

Regulatory Analysis Form (Completed by Promulgating Agency) (All Comments submitted on this regulation will appear on IRRC's website)	<p style="text-align: center;"><i>INDEPENDENT REGULATORY REVIEW COMMISSION</i></p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">Independent Regulatory Review Commission</p> <p style="text-align: center;">May 7, 2024</p> <p>IRRC Number: 3401</p>
(1) Agency Pennsylvania Health Insurance Exchange Authority d/b/a Pennie®	
(2) Agency Number: 130-1	
(3) PA Code Cite: 31 Pa. Code Ch. 5001	
(4) Short Title: Health Equity Accreditation Regulation	
(5) Agency Contacts (List Telephone Number and Email Address): Primary Contact: Ana Paulina Gomez, Chief Counsel (717) 315-9302 anagomez@pa.gov Secondary Contacts: David Thomsen, Director of Policy 717-439-3166 dthomsen@pa.gov Guerline L. Laurore, Chief Diversity, Equity & Inclusion Officer 717-571-3606 guelaurore@pa.gov	

6) Type of Rulemaking (check applicable box): <input checked="" type="checkbox"/> Proposed Regulation <input type="checkbox"/> FINAL REGULATION <input type="checkbox"/> Final Omitted Regulation	<input type="checkbox"/> Emergency Certification Regulation; <input type="checkbox"/> Certification by the Governor <input type="checkbox"/> Certification by the Attorney General
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(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

The Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® (Exchange Authority) operates the Commonwealth’s state-based health insurance marketplace. Its mission is to improve the accessibility and affordability of individual market health coverage for Pennsylvanians. This proposed rulemaking will require insurers selling qualified plans¹ through the Exchange Authority to be accredited in health equity. Through health equity accreditation (HEA), insurers and their employees will learn about cultural competency within the healthcare field to ensure that every person – regardless of personal characteristics such as gender, race, socioeconomic status, and geographical location – receives the same quality of care.

(8) State the statutory authority for the regulation. Include specific statutory citation.

This regulation is proposed under the Exchange Authority’s general rulemaking authority of section 506 of the Administrative Code of 1929 (71 P.S. § 186) and section 9701 of Act 42 of 2019 known as the Health Insurance Markets Oversight Act (40 Pa.C.S. § 9701(a)).

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case, or regulation as well as, any deadlines for action.

This regulation is not mandated by any federal or state law, court order, or federal regulation. The Exchange Authority is not aware of any state or federal court decisions relevant to the regulation. However, many federal and state agencies across the nation have adopted health equity accreditation standards. For example, as of the drafting of this regulation, nine states² require their Medicaid plans or qualified plans to achieve National Committee for Quality Assurance³ (NCQA) health equity accreditation. Additionally, 64 Medicaid plans, and 14 qualified plans across the nation have also achieved health equity accreditation. In Pennsylvania, the state’s medical assistance program requires Managed Care Organizations (MCOs) to achieve health equity accreditation, or the program’s forerunner, the Multicultural Health Care Distinction.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

¹ A qualified plan is a health or dental insurance policy offered by a qualified insurer in a state-based or federally-facilitated health insurance marketplace. *See* 40 Pa.C.S.A. § 9103.

² California, Wisconsin, Pennsylvania, Tennessee, Mississippi, Rhode Island, Delaware, D.C., and South Carolina.

³ NCQA’s health accreditation program is the oldest and most used by state and federal agencies across the nation.

Health equity is a well-recognized accreditation standard in the healthcare industry that multiple states and health plans across the country currently use to identify and close the significant health coverage and care gaps that remain in this country. Health equity plays a key role in the advancement of public health, particularly for historically underserved communities that may have inequitable access to critical healthcare services and that also experience worse long-term health outcomes than the general population. Gaining health equity accreditation will lead to better health outcomes for historically marginalized communities by requiring insurers to leverage race and ethnicity data for quality measurement. In addition, this process will improve insurers' organizational readiness to build a diverse staff, reduce biased behavior and decision-making among employees, and ensure that all Exchange customers have access to the culturally competent care they deserve.

In 2020, the US Census estimated that 5.4% of Pennsylvanians, or approximately 705,861 individuals, remained without health insurance. By ensuring that the Exchange Authority only offers plans from insurers that meet health equity standards, uninsured Pennsylvanians, particularly those who are from historically underserved and marginalized populations, will have greater access to plans that meet their specific healthcare needs, along with culturally competent providers, when they obtain healthcare services. In addition, obtaining accreditation requires insurers to provide language access tools for those with Limited English Proficiency. In 2020, the estimated uninsured rate for Hispanics was 12.4%, African Americans 7.2%, and Asians 6.7% (estimates calculated from the 2020 American Community Survey, 5-year estimate, [S2701: Census Bureau Table](#)). Among the Exchange Authority's enrollees in 2022, 65% self-identified as White, 7.4% as Asian, 3.6% as African American, and 3.3% as Hispanic.⁴ Requiring health equity accreditation will help all enrollees access the health coverage and care they deserve, while aiding in the Exchange Authority's goal of offering plans that meet the needs of the uninsured, underinsured, and underserved.

Pennsylvanians who obtain health or dental insurance through the Exchange Authority (approximately 370,000 people every year) will benefit from this regulation as this will help insurers better meet the cultural and linguistic needs of their customers and build provider networks that are responsive to their specific healthcare needs. Finally, this regulation will further the Exchange Authority's mission of improving health quality and equity in the Commonwealth.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

Yes, federal laws and regulations do not require health insurance marketplaces to require insurers selling qualified plans on their platforms to receive and maintain health equity accreditation. However, the Federal Exchange Establishment Standards (see 45 C.F.R. Part 155) only establish minimum health insurance marketplace functions and requirements (45 C.F.R. § 155.10(b)) and, under Act 42 of 2019, the Exchange Authority has the authority to establish policies that benefit the Pennsylvania health insurance market and persons enrolling in qualified plans through the Exchange Authority (see 40 Pa.C.S. §§ 9102, 9302(b)(1), and 9305(a)(10)). Requiring insurers to receive and maintain health equity accreditation will benefit both current and prospective enrollees by ensuring that insurers meet their cultural and linguistic needs and build provider networks that are responsive to their specific healthcare needs.

