



## Creating and Affiliating an ODI Gateway Account for the Provider Complaints and Contract & Credentialing Applications: A Guide for Company Users

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**Purpose:** Step-by-step instructions on how to create a new ODI Gateway account.

**Note:** This document describes steps necessary to create accounts for both the Provider Complaints and the Contract & Credentialing applications for **insurance company access**. Only one account is necessary to access both applications (and any other Gateway applications).

Accounts are person-based, not company-based. Each person who accesses Gateway applications needs their own account. ODI has structured the accounts so each account can have access to the application(s) that person needs.

We understand that one person may need to access the same application to report for more than one insurance company. Therefore, accounts with company access to the Provider Complaints and/or Contract & Credentialing applications require affiliations to companies. Company affiliations are approved by ODI.

First, create your account requesting access to Provider Complaints. After your account has been created, you can request to upgrade **the same account** for access to the Contract & Credentialing application.

If you already have an ODI Gateway account, ***you do not need a new account***. Simply request access to these applications to upgrade your existing account. Instructions can be found [here](#).

**Note:** This process applies to accounts for applications that use the ODI Gateway. Gateway location: <https://gateway.insurance.ohio.gov>

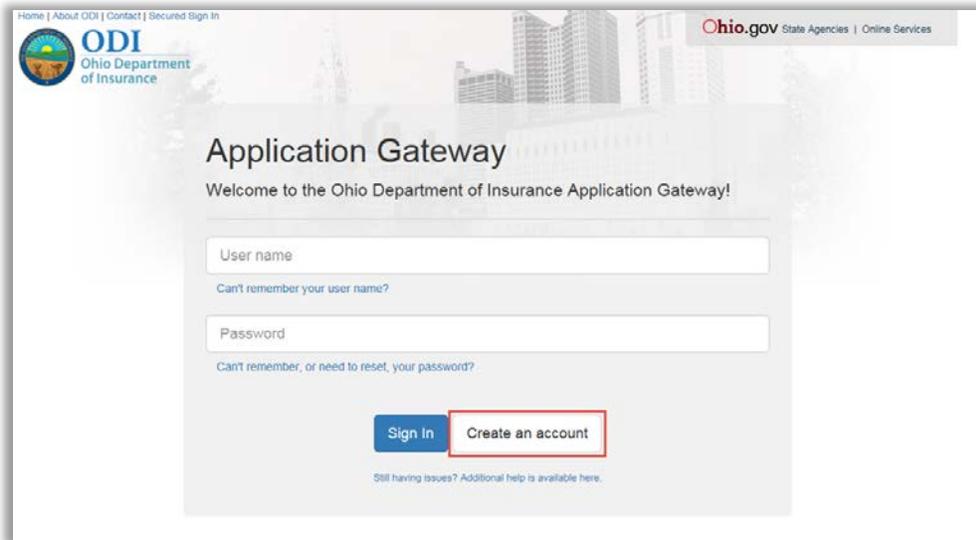
**Note:** *ODI takes our responsibility to safeguard user data seriously. As such, ODI reserves the right to verify information submitted and, if the account is for business purposes, verify that the requestor is authorized to perform the functions inherent to the application access being requested. This is true for initial account requests and/or upgrade requests.*

**Step 1:** Open a browser and navigate to the Gateway location. The screen should look like Figure 1 below.

**Step 2:** Using your mouse, click on the button to create an account; located in Figure 1 by the red outline.

**Notes:** The red outlines will not appear on your screen. Also, the account information shown is not for a valid Gateway account. You must enter information specific to your situation when requesting an account.

