



Collecting Patient Claim Denials for Out-of Network Provider Reimbursement: A Guide for Naturopathic Offices

The CNDA is collecting patient claim denials to present to the California Department of Insurance and the Department of Health and Human Services as evidence of non-compliance with the non-discrimination clause of the federal Affordable Care Act. Please carefully compile the following information using the steps outlined below, and send the final compilation to the CNDA. This information, once stripped of patient-specific identifiers, will be submitted to our federal and state agencies. If you have any questions, contact Dr. Dhurga Reddy, dhurgareddynd@gmail.com, or Dr. Minna Yoon, minnayoon@gmail.com. Thank you for helping to improve insurance coverage of naturopathic medicine in California!

Tips: To keep track of follow up, consider having staff set up patient call-back reminders in your scheduling software or Google calendar.

It may be difficult to acquire copies of denial letters from patients throughout the claim process. If this is the case, ask your patients to maintain careful records of any documentation they receive or submit, then return to your office to make copies of all documents once the final appeal has been resolved.

1. Provide your patients with appropriately coded superbills after each visit, and encourage patients to submit superbills to their insurers in a timely manner.

- Patients who have PPO insurance plans or receive primary care services from you, such as preventative or sick care, should receive superbills.
 - Enter the patient name (**Column A**) and date you provided the superbill (**Column C**) in the *CNDA Insurance Claim Tracking.xlsx* spreadsheet.
 - Retain copies of any superbills given to patients for your records.

2. Follow up with patients regarding reimbursement for your services.

- Follow up with patients *in 45 days* to find out the status of their reimbursement. Track this information using the *CNDA Insurance Claim Tracking.xlsx* spreadsheet. Ask patients to fax or mail you a copy of their Explanation of Benefits (EOB) once they receive it from their insurer.
 - If they did not submit their superbill, mark an 'X' in **Column F**. Encourage them to do so.
 - If they received reimbursement, mark an 'X' in **Column G** and enter specific information about the amount/percentage of their reimbursement in the **Notes** column (**Column T**). Ask for a copy of reimbursement documentation.
 - If the insurance company requested more information, mark an 'X' in **Column H** and enter details about the specific information requested in the **Notes** column. Provide your patient with any additional information requested and make copies for your records.
 - If the insurance company denied reimbursement, mark an 'X' in **Column I**. Ask for a copy of the denial letter and proceed to **step 3**.



3. Encourage patients to file an appeal with their insurance provider.

- If a patient is denied reimbursement for your services, encourage your patient to file an appeal by contacting their insurance company's claims department and requesting that the claim be resubmitted through the appeal process.
 - Ask your patient to inform you once they've submitted an appeal with their insurer. Track the date of their appeal in **Column L**.
- Follow up with these patients *in 30 days*.
 - If the claim was approved & reimbursed, mark an 'X' in **Column P**.
 - If the claim is still progress, mark an 'X' in **Column Q** and enter the date to check in a second time one month later.
 - If the claim is denied, mark an 'X' in **Column R** and enter the denial date. Ask for a copy of the denial letter.

4. Collect all relevant documentation of claim denials.

- If your patient's claim has been denied reimbursement, make copies of any documents relating to the denial throughout the reimbursement and appeal process. You will need copies of: superbills, letters of correspondence between patient and insurer, letters of correspondence between provider and insurer, Explanation of Benefits, etc.
- Compile copies of documentation from all patients who underwent the claims and/or appeal process. Black out patient's name, address, date of birth, and social security number from all documents, then submit all records to the CNDA.
- Create a copy of the tracking sheet with all patient names deleted. Submit this along with the supporting documentation to the CNDA.