⁴ Approximately 20.7% of enrollees did not identify themselves.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

This regulation will not adversely affect Pennsylvania's ability to compete with other states, as the Pennsylvania individual health insurance market is very healthy and competitive. Many states and insurers have put an increased focus on reducing health inequities as the consequences of these inequities continue to be better understood. If promulgated, current and prospective Exchange Authority customers will benefit from better practices by the insurers offering plans through the Exchange Authority, including having access to culturally responsive provider networks; better outreach to communities that are underserved due to socioeconomic, geographical, or cultural factors; enhanced cultural awareness; comprehensive language assistance services; and qualified plan designs more responsive to everyone's needs based on enhanced data collection standards. This regulation will raise the quality of qualified plans offered through the Exchange Authority, as well as the cultural competency of the insurers offering these plans, which will help underserved communities access critical healthcare services.

States Requiring Health Equity Accreditation: A total of nine states (California, Delaware, Massachusetts, Mississippi, Pennsylvania, South Carolina, Tennessee, Washington, DC, and Wisconsin) require their Medicaid or qualified plans to achieve NCQA's Multicultural Health Care Distinction or Health Equity Accreditation.⁵ Below are examples of how states implement these requirements:

Pennsylvania Department of Human Services

The Pennsylvania Department of Human Services (DHS) and the Office of Medical Assistance Programs requires Medicaid Managed Care Organizations (MCOs) to achieve NCQA's health accreditations, including the Multicultural Health Care Distinction. DHS is considered a leader in the health equity space and the Exchange Authority views DHS as a model for how embracing health equity accreditation can improve healthcare outcomes for historically marginalized communities.

California

Covered California is the state-based health insurance marketplace of California. In its most recent 2022 contract covering contract years 2023-2025, Covered California required insurers to attain health equity accreditation starting in 2023. This was in response to legislation passed in 2021 requiring healthcare service plans and subcontracted healthcare plans to obtain health equity accreditation.

Delaware

⁵ NCQA's health equity accreditation program was called the Multicultural Health Care Distinction program until 2022. States requiring insurance plans to attain the Multicultural Health Care Distinction are included.

As of its most recent 2022 contracts for its Medicaid MCOs, the state of Delaware’s Department of Health and Social Services, Division of Medicaid and Medical Assistance, requires all Medicaid managed care health plans to attain health equity accreditation.

Rhode Island

Rhode Island has required its health plans participating in Medicaid to receive health-related accreditations [since 1994](#). Rhode Island uses health equity accreditation for its Medicaid health insurers.

Massachusetts

Massachusetts requires Medicaid MCOs and Accountable Care Organizations to meet health equity accreditation standards along with insurers selling plans on its state-based exchange.

Washington, DC

The DC Exchange requires that insurers achieve NCQA’s Multicultural Health Care Distinction/Health Equity Accreditation.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

This rulemaking does not affect other regulations of the Exchange Authority or other state agencies.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. (“Small business” is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Exchange Authority engaged in significant stakeholder engagement efforts. The Exchange Authority sought input from all eight of its health insurers (Capital Blue Cross, Highmark, UPMC, Independence Blue Cross, Cigna, Oscar, PA Health & Wellness, and Geisinger) as well as its dental insurers (BEST Life, Delta Dental, Dominion National, DSM, Educators, and The Guardian) before and during the drafting of this proposed regulation. The Exchange Authority also met with health insurance agents and certified enrollment assisters that work within local organizations across Pennsylvania. The Exchange Authority received feedback from insurers indicating that many were already in the process of exploring health equity accreditation and several have lines of business in states requiring this type of accreditation.

The Exchange Authority brought a motion to its Board of Directors, the governing body for the Authority, during the August 10, 2022, public board meeting to allow the Exchange Authority to create a regulation requiring insurers selling qualified plans through the Exchange Authority to receive and maintain health equity accreditation by the NCQA. The motion passed unanimously by the Board, which is comprised of representatives from state agencies, insurers, and consumer advocate groups. In addition, the meeting was open to the public to allow for public commentary. In order to open the health equity accreditation process to additional providers and provide insurers with more accreditation options, on May 31, 2023, at its public board meeting, the Exchange Authority’s Board unanimously amended its August 10,

2022, motion to create a regulation requiring insurers selling qualified plans through the Exchange Authority to receive and maintain health equity accreditation by a recognized organization with a health equity accreditation program (and not just by NCQA). Furthermore, after its May 31, 2023, meeting and before the submittal of this regulation, the Exchange Authority's Board had an opportunity to review the proposed Annex to ensure that the proposed regulation adheres to the Board's vision to increase health equity in the Commonwealth and provides a straightforward and smooth path for insurers selling qualified plans through the Exchange Authority to receive health equity accreditation.

The Exchange Authority's open process regarding this proposed regulation allowed groups with diverse interests and backgrounds to provide feedback. In addition, to ensure that the Exchange Authority takes the input of interested parties into consideration, the regulatory public comment period will help the Exchange Authority address any potential concerns and take their opinion into consideration prior to issuing the final regulation.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

This proposed rulemaking will directly affect each insurer offering qualified plans through the Exchange Authority: eight health insurers (Capital Blue Cross, Highmark, UPMC, Independence Blue Cross⁶, Cigna, Oscar, PA Health & Wellness, and Geisinger) and six dental insurers (BEST Life, Delta Dental, Dominion National, DSM, Educators, and The Guardian). It will also affect insurers who intend to provide qualified plans through the Exchange Authority.