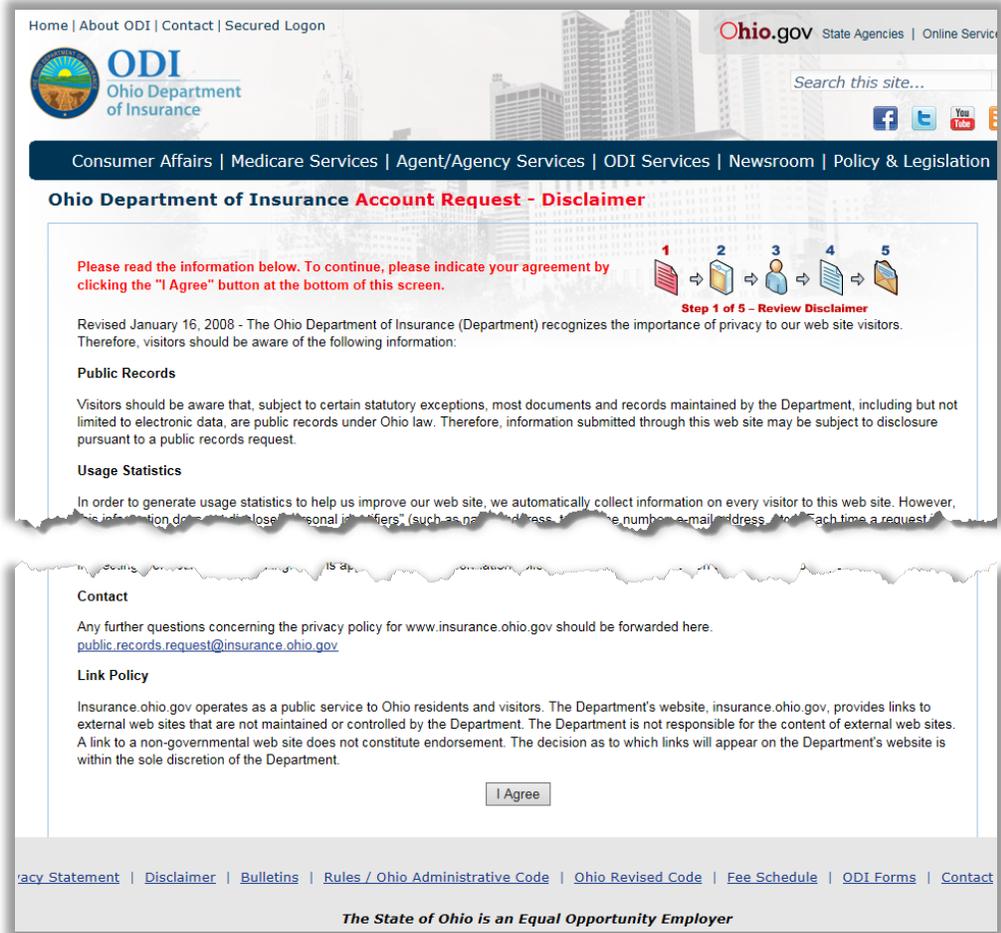
**Figure 1:**



The screenshot shows the Ohio Department of Insurance (ODI) Application Gateway login page. At the top left is the ODI logo and navigation links: Home | About ODI | Contact | Secured Sign In. At the top right is the Ohio.gov logo and links: State Agencies | Online Services. The main heading is "Application Gateway" with the sub-heading "Welcome to the Ohio Department of Insurance Application Gateway!". Below this are two input fields: "User name" and "Password". Under the "User name" field is a link: "Can't remember your user name?". Under the "Password" field is a link: "Can't remember, or need to reset, your password?". At the bottom are two buttons: "Sign In" (blue) and "Create an account" (white with a red border). Below the buttons is a link: "Still having issues? Additional help is available here."

**Step 3:** The screen on the next page (Figure 2) explains some of the measures ODI takes to safeguard data and how we may use that data. Figure 2 is only a partial image of this screen. *You must agree to the information on this screen or you will not be able to proceed.* Click the "I Agree" button at the bottom to continue.

Figure 2:



**Step 4:** On the following page, you will be asked to select the provider Complaints – Company Access application.

(If you already have a Gateway account, you are in the wrong place. Please read the [document](#) on requesting additional application access.) Figure 3 shows the list of applications with one already selected.

