



## 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 AAP in identifying common areas of concern and in facilitating dialogue with payers.

### SECTION A: Personal Information - *OPTIONAL*

_____ Physician Name	_____ Subspecialty	(____)_____ Office Phone No.	
_____ Street	_____ City	_____ State	_____ Zip Code
_____ Contact Person	_____ Contact Fax #	_____ Contact e-mail address	

### SECTION B: Grievance Information

\_\_\_\_\_  
Name of organization 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

**SECTION C: Additional Grievance Information**

*Briefly describe the problem(s) encountered in detail, including any actions you have taken (phone call, letter, etc) and any responses. Attach additional sheets as necessary, including copies of any relevant documents.*

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**PLEASE RETURN THIS FORM TO:**  
American Academy of Pediatrics, District II  
408 Kenwood Ave.  
2<sup>nd</sup> Floor  
Delmar, NY 12054  
Fax: 518-439-0769