

Provider Instructions for the Electronic Complaint 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 the registration process for our online processes. Screen prints are included for a step by step guide of filing an online complaint through our Department.

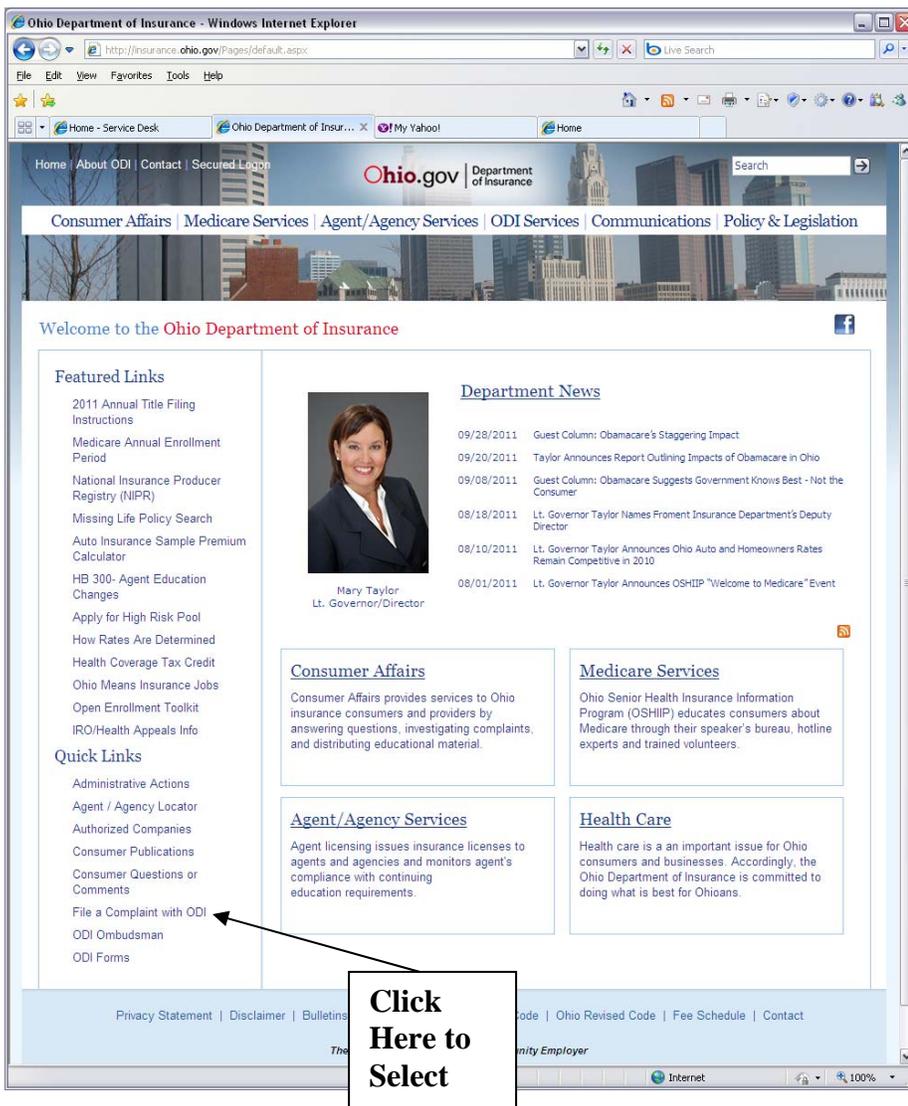


Figure 1: This is our main page at www.insurance.ohio.gov

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



Figure 2: Complaint Center:

- Select Provider Complaint information page.

