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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 Asian Law Alliance, 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 staff attorney with the Asian Law Alliance (ALA). ALA's mission is to provide equal access to the legal system for primarily low-income, limited English-proficient (LEP) immigrants and refugees in Santa Clara County.

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.

I have represented numerous LEP clients who received huge medical bills even though they were eligible for Medicaid and Medicare. Due to the client's inability to speak English well, they fell through the cracks. By the time my office was involved, it was too late to bill Medicaid since the one year timelimit had passed.

In addition, due to the inability to read the Evidence of Coverage, some clients continued to see their primary care physician without realizing that they would be billed for services provided by doctors outside the plan. Many of these problems would not occur if these clients were provided information in their own languages.

Finally, increasing the number of people covered by language assistance will help decrease chronic illnesses by providing patients with preventative care information. This will in turn, reduce healthcare costs for this aging population.