In addition, this proposed rulemaking will also affect individuals currently enrolled in qualified plans through the Exchange Authority (as of March of 2023 approximately 371,516 individuals) by receiving better and more equitable healthcare.

No small business will be affected by this proposed rulemaking.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

Question 15 asks who is AFFECTED and how. Question 16 asks who must COMPLY.

As noted above, this proposed rulemaking will only require eight health insurers (Capital Blue Cross, Highmark, UPMC, Independence Blue Cross, Cigna, Oscar, PA Health & Wellness, and Geisinger) and six dental insurers (BEST Life, Delta Dental, Dominion National, DSM, Educators, The Guardian) currently offering qualified plans through the Exchange Authority to acquire and maintain health equity

⁶ Independence Blue Cross has already received Health Equity Accreditation.

accreditation. In addition, any insurers that seek to newly offer qualified plans through the Exchange Authority after the promulgation of this rulemaking will also be subject to this regulation.

No small business will be required to comply with this regulation.

(17) Identify the financial, economic, and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

This proposed rulemaking is not expected to have a significant adverse financial impact on insurers selling qualified plans through the Exchange Authority. While achieving health equity accreditation may require initial implementation expenses, those expenses are minor (approximately \$6,240 plus a \$0.06 per member fee) compared to insurers' other expenses. In many instances, insurers that have been considering health equity accreditation have already budgeted for those expenses. This proposed rulemaking is not expected to have an adverse financial impact on small businesses, labor communities, or public or private organizations.

Requiring health equity accreditation ensures that insurers better understand and address consumers' health needs and treat consumers equitably. The Commonwealth has a diverse population – from very rural to urban, to very young to elderly – with different health needs. With appropriately trained staff, the Commonwealth's diverse population will have greater access to qualified plans that suit their health needs in a way that is culturally competent. This will result in a positive social impact for the Commonwealth in general as having a healthy population increases people's quality of life and decreases long-term health costs. In addition, the Commonwealth may benefit economically by experiencing increased numbers of underserved populations obtaining culturally competent health and dental insurance products rather than choosing to remain uninsured.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The costs to the affected entities to receive and maintain health equity accreditation is minimal and are outweighed by the potential benefits to people currently enrolled in a qualified plan through the Exchange Authority and prospective consumers. The Exchange Authority expects that by enacting this regulation, more Pennsylvanians will obtain health and dental insurance through the Exchange Authority thus decreasing the number of uninsured people in the Commonwealth. Currently enrolled customers will benefit through improvements in the quality of care and service provided by the insurance companies, reducing barriers to understanding and using their health coverage.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

According to the NCQA⁷, insurers are required to pay a \$6,240 base fee plus a \$0.06 per member fee to complete the initial full survey to demonstrate compliance with health equity accreditation standards. For example, the insurer with the most current Pennie enrollees has approximately 114,000 members. This insurer would pay an estimated \$13,080 to gain health equity accreditation through NCQA. Per the proposed regulation, insurers are required to renew their accreditation (in average every three years) and would pay approximately the same amount (depending on current enrollment) to renew. While other accrediting entities may have different costs associated with their products, NCQA's pricing table indicates that the cost to gain accreditation is relatively minimal.

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Exchange Authority does not anticipate that this regulation will provide any costs or savings to local governments.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Exchange Authority does not anticipate that this regulation will result in costs or savings to the state government.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping, or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

Other than the initial cost to receive health equity accreditation and maintaining such accreditation, the proposed regulation does not impose additional requirements for legal, accounting, or consulting procedures or additional reporting, recordkeeping, or paperwork upon the regulated community, local governments, or state government.

(22a) Are forms required for implementation of the regulation?

There are no forms that insurers, the regulated community, are required to submit or complete as a result of this regulation. However, organizations intending to qualify as a recognized health equity accreditation organization by the Exchange Authority must submit an application to the Exchange Authority to ensure that their accreditation program satisfies the requirements set forth in the regulation to be included on the Exchange's website.

⁷ The Exchange Authority is using as an example NCQA's pricing since its health equity accreditation program is the oldest and most used by state and federal agencies across the nation.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here**. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

Attached as Appendix “A” is the Recognized Health Equity Accreditation Organization Application.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY 21-22	FY +1 22-23	FY +2 23-24	FY +3 24-25	FY +4 25-26	FY +5 26-27
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Savings	0	0	0	0	0	0
COSTS:						
Regulated Community	0	0	0	Highest cost (based on number of enrollees) - \$13,080 Lowest cost (based on number of enrollees) - \$6,404	New insurers without health equity accreditati on \$6,240 base fee plus a \$0.06 per member fee	New insurers without health equity accreditation \$6,240 base fee plus a \$0.06 per member fee.
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Costs	0	0	0	\$6,404 to \$13,080	\$6,240 plus \$0.06	\$6,240 plus \$0.06 member fee.

					member fee	
REVENUE LOSSES:						
Regulated Community	0					
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Revenue Losses	0	0	0	0	0	0

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

Program	FY -3 2018-2019 (actual)	FY -2 2019-2020 (actual)	FY -1 2020-2021 (estimated)	Current FY (budgeted)
N/A ⁸				

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.
- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

N/A. This regulation will not have an adverse impact on small businesses. Thus, an impact statement is not required.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

⁸ There is no “program” operated by the Exchange Authority that will be affected by this regulation. Rather, the regulatory activities that are necessary to ensure compliance with this regulation are dispersed throughout the Exchange Authority and no expenditures are expected.

The Exchange Authority has not developed any special provisions for the particular needs of affected groups or persons since they are not needed.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The Exchange Authority initially considered adding health equity accreditation as part of its plan certification standards and insurer contracts. However, upon receiving insurer feedback, the Exchange Authority decided that the regulatory process would allow for a more open and informed approach.

