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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 Kings/Tulare Area Agency on Aging, 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 the only Senior Legal Services staff attorney for the County of Tulare, and have been serving and advocating for our area's immigrant senior population for many years. 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.

Because I serve primarily the poorest seniors in our county, many of them cannot read English. When any of my clients are faced with health care plan reviews and appeals they already feel intimidated by the process. On top of that if they do not speak and read English and are deprived of materials (or translation) in their native language, they are forced to rely on family interpreters/translators, if they are even available, which are unreliable at best.

An appeal or review conducted in a language not spoken by the customer/appellant victimizes some of the most vulnerable of our elders, as they are entirely unable to participate in the process.

Thank you for your consideration.