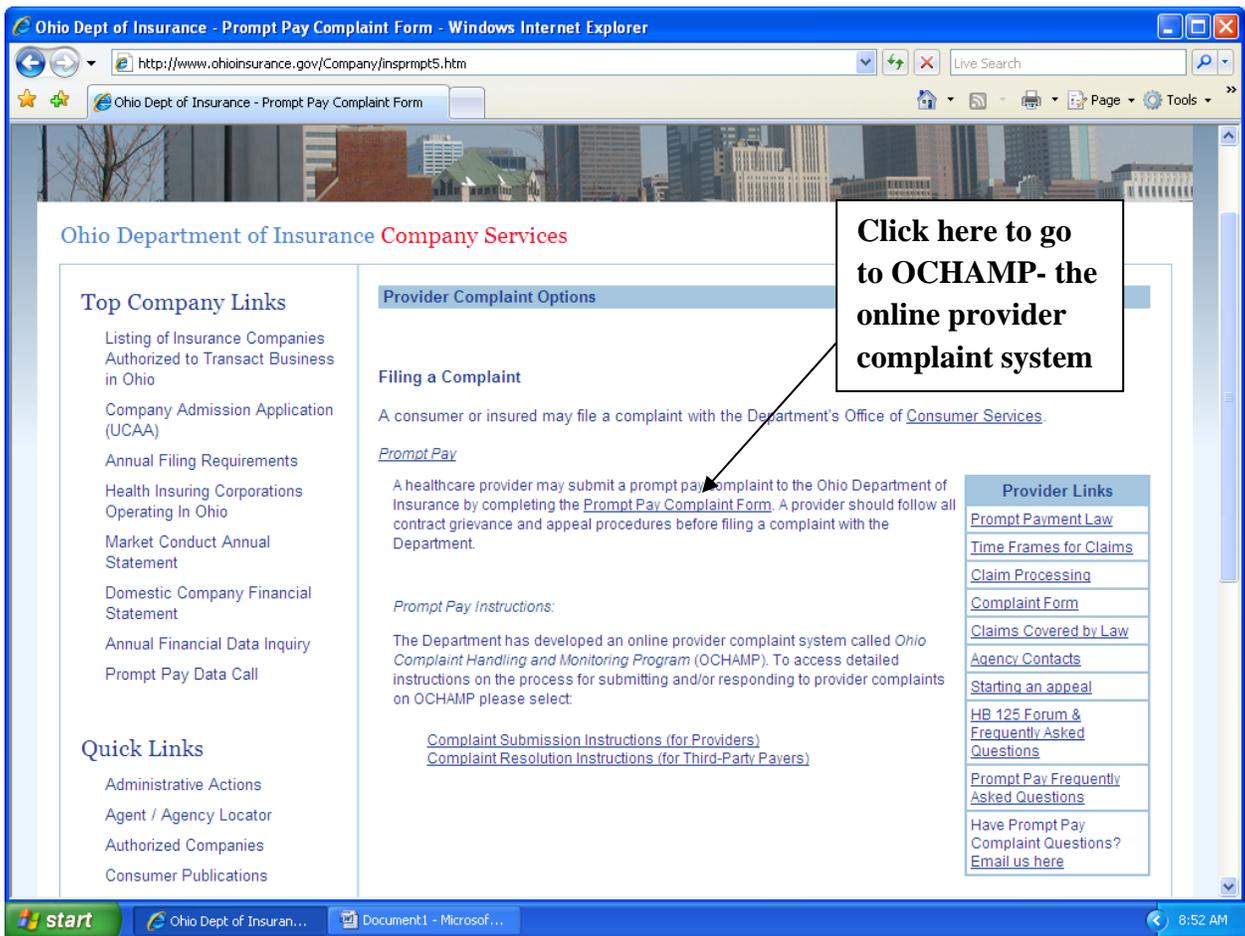


Figure 3: Prompt Pay Complaint Form information

- Go to the ODI Forms Page by selecting the link to the Prompt Pay Complaint Form.

Ohio Dept of Insurance - Prompt Pay Complaint Form - Windows Internet Explorer

http://www.ohioinsurance.gov/Company/insprmp5.htm

Ohio Dept of Insurance - Prompt Pay Complaint Form

[Complaint Submission Instructions](#)
[Complaint Resolution Instructions \(for Providers\)](#)

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

[Credentiaing & Contract Complaint](#)

There is also an option for providers to file complaints pertaining to credentialing & contractual matters. This is a process established due to recent enactment of legislation to address these issues (HB 125). Please select [Credentiaing & Contract Complaint Form](#).

Responding to a Complaint

[Prompt Pay and Credentiaing & 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 [Credentiaing and Contract Complaint Response Form](#).