Initially, the Exchange Authority brought a motion to its Board during its August 10, 2022, public board meeting to allow the Exchange Authority to create a regulation requiring insurers selling qualified plans through the Exchange Authority to receive and maintain health equity accreditation by the NCQA. The motion passed unanimously by the Board. However, in order to open the health equity accreditation process to additional providers and provide insurers with more accreditation options, on May 31, 2023, at its public board meeting, the Exchange Authority's Board unanimously amended its August 10, 2022, motion to create a regulation requiring insurers selling qualified plans through the Exchange Authority to receive and maintain health equity accreditation by a recognized health equity accreditation organization and not just by the NCQA. The Exchange Authority believes that this proposal represents the least burdensome acceptable alternative.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performing standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

The Exchange Authority did not consider less stringent compliance or reporting requirements for small businesses because they are not affected by this proposed rulemaking.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a

searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

Although Pennie consulted extensively with other state-based exchanges and governmental entities that require insurers to have health equity accreditation, no data studies or references were used to justify the regulation.

(29) Include a schedule for review of the regulation including:

A. The length of the public comment period: 30 days.

B. The date or dates on which public meetings or hearings will be held: No public meetings will be held.

C. The expected date of promulgation of the proposed regulation as a final-form regulation: Summer/Fall 2024.

D. The expected effective date of the final-form regulation: Upon publication as final.

E. The date by which compliance with the final-form regulation will be required: Upon publication as final.

F. The date by which required permits, licenses or other approvals must be obtained:

An insurer currently offering qualified plans through the Exchange Authority shall achieve health equity accreditation by the start of the plan year immediately following a 12-month period that begins on the date in which this regulation is promulgated. An insurer seeking to offer qualified plans through the Exchange Authority shall achieve health equity accreditation by the start of the plan year immediately following the plan year in which they are first certified to offer qualified plans through the Exchange Authority. If an insurer has not attained health equity accreditation by the timeframe above, the insurer may offer qualified plans through the Exchange Authority if it submits a plan demonstrating its good faith and timely efforts to achieve health equity accreditation, including a date by which accreditation is anticipated to be attained.

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Exchange Authority would review this regulation for continued effectiveness every other year.

Appendix A

Recognized Health Equity Accreditation Organization Application

Pennsylvania regulations, more specifically _____, (Editor's Note: The blank refers to the health equity accreditation regulation citation requiring insurance companies to be accredited in health equity, more specifically 31 Pa. Code § 5001.4(a)) require that insurers selling Qualified Plans through the Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® be accredited in health equity by an organization with a recognized health equity accreditation program.

Organizations that intend to qualify as a recognized health equity accreditation organization by Pennie, must submit an application to Pennie showing that its health equity accreditation program meets the requirements in _____, (Editor's Note: The blank refers to the health equity accreditation regulation citation that sets forth the requirements, more specifically 31 Pa. Code § 5001.5(b)). Please refer to _____, (Editor's Note: The blank refers to the health equity accreditation regulation citation that defines the terms used in the regulation, more specifically 31 Pa. Code § 5001.3) for definitions of terms. All organization-specific information submitted to Pennie will be held confidentially. Additionally, if the data to be submitted is proprietary and confidential, it should be marked and designated as such when submitted to Pennie.

Once Pennie receives the application, Pennie will notify the organization within 45 days whether it meets the requirements in _____ (Editor's Note: The blank refers to the health equity accreditation regulation citation that sets forth the requirements, more specifically 31 Pa. Code § 5001.5(b)). If so, Pennie will post the name of the organization on its website as being recognized by Pennie as a Health Equity Accreditation Organization.

To submit an application, organizations must submit the information set forth below to PennieRegulations@pennie.com in a .pdf file, with each section separated by tabs, and include supporting documents if applicable. The information submitted is the application.

(1) Information about the organization/company

- a. Company Name
- b. Company Address
- c. Company Phone number
- d. Company's Website
- e. Company's Social Media handles
- f. Company's history, background, and mission
- g. Company's Governance
- h. Accreditation programs offered and for how long they have been offered.

(2) Primary Contact for Health Equity Accreditation

- a. Name of the individual responsible for the organization's health equity accreditation program
- b. Email address
- c. Phone number

- (3) Health Equity Accreditation Program Summary
 - a. This section should include a short summary of the organization's health equity accreditation program, including, but not limited to, its curriculum, instructors, timeline of completion, cost for the entity seeking accreditation, parameters that companies must meet to become accredited, type of accreditation provided, length of accreditation, re-accreditation process, etc.
- (4) Goals of the health equity accreditation program
- (5) Health equity program plan, curriculum, and/or manual. Please provide copies of the materials
- (6) Does the organization's health equity program include the following topics? If so, please describe in detail each topic and how it is covered.
 - a. Diversity of the applicant's workforce
 - b. Access and availability of language services
 - c. Cultural awareness and responsiveness
 - d. Reduction of healthcare disparities
- (7) Does the organization's health equity program include any additional topics than those listed in section 6? If so, please describe in detail each topic and how it is covered.
- (8) List the names and credentials of each instructor and their certifications
- (9) What parameters do companies have to meet prior to becoming accredited in health equity?
- (10) What type of accreditation certificate or other proof of accreditation do companies receive? When does accreditation expire? If applicable, provide a copy of the accreditation certificate as an example.
- (11) Accreditation renewal criteria

If Pennie approves an organization's application, the organization must, on annual basis from the date its application was approved, submit a letter to Pennie (via email to PennieRegulations@pennie.com) attesting that its program has not changed and continues to meet the requirements under _____. (Editor's Note: The blank refers to the health equity accreditation regulation citation that sets forth the requirements, more specifically 31 Pa. Code § 5001.5(b)). If the organization's program has changed, it must submit a new application to Pennie.

Submissions pursuant to this form do not place any obligations upon Pennie.

