Ohio | Department of Insurance

PROMPT PAYMENT DATA CALL REPORTING INSTRUCTIONS

KEY INFORMATION

Pursuant to Ohio Revised Code 3901.3811, data is collected semi-annually as indicated in the following table:

QUARTER	DATA PERIOD	REPORTING WINDOW	DUE DATE
1st	1/1 – 3/31	4/1 – 4/30	4/30
3rd	7/1 – 9/30	10/1 – 10/31	10/31

EFFECTIVE 3rd quarter 2021, CLAIM DATA MUST BE REPORTED AT THE INDIVIDUAL LINE LEVEL. CLAIM DATA REPORTED AS A GROUPING OR BUNDLING OF MULTIPLE CLAIM LINES WILL NOT BE ACCEPTED. SEE CLAIM DEFINITIONS BELOW.

DEFINITIONS

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 individual line of service submitted to a third-party payer requesting 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:***
   Any claim (see new definition above) closed with an amount paid including any amount applied to a deductible of greater than zero dollars.

6. ***Claims Denied:***
   Any claim (see new definition above) 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," above.

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 provides, 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.
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> * * *
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> (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 a 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 be 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 data to be reported according to statute. Four (4) general business line categories that are further defined by more specific business lines (subcategories or business line) within each general category are required for reporting purposes. 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 should be organized and reported according to each of the subcategories above.

Questions with Common Responses Across Business Lines

Responses to most questions are consistent across business lines and will only be provided once since they will not vary by business line. Several of these questions may appear to be business line specific; however ODI requires the responses to these questions remain consistent across business lines. ***If, after initially answering these "consistent" questions, a response is changed, the new response 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 determined an incorrect email address was entered, it will be changed and saved. The corrected email address will be entered as the response for each line of business. The questions that require consistent responses across business lines are indicated below. (An * indicates a response 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. Paper Claims
    To allow the Department to more fully understand the extent to which paper claims are utilized, please include an ESTIMATE of the total volume of paper claims processed during the reporting period. These paper claims may or may not have been reported in the overall data. This data must be reported as follows:
    - Provide one estimate that includes ALL business lines.
    - Accepted responses are: 0%-10%, 11%-20%, 21%-30% or Over 30%
13. 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, your responses will vary based on the business line being reported. For instance, the number you respond with for the total number of claim lines paid will not be the same for each line of business. When compiling this data, please keep the responses separate for each line of business being reported. ***A response is required for each question***. Your responses for each line of business are saved at one time and the responses for the business lines are recorded one business line at a time. (The Procedures section explains this in detail.) If the response to 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** also 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 (14) questions are asked for each line of business being reported:

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
10. Number of claims denied beyond 45 days statutory processing time
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

ONLINE REPORTING PROCEDURES

Data may be changed and updated prior to submission, allowing for the correction of incorrect information. Once data is submitted within the application, you will need to contact ODI at PPRDC@insurance.ohio.gov to reset or correct an inaccurate or incomplete submission. The sections below provide detailed instructions on how to complete each step of the reporting process.

Website Access

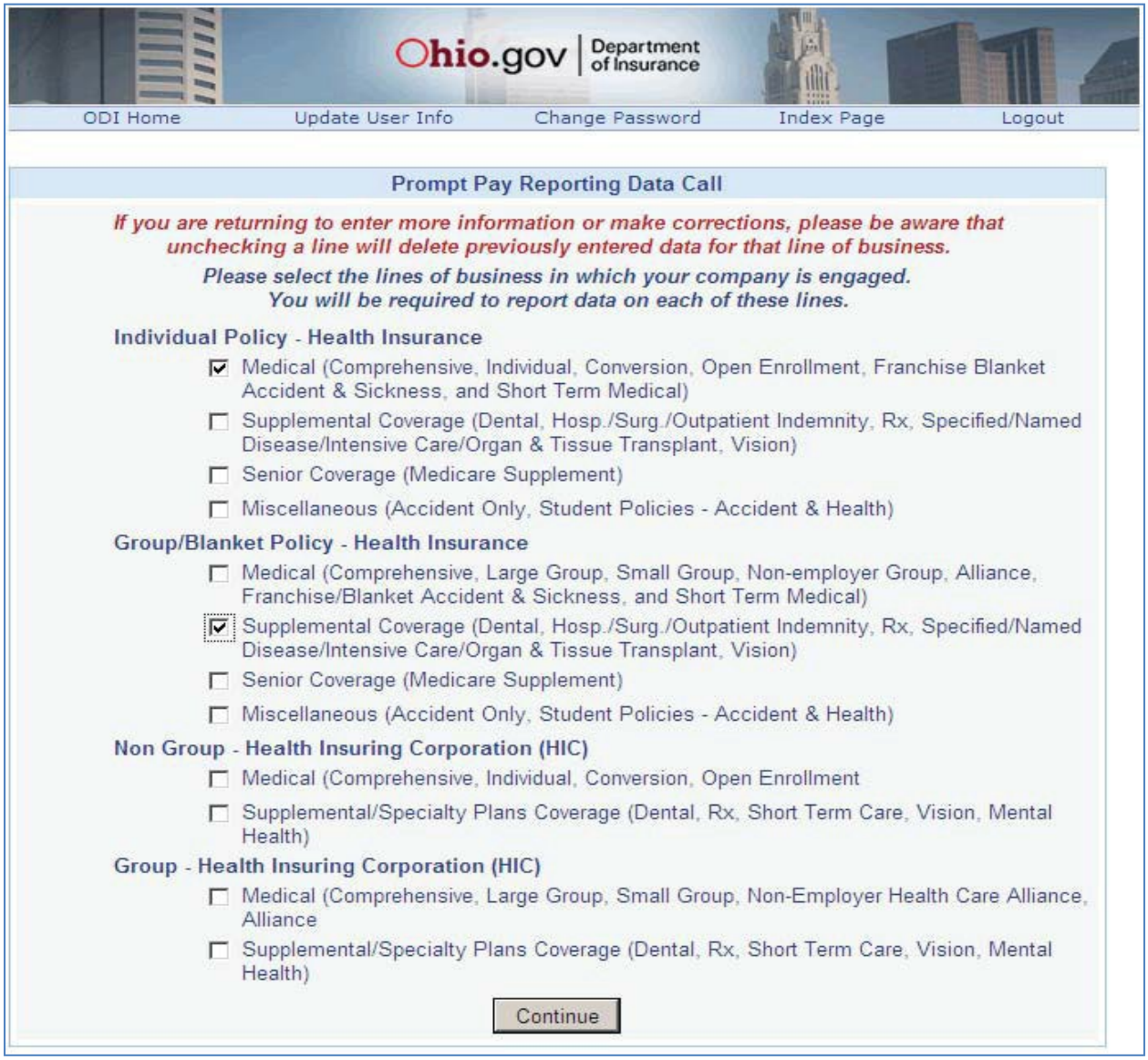
Internet access is required in order to access the reporting application.