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

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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

8:52 AM

Click here to go to Credentiaing & Contract Complaint System- online system similar to OCHAMP

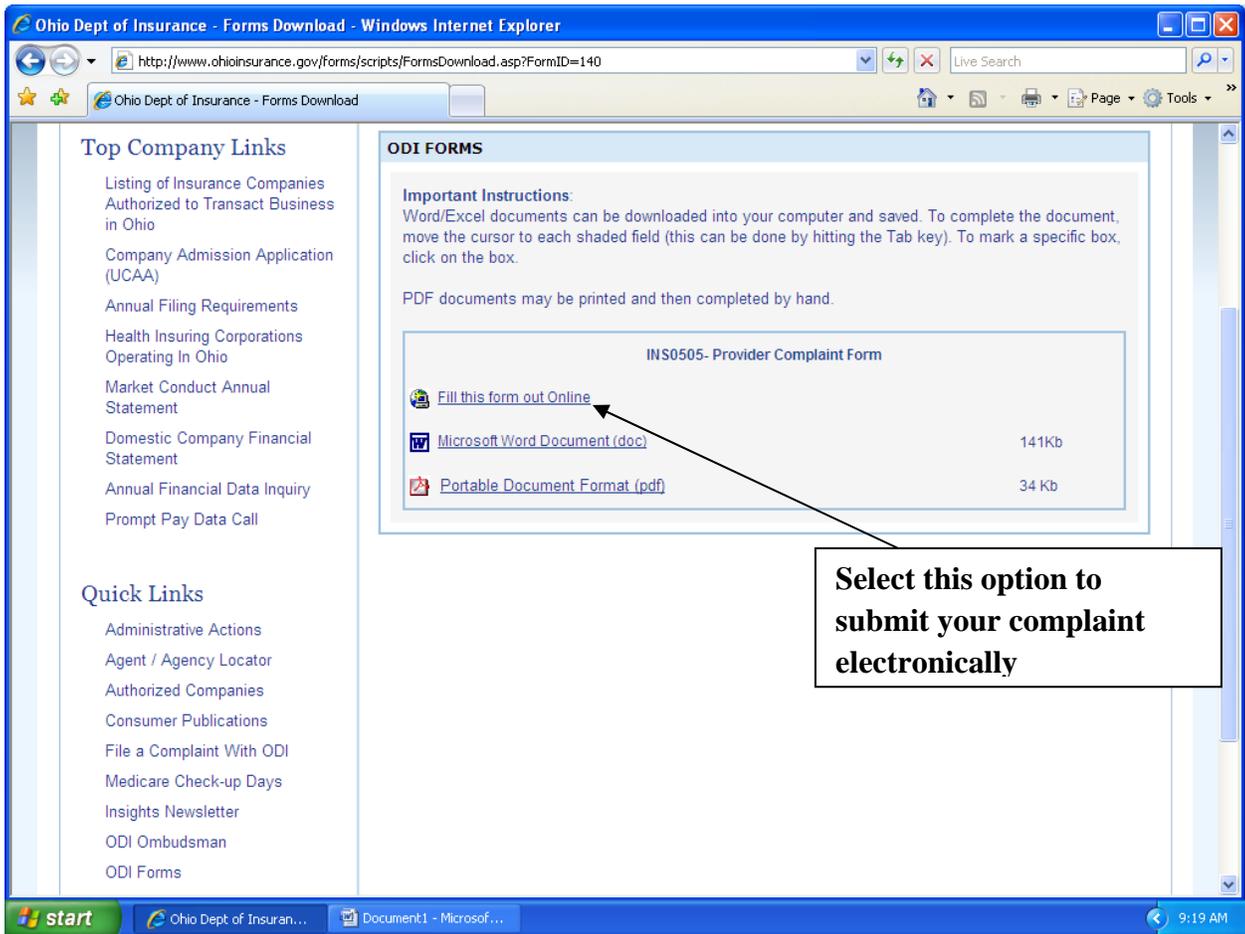


Figure 4: INS0505 Provider Complaint Forms page

