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Consumers can challenge health rates

July 13, 2011

By NATALIE LUCZKOWIAK , The OBSERVER

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The Patient Protection and Affordable Care Act, the comprehensive reform law passed by Congress in March of 2010, takes a number of critical steps to ensure that all Americans have quality affordable health care. What are the provisions that are already in place? How will people benefit?

As a community service, the column brings you the answers! Every other week in this column, we will discuss a different protection in the law and give you the facts in an easy to understand style. Since New York passed a strong state law in 2010 on high health insurance rates that gives consumers superior protections than in the federal law, the rest of this week's column covers the state law.

One of the two biggest protections in the state law is a requirement that health insurers now must spend at least 82 percent of our health care premiums on medical services, rather than administrative expenses like advertising and profits. If at the end of the year, the New York State Insurance Department (to be renamed the New York State Department of Financial Services as of October) finds that a health plan didn't meet this standard, it can order the company to make refunds to policyholders.

The other major protection in the law requires the Insurance Department to review and approve health insurance premium rate increases before any changes take effect. The Department must reject or modify any proposed increase if it finds that the increase is "unreasonable, excessive" or "unfairly discriminatory;" the Department has already used this new authority to limit rate increases by some New York health plans.

Insurers must give policyholders notice of any proposed premium rate increase at least 120 days before the rate's effective date, and consumers have 30 days after the date the insurer provides notice to the Department of the proposed increase to get more information, and to comment and argue that the rate proposed is too high. Consumers must receive notice of the proposed rate increase as well. Finally, policyholders must be given 60 days prior notice of the final rate once the Department makes a decision, so that consumers (either businesses or individuals) can shop for cheaper health insurance if they are dissatisfied with the new rate. You can visit this Insurance Department link to get more information on the new law and to complain about a proposed rate increase.

In addition, to help consumers, a new health care consumer assistance program called Community Health Advocates has been formed in New York with funding provided under the new federal health care law to provide health care advice to consumers. I will be happy to answer any and all questions, to assist in selecting a health plan, and even to assist with resolving disputes with health insurers, providers and other health care institutions. Our services are provided at no charge to consumers.

Natalie Luczkowiak is a community health advocate at the Public Policy and Education Fund, which administers the Community Health Advocates program in several counties in Western New York. If you need health care assistance, you can reach Natalie at nluczkowiak@ppfeny.org or at 852-4050.

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