Figure 3:

BUSINESS AREA AND/OR APPLICATION SELECTION	
<input type="radio"/> Agent Health Insurance Exchange Registration	This application is currently limited to Ohio licensed insurance agents who wish to have their Federal Health Insurance Exchange Registration noted on their Ohio insurance record. Access is not available to any individual who does not have an active Ohio insurance license and a National Producer Number (NPN).
<input type="radio"/> Annual Report of Ohio Life Insurance Business (LH Survey)	Annual Report of Ohio Life Insurance Business
<input type="radio"/> Annual Title Agent/Agency Review	Online submission of the Annual Title Review form for licensed Title Agents & Agencies.
<input type="radio"/> Captive Insurance - File Upload	Used for Captive Insurance companies to upload files.
<input type="radio"/> Contract and Credentialing - Insurance Company Access	Allows insurance companies to respond to contract and credentialing complaints.
<input type="radio"/> Contract and Credentialing - Provider Access	Allows healthcare providers to file complaints against insurance companies for potential contract and credentialing violations.
<input type="radio"/> 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="radio"/> Fiscal Epay	The application used to pay invoices sent by the Ohio Department of Insurance.
<input type="radio"/> Licensing CE	This application is strictly limited to Prometric.
<input type="radio"/> Life and Health Actuarial Reserve Analysis Application	Life and Health Actuarial Reserve Analysis Application
<input type="radio"/> Market Conduct Regulator Portal	This Regulator-Only portal facilitates interstate collaboration on Market Conduct Multi-State actions and activities. Access is limited to select State Insurance Department Market Conduct staff and approved Contractors.
<input type="radio"/> Medical Liability Data Collection Application	Allows for online reporting of medical liability claims.
<input type="radio"/> Missing Life Policy Search	The Ohio Department of Insurance's missing life insurance policy search service assists Ohio residents, and the families of deceased Ohio residents, in locating lost insurance policies that were purchased in the state. This application is to be used by insurance companies selling business in Ohio to aid in the search and discovery of these lost insurance policies.
<input type="radio"/> ODI Secured Communications	Select if you received a message requiring a secure login to view a message from the Ohio Department of Insurance (ODI).
<input type="radio"/> ORSA - Own Risk Solvency Assessment - File Upload	This application is to only be used by insurance companies needing to upload files in support of ORSA reporting to ODI.
<input type="radio"/> OSHIIP	The Ohio services to free public (OSHIIP) provides free health insurance information and are for them. OSHIIP offers a toll-free hotline, 1-800-686-1578,unteers.
<input type="radio"/> Premium Tax Application	Allows co line.
<input type="radio"/> Prompt Pay Data Call Reporting Application	Allows external users to submit prompt pay reporting data.
<input checked="" type="radio"/> Provider Complaints - Company Access	Company access to the Provider Complaints (OCHAMP) application
<input type="radio"/> Provider Complaints - Provider Access	Provider access to the Provider Complaints (OCHAMP) application
<input type="radio"/> Risk Coordinated Exams	Provides access to examiners and consultants enabling them to share work papers on coordinated exams.
<input type="radio"/> 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="radio"/> Secure File Transfer	ODI Secure File Transfer

**Step 5:**

The next screen (Figure 4) explains that you must only create an account for yourself to use and the rules that govern your use of this account. It also states that ODI may terminate an account without notice should these rules not be followed. ODI takes very seriously our commitment to securing the data you provide to us as well as the information we may collect from citizens of Ohio. Adhering to these rules is one way we maintain security. If you have any questions about the rules in Figure 4, please contact ODI. Click the checkbox affirming that you agree to follow these rules.

