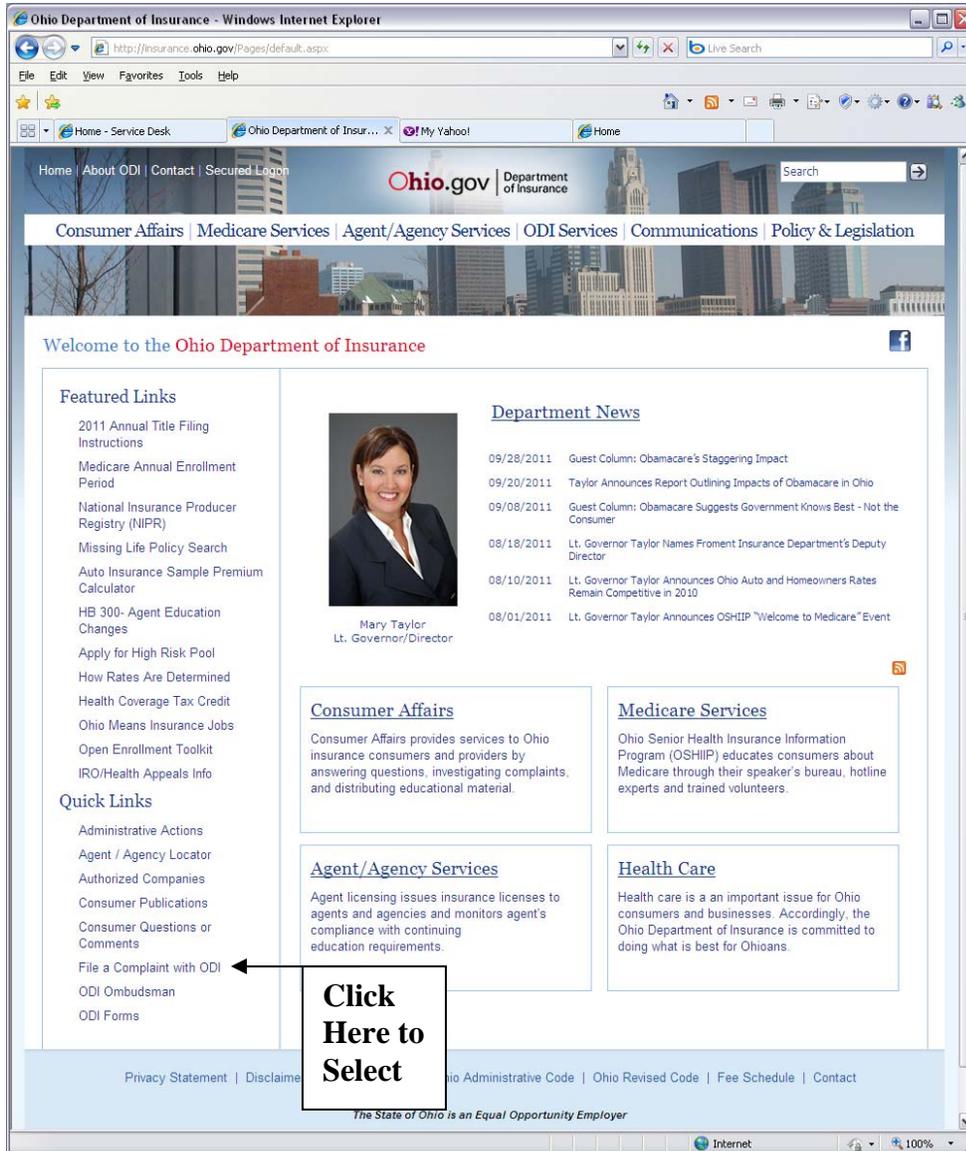


# Third-Party Payer Instructions for the Electronic Complaint Resolution Process Ohio Complaint Handling and Monitoring Program (OCHAMP) and the Credentialing & Contract Complaint System

## 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](http://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.

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 Policy & Legislation

### Quick Links

- Administrative Actions
- Agent / Agency Locator
- Authorized Companies
- Consumer Publications
- File a Complaint With ODI
- Medicare Check-up Days
- Insights Newsletter
- ODI Ombudsman
- ODI Forms
- STOLI Information
- Prompt Pay Data Call

### Complaint Center

Please choose from 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.

Email us [here](#) if you have questions about Prompt Pay Provider Complaints.

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

*The State of Ohio is an Equal Opportunity Employer*

50 W. Town Street, Third Floor - Suite 300 Columbus, Ohio 43215  
 General Info: 614-644-2658 | Consumer Hotline: 800-686-1526 | Fraud Hotline: 800-686-1527 | OSHIP Hotline: 800-686-1578

**Figure 2: Complaint Center:**

- Select Provider Complaint information page.

