

Hassle Factor Log "User Guide"

Please observe the following Hassle Factor Log (HFL) guidelines to help us expedite processing while maintaining the integrity and credibility of the HFL program.

General Guidelines

- The Texas Medical Association accepts HFLs from current TMA members only.
- Submit HFLs by mail to Payment Advocacy Dept., Texas Medical Association, 401 W. 15th St., Austin, TX 78701; or by fax to (512) 370-1632. (You don't need to mail us originals of faxed information.)
- Exhaust and document reasonable attempts to resolve your claim issues, including the appeals process, before submitting an HFL (unless you are submitting an HFL as "informational only").
- Clearly identify health plans and/or contractual relationships on the HFL form.
- Keep in mind that Medicare's Correct Coding Initiative (CCI) determines bundling standards.
- Do not report slow-pay issues until 45 to 60 days after you have submitted the claim and you have received confirmation that the claim is being processed.
- TMA copies the physician on any letter we send a health plan regarding his or her HFL.
- TMA generally processes HFLs within two to four weeks of receipt. TMA cannot guarantee a response from the health plan.

Using the Form

- Use the current HFL form available on the TMA website.
- Fill out the HFL form completely and legibly.
- Give a brief description of the hassle on the form. If you need to include a more detailed description, attach it to the form.
- You may use one form to submit multiple hassles that address the same issue and are from the same health plan.
- Use separate forms to submit multiple hassles that are dissimilar in nature or are similar but from different health plans.
- Use separate forms to submit hassles from different TMA physician members.
- All HFLs require attachments to be processed.

Attachments

Attachments should contain only the protected health information (PHI) that is relevant to the patient(s) for which a physician is submitting an HFL. Physicians should delete all other patient information from the attachments TMA will return to the practice any HFLs that have non-pertinent PHI.

Examples of frequently needed attachments are:

- CMS-1500 claim forms
- Remittance notices (e.g., EOBs, RAs, R&S reports) with definitions of comment indicators and/or denial messages
- Copies of relevant prior correspondence to and from the health plan, including appeal letters and/or denial letters
- Reports for proof of timely filing (e.g., batch acceptance reports from the payer or clearinghouse showing the payer accepted the claims)
- Operative notes/Medical records
- Patient insurance identification cards
- Preauthorization/Referral forms

Informational Only HFLs

TMA adds the following types of HFLs to its database as "informational only":

- The HFL was submitted to TMA expressly for "informational only" purposes.
- The claim currently is being appealed with the health plan for the first time.
- The claim is for services older than 12 months.
- The physician office failed to follow up timely on the claim.
- The information submitted is a copy of a complaint filed with the Texas Department of Insurance.
- The hassle is not clear, legible, or understandable.
- The HFL contains unclear issues and /or conflicting information.
- Physician billing errors are construed as payer hassles.
- The HFL lacks appropriate attachments.



Physicians Caring for Texans

Hassle Factor Log

Mail or fax

(please don't do both) **to:** (512) 370-1632

Texas Medical Association

401 W. 15th St. Austin, TX 78701-1680

Physician Name	TMA Member #		
Specialty	Address		
Date Submitted	Contact Person		
E-mail		Phone F	-ax
Name of Insurance Company		Amount in Dispute	
Name of Network			
Request in relation	to (circle one):		
Commercial HMO	Medicaid (TMHP)	Medicare Advantage Plan	Third Party Administrator
Commercial PPO	Medicare (Novitas)	PBM (Pharmacy Benefit Manager)	Tricare
Medicaid (HMO)	Medicare Part D- drug plan	Class Action Settlement	Workers' Comp
Type of problem (circ	cle all that apply):		
Appeal Pending	Excessive Telephone Hold Time / Busy		Preauthorization
Bundling (list specific co	des): Filing Deadline	Filing Deadline	
	Inaccurate Data Er	ntry by Insurer	Referral Denial
	Medical Record / D	Oocumentation Requests	Claim Denial
	Non recognized/In	correct/Omitted CPT, HCPCS, Modifiers	Claims/Documents Lost
	Overpayment/Ref	und Request	Downcoding
	Payment Delay		Out of Network Payment
Other (specify):			
Dist Description of	de Dalle e / E o		
Brief Description of	the Problem (required):		
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Important: To achieve optima results utilizing the Hassle Factor Log (HFL) Program, please review the *HFL User Guide* for complete program guidelines. The most current version of the form and user guide may be obtained at www.texmed.org/hasslefactorlog. For HIPAA privacy compliance, a one-time business associate agreement (BAA) must be on file with TMA before submitting any protected health information (PHI). TMA/HFL program is not responsible for missed claims and/or appeal deadlines.

Any questions, need a BAA? Contact: (800) 880-1300, ext.1414.

A limited license to reproduce this form has been granted to TMA members, state medical societies, and national medical specialty societies.

Internal use only:	Processed date:	Entry date: