

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 (click [here](#) to submit) and information on the issue will be forwarded to MD Medicaid.

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

I am reporting a(n): <input type="checkbox"/> Operational Issue <input type="checkbox"/> Financial Issue <input type="checkbox"/> Both
This issue is related to: <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>
What is the issue being experienced by your hospital? <i>For example: "We are experiencing delays with Medicaid eligibility applications."</i>
What is the impact of this issue? <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>
Are there any other administrative impacts? <i>For example: Quality concerns, patient flow, care transitions, staffing.</i>
Have you communicated this issue to the state and/or payer? <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>
Are you working on this issue with any other hospitals in the state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, which hospital?</i> <i>Hospital contact's name?</i>
Please provide any other details you wish to share on this issue, including any relevant non-PHI data. <i>If you would like to send sample documentation of the issue (please remove PHI), then please email to MHAMedicaid@KohlerHC.com and reference this issue.</i>