Figure 4:

Consumer Affairs | Medicare Services | Agent/Agency Services | ODI Services | Newsroom | Policy & Legislation

### Ohio Department of Insurance New ODI Account – Personal Information

In order to protect your security and ensure the interests of the citizens of Ohio are safeguarded, there are some basic rules that ODI requires to be followed when an account is requested:

- When filling out the request form, you agree that the account you are requesting is for your use only and you will not share your account information. (Each person needing access to our systems must request their own account.)
- The name you enter must be your own name.
- The email address you enter needs to be for an email account that only you use, and this email account is not shared and is not a generic account.
- ODI routinely requires a password change to protect our systems and your account. If you are suddenly not able to log in, please change your password. A link is on the log in page.

By clicking the checkbox below you agree that you are abiding by the conditions set forth above, and that you acknowledge that if ODI determines you have not created your account as set forth above, ODI may, without notice, terminate that account and remove all access to its systems for that account.

I Agree

**Step 6a:** Please enter all required fields on the Personal Information screen (Figure 5). Access to some applications may require more detailed information than access to other applications. At the bottom, enter the letters and/or numbers to verify you are human, then click the Continue button.

Figure 5:

1 2 3 4 5  
Step 3 of 5 - Provide Personal Information

Please fill out the form below. We need this information to confirm your identity and create your account.

*\* Indicates a required field*

#### Personal & Identification Information

*First Name: John	Middle Name: 	*Last Name: Doe
*Date Of Birth: 05/17/1978		
*Security Question 1: In what city or town was your first job?	*Answer: Anytown	*Re-enter Answer: Anytown
*Security Question 2: In what city or town were you born in?	*Answer: Mycity	*Re-enter Answer: Mycity
*Security Question 3: What is the name of the first school you attended?	*Answer: Myschool	*Re-enter Answer: Myschool

#### Organizational Affiliation

Simply start typing the name of your organization. After a list of organization names appears, please select one. Please note, if your organization is not in the list, simply leave this and the affiliation type fields blank.

\_\_\_\_\_  
Affiliation Type: -- None --

#### Contact Information

*Email: john.doe@testing.com	*Confirm Email: john.doe@testing.com		
*Phone Type: Business Location	*Phone Number: 555-555-5555	Extension: 	
*Address Type: Business Location	*Address: 50 W Town St		
*City: Columbus	*State: OH	County: -- None --	*Postal Code: 43214

#### Additional Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Submit Request

In order to submit this request, enter the letters you see in the image into the textbox below it, then click "Continue".  
If the letters are unclear, click the image to generate a new set of letters.

9TFRX  
[Click here to change the image.](#)

Continue

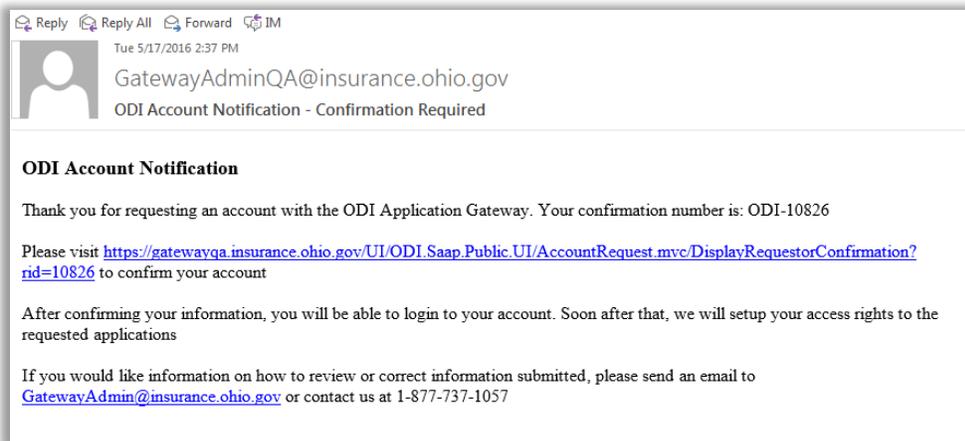
**Step 6b:** For new accounts, please request your affiliations after you log into the Gateway for the first time. (See the section on Managing Company Affiliations.)