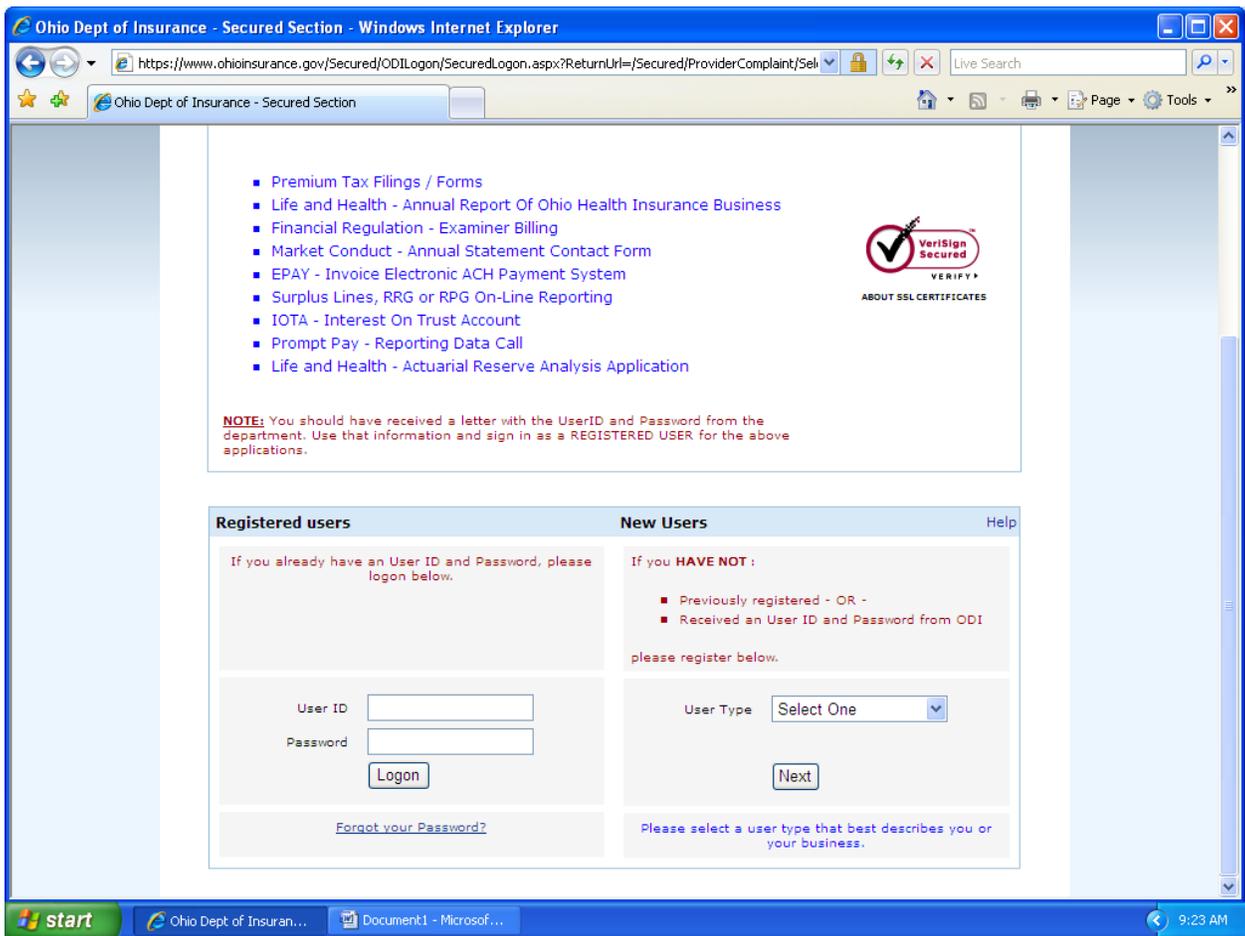


Figure 5: Secured Logon Screen

- New users would select user type as “Health Care Provider.”
- Follow “Account Set Up” instructions which will guide you through the set up process.
- 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 this Logon Screen where you may file a complaint.

