



## HASSLE FACTOR FORM

Please complete this Hassle Factor form to report insurance administrative and claims processing concerns that you may have filed. This information is confidential and assists the Florida Academy of Family Physicians (FAFP) in identifying common areas of concern and in facilitating a dialogue with payers. **Please provide as much detailed information as possible, such as de-identified documents that support the grievance (e.g. no patient specific information).**

### SECTION A: Personal Information

|                         |  |                        |  |                                 |  |
|-------------------------|--|------------------------|--|---------------------------------|--|
| _____<br>Physician Name |  | _____<br>AAFP ID       |  | _____<br>Practice Name          |  |
| _____<br>Street         |  | _____<br>City          |  | _____<br>State                  |  |
| _____<br>Contact Person |  | _____<br>Contact Fax # |  | _____<br>Contact e-mail address |  |
|                         |  |                        |  | _____<br>Zip Code               |  |

### SECTION B: Grievance Information

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

This is a:  First time report       Recurring report (How many times? \_\_\_\_\_)

Please check all that apply and describe problems in detail on the next page. If provided examples do not describe your hassle, 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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**Hassle Factor Forms can be faxed to 904-726-0923 or emailed to [jyoung@fafp.org](mailto:jyoung@fafp.org).**