

**Maryland Hospital Association
Medicaid Payor Relations Incident Form**

DISCLAIMER: All issues will be evaluated monthly. Please contact MD Medicaid or MD Medicaid MCOs directly for all urgent issues. Please do not submit protected health information (PHI). Any issues containing PHI will be deleted. As such a new incident form will need to be submitted. This form is being submitted to MHAMedicaid@kohlerhc.com.

REPORTED BY:	DATE OF REPORT:
TITLE/ROLE:	ORGANIZATION:
EMAIL ADDRESS:	TELEPHONE #:

I am reporting a <input type="checkbox"/> Operational Issue <input type="checkbox"/> Financial Issue <input type="checkbox"/> Both
Is this issue related to <input type="checkbox"/> MD Medicaid FFS (MDH) <input type="checkbox"/> MD Medicaid MCO <input type="checkbox"/> Other
If MD Medicaid MCO, please specify:
Have you communicated this issue with the state and/or payer? <input type="checkbox"/> Yes <input type="checkbox"/> No
State/Payer Contact Name: Date of Contact with Payer: Have there been any actions taken?
What is the exact issue being experienced by your hospital(s)?
When did the issue start?
What is the annualized financial impact (loss of revenue, increase in expense, # of claims, etc.)? <i>For example: There are 620 claims with HCPCS 99283 impacted by this issue</i>
How was this impact calculated?
Are there other non-financial or administrative impacts (e.g., quality concerns, patient flow, care transitions, staffing)?
How was this impact determined?
Can you provide sample documentation of the issue (please remove PHI)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach.</i>
Have you reached out to other hospitals in the state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they experiencing the same issue? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Hospital: Contact Name: Date of Contact:
Please provide any other details surrounding this issue, including any relevant data.
Do we have your permission to share this information with MD Medicaid (MDH)? <input type="checkbox"/> Yes <input type="checkbox"/> No