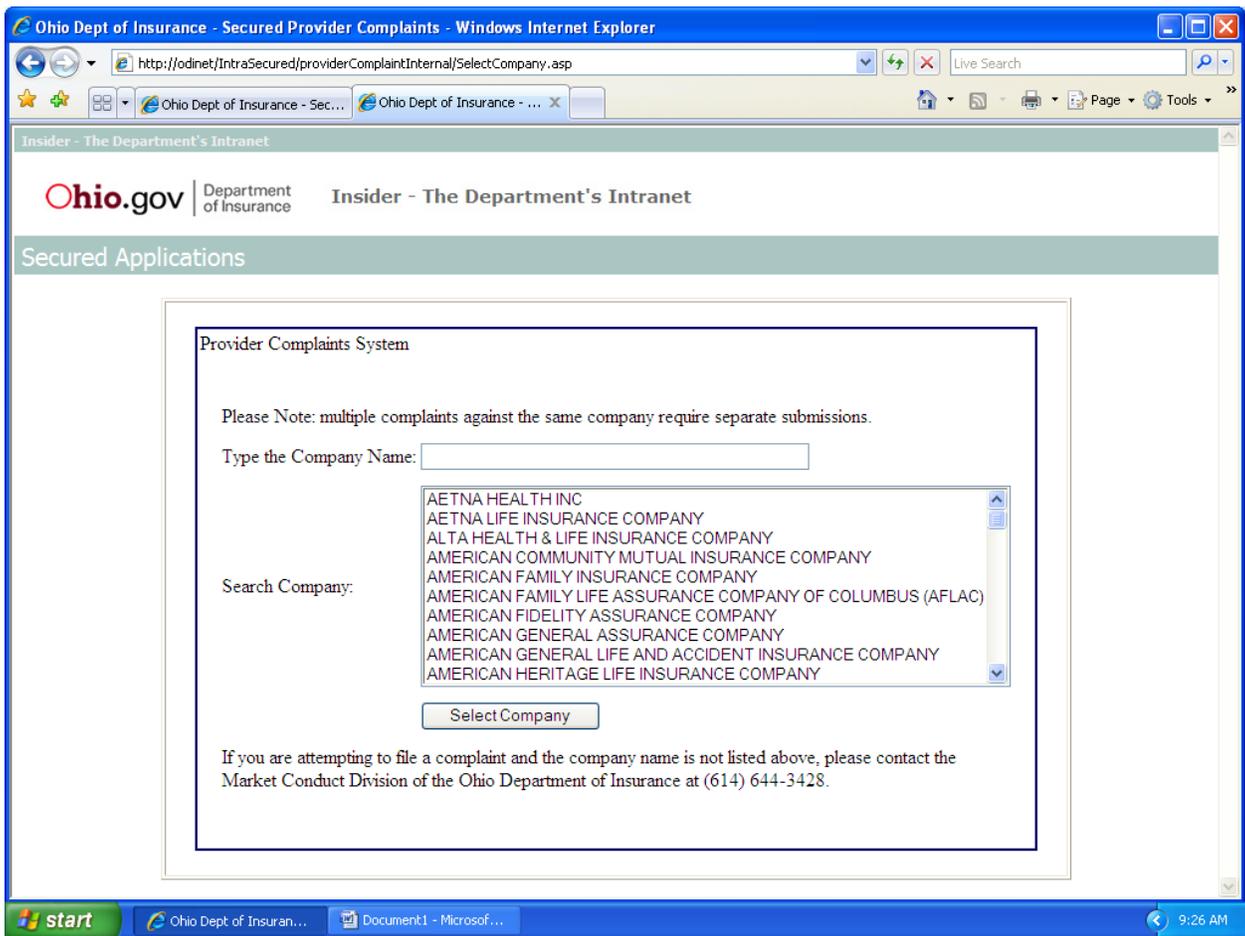


Figure 6: This is the first screen of the Provider Complaints System. Select the third-party payer involved in your complaint. If you are attempting to file a complaint and the company name is not listed, please contact the Department's Consumer Affairs Division at 1-800-686-1526.