The screenshot shows a webpage titled "Provider Complaint Options" with several sections:

- 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](#)

Two callout boxes are present:

- One box points to the [Prompt Pay Complaint Form](#) link, containing the text: "Click here to go to OCHAMP- the online provider complaint system".
- Another box points to the [Credentialing and Contract Complaint Response Form](#) link, containing the text: "Click here to go to the Contract & Credentialing online provider complaint system".

At the bottom of the page, there is a footer with links: 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 (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

- 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.

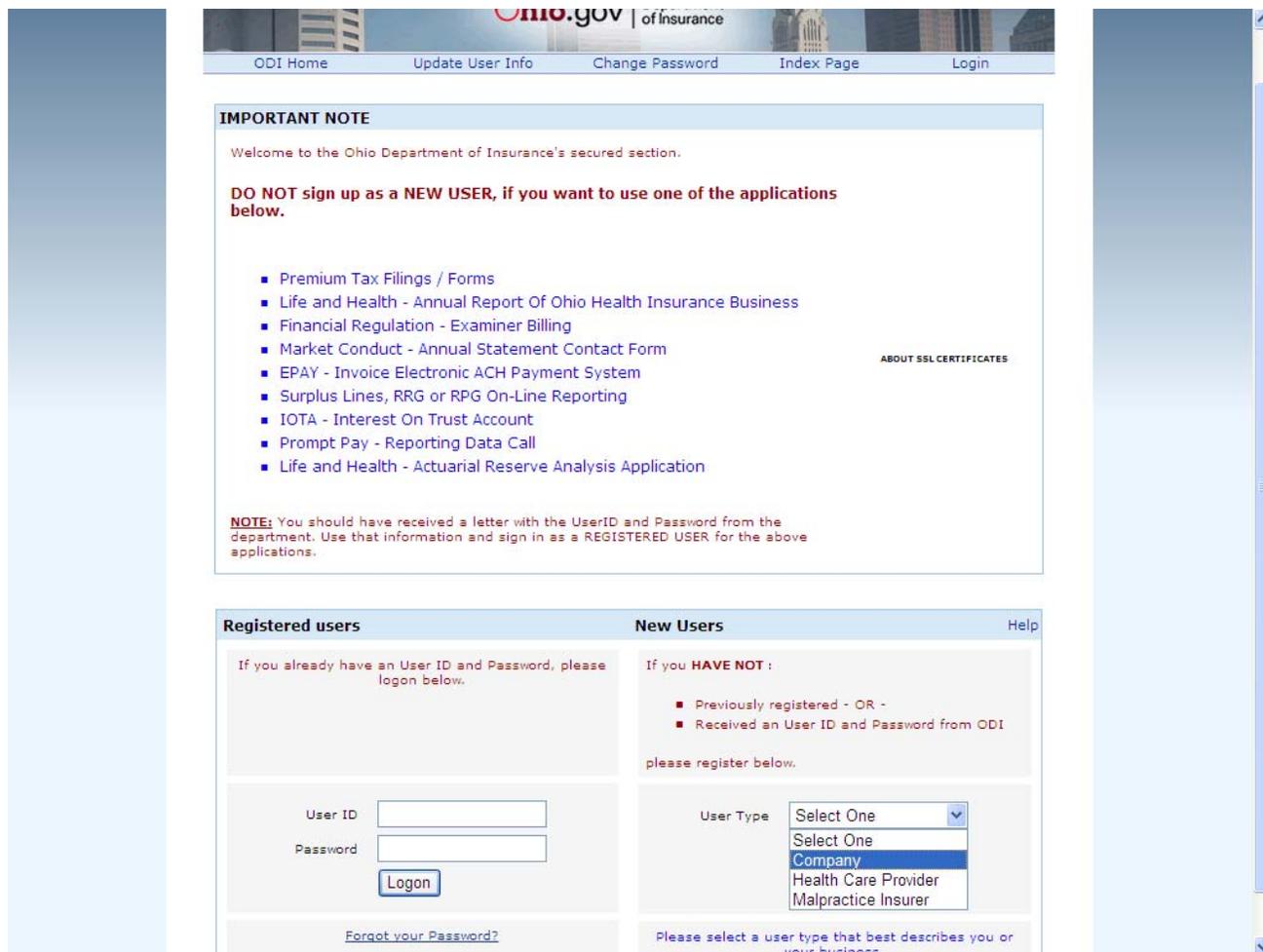
PDF documents may be printed and then completed by hand.

