

Nuts and Bolts of Getting Paid for the Utah RDN

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UAND Reimbursement Representative

Objectives

- Participants will be able to locate the best and most current resources from the Academy and UAND for getting paid
- Participants will be aware of how they can participate in improving and increasing reimbursement opportunities for RDNs in Utah

Why is Reimbursement Important?

Efforts made today affect the future of the profession in Utah

May help stakeholders recognize the benefits of nutrition services provided by RDNs

Provides proof that nutrition services are wanted and can be used to petition insurance providers for coverage of services.

Assumptions vs Reality

- All I have to do is follow the rules
- All of my clients will have insurance coverage
- All of my clients will be happy to pay if insurance doesn't cover a particular visit
- All insurance providers are alike
- The process is complicated but logical
- What are the rules? How many rules are there? Why does everyone have different rules?!
- Insurance is required to cover Essential Health Benefits but that doesn't always cover RDN visits
- Unfortunately, no, but this can be managed if the patient is informed
- Insurance providers are unique and similar
- The process is complicated and mostly logical

Terminology

- Credentialing: process of becoming an approved provider with individual insurance providers
- CMS: Centers for Medicare & Medicaid Services
- HCPCS: Healthcare Common Procedure Coding System
- Superbill: itemized form that describes services provided, used to create healthcare claim, and submitted for reimbursement
- PQRS or Physician Quality Reporting System: system to collect information on the quality of care provided to Medicare patients. All Medicare providers should participate as there is a negative payment adjustment for providers who do not register with PQRS and report data.
- CAQH or Council for Affordable Quality Healthcare, Inc: non-profit organization that streamlines the private insurance provider credentialing process.
- NPI or National Provider Identifier: unique 10-digit identification number issued to health care providers

Preparatory Steps

- Determine your mailing address
- Obtain an NPI
- Register your business, LLC vs C Corporation vs S Corporation, etc
- Obtain liability insurance
 - The Academy has partnered with Mercer to provide professional liability insurance for dietitians.
- Identify your preferred insurance providers and learn how to become a credentialed provider.
 - Experts recommend 3-5. Medicare is often recommended because the reimbursement is straightforward and often predictable.
- Advocate for yourself and others



Practice

- Nutrition Care Process +
- Quality Management +
- Practice Resources +
- Getting Paid -
 - Getting Started with Payment
 - Who Pays for Nutrition Services

Getting Paid

Are you an RDN who performs medical nutrition therapy? Are you responsible for billing in a facility where RDNs use medical nutrition therapy? The Academy seeks to empower dietetics professionals — including billing personnel — to expand coverage and receive competitive reimbursement for quality nutrition services.

Understanding and being familiar with billing codes will ensure that reimbursement is obtained when providing nutrition services. Whether you have a biller or maintain the billing on your own, dietetics professionals should be educated on the latest, most up-to-date nutrition services codes.



What Are Your Resources?

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 - Nuts and Bolts of Getting Paid
 - Smart Business Practice and Management
 - Emerging Health Care Delivery and Payment
 - Expanding Payment and Coverage
- Position and Practice Papers +

Getting Started with Payment

The Academy seeks to empower dietetics professionals to be successful at delivering high quality nutrition services and getting paid. This includes working to expand consumer access and coverage for Medical Nutrition Therapy (MNT) and the broad range of services provided by dietetics professionals, while working to achieve competitive compensation for quality nutrition services.

This section contains important information and resources to understand the business of health care and nutrition, regardless of the practice setting. Learn how health care providers are recognized and credentialed, understand health insurance and programs that offer nutrition benefits, learn about smart business practices when offering MNT services, and know the details of how to get paid. Whether it is public or private payers, the information needed to get paid is here.

Medicare Basics for RDNs: Becoming a Provider

Find information and resources for RDNs on how to become a Medicare provider. [Read More](#)

Medicare MNT

Medical Nutrition Therapy is an essential component of comprehensive health care. The Academy provides RDNs with the necessary information on MNT and Medicare Part B. [Read More](#)

Practice Settings - FAQs

Here are the answer to the most frequently asked questions concerning the Medicare MNT benefit in relation to the practice setting. [Read More](#)

National Provider Identifier FAQs

Find out the frequently asked questions of National Provider Identifiers, including who is eligible to receive an NPI and what health providers need to know. [Read More](#)

Introduction to Private Insurance Credentialing

Credentialing is a term used by payers to enroll practitioners in the respective networks. When you are credentialed with a payer, you also agree to the payer's contract terms. Make sure you know the process. [Read More](#)

Best source for a brief overview on Medicare and MNT, becoming a provider, and helpful tips on becoming a credentialed provider for private insurance providers.

