

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



HASSLE FACTOR FORM

Please complete this HIPAA compliant form to report insurance administrative and claims processing concerns including settlement disputes that you may have filed. This data is confidential and assists the NJAAP in identifying common areas of concern and in facilitating dialogue with payers. **Please provide as much detailed information as possible, such as de-identified documents that support the grievance.**

SECTION A: Personal Information - *OPTIONAL*

_____ Physician Name	_____ Subspecialty	_____ Practice Name	
_____ Street	_____ City	_____ State	_____ Zip Code
_____ Contact Person	_____ Contact Fax #	_____ Contact e-mail address	

SECTION B: Grievance Information

Name of organization/insurance company with whom the grievance is related

This is a: First time grievance Recurring grievance (How many times? _____)

Please check all that apply and describe problems in detail on the next page. If provided examples do not describe your grievance, please check "Other Problem Not Listed," and detail on the next page.

CLAIMS PROCESSING

- Claim lost by organization
- Medical records request problem
- Uncustomary request for patient information
- Inaccurate data entry following clean claim
- Organization missing supporting documents
- Excessive wait on telephone
- Numerous calls for single claim
- Calls not returned

APPROVAL PROCESS

- Did not meet "medical necessity" definition
- Operative report request problems
- Prepayment review / Postpayment review
- Denial of preauthorization (hospital or other, pls. specify)
- Denial of referral
- Insufficient pediatric subspecialists in network
- Length of stay dispute
- Emergency room service denial
- Mental health service denial
- Credentialing delay / problems

OTHER PROBLEM NOT LISTED

PAYMENT PROCESSING

- Denial of payment
- Reduction of payment
- Recoding of billed services (bundling, downcoding, etc.)
- Payment incorrect as per contract
- Late payment problem(s)

LAB ISSUES

- Lab tests cannot be done at preferred location
- Other lab problems

CASE MGMT. / CARE COORDINATION

- Reimbursement for services denied because it is only covered through carve-out (e.g. mental health services, lab, pharmacy)
- Calls not returned

CONSUMER PROTECTIONS

- Grievance procedure problems
- Failure to notify enrollees of denied services or failure to do so in a timely manner