Please browse to the Prompt Pay Data Call Information page for instructions on securing access to the reporting application as the process has changed.

Once logged into the reporting application, company information must be verified as indicated below.

Entering Data

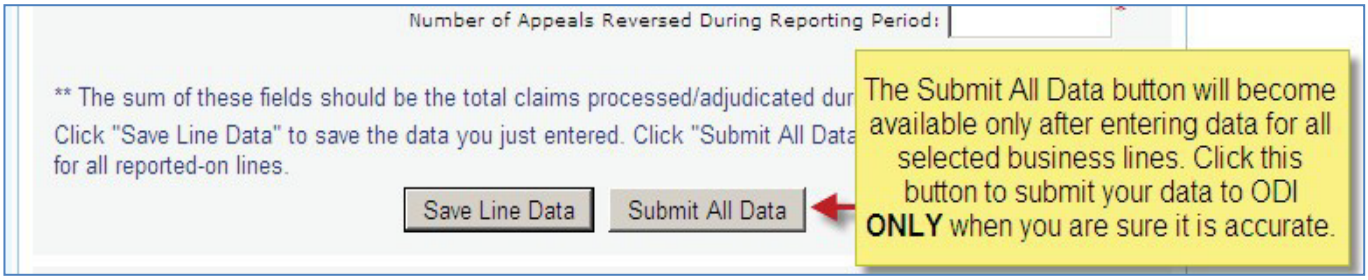
Select from the business lines identified in the screenshot below which apply to the reporting company and select “Continue.” The business lines reported on will be saved once “Continue” is selected.



When “Continue” has been selected, you will be directed to the screen for entering the prompt pay data. Please remember, you must select “SAVE LINE DATA” for each line of business you are reporting. Once data for all selected lines of business has been saved, you may submit the data. 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 screenshot

Submitting Data to ODI

Once all required data for each required business line has been entered, “Submit All Data” will become available. Once “Submit All Data” has been selected, reporting for the period will be closed and the ability to change or edit the data for the current reporting period will cease. Only select “Submit All Data” once the accuracy and completeness of the data has been verified. Data can, however, be verified any time ***prior to*** selecting “Submit All Data.”



After the data has been submitted, the following message will appear:

Adjusting the Data

As noted previously, data may be adjusted or changed any time ***prior to*** selecting "Submit All Data." Items to note when making adjustments:

Change the Business Line(s) Being Reported On

New business lines may be added on the business line(s) selection screen. However, if a new line is selected after data for all other lines has been entered, "Submit All Data" will not be available until data is entered for the new business line

If a previously-selected business line is deleted (unchecked), all data previously entered for that business line is deleted. For example, if data was mistakenly entered for an incorrect business line, it cannot simply be "moved" to the correct business line. The incorrect business line must be deselected (unchecked); the correct business line selected and then the correct data entered under the correct business line.

Change Data for a Particular Line of Business

Provided "Submit All Data" has not been previously selected, data may be updated or changed at any time. Once inside the application, select "Continue" to navigate to the business line data entry screen. Select the business line which requires adjustment and previously entered data will be available. Once the data has been updated, select "Save Line Data."

NEED ASSISTANCE?

If you are in need of assistance during the data entry process, please contact us at PPRDC@Insurance.ohio.gov