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Who Pays for Nutrition Services

The Academy works directly with and through local member efforts to expand coverage for MNT and market Registered Dietitian Nutritionists (RDNs) as the nutrition experts, and employers and other entities are creating innovative programs that offer nutrition services and provide opportunities for RDNs. Consumers increasingly recognize nutrition as an important component of health, and expect that MNT and other services provided by RDNs are paid for through health insurance.

"Does insurance cover nutrition counseling?" is a common question that often lacks a straightforward answer. This section contains information intended to increase understanding of health care insurance benefits and payer reimbursement for MNT and nutrition services, highlight the positive impact of the Affordable Care Act and provide specific information related to Medicare, Medicaid and private health insurance. Learn about The Healthier Generation Benefit, employer-sponsored programs and other partnerships.

MNT vs Nutrition Education

Learn the differences between nutrition education and medical nutrition therapy as established by the Nutrition Care Process. [Read More](#)

Medicare Updates

Get the latest information on medical nutrition therapy and any updates that could affect your MNT services. [Read More](#)

Join the Reimbursement Online Community

The Reimbursement Online Community is an interactive portal that offers Academy members a space to network and share ideas related to coverage and reimbursement. [Read More](#)

Medicare Advantage

Medicare Advantage Plans, sometimes called Medicare Part C, Medicare+Choice Plans or MA Plans, are health coverage plans offered by private insurance companies or managed care organizations that contract with Medicare to provide Medicare Part A and B benefits to Medicare beneficiaries. [Read More](#)

Local Coverage Determination

Check out whether your local CMS contractor (MAC, carrier or fiscal intermediary) has developed a Local Coverage Determination (LCD). [Read More](#)

Find answers to questions about billing "incident to", state health insurance exchanges, and coverage news from CMS.

You can also access the Reimbursement Online Community from this page.

Reimbursement Online Community

- The Academy hosts an online portal for members to network and share ideas specific to getting paid for Medical Nutrition Therapy.
- Link to [Reimbursement Online Community](#)
- Active discussions with members across the country, leadership from the Nutrition Services Payment Committee, as well as Academy staff.
- Recent discussion topics include:
 - CMS Updates
 - Billing for groups
 - Announcements for Webinars
 - Advice on starting a diabetes program at a hospital
 - How to become a Medicare provider
 - Success stories from RDNs in private practice

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Nuts and Bolts of Getting Paid

Submitting claims to Medicare and private insurance companies is the final process before receiving reimbursement for the nutrition services you provided. This section is intended to increase understanding of nutrition service procedural and diagnostic codes that are integral to the claims submission process in the fee-for-service model of reimbursement. This section includes the Billing Resource for RDNs, Medicare-specific information and resources such as "how-to's" for participating in the Physician Quality Reporting System (PQRS), forms and other useful resources to assist with the billing process.

Diagnosis codes, such as the new ICD-10-CM, are officially called the International Classification of Diseases, 10th Revision, Clinical Modification. These codes describe an individual's disease or medical condition. Physicians determine the patient's diagnosis and chart this in the medical record, while trained billers assign the diagnosis code numbers to the physician-documented diagnosis for use on hospital forms such as a superbill, the CMS 1500, and the UB-04.

CPT codes, or the Current Procedural Terminology codes, are procedure codes that describe the service rendered by the healthcare professional. The MNT codes 97802, 97803, and 97804 are CPT codes that RDNs use on claims to report nutrition services provided by the RDN.

Because codes change over time and across insurance programs, the Academy will keep members up-to-date with the current codes related to nutrition professionals.

Medicare Physician Fee Schedule

Find information and resources about the most recent release of the CMS Physician Fee Schedule. [Read More](#)

Billing Resources

Whether you want to do your own billing or use a vendor, the Academy has information to help you get started. [Read More](#)

Factors to Consider When Selecting a Professional Billing Service

Professional billers submit claims to Medicare and private insurance companies on behalf of their clients. [Read More](#)

PQRS Measures: Quality Data Codes

A listing of quality data codes that relate to physician quality reporting system measures. [Read More](#)

If you've already set up your practice, obtained your NPI, and become credentialed with insurance providers, then this page will have the most helpful information for you and how you can start getting paid.