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

RECEIVED

Independent Regulatory
Review Commission

May 7, 2024

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General

Amy M. Elliott

Digitally signed by Amy M. Elliott
DN: cn=Amy M. Elliott, o=Pennsylvania Office
of Attorney General, ou=Chief Deputy
Attorney General,
email=ae Elliott@attorneygeneral.gov, c=US
Date: 2024.04.15 10:21:34 -0400

BY: _____
(DEPUTY ATTORNEY GENERAL)

4/15/2024

DATE OF APPROVAL

Check if applicable
Copy not approved. Objections
attached.

Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by:

The Pennsylvania Health Insurance Exchange Authority d/b/a Pennie
(AGENCY)

DOCUMENT/FISCAL NOTE NO. 130-1

DATE OF ADOPTION: 01/29/2024

BY: Devon Trolley
Devon Trolley
Executive Director

TITLE _____
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is hereby approved as to form and legality. Executive or Independent Agencies.

Adrian Nelson

BY: _____

2/13/2024

DATE OF APPROVAL

Deputy General Counsel

(Chief Counsel, Independent Agency)
(Strike inapplicable title)

Check if applicable. No Attorney General
approval or objection within 30 days after
submission.

NOTICE OF PROPOSED RULEMAKING
PENNSYLVANIA HEALTH INSURANCE EXCHANGE AUTHORITY D/B/A PENNIE®

31 Pa. Code Ch. 5001
Health Equity Accreditation

PROPOSED RULEMAKING

PENNSYLVANIA HEALTH INSURANCE EXCHANGE AUTHORITY

31 Pa. CODE Ch. 5001 Health Equity Accreditation

[__ Pa.B. ____]
[Saturday, _____, 202_]

Preamble

The Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® (Exchange Authority) proposes to add Chapter 5001 to the Exchange Authority’s regulations (31 Pa. Code, Part L¹) to read as set forth in Annex A. This rulemaking is proposed under the Exchange Authority’s general rulemaking authority of section 506 of the Administrative Code of 1929 (71 P.S. § 186) and section 9701 of Act 42 of 2019, also known as the Health Insurance Markets Oversight Act (40 Pa.C.S. § 9701(a)).

Background Information:

The Exchange Authority is the state-affiliated entity that operates the Commonwealth’s state-based health insurance marketplace. The Exchange Authority was created in July of 2019 under Act 42 of 2019. It was a unanimous and bipartisan effort to transition away from the federal health exchange and to take state control by establishing a state-based health insurance marketplace at a significantly lower cost and using the savings to launch a reinsurance program to lower premiums for families purchasing health and dental insurance through the Exchange Authority. The Exchange Authority’s mission is to improve the accessibility and affordability of individual market health coverage for Pennsylvanians.

Purpose:

The purpose of this regulation is to require insurers selling qualified plans² through the Exchange Authority to be accredited in health equity³. Through health equity accreditation, insurers and its employees will learn about cultural competency within the healthcare field to ensure that every person – regardless of personal characteristics such as gender, race, socioeconomic status, and geographical location – receives the same quality of care.

¹ Currently, the Exchange Authority does not have any regulations. The proposed health equity accreditation regulation would be the Exchange Authority’s first regulation. This, and future regulations, will be housed in a new part, Part L, under Title 31 of the Pennsylvania Code. The first Chapter of the Exchange Authority’s regulation will begin with Chapter 5001.

² A qualified plan is a health or dental insurance policy offered by a qualified insurer in a state-based or federally-facilitated health insurance marketplace. Qualified Plans are defined in section 9103 of Act 42 (*See* 40 Pa.C.S. § 9103).

³ The proposed regulation’s definition of health equity is based on the Centers for Medicare & Medicaid Services’ definition of health equity but slightly reworded for clarity purposes only.

In recent years, health equity has become an important and well-recognized accreditation standard in the healthcare industry. Currently, multiple states and health plans across the country use health equity accreditation to identify and close significant health coverage and care gaps that remain in this country. Health equity plays a key role in the advancement of public health, particularly for historically underserved communities that may have inequitable access to critical healthcare services and that also experience worse long-term health outcomes than the general population. Gaining health equity accreditation will lead to better health outcomes for historically marginalized communities by requiring insurers to use race and ethnicity data for quality measurement. In addition, this process will help insurers build a diverse staff, reduce biased behavior, and improve decision-making among employees. This will ensure that all Exchange Authority customers have access to the culturally competent care they deserve.

By requiring health equity accreditation, the Exchange Authority expects a decrease in health inequities among Commonwealth residents who purchase qualified plans through the Exchange Authority and an increase in enrollment among underserved populations.

Explanation of regulatory Requirements:

- Proposed section §5001.1 (relating to Scope) – explains the proposed regulation’s applicability.
- Proposed section §5001.2 (relating to Purpose) – explains the purpose of the proposed regulation, which is to ensure that insurers selling qualified plans through the Exchange Authority are certified in health equity.
- Proposed section §5001.3 (relating to definitions) – defines the words and terms in Chapter 5001.
- Proposed section §5001.4 (relating to Achieving Health Equity Accreditation) – establishes the requirements and timeline to comply with the proposed regulation.
- Proposed section §5001.5 (relating to Recognized Health Equity Accreditation Organizations) – establishes the standards that a health equity accreditation organization⁴ must meet for the Exchange Authority to recognize them as an organization through which insurers selling plans through the Exchange Authority can obtain accreditation.
- Proposed section §5001.6 (relating to Penalties) – establishes the penalties for the regulated community for failure to meet the requirements of this regulation.