INS0504- Third-Party Payer Response Form

 <a href="#">Fill this form out Online</a>	
 <a href="#">Microsoft Word Document (.doc)</a>	138kb
 <a href="#">Portable Document Format (.pdf)</a>	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.**



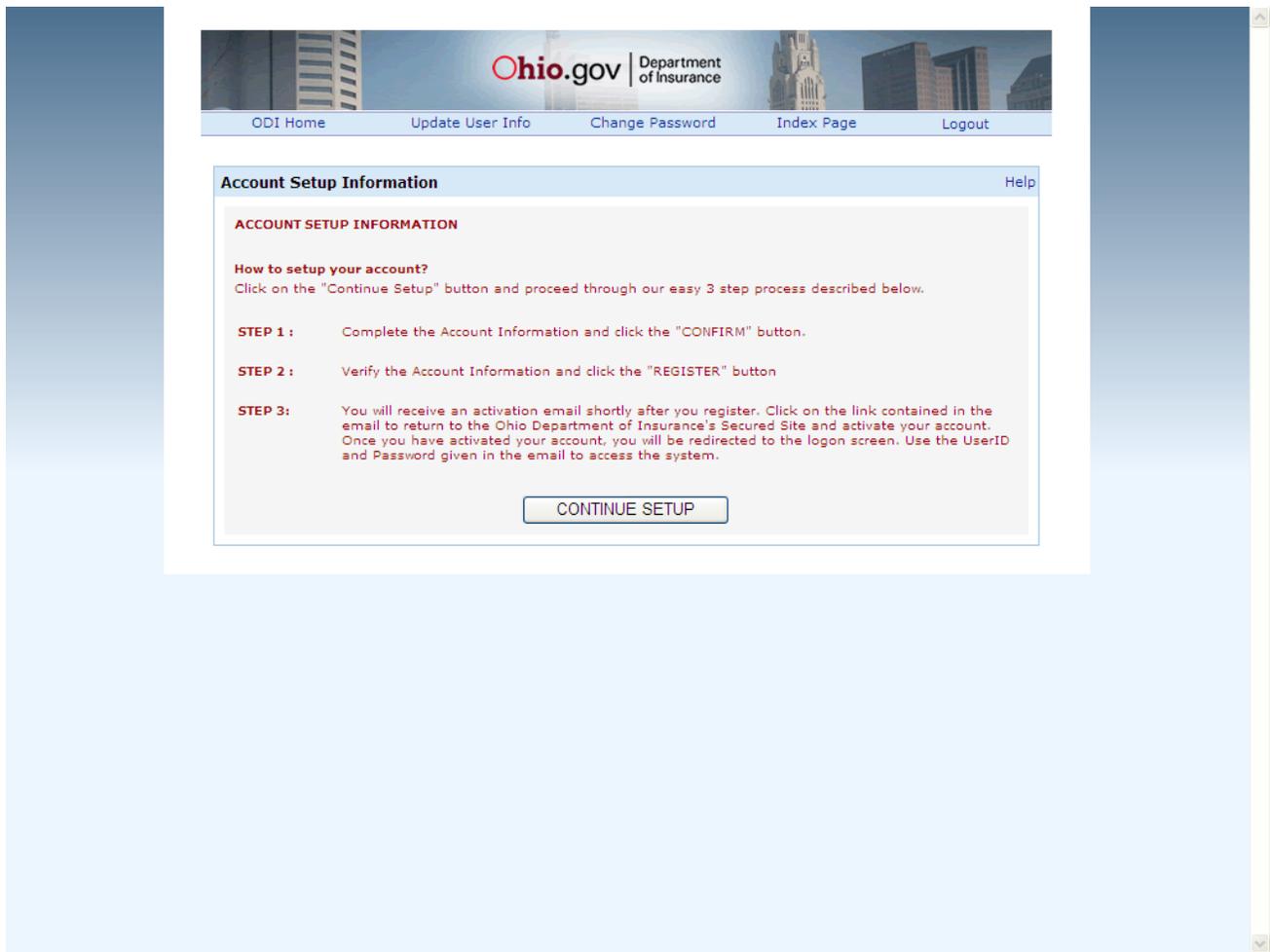
**Figure 5: Secured Logon Screen**

- 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.