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Smart Business Practice and Management

The Academy of Nutrition and Dietetics offers members resources to effectively manage the "front and back office" demands of the work. This section provides information, resources and tools that can help ensure compliance with laws and regulations as well as encourage good business practice. Read on for more specific information about HIPAA and Medicare.

Medicare Updates

Get the latest information on medical nutrition therapy and any updates that could affect your MNT services. [Read More](#)

HIPAA and Registered Dietitian Nutritionists

Covered entities, such as health care professionals, are required to be in compliance with HIPAA privacy regulations for use and disclosure of patient and client information. [Read More](#)

HIPAA Changes: The Omnibus Rule

Learn what all RDNs need to know about the 2013 changes to HIPAA compliance. [Read More](#)

Diabetes Self-Management Training (DSMT)

The Academy provides information for other associations in regards to Diabetes Self-Management Training programs and related resources. [Read More](#)

Items to Consider when Establishing an RDN/MD Partnership

When contemplating entering into an arrangement with a doctor, a registered dietitian nutritionist should know about the laws and coding issues involved. [Read More](#)

If you're unsure about starting a business and the regulations you need to follow, this page can help you navigate the specifics.

Businesses

- Electronic Medical Records
 - Kareo
 - Kalix
 - Nutrihand
- Insurance Billing
 - Healthbytes
 - Camille DeSimone—specializes in RDN billing but also bills for other specialties
 - Office Ally
- Patient/Client Notification
 - Skipio
- Telehealth—must be HIPAA compliant
 - Fruit Street
 - Healthie

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Emerging Health Care Delivery and Payment

Health care organizations and medical practices of all types are reorganizing in an attempt to improve health care quality and decrease per capita cost of care through specific actions that have been identified by the Institute of Medicine that support The Triple Aim, a concept put forth by the Institute for Health Improvement. Payment reform and accountability for health care outcomes are essential, and value is increasingly becoming part of the equation.

Various models of health care delivery and payment are emerging with a focus on managing the health of populations. Some examples include Accountable Care Organizations (ACOs) and Patient Centered Medical Homes (PCMHs). In addition, the Centers for Medicare & Medicaid Services Innovation Center is testing innovative payment and service delivery models, including the Comprehensive Primary Care Initiative, designed to reduce costs and enhance the quality of care for individuals who receive Medicare, Medicaid or Children's Health Insurance Program (CHIP) benefits.

For more information on Health Care Reform or the Affordable Care Act, please visit the [Academy's Advocacy information](#).

Patient-Centered Medical Home

A variety of groups, including payer groups, state medical boards, state and federal government agencies, and national medical associations have collaborated to develop local PCMH models. [Read More](#)

National Coverage Determination

The Academy drafted a National Coverage Determination (NCD) to request expansion of RD-provided MNT services under Medicare Part B. [Read More](#)

Affordable Care Act

Information for new health care systems and demonstration projects at the state and local level will be implemented over the next three years and beyond. [Read More](#)

Links from CMS, the Affordable Care Act and others to resources for success.

Telehealth

- Telehealth info from the Academy:
 - <http://www.eatrightpro.org/resources/practice/practice-resources/telehealth>
- Center for Connected Health Policy:
 - <http://www.cchpca.org/jurisdiction/utah>

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Expanding Payment and Coverage

The Academy has information, resources and toolkits to support member efforts to promote the integration and expansion of MNT into health benefit plans and expand the scope of "billable" services provided by RDNs. These tools can be used to build the case for integrating RDNs into primary care practices, communicate the evidence-based and effectiveness data of MNT services provided by RDNs, seize the opportunities under The Affordable Care Act and health care reform, and make the case for RDN-provided nutrition services with insurance companies and employers.

How to Integrate RDN Services in the New Primary Care Webinar

Learn about the new payment models and the opportunities to integrate RDNs and nutrition counseling into primary care practices. [Read More](#)

Maximizing Quality and Minimizing Costs: Integrating Dietitians into Your Private Practice

Learn how to take advantage of the health and cost-saving benefits of nutrition services via the Comprehensive Primary Care Initiative (CPCI). [Read More](#)

Integrating RDNs into Emerging Health Care Delivery and Payment Models

The PCMH/ACO Workgroup is a sub-group of the Coding and Coverage Committee that develops recommendations to advance RDNs involvement. [Read More](#)

Medical Home - Background

The term medical home was first coined by the American Academy of Pediatrics (AAP) in 1967 and initially meant a central place for archiving a child's medical record. [Read More](#)

Pilots, Demonstration Projects and Innovation Models in Primary Care

Many PCMH models are in place across the country, and a variety of groups have collaborated to develop local PCMH models. [Read More](#)

Tools and rationale documents you can use to advocate for RDN services.

