



Department of Insurance

Ohio Surprise Billing External/Provider Application User Guide

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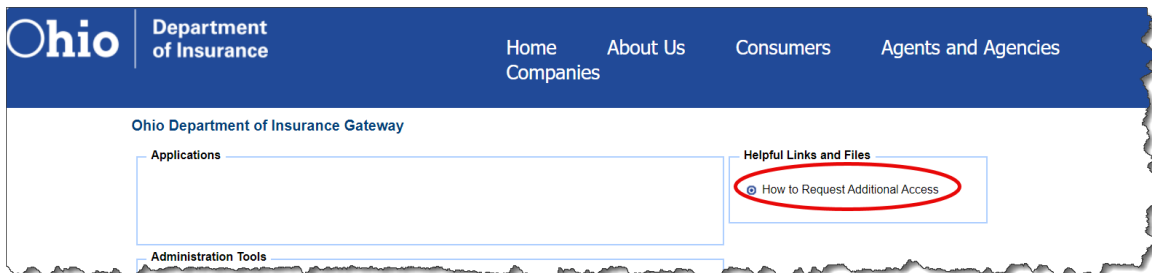
Purpose: This document serves as a user guide for the Surprise Billing Application through the provider portal.

Note:

- This document assumes that you already created an OH|ID and ODI profile. If you haven't created one yet, please click <https://insurance.ohio.gov/wps/portal/gov/odi/about-us/resources/01-oh-id-portal-help> link to get step by step instructions for completing the account creation before proceeding further.
- ODI takes our responsibility to safeguard user data seriously. As such, ODI reserves the right to verify information submitted and, if the account is for business purposes, verify that the requestor is authorized to perform the functions inherent to the application access being requested. This is true for initial account requests and/or upgrade requests.

Request Access to the Insurance Application Gateway

- Once you have an OHID account, request access to the Insurance Application Gateway.
 - In the Helpful Links and Files section, click "How to Request Additional Access" link and follow the steps to request access to the **Surprise Billing Application** link.



- Once you are given access to the link (shown above), you may click the link to access the Surprise Billing or Surprise Billing Public Application (see next page).

Request Additional Access

Please select the area you would like to access.

Some applications may not show up right away because they require that your company point of contact verify your employment before access can be granted. Once this process complete, the application will show up in your menu.

BUSINESS AREA AND/OR APPLICATION SELECTION

<input type="checkbox"/> Cybersecurity Program Compliance	Access to report a data loss, file an information security program certification, or file an exemption notice.
<input type="checkbox"/> Education Provider Portal	This application is limited to Continuing Education Providers. Access is denied if you are not affiliated with an Ohio approved Continuing Education Provider.
<input type="checkbox"/> External Review - Health Plan Issuer (HPI) Access	Allows health plan issuers (HPIs) to submit and finalize external review cases.
<input type="checkbox"/> External Review - IRO Access	Allows IROs to respond to external review cases to which they have been assigned.
<input type="checkbox"/> Fiscal Epay	The application used to pay invoices sent by the Ohio Department of Insurance.
<input type="checkbox"/> Licensing CE	This application is strictly limited to Prometric.
<input type="checkbox"/> Life and Health Actuarial Reserve Analysis Application	Life and Health Actuarial Reserve Analysis Application
<input type="checkbox"/> Medical Liability Data Collection Application	Users of this application report medical liability claims. If you are not reporting medical liability claims, you do not need to use this application.
<input type="checkbox"/> Premium Tax Application (NOT Surplus Lines or RRG)	Allows companies to file their ODI premium tax forms online. This application is NOT to be used by Surplus Lines tax reporters.
<input type="checkbox"/> Prompt Pay Data Call Reporting Application	Allows insurance companies to submit prompt pay reporting data.
<input type="checkbox"/> Provider Complaints - Insurance Company Access	Insurance company access to the Provider Complaints application where they are required to respond to prompt payment or contract/credentialing complaints.
<input type="checkbox"/> Provider Complaints - Provider Access	Providers access to the Provider Complaints application where they can file prompt payment or contract/credentialing complaints (for healthcare provider access only)
<input type="checkbox"/> Risk - Financial Statement Uploads	Upload MPP and MEWA electronic files for quarterly and annual financial statements.
<input type="checkbox"/> Risk Coordinated Exams	Provides access to examiners and consultants enabling them to share work papers on coordinated exams.
<input type="checkbox"/> Risk Exam File Uploads	Risk assessment exam file uploads. This application is to only be used by insurance companies needing to upload files in support of examinations conducted by ODI.
<input type="checkbox"/> Secure File Transfer	ODI Secure File Transfer
<input type="checkbox"/> Surplus Lines Reporting Application	Allows agents, agencies, and risk retention groups to report their Ohio surplus lines business.
<input type="checkbox"/> Surprise Billing Application - Arbitrator Access	Surprise Billing Application - Arbitrator Access
<input type="checkbox"/> Surprise Billing Application - Provider Access	Surprise Billing Application - Provider Access

Select Surprise Billing Application – Provider Access and click Continue.