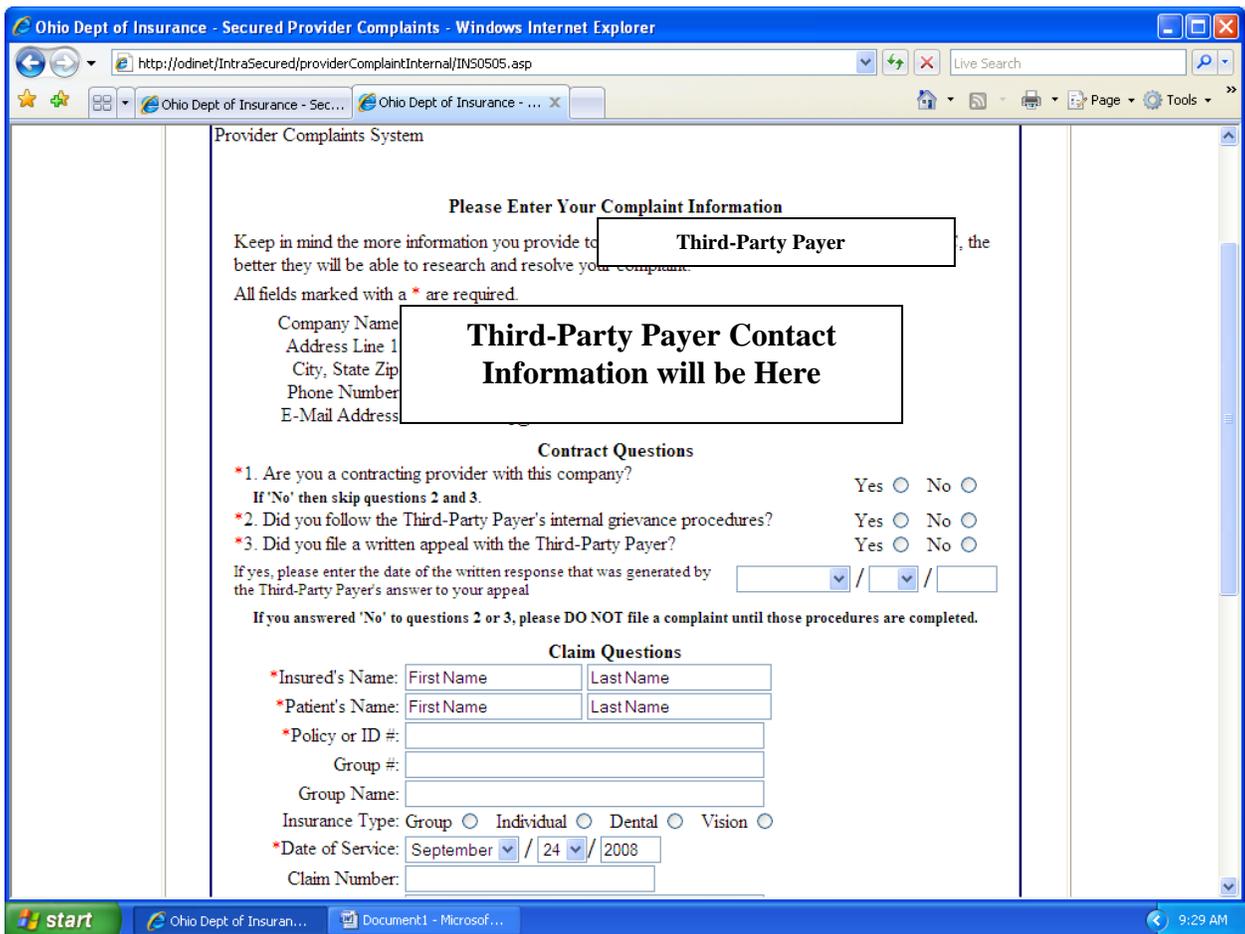


Figure 7: Complaint Information

- Once the company is selected, you will be directed to complete the online complaint screen.
- It is necessary to have submitted an appeal or a formal written complaint concerning a claim determination prior to filing a provider complaint to the ODI. After the outcome of the appeal/formal complaint, if you are still dissatisfied, you may file a complaint with the Department.
- Complete the contract questions. Enter the date of the written response that was generated by the third-party payer's answer to your appeal/formal complaint.
- Complete the claim questions.