**Step 7:** The screen will now display a confirmation message (Figure 6) and you will receive an email at the email address you entered (Figure 7). If the application you requested access to requires review by an ODI employee, you will not receive the confirmation email immediately. If you do not receive the confirmation email within 48 hours, please check your spam filter and (if a business) ask your IT department if the email could have been stopped before it was delivered to you. If you still can't find the email, please contact ODI using the contact information at the top of this document, citing the confirmation number.

**Figure 6:**



**Figure 7:**



**Step 8:** Please click the link in the confirmation email. You will now create your password. Follow the steps in the next three images (Figures 8, 9 and 10).

Figure 8:

**Ohio Department of Insurance Requestor Confirmation**

CONFIRM ACCOUNT

**Confirm account**

Thank you for confirming the creation of your account with the ODI Application Gateway. Please complete the following form in order to verify your identity and to complete the account creation process.

In what city or town were you born in? [\(Answer a different question?\)](#)

Anytown

**New Password**

**Confirm Password**

[Confirm Account](#)

Optional: If you do not remember the answer to this question, you can click this link to receive a different one to answer.

Step 1: Enter the answer to the security question above.

Figure 9:

**Ohio Department of Insurance Requestor Confirmation**

CONFIRM ACCOUNT

**Confirm account**

Thank you for confirming the creation of your account with the ODI Application Gateway. Please complete the following form in order to verify your identity and to complete the account creation process.

In what city or town were you born in? [\(Answer a different question?\)](#)

Anytown

**New Password**

••••

**Confirm Password**

[Confirm Account](#)

Password requirements

- ✗ At least eight characters in length
- ✓ Contains at least one lowercase letter
- ✓ Contains at least one uppercase letter
- ✗ Contains at least one number
- ✓ Contains at least one special character (\$, %, ^, +, =, (, ), !)

This is the list of password requirements. Each must be met to conform to ODI password standards. The individual criteria indicators will change as they become met. Criteria with a ✗ have not been met and will change to a ✓ when it has been met.

Step 2: Type your password. You will need to enter it twice.

Figure 10:

**Ohio Department of Insurance Requestor Confirmation**

CONFIRM ACCOUNT

**Confirm account**

Thank you for confirming the creation of your account with the ODI Application Gateway. Please complete the following form in order to verify your identity and to complete the account creation process.

In what city or town were you born in? [\(Answer a different question?\)](#)

Anytown

**New Password**

••••••••

**Confirm Password**

••••••••

[Confirm Account](#)

Confirm password

✗ Must match your new password

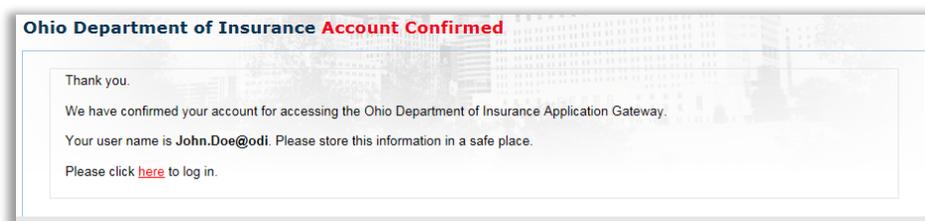
Step 3: Retype your password.

When typing your password for the second time, it must exactly match what you typed the first time. You'll know that they match when the ✗ changes to a ✓.

Step 4: Click the Confirm Account button

**Success!** You have now successfully created your Gateway account. Your username is displayed on the screen (Figure 11), and your password is what you entered in the previous step. Please continue reading the document to learn how to manage your affiliations and select the company to report on.

**Figure 11:**



**Contact:** If you need further assistance with creating an account, please contact [GatewayAdmin@insurance.ohio.gov](mailto:GatewayAdmin@insurance.ohio.gov).

