

## MHA MEDICAID PAYER RELATIONS INCIDENT FORM

**DISCLAIMER:** This form is evaluated only in preparation for scheduled Medicaid Payer Task Force meetings. Please contact MD Medicaid and/or Medicaid MCOs directly for all urgent issues. Please do not submit protected health information (PHI); any issues containing PHI will be deleted and a new incident form without PHI will need to be submitted. This form is being submitted to [MHAMedicaid@KohlerHC.com](mailto:MHAMedicaid@KohlerHC.com) (click [here](#) to submit) and information on the issue will be forwarded to MD Medicaid.

<b>REPORTED BY:</b> <i>Can we refer your contact information to the state/payer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE OF REPORT:</b>
<b>TITLE/ROLE:</b>	<b>ORGANIZATION:</b>
<b>EMAIL ADDRESS:</b>	<b>TELEPHONE #:</b>

<b>I am reporting a(n):</b> <input type="checkbox"/> Operational Issue <input type="checkbox"/> Financial Issue <input type="checkbox"/> Both
<b>This issue is related to:</b> <input type="checkbox"/> MD Medicaid FFS <input type="checkbox"/> MD Medicaid MCO <input type="checkbox"/> Other <i>If this is an MCO issue, please specify which MCO:</i>
<b>What is the issue being experienced by your hospital?</b> <i>For example: "We are experiencing delays with Medicaid eligibility applications."</i>
<b>What is the impact of this issue?</b> <i>For example: "There are XX dollars of revenue being held up." OR "There are XX number of applications affected." OR "This has resulted in denials of XX number of claims."</i>
<b>Are there any other administrative impacts?</b> <i>For example: Quality concerns, patient flow, care transitions, staffing.</i>
<b>Have you communicated this issue to the state and/or payer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what was the state/payer's contact name?</i> <i>Date of contact with state/payer?</i> <i>Any actions taken?</i>
<b>Are you working on this issue with any other hospitals in the state?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, which hospital?</i> <i>Hospital contact's name?</i>
<b>Please provide any other details you wish to share on this issue, including any relevant non-PHI data.</b> <i>If you would like to send sample documentation of the issue (please remove PHI), then please email to <a href="mailto:MHAMedicaid@KohlerHC.com">MHAMedicaid@KohlerHC.com</a> and reference this issue.</i>