Entering Surprise Billing Intake Form

Using your OHID, access the Surprise Billing Public Application link.

Ohio Department of Insurance Gateway

Applications

- Surprise Billing Application - Provider Access

1 click the Surprise Billing Public Application, the, Arbitration In-Take Form displays.

Request for Arbitration In - Take Form

Request for Arbitration In-Take Form

Form information goes here plus any link to information

Claim information

Date Of Service

Add Date

Is this a bundled claim?

Yes No

Did the claim take place within the last 12 months?

Yes No

Do you have evidence of payment/EOP and proof of negotiation request?

Yes No

Entering Arbitration In-Take Form Information

Use the Arbitration In-Take Form to enter the required information about the billing issue.

Bundled Versus Unbundled Claims

When an in-take form is part of a “bundle” extra questions are required to address this. The following two screens display the difference between the two.

Unbundled In-Take Form

Request for Arbitration In-Take Form

Forn information goes here plus any link to information

Claim information

Date Of Service

11/3/2023 

Add Date

Is this a bundled claim?

Yes No

Did the claim take place within the last 12 months?

Yes No

Unbundled In-Take Form

Request for Arbitration In-Take Form

Forn information goes here plus any link to information

Claim information

Date Of Service

11/3/2023 

Add Date

Is this a bundled claim?

Yes No

Did the claim take place within the last 12 months?

Yes No

Bundled In-Take forms include two additional questions.

Arbitration In-Take Form cont.

Answer the remaining questions on the intake form:

Did the claim take place within the last 12 months?

Yes No

Do you have evidence of payment/EOP and proof of negotiation request?

Yes No

Do you have a copy of health card?

Yes No

Did you notify the health plan of the request for arbitration?

Yes No

Check box to confirm compliance with timeline for negotiations (verbiage to come)

Date Of Notifications

11/8/2023 

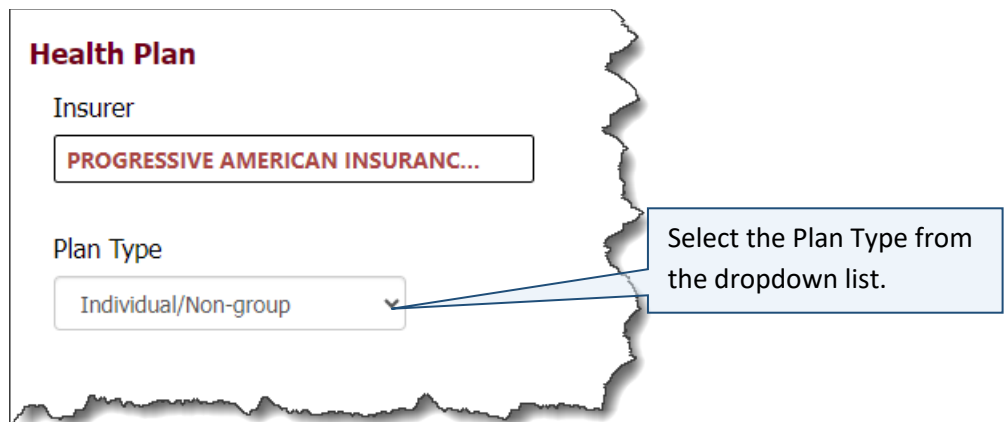
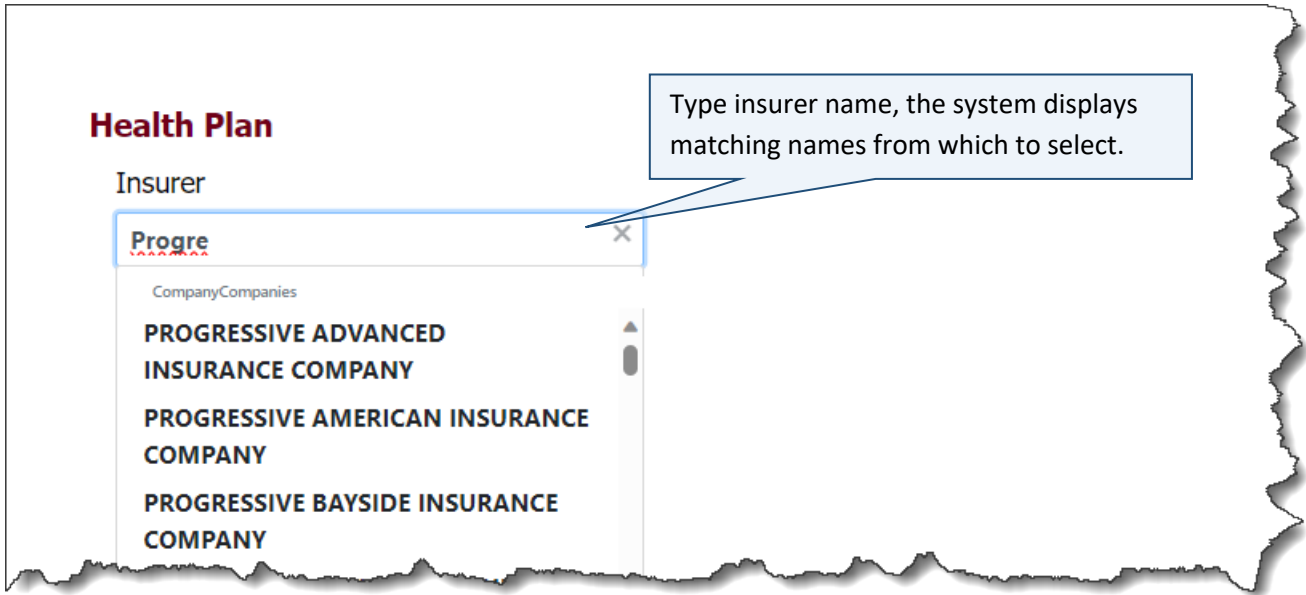
Add Date