MNT PROVIDER

Your source for practice management news

MNT Provider Newsletter

Monthly newsletter prepared by the Academy Nutrition Services Coverage team

Free digital newsletter for AND members covering all things payment.

INSIDE THIS ISSUE:

Promoting kidney health during National Kidney Month and beyond 1

New YouTube Video: What is an Advance Beneficiary Notice of Noncoverage (ABN)? 1

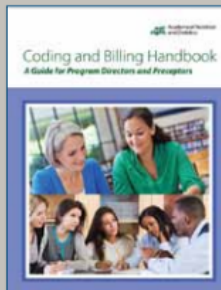
CMS promotes MNT benefit during National Nutrition Month* 2

Updated: The Coding and Billing Handbook: A Guide for Program Directors and Preceptors 2

QPP helpline established 2

Question Corner 3

CMS extends deadline for electronic reporting of PQRS data 4



Update now available.

See page 2 for details.

Promoting kidney health during National Kidney Month and beyond

Currently, about 31 million Americans suffer from chronic kidney disease (CKD). The Centers for Medicare & Medicaid Services (CMS) defines CKD or "renal disease," as chronic renal insufficiency and the post-transplant care provided after discharge from the hospital. High blood pressure and diabetes are the main causes of CKD and almost half of individuals with CKD also have diabetes, according to the National Institutes of Health. National Kidney Month, which is celebrated every year during March, is a good reminder of the importance of prevention to decrease the burden of kidney disease. "Thirty-one million Americans living with CKD gives us 31 million urgent reasons to raise awareness about this devastating disease," said LaVarne A. Burton, President and CEO of the American Kidney Fund.

While National Kidney Month is observed during March, registered dietitian nutritionists (RDNs) can be kidney health champions any time of the year. Encouraging patients with

diabetes or high blood pressure to get checked for kidney disease improves awareness of CKD and supports overall better patient health. Also, if a patient has a diagnosis of diabetes or kidney disease, coverage for Medicare Part B beneficiaries includes three hours of medical nutrition therapy (MNT). Additionally, if the treating physician determines that there is a change in the beneficiary's medical condition, diagnosis, or treatment regimen that requires a change in MNT, further hours may be covered during the calendar year with a new referral.

RDNs can brush up on kidney

See NKM, page 4



New YouTube Video: What is an Advance Beneficiary Notice of Noncoverage (ABN)?

Have you ever wondered what an Advance Beneficiary Notice of Noncoverage (ABN) is or wondered when health care providers need to use one? To answer these and other questions about the ABN, National Government Services, a Medicare Administrative Contractor, has released a new You-

visit: <https://www.youtube.com/watch?v=lvWrB0a7URU>. Registered dietitian nutritionists (RDNs) interested in detailed information about the ABN, including appropriate use of and sample language contained in the ABN, as well as examples of ABN use in RDN practice, can find Academy

Private Insurance Payment

- Private Insurance Credentialing
- Tips for Success:
 - Be knowledgeable
 - Be comfortable with CPT codes
 - Be persistent
 - Know the diagnosis codes too
 - Ask questions
 - Keep track of reference numbers or the name/contact info of the individuals you talk to.
 - Practice writing letters to insurance providers
 - Templates will soon be available on the Advocacy section of the UAND website.

