



MSV Hassle Factor Log Program

Helping MSV members solve insurance challenges

As a member of the Medical Society of Virginia (MSV), you are eligible to take advantage of a powerful tool – MSV’s Hassle Factor Log program. MSV’s Practice Services team is here to help you address and resolve problems with insurance carriers. We also identify carrier practices that are negatively impacting practice viability and work with the health plans to address these challenges. Our goal is to provide you with a tool that can help your practice run smoothly, freeing up your time so you can concentrate on your patients.

MSV’s Hassle Factor Log program is for insurance problems ranging from delay in payments to denial of services. This program provides members an efficient means of communicating health plan problems to MSV, whether it is on an “information only” basis or is a request for assistance. The following steps outline how MSV will help your organization address these problems.

To begin the resolution process, MSV member or member’s representative will:

1. Fill out the Hassle Factor Log Report Form and attach all relevant documentation, as well as a signed Business Associate Agreement. Providing this information will help us expedite the resolution process. These forms are available at <http://www.msv.org/HassleFactor>.
2. Mail or fax documentation to: Medical Society of Virginia, Attn: Hassle Factor
2924 Emerywood Parkway, Suite 300 | Richmond, VA 23294
F 804 | 355 - 6189

Once this information is received, MSV Practice Services will:

1. Evaluate each report received and enter the information into MSV’s secure database.
2. If action is requested, we will contact you or your representative for discussion and additional information.
3. After reviewing the problem with you or your representative, MSV Practice Services staff will determine the best path for addressing the reported concerns. Member concerns may be addressed with the health plans in regularly scheduled meetings; via letter or e-mail to the plan’s medical director; or may be elevated to the State Corporation Commission when appropriate.

Please be advised that MSV may share the information we receive from your organization with the insurance carrier, relevant state agencies or other parties to expedite resolution of your problem.

4. MSV Practice Services staff will follow up with you or your representative to discuss the outcome of your report.

MSV’s Hassle Factor Log program is a benefit limited to members of MSV. For more information about membership in MSV, visit us at <http://www.msv.org>.

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Suite 300
Richmond, VA 23294

T 804 | 353-2721
TF 800 | 746-6768
FX 800 | 355-6189

www.msv.org



MSV Hassle Factor Log Program Report Form

Please attach a signed Business Associate Agreement and relevant documentation
Fax to 804 | 355 - 6189 or mail to "ATTN: Hassle Factor"

Date submitted: _____

MSV member name: _____

Organization name: _____

Address: _____

Contact person: _____

Telephone: _____

E-mail: _____

Report submitted for informational purposes only Action requested

Name of health plan: _____

Dollar amount in dispute (if applicable): _____

Type of problem (check all that apply): _____

- | | |
|---|---|
| <input type="checkbox"/> Claim denial | <input type="checkbox"/> Pattern of late payment |
| <input type="checkbox"/> Credentialing delay | <input type="checkbox"/> Pay-for-performance/incentive programs |
| <input type="checkbox"/> Documentation requests | <input type="checkbox"/> Payment delay |
| <input type="checkbox"/> Down coding/recoding | <input type="checkbox"/> Preauthorization issues |
| <input type="checkbox"/> Inaccurate data entry by insurer | <input type="checkbox"/> Pre/post payment review |
| <input type="checkbox"/> Lost claims | <input type="checkbox"/> Referral issues |
| <input type="checkbox"/> Missing claims information | <input type="checkbox"/> Telephone (always busy/excessive hold times) |
| <input type="checkbox"/> Missing supporting documents | <input type="checkbox"/> Other |
| <input type="checkbox"/> Numerous call for single claim | |

Brief description of the problem: _____

Required items:

I have attached copies of relevant documentation including the claim, explanation of benefits, and/or any correspondence with the carrier. The submission of this form and information is consent to release this form and information, as appropriate, by MSV.

In order to comply with the HIPAA Privacy Rule, I have attached a signed Business Associate Agreement. This form is available at <http://www.msv.org/HassleFactor>.

Questions? Call MSV Practice Services at 800 | 746 - 6768 EXT 1060.