External Comments:

Prior to the drafting of the Annex, the Exchange Authority engaged in significant stakeholder engagement efforts, including with all of the health insurers offering qualified plans through the Exchange Authority (Capital Blue Cross, Highmark, UPMC, Independence Blue Cross, Cigna, Oscar, PA Health & Wellness, and Geisinger) as well as the dental insurers (BEST Life, Delta Dental, Dominion National, DSM, Educators, and The Guardian). The Exchange Authority received feedback from insurers indicating that many were already in the process of exploring health equity accreditation since they have lines of business in states requiring this type

⁴ Interested health equity accreditation organizations will need to submit documentation about their health equity certification program to the Exchange Authority for review to ensure that their programs properly cover all the standards set forth in section 5001.5(b) of the proposed regulation. If their program meets the standards, the Exchange Authority will list their names on its website. Insurers can then select an organization from that list to obtain accreditation.

of accreditation. At the time of the drafting of this proposed regulation, one insurer, Independence Blue Cross, has already achieved health equity accreditation. In addition, the Exchange Authority also met with health insurance agents and certified enrollment assisters who work with local organizations across Pennsylvania. The feedback offered by insurers, agents, and assisters, aided the Exchange Authority in drafting the Annex.

More importantly, the Exchange Authority's Board, which is comprised of representatives of insurance companies, consumer advocacy groups, and state agencies, has been involved from the beginning of this process and has provided comments and suggestions on the scope and implementation of this proposed regulation. Before submitting the regulatory package, the Board reviewed a draft of the Annex and provided feedback.

Affected parties:

This proposed rulemaking will directly affect insurers offering qualified plans through the Exchange Authority: eight health insurers as of August 2023 (Capital Blue Cross, Highmark, UPMC, Independence Blue Cross⁵, Cigna, Oscar, PA Health & Wellness, and Geisinger) and six dental insurers (BEST Life, Delta Dental, Dominion National, DSM, Educators, and The Guardian). It will also affect insurers who will offer qualified plans through the Exchange Authority in the future.

In addition, this proposed rulemaking will also affect individuals currently enrolled in qualified plans through the Exchange Authority (as of March of 2023 approximately 371,516 individuals) by receiving better and more equitable healthcare.

Health equity accreditation organizations are not regulated by this proposed regulation. Only health equity accreditation organizations that submit an application to the Exchange Authority to be recognized as health equity accreditation organizations are indirectly and minimally affected because they would need to submit documentation to the Exchange Authority to demonstrate they are properly qualified.

Fiscal Impact:

- *State Government* – There will not be any fiscal impact to the Exchange Authority or any other Commonwealth agency due to this proposed rulemaking.
- *General Public* – The proposed rulemaking will have no fiscal impact upon the general public.
- *Political Subdivisions* – The proposed rulemaking will have no fiscal impact upon political subdivisions.
- *Private Sector* – The proposed rulemaking will have no fiscal impact upon the private sector, except for minimal impact to the regulated entities. The Exchange Authority estimates that each insurer selling qualified plans through the Exchange Authority will pay approximately \$6,240 plus \$0.06 per member fee every three years for accreditation.

Paperwork:

There are no forms that insurers selling qualified plans through the Exchange Authority, the regulated community, are required to complete and submit due to this regulation. However,

⁵ Independence Blue Cross has already received health equity accreditation.

once these insurers obtain health equity accreditation, they must submit a copy of their accreditation certificate to the Exchange Authority.

Organizations intending to qualify as a recognized HEA organization by the Exchange Authority must submit documentation (*see* Appendix “A”) to the Exchange Authority to ensure that their accreditation program satisfies the requirements set forth in the proposed regulation.

The only additional paperwork that would be imposed on the Exchange Authority as a result of this proposed regulation would be related to the review of the documentation submitted by health equity accreditation organizations that intend to be recognized by the Exchange Authority pursuant to section 5001.5(b) of the proposed regulation. It is expected that this paperwork will be minimal.

Effectiveness/Sunset Date:

The proposed rulemaking will become effective immediately upon final-form publication in the *Pennsylvania Bulletin*. The Exchange Authority will monitor the effectiveness of this regulation every other year. Therefore, no sunset date has been assigned.

Contact Person:

Questions or comments regarding the proposed rulemaking may be addressed in writing to PennieRegulations@pennie.com or to Ana Paulina Gomez, Chief Counsel, Pennsylvania Health Insurance Exchange Authority, PO Box 536, Harrisburg, PA 17108, within 30 days of the publication of this notice in the *Pennsylvania Bulletin*.

Regulatory Review:

Under Section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on _____, the Exchange Authority submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC). A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections must specify the regulatory review criteria in section 5.2 of the Regulatory Review Act (71 P.S. § 745.5b) that have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final delivery of the rulemaking, by the Exchange Authority, the General Assembly and the Governor.

Devon Trolley
Executive Director

Annex A
TITLE 31. INSURANCE
PART L. PENNSYLVANIA HEALTH INSURANCE
EXCHANGE AUTHORITY
CHAPTER 5001. HEALTH EQUITY ACCREDITATION

§5001.1. Scope

This chapter applies to insurers selling qualified plans through the Exchange Authority.

§5001.2. Purpose

The purpose of this chapter is to increase health equity and enhance the cultural competency of healthcare services provided in the Commonwealth by requiring insurers selling qualified plans through the Exchange Authority to be accredited in health equity by a recognized accrediting body.

§ 5001.3. Definitions

The definitions as set forth in section 9103 of act 42 of 2019 (P.L. 294, No. 42), known as the Health Insurance Markets Oversight Act (40 Pa.C.S. §§ 9101-9703), are hereby incorporated and apply to the terms used in this chapter. The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Health Equity – The fair and just opportunity for all people to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Recognized Health Equity Accreditation Organization – An organization recognized by the Exchange Authority to be qualified to offer health equity accreditation pursuant to section 5001.5.

§ 5001.4. Achieving Health Equity Accreditation

(a) *Compliance.* An insurer offering qualified plans through the Exchange Authority shall be accredited in health equity by an organization with a recognized health equity accreditation program.