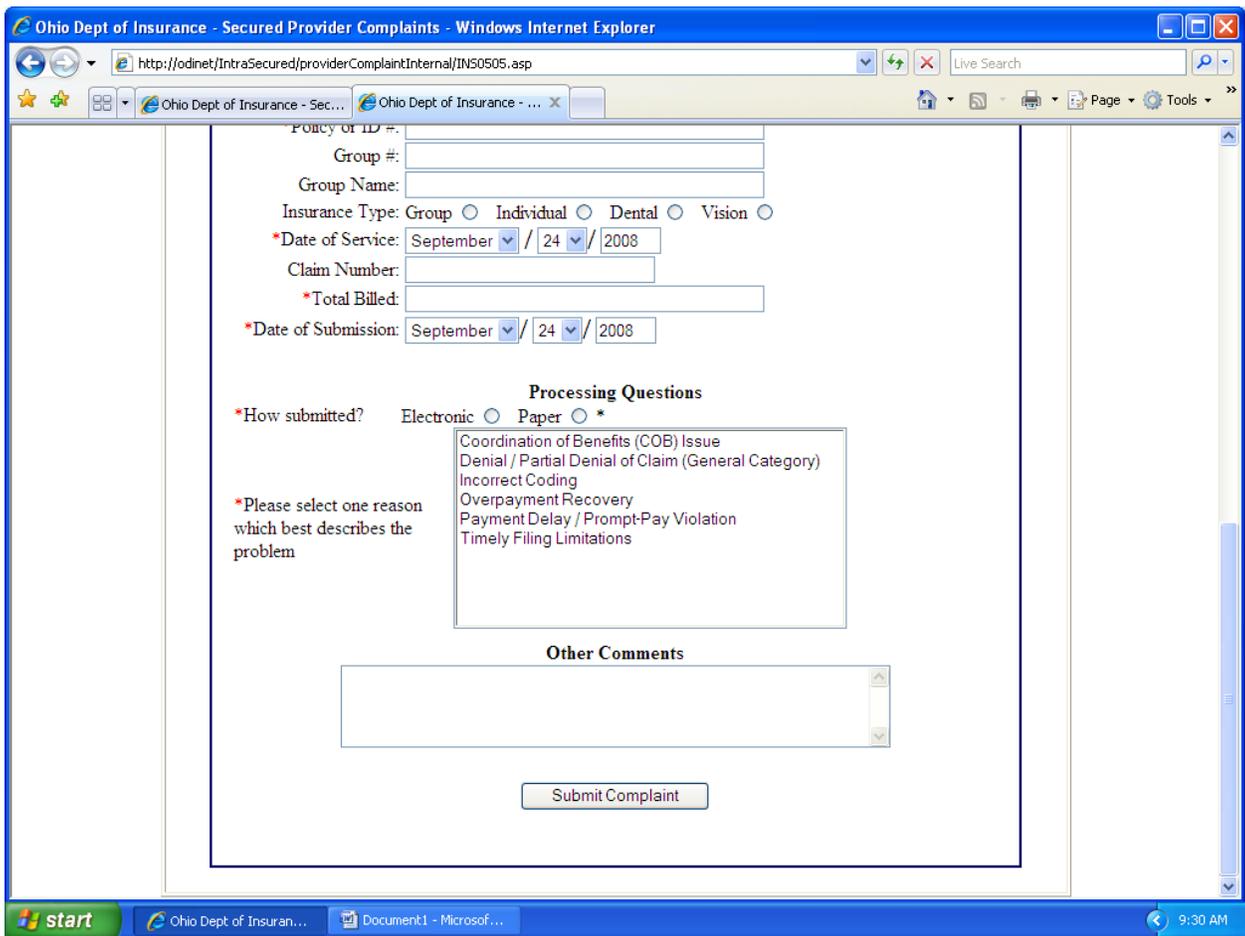


Figure 8: Complaint Information (Continued)

- Continue with completion of the claim questions.
- Complete the processing questions. This should be your best determination of the type of complaint you are filing.
- Enter any comments you may have that would be pertinent in substantiating your complaint. These comments will be shared with the third-party payer involved in your complaint.
- Submit the Complaint.
- It will now be forwarded directly to the third-party payer for their response (due in 15 business days).

