



**ODI**  
Ohio Department  
of Insurance

## Creating an ODI Gateway Account for the Provider Complaints and Contract & Credentialing Applications: A How-to Guide for Providers

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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 **provider access**. Only one account is necessary to access both applications (and any other Gateway applications).

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 for 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>

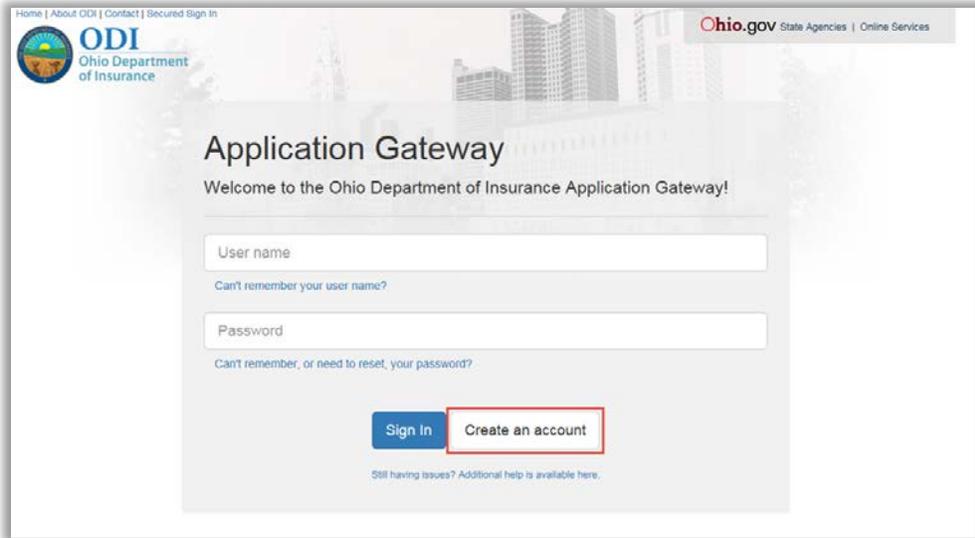
**Note:** *ODI takes our responsibility to safeguard user data seriously. As such, ODI reserves the right to verify information submitted and, if the account is for business purposes, verify that the requestor is authorized to perform the functions inherent to the application access being requested.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

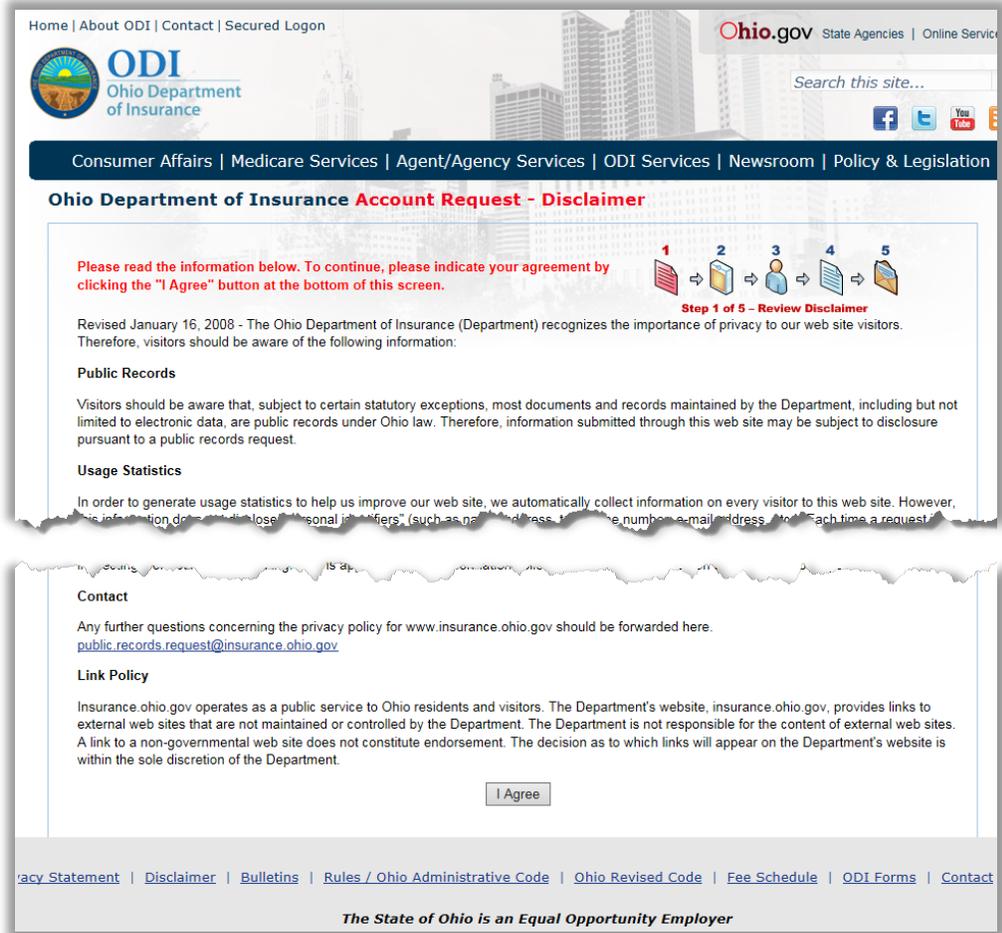
**Notes:** The red outlines will not appear on your screen. Also, the account information shown is not for a valid Gateway account. You must enter information specific to your situation when requesting an account.

