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PA Health Insurance Exchange Authority

**Re: Proposed 31 Pa. Code Chapter 5001 – Health Equity Accreditation**

Dear Attorney Gomez, Mr. Thomsen, and Ms. Laurore:

On behalf of the Insurance Federation of Pennsylvania (IFP), thank you for the opportunity to offer comments to the PA Health Insurance Exchange Authority's ("Pennie") regulatory proposal at **31 Pa. Code Chapter 5001 – Health Equity Accreditation**. The IFP is a state trade association representing all lines of insurers.

The IFP on behalf of its members submits the following comments regarding Pennie's regulatory proposal to require insurers selling qualified plans through the Exchange to be accredited in health care equity by a recognized accrediting body.

#### **§5001.4. Achieving Health Equity Accreditation**

The analysis form accompanying the proposed regulation notes that the regulated community will bear a cost of a \$6,240 base fee plus a \$0.06 member fee to complete the initial full survey to demonstrate compliance with health equity accreditation standards.

These costs leave unaddressed the substantial cost to insurers in necessary staff hours to complete the accreditation process given the depth and breadth of the submission that is required.

The staff costs borne by the regulated community will only increase if the health equity accreditation process is not tied to general accreditation cycles to which health insurers are currently bound. Under the current proposal, insurers will have 12 months from the time of the publication of the final regulation to achieve health equity accreditation, which may or may not coincide with their general accreditation schedule.

Additionally, as described by the National Committee for Quality Assurance (a nationally recognized accrediting body), the typical timeframe to obtain health equity accreditation is itself a full 12 months, (<https://www.ncqa.org/programs/health-equity-accreditation/fags/>) leaving health insurers with little or no flexibility around the timing of their application, as well as its associated direct costs and staffing requirements.

§5001.4(b)(3) potentially speaks to this concern by granting Pennie discretion if an insurer “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.”

Presumably, under this language, an insurer could be granted an exemption from the 12-month standard to match its general accreditation schedule, but a decision to allow for an alternative timetable is left to the discretion of Pennie.

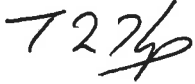
We believe the health equity accreditation process should be accomplished in the most efficient way possible, rather than approaching it as an exigent matter that cannot wait for a plan’s on-cycle general accreditation review.

This situation is exacerbated as insurers apply for renewal accreditation. If an insurer is not allowed to choose to maintain an “on-cycle” accreditation schedule, it potentially will be sentenced to a lifetime of “off-cycle” equity accreditation and the associated costs that come with it.

**We respectfully request Pennie amend §5001.4 to allow insurers the discretion to commence a health equity accreditation process to coincide with their current general accreditation schedule.**

Thank you for your consideration of the IFP's comments. Please do not hesitate to contact me at 717-461-6310 or [tknapp@ifpenn.org](mailto:tknapp@ifpenn.org) should you have any questions or concerns.

Respectfully submitted,

Handwritten signature of Timothy L. Knapp in black ink.

Timothy L. Knapp  
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