

NYS AAP - Chapter 2

INSURANCE GRIEVANCE FORM

Please complete this HIPAA compliant form to report insurance administrative and claims processing concerns including settlement disputes that you may have filed. This data is <u>confidential</u> and assists the National AAP and the NYS AAP - Chapter 2 in identifying common areas of concern and in facilitating dialogue with payers.

SECTION A: Personal Information - OPTIONAL

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Physician Name	Subspecialty	, ,	Office Phone No.	
Street	City	State	Zip Code	
Contact Person	Contact Fax	#	Contact e-mail address	
SECTION B: Grievance Inf	ormation			
Name of organization with wh	om the grievance is relat	ted		
This is a: 🗌 First time grieva	nce 🗌 Recurring §	grievance (How many t	imes?)	
Please check all that apply and describe your grievance, pleas				
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		 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		
Calls not returned			Lab tests cannot be done at preferred location Other lab problems	
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 diapute		Reimbursement : covered through lab, pharmacy)	 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 	
Length of stay dispute Emergency room service denial		CONSUMER PRO	CONSUMER PROTECTIONS	
 Insufficient pediatric subspecialists in network Length of stay dispute Emergency room service denial Mental health service denial 		Failure to notify	 Grievance procedure problems Failure to notify enrollees of denied services or failure to do so in a timely manner 	
Credentialing delay / problems		OTHER PROP	OTHER PROBLEM NOT LISTED	

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.

PLEASE RETURN THIS FORM TO: jgeslani@aap.org or NYS AAP - Chapter 2 PO Box 1411 Smithtown, NY 11787