**Figure 1:**



**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 – Provider 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	OSHIIP provides free health insurance information and for them. OSHIIP offers a toll-free hotline, 1-800-686-1578, eers.
<input type="radio"/> Premium	
<input type="radio"/> Prompt Reporting	
<input type="radio"/> Provider Complaints - Company Access	Company access to the Provider Complaints (OCHAMP) application
<input checked="" 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

Continue

Select the Provider Complaints - Provider Access application. After your account has been created, you can follow the account upgrade process to request access to the Contract & Credentialing application.

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 6:** 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:

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

**Step 3 of 5 - Provide Personal Information**

*\* indicates a required field*

**Personal & Identification Information**

\*First Name:  Middle Name:  \*Last Name:

\*Date Of Birth:

\*Security Question 1:  \*Answer:  \*Re-enter Answer:

\*Security Question 2:  \*Answer:  \*Re-enter Answer:

\*Security Question 3:  \*Answer:  \*Re-enter Answer:

**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:

**Contact Information**

\*Email:  \*Confirm Email:

\*Phone Type:  \*Phone Number:  Extension:

\*Address Type:  \*Address:

\*City:  \*State:  County:  \*Postal Code:

**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.

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

**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:

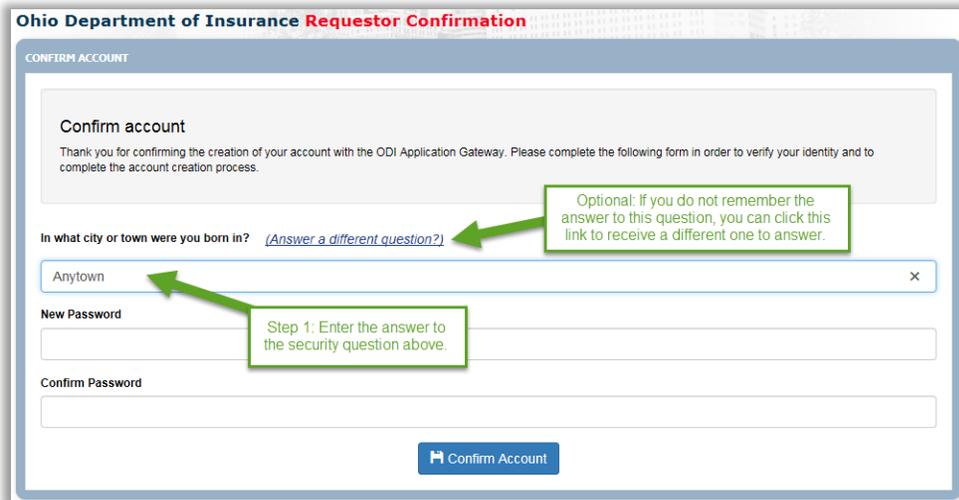


Figure 9:

The screenshot shows the 'CONFIRM ACCOUNT' section of the Ohio Department of Insurance Requestor Confirmation page. The main heading is 'Confirm account' with a sub-heading 'CONFIRM ACCOUNT'. Below this, there is a paragraph: '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.' The form includes a 'Password requirements' box with the following criteria: 'At least eight characters in length' (marked with a red X), 'Contains at least one lowercase letter' (marked with a green check), 'Contains at least one uppercase letter' (marked with a green check), 'Contains at least one number' (marked with a red X), and 'Contains at least one special character (\$, %, ^, +, =, (, ), !)' (marked with a green check). Below this, there is a text input field for 'In what city or town were you born in?' with the value 'Anytown'. The 'New Password' field contains '....' and the 'Confirm Password' field is empty. A blue 'Confirm Account' button is at the bottom. Green callout boxes provide instructions: 'Step 2. Type your password. You will need to enter it twice.' points to the password fields, and another box explains the password requirements: '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 X have not been met and will change to a check when it has been met.'