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (CHAMPVA) GROUP HEALTH PLAN (Group Health Plan) FECA (FECA) OTHER (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other)

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT? (Current or Previous) YES/NO, b. AUTO ACCIDENT? YES/NO, c. OTHER ACCIDENT? YES/NO)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (authorize release of info)

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM/DD/YY)

15. OTHER DATE (QUAL.) (MM/DD/YY)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM/TO)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (FAX/PHONE)

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM/TO)

19. ADDITIONAL CLAIM INFORMATION (designated by NUCC)

20. OUTSIDE LAB? (YES/NO) \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate ICD to service line below (2AE)) (A-L)

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE (From/To) B. PLACE OF SERVICE (I/O) C. PLACE OF SERVICE (I/O) D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) E. DIAGNOSIS (ICD) F. CHARGES G. DRUGS OR SUPPLIES H. ICD FROM I/O I. QUAL. J. RENDERING PROVIDER ID #

25. FEDERAL TAX ID, NUMBER (SIN/EN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (YES/NO) 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Reserved for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH #

SIGNED DATE

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Utah Insurance Providers

Insurance Company	Contact & Title	Email	Phone	How can an RDN become credentialed?
Aetna	—	—	—	Aetna Provider Credentialing
Altius	—	—	800-377-4161	No specific information provided on website. RDNs can be credentialed
Cigna	—	—	800-882-4462	Call and explain that you would like to learn more about joining the Cigna Provider Network.
Regence Blue Cross Blue Shield of Utah	Melanie Kelaidis Provider Relations Representative	melanie.kelaidis@regence.com	801-333-5842	Regence Credentialing Criteria Regence Provider Types The network is “closed”. RDNs are not credentialed at this time but RDNs can be set up in the system as non-participating providers. *Does not allow “incident to” billing
Bridgespan Health Company	Melanie Kelaidis Provider Relations Representative	melanie.kelaidis@regence.com	801-333-5842	Bridgespan Health Provider Forms Scroll down the page to “credentialing criteria” and follow the instructions on the form. *Utilizes the Regence Blue Cross Blue Shield of Utah Network.
Humana Medical Plan	—	mountaindivision@humana.com	1-800-626-2741	No specific information provided on website.
Medicaid of Utah	—	providerenroll@utah.gov	800-662-9651 (toll free) 801-536-0471 (fax)	https://medicaid.utah.gov/become-medicaid-provider RDNs are only approved for the Baby Your Baby program.

Insurance Company	Contact & Title	Email	Phone	How Can An RDN Become Credentialed?
Medicare (Noridian)	Linda Windley	Linda.windley@noridian.com	253-922-1506	https://www.noridianmedicare.com/partb/welcome Follow instructions provided on website for becoming a provider.
Molina Healthcare (Medicaid and Medicare)	—	—	801-858-0400	No specific information was provided on the website.
Public Employee Health Plan (PEHP)	—	—	Contact Provider Relations: 801-366-7557	There is a different representative for each region in Utah. The operator can connect you with the correct representative. https://www.pehp.org/providers/contracts-credentialing/credentialing-policy
Select Health	—	—	—	Select Health does not credential RDNs as providers
TriCare (managed by United Healthcare)	—	—	877-988-9378	https://www.uhcmilitarywest.com/uhc militarywest/Files/pdfs/Provider_Handbook_October_2014.pdf
United Healthcare	—	—	877-842-3210 choose option "other professionals" and then "credentialing"	UHC does not have open networks. RDNs seeking to become credentialed must fill out the forms, submit, and then they will be notified of acceptance. Prospective providers can also register with CAQH to assist the process.

Getting Involved

- Become comfortable with the language
- Do your research, read the information available from the Academy
- Contact your insurance provider
 - Read your explanation of benefits. What nutrition services does your plan cover?
 - Have specific questions ready before you contact the provider
 - Be prepared with follow-up questions
 - Contact regularly for changes

Getting Involved cont...

- **CONTACT YOUR LEGISLATORS**

- What issues are you facing?
 - Are there services that you think should be covered by insurance? Tell them. Provide the proof. Spend a few minutes in the Advocacy section of the Academy's website and find the data you need to convince them.
 - Find state specific data on the [Kaiser Family Foundation](#) website.
 - Schedule a meeting. Invite an RDN friend to join you.
- State and local legislators
 - Follow them on Facebook, Twitter, or other social media platforms
 - Attend town hall meetings
 - Practice writing letters
 - Template letters can be just as effective as unique letters

Getting Involved cont...

- **KNOW YOUR ALLIES:**

- UAND Advocacy Pillar

- Reimbursement Representative
 - State Policy Specialist
 - www.eatrightutah.org

- Utah Insurance Department

- [Life & Health Insurance Division & Office of Consumer Health Assistance \(OCHA\)](#)

- Representatives in this office can help with frequent denials of claims by individual insurance providers.

Thank you.

Questions? Contact Nikki Kendrick, MDA, RDN, CNSC

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