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Group Health Plans and Health Insurance Issuers: Internal Claims and Appeals and External Review Processes

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General Comment

On behalf of Senior Services of King County, WA and myself, I wish to comment on the 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts. I am a volunteer at Senior Services and I work with people of varied languages represented in the Seattle, WA area. Specifically I help people to exercise their rights to appeal in disability and insurance decisions that were made against them. Language is a serious barrier in this area of communication with for-profit companies that are inclined to boost their profit margin by erring in their own favor in processing medical claims, disenrolling clients for perceived non-payment. While recruiting consumers to buy their insurance in the consumers' language, if they are enabled to decline to provide claims and appeal information in the consumer's language, this effectively causes misunderstanding and obstructs the consumer from knowing and exercising their rights. That can lead to the consumer not receiving the promised benefits, and having to pay for covered services; it can lead to bankruptcy and foreclosure and the result in the taxpayer picking up the cost of the consumer's health care in the form of charity care at a hospital or other taxpayer funded absorption of health care services cost for indigents. The 10% standard is far too high. A more appropriate standard would be "5% of the plan's population or 500 persons in plan's service area" for large group plans, and 25% of population for small plans. Oral interpretation should be provided in all languages at all times.