Figure 10:

The screenshot shows the 'CONFIRM ACCOUNT' section of the Ohio Department of Insurance Requestor Confirmation page. The main heading is 'Confirm account' with a sub-heading 'CONFIRM ACCOUNT'. Below this, there is a paragraph: '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.' The form includes a 'In what city or town were you born in?' field with the value 'Anytown' and a link '(Answer a different question?)'. The 'New Password' field contains '.....' and the 'Confirm Password' field contains '.....'. A blue 'Confirm Account' button is at the bottom. Green callout boxes provide instructions: 'Step 3: Retype your password.' points to the password fields, and another box explains: '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 X changes to a check.' Below the password fields, a message box says 'Confirm password' and 'Must match your new password' with a red X. A final callout box says 'Step 4: Click the Confirm Account button' pointing to the button.

**Finished!** 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.

Figure 11:

The screenshot shows the 'Ohio Department of Insurance Account Confirmed' page. The main heading is 'Account Confirmed'. Below this, there is a paragraph: 'Thank you. We have confirmed your account for accessing the Ohio Department of Insurance Application Gateway. Your user name is John.Doe@odi. Please store this information in a safe place. Please click [here](#) to log in.'

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

**Continue to the next page for information about provider selection and management.**

## Provider Selection and Management

**Note:** ODI realizes an account with access to Provider Complaints and/or Contract & Credentialing may need to file complaints for more than one provider. We have modified the applications to account for this. The screen images are from on application and both applications work in a similar fashion, however there may be some minor differences that you see on the screen such as the order of the fields.

**Step 1:** After signing in to the Gateway and selecting the appropriate application, you will be shown a screen where you select the provider you are filing the complaint for. Also from this screen, you can add a new provider or change information about an existing provider.

*Image 1:*

**Modify User Information**  
Please verify the information below and update it as necessary.

Required fields marked with \*

Select Provider: --Select Provider--

UserID: john.doe@odi

First Name: \*

Middle Name: \*

Last Name: \*

Business Name: \*

City: \*

State: --Choose One-- \*

Business EIN: \*

Business Phone: \*

Business Phone Ext: \*

Email Address: \*

Clicking any of the buttons below will save updated user information.

Submit Complaint View Existing Complaint

**Step 2:** Select either a provider or to enter a new provider.

Image 2:

**Modify User Information**  
Please verify the information below and update it as necessary.

Required fields marked with \*

Select Provider:  \*

UserID:

First Name:  \*

Middle Name:  \*

Last Name:  \*

\*

**Step 3:** Choosing an existing provider will populate the fields with the information for that provider. Choosing to create a new provider will all you to enter completely new information for a provider.

**Note:** You can only have one provider with any given Federal Tax ID (EIN) number.

**Step 4:** If you chose an existing provider, you will see a screen with the information filled in. Make any necessary change, then click one of the buttons at the bottom of the screen.

Image 4:

**Modify User Information**  
Please verify the information below and update it as necessary.

Required fields marked with \*

Select Provider:  \*

UserID:

First Name:  \*

Middle Name:

Last Name:  \*

Business Name:  \*

City:  \*

State:  \*

Business EIN:  \*

Business Phone:  \*

Business Phone Ext:

Email Address:  \*

Clicking any of the buttons below will save updated user information.

If selecting an exiting record, modify any of the information, if necessary, then click either button to save your changes for that provider. You will then be directed to the area you selected.

**Step 5:** If you choose to enter a new provider, you will see a screen similar to the one below. Enter the information for the new provider, then click the Submit Complaint button to begin the complaint filing process.

**Image 6:**

The screenshot shows a web form titled "Modify User Information" with a sub-header "Please verify the information below and update it as necessary." The form contains several fields, some of which are marked as required with an asterisk (\*). The fields are: "Select Provider:" (a dropdown menu currently showing "--Create New--"), "UserID:" (text input with "KLFlake@ins.state.oh.us"), "First Name:" (text input), "Middle Name:" (text input), "Last Name:" (text input), "Business Name:" (text input), "City:" (text input), "State:" (a dropdown menu currently showing "--Choose One--"), "Business EIN:" (text input), "Business Phone:" (text input), "Business Phone Ext:" (text input), and "Email Address:" (text input). Annotations include: 1. A red box with "Select the Create New option." pointing to the "Select Provider:" dropdown. 2. A red box with "Enter information in the required fields for the new provider." pointing to the "First Name:", "Last Name:", "Business Name:", "City:", "State:", "Business EIN:", "Business Phone:", and "Business Phone Ext:" fields. 3. A red box with "Click the Submit Complaint" pointing to the "Submit Complaint" button. Below the form, there is a note: "Clicking any of the buttons below will save updated user information." and two buttons: "Submit Complaint" and "View Existing Complaint".

**Contact:** If you need further assistance, please contact ODI at [provider.complaint@insurance.ohio.gov](mailto:provider.complaint@insurance.ohio.gov).