

Hassle Factor Form

The Hassle Factor Form may be completed to report insurance administrative and claims processing concerns including settlement disputes that you may have filed (see Settlement Disputes below for additional information). The information provided will be used to assist the Medical Society of the State of New York (MSSNY) in identifying trends and facilitating public and private sector advocacy related to health plans.

Disclaimer

Please note that completion of the following form is for data collection purposes only; information on hassles will be available to MSSNY and your County Medical Society. You will not receive a reply when completing the Hassle Factor Form. By collecting data on issues physicians have with third party payers, MSSNY and the County Medical Societies will be better able to identify common areas of concern and facilitate dialogue with payers. All information compiled through use of this Hassle Factor Form will be handled and maintained in accordance with current privacy policy. Please complete one form per carrier. This information is not verified. Please do not include any Protected Health Information (PHI) such as patient names or tax ID numbers on the form.

Should you require additional assistance on a particular coding or health plan coverage issue, contact your MSSNY OMBUDSMAN at 516-488-6100, ext. 332.

Settlement Disputes:

As a result of lawsuits brought against the major health plan carriers, some carriers have agreed to settlements that should benefit physicians. Settlements with Aetna, CIGNA and other plans have been finalized and one of the agreed upon terms is a process for physicians to file disputes with an external entity.

Physicians are encouraged to file a dispute with the carrier(s) should there be a violation of the billing, medical necessity or settlement terms and then report any disputes that they file against Aetna, CIGNA and any other carriers by completing the Hassle Factor Form.

Please note that the physician practice must file the dispute themselves - MSSNY will not file a dispute. Completing the Hassle Factor Form is a way to notify MSSNY that your practice has filed a dispute.

Section A

Physican Name: _____

Primary Specialty: _____

MSSNY ID Number: _____

NY MedLicense No: _____

Practice Zip: _____

County: _____

Practice Type: _____

Person completing this form (If other than the physician identified above):

First Name: _____

Middle Name: _____

Last Name: _____

Title Name: _____

Section B

Please check all that apply and briefly describe problems on the next section (Section C). If provided examples do not describe your hassle, please check "Other Problem Not Listed," and detail on the next section (Section C).

Administration

- Inability to reach a person
- Calls not returned
- Claim/appeal lost by organization
- Credentialing/appeal lost by organization
- Excessive wait on telephone
- Failure to notify enrollees of denied services or failure to do so in a timely manner
- Grievance procedure problems
- Inaccurate data entry following clean claim
- Insufficient sub specialists in the network
- Medical records request problem
- Numerous calls for single claim
- Organization missing supporting documents
- Uncustomary request for patient information

Payment Processing

- Related to a specific CPT, ICD-9-CM, HCPCS Level II code
- Denial of payment
- Reduction of payment
- Recoding of billed services (bundling, downcoding, etc.)
- Payment incorrect as per contract
- Late payment problem(s)
- Failure to follow CPT guidelines
- Non-recognition of modifiers
- Changing units of service

Claims Adjudication:

- Denial of preauthorization (specify whether hospital or other)

- Excessive delay in processing claims
- Excessive denials of referral
- Excessive emergency room service denial
- Excessive mental health service denial
- Excessive operative report requests
- Excessive prepayment or postpayment review
- Excessive requests for medical necessity review
- Lack of clear communication on EOB, written communications
- Length of stay dispute

Contractual Issues
(Based on reviewing your managed care contract)

- Lab tests cannot be performed at preferred location
- Reimbursement denied due to carve out provisions
- Fee schedule not provided or excessive delay in obtaining it
- Managed care formulary
- Uncompensated for language interpretation
- Other problem not listed (Briefly Describe in Section C)

Section C

Name of carrier with whom the hassle is related: _____

Type of Plan: _____

How frequently does this occur? _____

Briefly describe the problem(s) including any actions you have taken (phone call, letter, etc.) and any responses:

Section D

DISPUTES FILED AS PART OF LITIGATION SETTLEMENTS

Since you identified a carrier that is involved in the managed care litigation and has agreed as part of the settlement to the dispute process, please respond to the following:

Have you filed a dispute about this issue?

- Yes
- No

If yes, is the dispute related to (check all that apply)

- Billing Dispute
- Compliance with terms of settlement dispute
- Medical necessity dispute

Please note that completion of the Hassle Factor Form does not constitute filing a dispute as part of the settlement. Physician practices must file the settlement dispute as MSSNY does not submit the settlement dispute.