

Minnesota Medical Association

Hassle Factor Surveillance System

Hassle Factor Log

The MMA Hassle Factor Surveillance System is designed to collect, analyze and respond to the third-party payer hassles experienced by Minnesota physicians. If you are having problems with public or private payers, please take the time to complete this log and the MMA will work to address your concerns.

NOTE: The Minnesota Medical Association may require additional information from you regarding this log and may, after further investigation, share this information with the health plan, relevant state agencies, or other parties to expedite resolution of problems. The submission of this form and any attached information is consent to release the form and information.

Physician Name: _____ Specialty: _____

Clinic Name: _____

Street Address: _____ City: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____ Date Submitted: _____

Source of Problem (Please check only one per log):

- | | | |
|---|---|---|
| <input type="radio"/> Blue Cross Blue Shield of Minnesota | <input type="radio"/> Medical Assistance/GAMC/MinnesotaCare (fee-for-service) | <input type="radio"/> Sioux Valley Health Plan |
| <input type="radio"/> Central Minnesota Group Health Plan | <input type="radio"/> Medicare (WPS - Part B) | <input type="radio"/> UCare Minnesota |
| <input type="radio"/> Choice Plus (BHCAG Plan) | <input type="radio"/> Metropolitan Health Plan | |
| <input type="radio"/> First Plan of Minnesota | <input type="radio"/> Preferred One | <input type="radio"/> Indemnity Payer (Specify) _____ |
| <input type="radio"/> HealthPartners | <input type="radio"/> HMO (Community Health Plan) | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Medica | <input type="radio"/> PPO | |

Type of Problem (Please check all that apply):

Benefits/Coverage

- Denial of referral request
 - Denial of prior authorization
 - Drug formulary change
 - Drug formulary exception denied
 - Retroactive denial
- Was service preauthorized? Yes / No

Claims/Coding

- Code/modifier usage (specify code or modifier): _____
- Denial of claim
- Down coding/recoding of claims
- Lost claims or attachments

Customer Service

- Excessive telephone hold time
- Incorrect/inconsistent information provided

Payment/Adjudication

- Delay in payment
- Pre/post payment review
- Request for operative reports
- Request for medical records

Other (please specify): _____

Brief Description of the Problem:

Please complete this form online at www.MMAonline.net or mail or fax the completed form to

Hassle Factor Surveillance System at:

Minnesota Medical Association
 CENTER FOR PHYSICIAN ADVOCACY
 3433 Broadway Street NE, Suite 300
 Minneapolis, MN 55413
 phone: 888/662-6774 fax: 612/378-3875



Office Use Only
Control #: _____
Received: _____
Response: _____