(b) *Timeframe to achieve health equity accreditation.*

(1) An insurer currently offering qualified plans through the Exchange Authority shall achieve health equity accreditation by a recognized health equity accreditation organization by the start of the plan year that begins after _____. (Editor’s Note: The blank refers to 12 months after the publication date upon which this regulation is promulgated as a final-form regulation.)

(2) An insurer seeking to offer qualified plans through the Exchange Authority shall achieve health equity accreditation by a recognized health equity accreditation organization by the start of the plan year immediately following the plan year in which it is first certified to offer qualified plans through the Exchange Authority.

(3) Notwithstanding paragraphs (1) and (2), an insurer that has not attained accreditation within the timeframe contemplated by paragraph (1) or (2), as applicable, may offer qualified plans through the Exchange Authority at the Exchange Authority’s discretion if it submits to the Exchange Authority a plan demonstrating its good faith and timely efforts to achieve health equity accreditation, including a date by which it anticipates

attaining accreditation.

- (c) *Annual Submission.* An insurer offering qualified plans through the Exchange Authority that achieves health equity accreditation as required in subsection (b) shall thereafter submit to the Exchange Authority a copy of its current health equity accreditation certificate by August 31 of every year via email to PennieRegulations@pennie.com using the subject title “Insurer Health Equity Accreditation Certificate.”

§ 5001.5. Recognized Health Equity Accreditation Organizations

- (a) *Process for Recognizing Health Equity Accreditation Organizations.*

- (1) An organization that seeks to qualify as a recognized health equity accreditation organization shall submit an application to the Exchange Authority to establish that its health equity accreditation program satisfies the criteria in subsection (b).
- (2) The organization shall submit its application to the Exchange Authority in a form and manner approved by the Exchange Authority.
- (3) The Exchange Authority shall review an organization’s application for compliance with the requirements set forth in subsection (b).
- (4) The Exchange Authority may decline to approve, or terminate the approval of, an organization that does not satisfactorily comply with the requirements set forth in subsection (b).
- (5) If the Exchange Authority approves an organization’s application, the organization shall, on annual basis from the date its application was approved:

- (i) Submit a letter to the Exchange Authority attesting that its program has not changed and continues to meet the requirements under subsection (b); or
- (ii) Submit a new application to the Exchange Authority if its program has changed.

(6) If the Exchange Authority approves an organization's application, the Exchange Authority will publish on its website the organization's name in a list of recognized health equity accreditation organizations.

(b) *Recognized Health Equity Accreditation Organizations Requirements.* To be recognized as a health equity accreditation organization by the Exchange Authority, an organization shall have a health equity accreditation program in the United States that:

- (1) Educates applicants seeking accreditation about health equity to help them achieve a framework that advances health equity, expands coverage, and improves health outcomes for their customers regardless of their race, ethnicity, disability, sexual orientation, gender, socioeconomic status, geography or preferred language.
- (2) Is conducted pursuant to a written plan and curriculum or manual.
- (3) Includes, at a minimum, curriculum that covers the following topics:
 - (i) Diversity of the workforce of the applicant seeking accreditation.
 - (ii) Access and availability of language services.
 - (iii) Cultural awareness and responsiveness.
 - (iv) Reduction of healthcare disparities.
- (4) Has instructors and administrators with education or certification in health equity education.
- (5) Has specific parameters that the applicant seeking accreditation must meet

prior to becoming accredited in health equity.

(6) Has renewal criteria.

(7) Includes a health equity accreditation certification that expires in no more than three years if renewal criteria are not satisfied.

§ 5001.6. Penalties

Failure to comply with the provisions of this Chapter will subject an insurer offering qualified plans through the Exchange Authority to referral to the Department for enforcement pursuant to section 9702 of Act 42 of 2019 (P.L. 294, No. 42), known as the Health Insurance Markets Oversight Act (40 Pa.C.S. §§ 9101-9703), and any other penalty provided by law.



May 7, 2024

David Summers
Executive Director
Independent Regulatory Review Commission
333 Market Street, 14th Fl.
Harrisburg, PA 17120

RE: PHIEA Proposed-Form Regulation No. 130-1
31 Pa. Code Ch. 5001
Title 31. Insurance. Part L. Chapter 5001. Health Equity Accreditation

Dear Mr. Summers:

Pursuant to Section 5(a) of the Regulatory Review Act, enclosed for your information and review is proposed regulation 130-1. The Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® (Exchange Authority) proposes to add Chapter 5001, Health Equity Accreditation, to Title 31, Part L. Acknowledgement of receipt from the legislative committees is also enclosed.

This proposed rulemaking would require insurers selling health or dental insurance policies through the Exchange Authority to be accredited in health equity. Through health equity accreditation, insurers and its employees will learn about cultural competency within the healthcare field to ensure that every person – regardless of personal characteristics such as gender, race, socioeconomic status, and geographical location – receives the same quality of care.

If you have any questions regarding this matter, please contact me at anagomez@pa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Ana Paulina Gomez".

Ana Paulina Gomez, Esq.
Chief Counsel
The Pennsylvania Health Insurance Exchange Authority d/b/a Pennie®

RECEIVED

From: [Grant, Jordan](#)
To: [Dienner, Alyssa](#)
Cc: [Gomez, Ana Paulina](#); [Thomsen, David](#)
Subject: RE: Proposed Regulation #130-1
Date: Tuesday, May 7, 2024 8:59:27 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Independent Regulatory
Review Commission

May 7, 2024

Thank you Alyssa I appreciate you sending this over to us.

Regards,

Jordan Grant
Executive Director of Banking and Insurance
Senator DiSanto
168 Main Capitol Building
Harrisburg, PA 17120-3029
Phone: 717-787-6801

From: Dienner, Alyssa <aldienner@pa.gov>
Sent: Tuesday, May 7, 2024 8:11 AM
To: Grant, Jordan <jgrant@pasen.gov>
Cc: Gomez, Ana Paulina <anagomez@pa.gov>; Thomsen, David <dthomsen@pa.gov>
Subject: Proposed Regulation #130-1
Importance: High

ⓘ CAUTION : External Email ⓘ

Good Morning,

Attached please find the Pennsylvania Health Insurance Exchange Authority d/b/a Pennie's® Proposed Regulation 130-1 package adding 31 Pa. Code Ch. 5001, for your reference.

