

MEDICAL ASSOCIATION OF GEORGIA

<b>Action Request:</b>	
Report Only	<input type="checkbox"/>
MAG Assistance	<input type="checkbox"/>
(Must be a MAG member)	

Date: \_\_\_\_\_

## Health Plan Hassle Factor Log

Please complete each section of this form, including as much specific information as possible.

**PLEASE PRINT**

Physician Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Medicaid/CMO Provider I.D. Number: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
 (Phone number) (E-mail Address)

Name of Hassler: (Amerigroup, PeachState/Centene, or Wellcare)

Is this hassle a:  first time problem  recurring problem

**LIST ONLY ONE HASSLER PER FORM**

.....CHECK ALL THAT APPLY.....

Subject of Hassle	X	Actions Taken by Physician or Staff	X
Denial or reduction of payment/ failure to define purpose of denial		Make telephone call(s) – How many? --	
Non-payment for services or failure to meet 15-day requirement		Write letter and/or narrative report	
Prior-Authorization/Pre-Cert complications (denials, delays, inappropriate)		Resubmit claims	
Inability to refer patients to specialists in timely manner or not at all		Review office medical records	
Credentialing longer than 30 – 60 days/ Loss of application/ Failure to load into		Copy and send medical records	
Inability or delays in verifying patient eligibility		Request meeting with Provider Field Representative	
Auto-assignment: Patients inappropriately assigned/loss of patients ( <i>Medicaid only</i> )		Seek outside assistance	
Claims Management Software/EDI Issues		Consult with colleagues	
Failure to provide EOP/EOB's in a timely manner or with the necessary information		Retrieve, review, and send hospital medical records	
New unique requirements in claims submission not clearly communicated		Other (describe)	
Failure to recognize CPT modifiers			
Restrictive drug formulary			
Restrictive treatment plans			
Inability or difficulty checking status and/or correcting claims via Web portal			
Difficulty obtaining basic information from customer service or provider relations			
Other (describe)			

**Estimate the hours spent on this hassle**

Staff time (hours) \_\_\_\_\_ Physician time (hours) \_\_\_\_\_

**DESCRIPTION OF HASSLE (Specific Examples)**

Add information you think would be helpful in documenting the nature of this hassle and/or its impact on your medical practice or patients. Include D.O.S., transaction control number and any relevant documents (copies only). Please copy if additional space is needed.

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Please send completed form to: MAG Dept. of Third Party Payor Advocacy, 1849 The Exchange, Suite 200, Atlanta, GA 30339. Toll Free 800/282-0224 or 678/303-9290. You may also fax form to 678/303-3732 or email to [sray@mag.org](mailto:sray@mag.org)