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Requirements for Group Health Plans and Health Insurance Issuers:

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Comment on FR Doc # 2010-18050

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General Comment

See attached file(s)

Attachments

IRS-2010-0021-0005.1: Comment on FR Doc # 2010-18050

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September 21, 2010

Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Att: OCIIO-9993-IFC
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Baltimore, Md. 21244-1850

Re: Comments for Federal Interim Final Regulations for Internal claims and appeals and External Review for Group Health Plans and Self Insured Plans under PPACA

To whom it may concern:

The new Regulations above, define **Claimant** as an individual who makes a claim under this section. It specifically includes claimant to be a claimant's authorized representative.

It would be helpful to have the regulations specifically state that an authorized representative may include a Provider. For example, an authorized representative may include, but not be limited to, a Physician, an Ambulatory Surgical Center, or a Patient Advocacy Group .

In Section IV., Model Notices, model notices have been draw up to satisfy disclosure requirements including notice of adverse benefit determination, notice of final internal adverse benefit determination and notice of final external review decision. A universal form for Claimant's Authorized Representative for use in Internal and External Appeals would make this process more uniform and easier for all those parties involved, rather than relying on a third party, for example, an Insurance Company, who may or may not provide for it.

Thank you for your consideration.

Very truly yours,

Elyse Kremins