Kindly reply to this email acknowledging receipt.

Thank you.

Alyssa G. Dienner | Legal Office Administrator
Governor's Office of General Counsel
Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® | Office of Chief Counsel
PO Box 536 | Harrisburg, PA 17108

www.ogc.state.pa.us www.pennie.com   

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From: [Cohn, Alan J.](#)
To: [Dienner, Alyssa](#)
Cc: [Gomez, Ana Paulina](#); [Thomsen, David](#); [Keller, Joseph](#); [Mollah, Aliya](#)
Subject: RE: Proposed Regulation #130-1
Date: Tuesday, May 7, 2024 8:12:26 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

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May 7, 2024

Received

Alan J. Cohn
Senior Executive Director
House Insurance Committee (D)
House of Representatives
acohn@pahouse.net
717-787-4437

From: Dienner, Alyssa <aldienner@pa.gov>
Sent: Tuesday, May 7, 2024 8:09 AM
To: Cohn, Alan J. <ACohn@pahouse.net>
Cc: Gomez, Ana Paulina <anagomez@pa.gov>; Thomsen, David <dthomsen@pa.gov>
Subject: Proposed Regulation #130-1
Importance: High

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Proposed Regulation 130-1 package adding 31 Pa. Code Ch. 5001, for your reference.

Kindly reply to this email acknowledging receipt.

Thank you,

Alyssa G. Dienner | Legal Office Administrator
Governor's Office of General Counsel
Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® | Office of Chief Counsel
PO Box 536 | Harrisburg, PA 17108

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Cc: [Gomez, Ana Paulina](#); [Thomsen, David](#); [Adeline E. Gaydosh](#)
Subject: [External] Re: Proposed Regulation #130-1
Date: Tuesday, May 7, 2024 2:12:15 PM
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[image002.png](#)
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Independent Regulatory
Review Commission
May 7, 2024

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Good afternoon, Alyssa,

Thank you for sending these proposed rulemakings. It is scheduled for publication in the 5/25 issue of the *Pennsylvania Bulletin*.

Have a wonderful rest of your day,
Adeline

Adeline Gaydosh | Legal Assistant

agaydosh@palrb.us | 717.783.3984

Legislative Reference Bureau

Pennsylvania Code & Bulletin Office

647 Main Capitol Building

Harrisburg, PA 17120

From: Dienner, Alyssa <aldienner@pa.gov>

Sent: Tuesday, May 7, 2024 8:13 AM

To: Bulletin <bulletin@palrb.us>

Cc: Gomez, Ana Paulina <anagomez@pa.gov>; Thomsen, David <dthomsen@pa.gov>

Subject: Proposed Regulation #130-1

Good Morning,

Attached is the combined PDF package adding Pa. Code Ch. 5001 for publication. The Word versions of the Preamble and Annex A are also attached.

Please confirm your receipt and the projected date of publication.

Thank you,

Alyssa G. Dienner | Legal Office Administrator

Governor's Office of General Counsel

Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® | Office of Chief Counsel

PO Box 536 | Harrisburg, PA 17108

RECEIVED

From: [David Greineder](#)
To: [Dienner, Alyssa](#)
Cc: [Gomez, Ana Paulina](#)
Subject: RE: [EXTERNAL]: RE: Proposed Regulation #130-1
Date: Tuesday, May 7, 2024 4:07:45 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Independent Regulatory
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May 7, 2024

Confirmed

From: Dienner, Alyssa <aldienner@pa.gov>
Sent: Tuesday, May 7, 2024 4:03 PM
To: David Greineder <Dgreineder@pahousegop.com>
Cc: Gomez, Ana Paulina <anagomez@pa.gov>
Subject: [EXTERNAL]: RE: Proposed Regulation #130-1
Importance: High

Good Afternoon Mr. Greineder,

Please confirm that you have received the attached package for Proposed Regulation 130-1 from the Pennsylvania Health Insurance Exchange Authority d/b/a Pennie®.

Thank you,

Alyssa G. Dienner | Legal Office Administrator

Governor's Office of General Counsel

Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® | Office of Chief Counsel

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From: Dienner, Alyssa
Sent: Tuesday, May 7, 2024 8:10 AM
To: dgreineder@pahousegop.com
Cc: Gomez, Ana Paulina <anagomez@pa.gov>; Thomsen, David <dthomsen@pa.gov>
Subject: Proposed Regulation #130-1
Importance: High

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Thank you,

Alyssa G. Dienner | Legal Office Administrator
Governor's Office of General Counsel
Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® | Office of Chief Counsel
PO Box 536 | Harrisburg, PA 17108

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May 7, 2024

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To: [Dienner, Alyssa](#)
Cc: [Gomez, Ana Paulina](#); [Thomsen, David](#)
Subject: Re: Proposed Regulation #130-1
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Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Independent Regulatory
Review Commission

May 7, 2024

Received.

Thanks,
Dustin

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From: Dienner, Alyssa <aldienner@pa.gov>
Sent: Tuesday, May 7, 2024 8:11:08 AM
To: Morris, Dustin <dustin.morris@pasenate.com>
Cc: Gomez, Ana Paulina <anagomez@pa.gov>; Thomsen, David <dthomsen@pa.gov>
Subject: Proposed Regulation #130-1

■ EXTERNAL EMAIL ■

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Kindly reply to this email acknowledging receipt.

Thank you.

Alyssa G. Dienner | Legal Office Administrator
Governor's Office of General Counsel
Pennsylvania Health Insurance Exchange Authority d/b/a Pennie® | Office of Chief Counsel
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