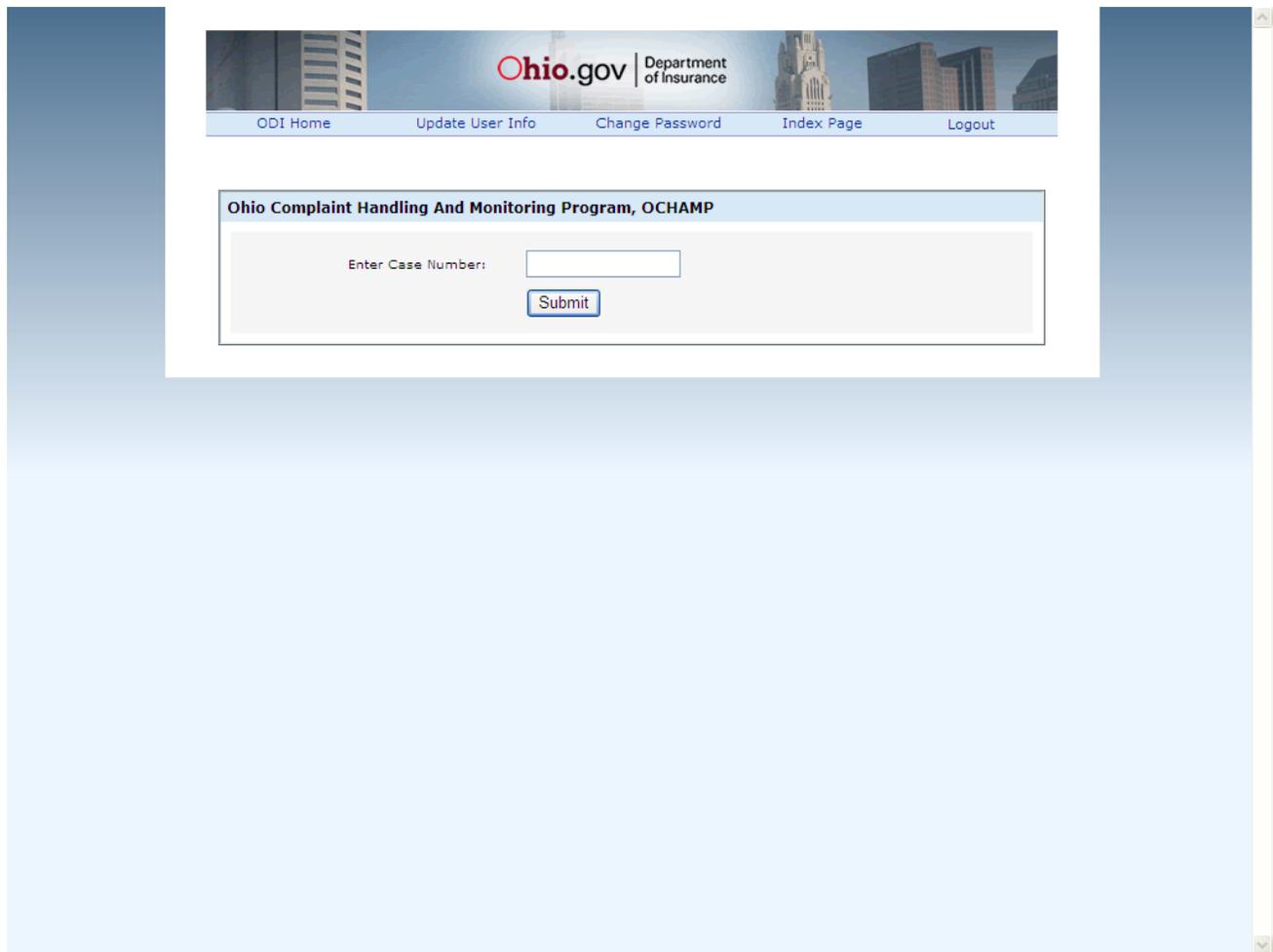
**Figure 7: Company-Account Setup Information**

- 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.

**Complaint Details** [Click for 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

**Claim Identifying Information Will Be Here**

**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: [Month] [Year] 2008

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

**Provider Details  
Will Be Here**

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="checkbox"/>					

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"/> Member / Patient Not Eligible
<input type="checkbox"/> Claim Filing Time Limit Exceeded	<input type="checkbox"/> Other (provide comments below)
<input type="checkbox"/> Claim Paid in Error / Recovery Issue	<input type="checkbox"/> Out of Network - Reduced Benefits Applied
<input type="checkbox"/> Coding Issue	<input type="checkbox"/> Patient Not Our Member
<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Pre-Existing Condition
<input type="checkbox"/> Medicare Liability	<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"/> Other external source (explain in comments)
<input type="checkbox"/> Member / Patient	<input type="checkbox"/> 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.