

How Do Plans Provide Claims and Appeals Notices in a Culturally and Linguistically Appropriate Manner?

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QUESTION: Can you explain the requirement that claims and appeals notices be provided in a “culturally and linguistically appropriate” manner?

ANSWER: Notices sent by group health plans or insurers relating to claims, appeals, and external review, and notices of adverse benefit determination with respect to disability benefits, must be provided in a “culturally and linguistically appropriate manner.” (Similar language requirements apply to the summary of benefits and coverage.)

Under rules amended by the Affordable Care Act, if 10% or more of the population residing in a county is literate only in the same non-English language (based on U.S. Census data), notices delivered to addresses in that county by a non-grandfathered group health plan or insurer must include a one-sentence statement, in the applicable language, explaining how to access language-assistance services. (Previous rules imposed certain translation and other requirements based on the number of participants in the plan who were literate only in the same non-English language.) A table listing the U.S. counties meeting the 10% threshold initially appeared in regulations and is now available, as updated from time to time, on the [DOL](#) and [HHS](#) websites.

A plan or insurer sending a notice to an address in a county that meets the 10% threshold must:

- provide oral language services that include answering questions in the applicable non-English language (for example, through a telephone customer-assistance hotline) and providing assistance with filing claims and appeals, including external review, in that language;
- include a one-sentence statement in the English versions of all notices—prominently displayed in the non-English language—clearly indicating how to access the language services provided by the plan or insurer; and
- provide a notice in an applicable non-English language upon request.

The agencies have provided sample language for the one-sentence statement in each of the applicable languages. For years before 2025, the statement is included as part of the model adverse benefit determination notices for group health plans posted on the agency websites. For plan years beginning on or after January 1, 2025, an updated list of languages applies; the updated list provides the one-sentence statement in all applicable languages.

For more information, see EBIA’s Health Care Reform manual at Section XV.E (“Providing Notices in a Culturally and Linguistically Appropriate Manner”); see also EBIA’s ERISA Compliance manual at Sections XXXIV.E.8 (“Providing Notices in a Culturally and Linguistically Appropriate Manner”) and XXXV.D.4.k (“Disability Only: Culturally and Linguistically Appropriate Requirement”), and EBIA’s Self-Insured Health Plans manual at Section XXVI.D (“Documentation for Group Health Plan Claims Procedures”). You may also be interested in EBIA’s sample documents, “Notice of Adverse Benefit

Determination” and “Notice of Final Internal Adverse Benefit Determination” (included in the Appendices to all three manuals), and “Notice of Benefit Denial—Disability Claim” (included in the Appendix to the ERISA Compliance manual).

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