Arbitration In-Take Form Question Descriptions

Question	Description
Unbundled Claims	
Did the claim take place within the last 12 months?	Yes – a yes answer indicates the claim took place in the last 12 months. No - a No answer results in the display of the error dialog window. This message states: Claim must have taken place within the last 12 months.
Do you have evidence of payment/EOP and proof of negotiation requests?	Yes – a yes answer indicates you have evidence of payment. No – No answer indicates you do not have evidence of payment. Further questions may be asked by the Arbitrator.
Do you have a copy of health card?	Yes – a yes answer indicates you have a copy of the health card. No – No answer indicates you do not have a copy of the health card. Further questions may be asked by the Arbitrator.
Did you notify the health plan of the request for arbitration?	Yes – a yes answer indicates you have notified the health plan of a request. No – a No answer indicates you have not notified the health plan of a request. Further questions may be asked by the Arbitrator.
Check box to confirm compliance with timeline for negotiations.	Checking this box indicates you have complied with the timeline for negotiation. This box must be checked to proceed.
Date of Notifications	A calendar from which to select the date of notifications. You may manually enter a date in a mm/dd/Yiyi format. The date may not be a future dat.

Arbitration In-Take Form cont.

Health Plan Information



Arbitration In-Take Form cont.

Provider Practice Information

Provider Practice

Name

Address1

Address2

City

State

County

Zip

Person of Contact

First Name

Last Name

Phone

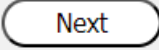
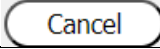
Email Address

Provider Type

Provider Specialty

Next Cancel

Provider Practice Field Descriptions

Field Name	Description
Name	Enter the full name of the provider practice
Address1	Enter the street address of the practice.
Address2	Enter additional address information (suite number, PO Box, etc.).
City	Enter the city name of the practice address.
State	Enter the two-letter state identifier of the practice.
County	Select the county name for the address from the dropdown list.
Zip	Insert the address zip code.
Person of Contact	
First Name	Enter the first name of the provider practice contact person.
Last Name	Enter the last name of the provider practice contact person.
Phone	Enter the phone number for the provider practice contact person.
Email Address	Enter the mail address for the provider practice contact person.
Provider Type	Select the provider type from the dropdown list.
Provider Specialty	Select the provider specialty from the dropdown list.
	When clicked, the system displays the Upload Supporting Document page.
	When clicked form closes without saving information.

Arbitration In-Take Form cont.

Uploading Supporting Documents

Once all the arbitration information is entered, the system permits you to enter supporting documentation.

Request for Arbitration In - Take Form

Request for Arbitration In-Take Form

Form information goes here plus any link to information

Upload Supporting Documents

Select files... Done

	HB388_133_ENACTED.pdf File(s) uploaded successfully.	X
	CommFlow.pdf File(s) uploaded successfully.	X
	Form Name.xlsx File(s) uploaded successfully.	X
	meeting notes - May 26 2021.docx File(s) uploaded successfully.	X
	TestFile.rtf File type not allowed.	X

Submit Cancel

Callouts:
 - Select to upload a supporting document. (points to 'Select files...')
 - Click "X" to remove document from list. (points to 'X' icon)
 - Unsupported file types display an error message. (points to 'TestFile.rtf')

Surprise Billing Data Collection Message

ODI Surprise Billing Case # 421 is saved successfully!

Close

Callout: Click to Submit filling, a message with the Case number is displayed. (points to 'Submit' button)