

# The Hassle Factor Form

Help dealing with claims problems, red tape, and unnecessary claims denials.

*See sample form on the reverse of this page.*

Hassles with third party payors are an annoying but ever present part of modern medicine. Unfortunately, so is the process of arguing with an insurance company clerk—about payment denial based on a technical error on a claim form, or over the necessity of a medical procedure that the individual on the phone cannot even pronounce.

Where can a physician turn? The Society's Committee on Managed Care is in support of the development of an MMS Hassle Factor Program. The program is being designed to help physicians cut through red tape and resolve problems with third party payors. The Committee has agreed to review the hassle forms and to develop a systematic process to begin to resolve members' hassles.

The Committee will work with other Society committees to assist in resolving problems that fall within their jurisdiction. These committees may include Tax Supported Medical Care and Medical Service, among others.

Physicians are asked to document on Hassle Factor Forms the problems they are having with third party plans, and then submit these forms to MMS.

The Committee on Managed Care hopes to meet three needs by initiating this program:

- To help individual physicians overcome problems with third party payors,
- To work with payors to alleviate payment hassles, and
- To detect trends by documenting problems through the use of the Hassle Factor Form.

## **How to Fill Out the Hassle Factor Form**

1. Make multiple copies of the enclosed hassle factor form.
2. When problems arise, describe the areas pertinent to your problem.
3. Print or type the information on the hassle factor form.
4. Be specific about which company or agency you are dealing with, giving the names of the people you talked to if available.

MASSACHUSETTS MEDICAL SOCIETY  
**HASSLE FACTOR FORM**

MMS Member # \_\_\_\_\_

Date \_\_\_\_\_

*INSTRUCTIONS: Please complete each section of this form, including as much specific information as possible. PLEASE PRINT.*

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_

Please check if you want your confidentiality maintained:

**Please Complete:**

Name of insurance company, review firm, government agency, or managed care plan \_\_\_\_\_

- Is this hassle a  first-time problem with this plan?  
 first time on this subject with this plan?  
 recurring problem with this plan?  
 recurring problem with this and other plans?

**Total Time Estimate:** Estimate the hours spent on this hassle

Staff Time (hours) \_\_\_\_\_

Physician Time (hours) \_\_\_\_\_

**Check all that Apply:**

Subject of Hassle	x	Subject of Hassle	x
Denial or reduction of payment		Length of stay dispute	
Delay of payment		Medical necessity review	
Repeat request for information about a patient		Quality of care review	
Referral management/denials		Prepayment review	
Recoding or Downcoding of billed services		Concurrent review	
Precertification of services		Postpayment review	
Patient education – explain health plan coverage		Claim lost by carrier	
Patient education – claims payment		Claim documentation	
Medical record review (office or hospital)		Other (describe below)	

Actions Taken to Deal with Hassle	by Physician	Time spent	by Staff	Time spent
Make telephone call(s) How many? _____				
Write letter and/or narrative report				
Resubmit claims				
Review office medical records				
Copy and send medical records				
Seek outside assistance				
Consult with colleagues				
Retrieve, review, and send hospital medical records				
Other (describe below)				

**Description of Hassle**

Add information you think would be helpful in documenting the nature of this hassle and/or its impact on your patients and medical practice.

**Include any relevant documents (copies only) being respectful of patient confidentiality.**

---



---



---



---

Please send completed form to: Department of Health Systems, 860 Winter Street, Waltham, MA 02451 or FAX (781) 434-7786