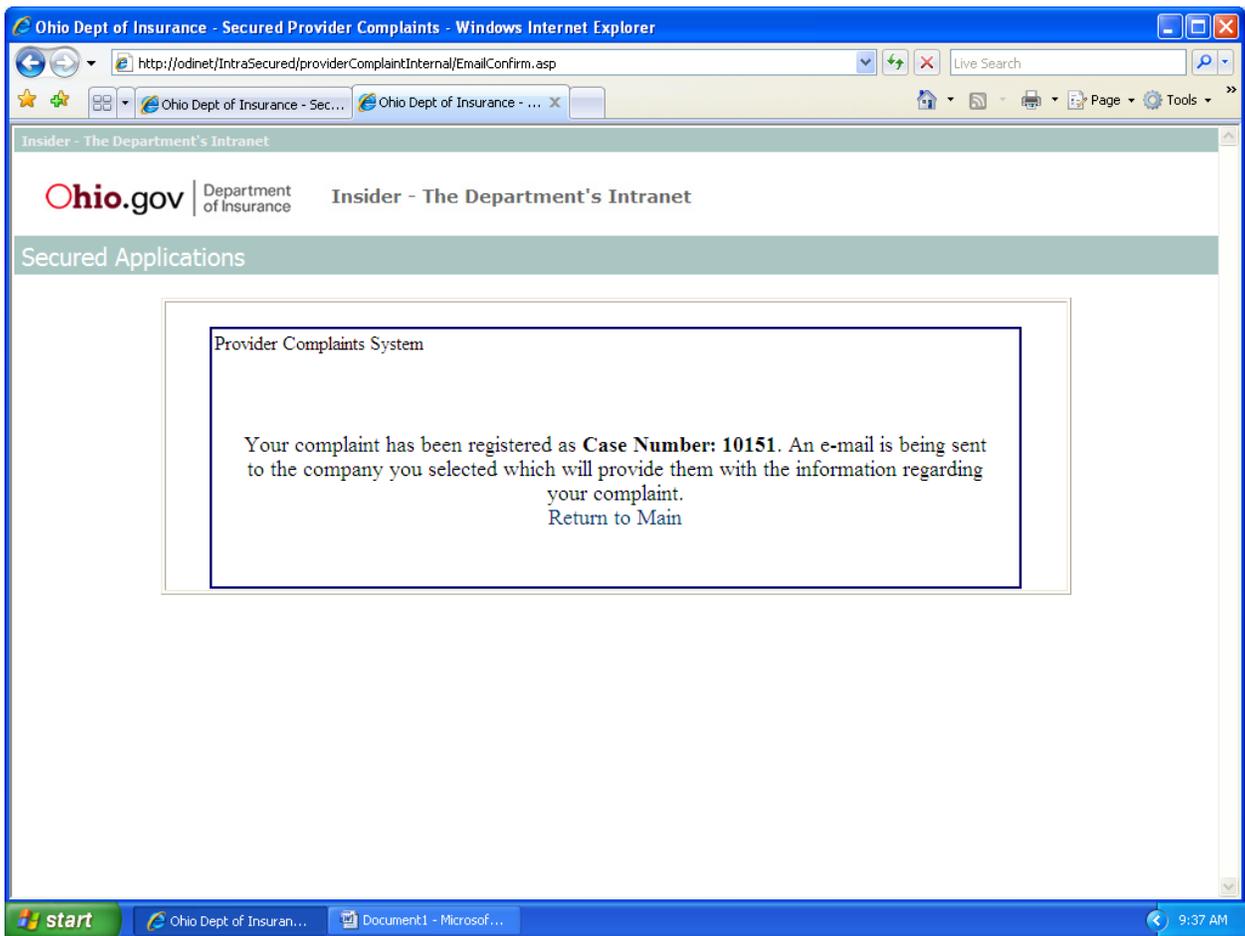


Figure 9: Confirmation of Registered Complaint

All registered complaints will be assigned a unique case number. (You will be able to generate a printable version of your complaint.) Record your case number. This will be needed when the third-party payer responds, and you receive the email indicating the response is available. You will need to copy the link provided and paste it into your browser to retrieve your complaint. It will redirect you to the login screen, where you can login and the response will appear.

Upon retrieving your response, you have now completed the provider complaint process. While we cannot guarantee any particular outcome by filing a provider complaint, please be assured that complaints are monitored and tracked for trend analysis. Should a pattern be identified which reflects possible unfair and/or deceptive claims practices, additional action may be taken by the Department against the identified company.