line of business being reported on. If you close the application before saving your first business line data, you will lose the data entered in this section, as well as any data entered in the bottom portion of this screen. Again, the data in this section is consistent across all business lines being reported on.



ODI Home
Update User Info
Change Password
Index Page
Logout

Prompt Pay Reporting Data Call

Please Note:

- Please complete all fields marked with *.
- You may return at any time during the reporting period to adjust your data provided you have not Submitted your data.
- Click the Save Line Data button to save the data for each line of business.
- Click the Submit All Data button once you have saved data for each line of business.

UNITED AMERICAN INSURANCE COMPANY

NAIC Number: 02036

Reporting Period: 1/1/2010 through 3/31/2010

Data is due no later than 04/30/2010

Federal Identification Number (#####):	<input type="text" value="1234567890"/>
Street Address line 1:	<input type="text" value="123 Any Street"/>
Street Address line 2:	<input type="text"/>
City:	<input type="text" value="Columbus"/>
State:	<input type="text" value="Ohio"/>
Zip Code:	<input type="text" value="43215"/> - <input type="text"/>
Contact Name (person to answer questions):	<input type="text" value="John Doe"/>
Company Contact Title (title of contact person):	<input type="text" value="Prompt Pay Compliance Officer"/>
Company Contact Phone Number:	<input type="text" value="(555) 555"/> - <input type="text" value="5555"/> Ext. <input type="text"/>
Company Contact E-Mail Address:	<input type="text" value="johndoe123@insurancecompany.com"/>
Company Web Site Address:	<input type="text"/>

Select whether claims data is based upon line item(s) or individual claim forms: *

Line Item
 Claim Form

So that we can understand the extent of paper claims received in your normal course of business, please indicate an ESTIMATE of the total volume of paper claims processed during the reporting period that may or may not have been included in this reporting. (Provide one estimate that includes ALL business lines.) This is for informational purposes only so the Department can gauge the extent of paper claims being used by providers as a whole: *

0%-10%
 11%-20%
 21%-30%
 Over 30%

Specify if your data includes paper claims received because you could not distinguish between paper claims and electronic claims: *

Yes No

The bottom portion of the screen is where you enter the prompt pay data for each business line. To begin, select a business line from the drop down list as shown in the image below. Then answer all the questions, entering data that pertains to the selected line of business. Once you have answered **all** the questions, click the Save Line Data button. (The Submit All Data button will become active once you have submitted data for each line of business.) Should you close the application before clicking the Save Line Data button, you will lose the

data that you entered or changed since the last time you clicked the Save Line Data button. If you close the application before saving, all data entered in this section will be lost.

The screenshot shows a web form with the following elements:

- A dropdown menu titled "Select the business line you are reporting on:" with options: "Select a business line", "Group - Medical", "Group - Supplemental", and "Individual - Medical".
- 14 numbered questions, each with a corresponding input field and a red asterisk indicating a required field:
 - Number of Total Claims Paid (> Zero dollar Statutory Processing Time)
 - Number of Total Claims Denied (Zero dollar Statutory Processing Time)
 - Number of Claims Paid Within 30 Days of Receipt Date:
 - Number of Claims Denied Within 30 Days of Receipt Date:
 - Number of Claims Paid More Than 30 Days After Receipt but within the 45 Day Statutory Processing Time where additional information was requested:
 - Number of Claims Denied More Than 30 Days After Receipt but within the 45 Day Statutory Processing Time where additional information was requested:
 - Number of Claims Paid After the 30-Day Statutory Processing Time for Which No Additional Information Was Requested:
 - Number of Claims Denied After the 30-Day Statutory Processing Time although No Additional Information Was Requested:
 - Number of Claims Paid Beyond 45 Days of Statutory Processing Time:
 - Number of Claims Denied Beyond 45 Days of Statutory Processing Time:
 - Number of Claims Which Included Interest Paid:
 - Number of Claims Denied as Duplicative (This is an information field only as this number is included in the above fields):
 - Number of Appeals Upheld During Reporting Period:
 - Number of Appeals Reversed During Reporting Period:
- Instructions: "Click 'Save Line Data' to save the data you just entered. Click 'Submit All Data' when you have saved data for all reported-on lines."
- Buttons: "Save Line Data" and "Submit All Data".

Three yellow callout boxes with red arrows provide instructions:

- Step 1:** Select a line of business from the drop down list (the choices are the lines you said you are reporting on)
- Step 2:** Enter data for all questions.
- Step 3:** Click the Save Line Data button to save the data for the selected line of business

Submitting Your Data to ODI

Once you have entered data for all the business lines you are reporting on, the Submit All Data button becomes active as shown below. **Once you click the Submit All Data button, your reporting for the period will be closed and your ability to change your data for the current reporting period will cease. Only click the Submit All Data button when you are sure your data is accurate.** You will be able to adjust your data anytime before clicking the Submit All Data button.

Number of Appeals Reversed During Reporting Period:

** The sum of these fields should be the total claims processed/adjudicated during the reporting period. Click "Save Line Data" to save the data you just entered. Click "Submit All Data" to submit your data to ODI for all reported-on lines.

The Submit All Data button will become available only after entering data for all selected business lines. Click this button to submit your data to ODI **ONLY** when you are sure it is accurate.

After your data has been submitted to ODI, you will receive a message similar to the one shown below.

The screenshot shows the Ohio.gov Department of Insurance website. The navigation bar includes links for ODI Home, Update User Info, Change Password, Index Page, and Logout. The main content area displays a blue header for "Prompt Pay Reporting Data Call" and a message: "Your Prompt Pay data has already been reported. Thank you for your participation." Below the message is an "Exit" button.

Adjusting Your Data

At any time before you submit your data to ODI, you will be able to adjust or change your previously saved data. However, there are some things to be aware of when doing this.

Change the Business Line(s) Being Reported On

On the screen where you select the business lines being reported on, you can add new lines, however if you had saved data for all previously-selected lines (allowing you to submit your data to ODI), your option to submit your data is no longer valid until you enter data for the newly-selected line(s) of business.

If you delete (uncheck) a previously-selected line of business, the data you have entered for that line will be deleted as well. For instance, if you mistakenly selected a line of business and entered data pertaining to that line of business and later realized it should have been a different line, the data you entered cannot be changed to reflect the correct line of business. You must uncheck the incorrect line of business, check the correct line of business and then enter data again for the correct line of business.

Change Data for a Particular Line of Business

Provided you have not submitted your data to ODI; you may adjust that data as you receive additional information. Simply log in to the web site and navigate to the application (see above for complete steps). You will see the screen on which you selected the business lines you are reporting on. Click the Continue button to navigate to the business line data-entry screen. Select the business line for the data that needs adjusting from the business line drop down list. The data previously entered will populate the fields. Change the data that needs adjusted and click the Save Line Data button.

Once you are sure all the data you entered for each line of business is accurate, click the Submit All Data button.