## Managing Company Affiliations

### Requesting Additional Affiliations and Affiliation Removal

We know that the companies you report for may change over time. We have provided a way for you to request affiliations with companies that you may not have reported for when you requested application access. The steps below will guide you through requesting additional affiliations as well as explaining how to let ODI know about companies you no longer report for.

**Step 1:** Log into the Gateway at <https://gateway.insurance.ohio.gov>.

**Step 2:** Select the Provider Complaints – Company Access application link (or the Contract and Credentialing – Company Access link).

You will see a list of your current affiliations. Click the button to request a new affiliation. (In the red box in the image below.)

Figure 1:

**Ohio Complaint Handling And Monitoring Program, OCHAMP - Company Selection**

Below is the list of companies for which you are authorized to resolve or view information. Please select one company.

Select	Company Name	NAIC Number
<input type="radio"/>	GREEK CATHOLIC UNION OF THE USA	56693
<input type="radio"/>	Illinois Union Insurance Company	27960

If you no longer report business for a company to which you have an affiliation, please send an email to [provider.complaint@insurance.ohio.gov](mailto:provider.complaint@insurance.ohio.gov)

**Do you need additional company affiliations? Click the button to the right to submit a request.**

**Step 3:** Enter the company NAIC numbers for the new affiliations (1), separating each number with a comma. Also, enter your phone number (no dashes or other punctuation) and email address in case ODI needs to contact you about your request (2 and 3). Then, click the Submit Affiliation Request button (4). Allow up to 48 hours for ODI to process your request.

Figure 2:

**Ohio Complaint Handling And Monitoring Program, OCHAMP - Request Additional Affiliation**

In the box below, please enter company NAIC IDs, separated by commas. Then click the submit button. Please allow up to 48 hours to process affiliation requests.

Company NAIC IDs:  (1)

Please enter your contact information in case there is a question about your affiliation request.

Phone number:  (2)      Email Address:  (3)

(4)

If you no longer report business for a company to which you have an affiliation, please send an email to [provider.complaint@insurance.ohio.gov](mailto:provider.complaint@insurance.ohio.gov)

**Step 4: Requesting Affiliation Removal**

From either of the screens shown above, click the email link to send ODI an email. In the email, tell ODI that you need to remove affiliations, your User ID, the application to which you need affiliations removed, and the NAIC numbers for the companies to which you no longer need affiliations. ODI will process your request within two work days.

## Selecting a Company for Reporting

**Note:** Since one account is now able to report complaint investigation results for many companies, the application needs to know which company you are reporting for. As you know, this is done by way of affiliating an account to one or more companies.

**Step 1:** After you log in to the Gateway and select the Provider Complaint application or the Contract & Credentialing application, you will be asked to select the company who received the complaint from the list of approved affiliations. The image below shows a sample screen with affiliations to companies. Simply select one, then click either the Continue to Case or the View Resolution button. You will be asked to supply the case number on the next screen. Keep in mind, if you enter a case number for a complaint that was not sent to the selected company, you will not be able to see that information. You will need to return to the company selection screen and select the correct company affiliation to see that company's complaint information.

Figure 1:

**Ohio Complaint Handling And Monitoring Program, OCHAMP - Company Selection**

Below is the list of companies for which you are authorized to resolve or view information. Please select one company.

Select	Company Name	NAIC Number
<input type="radio"/> 1	GREEK CATHOLIC UNION OF THE USA	56693
<input type="radio"/>	Illinois Union Insurance Company	27960

2

If you no longer report business for a company to which you have an affiliation, please send an email to [provider.complaint@insurance.ohio.gov](mailto:provider.complaint@insurance.ohio.gov)

Do you need additional company affiliations? click the button to the right to submit a request.

1. Select the company affiliation.
2. Click the Continue to Case button or the View Resolution button.

**Step 2:** Both the Provider Complaint application and the Contract & Credentialing application work the same as before otherwise.