

ProPublica Claim File Helper

(step-by-step process on how to start your Claim File Request.)

1. Gather Your Information

Gather the claimant's (your) information by providing your Unique Member ID. It provides a graphic of where to locate this information. The Claimant will also need to provide the Unique Case Number associated with their Claim(s).

Another benefit of this tool, you are able to fill out a Claim File Request on behalf of the claimant/patient, if you are a parent, guardian, or authorized representative of the patient.

2. Fill out your Claim File Request

A. Eligibility

ProPublica will confirm eligibility, depending on the type of health insurance you have. For example:

- An employer-sponsored insurance plan;
- An individual or student plan purchased in your state or through Healthcare.gov;
- Medicaid;
- Medicare*;
- If you are unsure, you can contact the member services line on your insurance card.

*Under Medicare, it states that ProPublica does not have information about whether Medicare enrollees are allowed to request a claim file.

B. Your Contact Information

Enter your contact information based on what is on your health insurance card. This information will appear on your letter so representatives from your health insurance company can contact you.

C. Health Insurance Company

Enter the name of the health insurance company that denied your claim(s) or prior authorization requests. This includes the name of the company, your Unique Member ID, and Plan ID/Group Number.

D. Denied Claims

Enter the denials that you are requesting information for, including Claim #, Claim Amount (\$), outline the range of dates of your treatments or services, and the date of the Denial Notice.

You can add multiple denied claims.

E. Approved Claims

Enter any approvals that you are requesting information for. You can ask for information about similar requests (to the one that you were denied) that were previously approved. It is not essential but could help your claim.

F. Information to Request

It has a list of options that the person can select that pertains to their case.

- Case management information
- Medical utilization management information
- Telephone logs, call summaries and call recordings
- Any other correspondence
- Any medical records and assessments
- All other records related to your unique claim number(s)

G. Share Your Information with ProPublica

This is when the person decides on whether they feel comfortable to share their information with ProPublica journalists or not. This helps journalists to report on health insurance denials. But there is no pressure to do so. It is a simple click - Yes or No.

3. Submit Your Request

Print out your completed claim file request.

Attach a **copy** of the relevant denial letters or explanation of benefit letters from your insurer. It explicitly says **not to send original letters.**

Follow the instructions on the site to find your insurer's mailing address or fax number.

Mail or fax your claim request with **copies** of the letters. If mailing the request with the attached documentation, it is highly recommended **to send your documents via certified mail so there is proof of delivery.**

Keep a copy of your claim file for your records.

4. Response from Your Insurer

A response to your claim should be received within 30 days of the insurer receiving your claim. ProPublica has found that many people receive a response from their insurer anywhere from one to three months after submitting their requests. They further states that you may be able to sue your insurer for not providing the claim file.

The claim file should provide a more detailed explanation as to why the claim was denied. This can also provide claimants/patients to craft an appeal if their claim or a request for treatment was denied.

ProPublica once again mentions the opportunity of forwarding your response from your insurer to them, to provide an awareness of the denial process in the health insurance industry.