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**External Review in Pennsylvania, the Patient Protection and Affordable Care Act, and the Interim "Safe Harbor"**

The Pennsylvania Department of Health, Bureau of Managed Care (Department), and the Pennsylvania Insurance Department (PID) are providing the following guidance to health plans and issuers affected by the Patient Protection and Affordable Care Act and the interim regulations and guidance relating to external reviews issued by the U.S. Departments of Treasury, Labor and Health and Human Services.

In the Fall of 2010 and in response to guidance issued by the federal Departments of Labor, Treasury, and Health and Human Services and the Internal Revenue Service, the Department offered plans and issuers not covered by the existing state external review process the option of using that state process in order to take advantage of the interim enforcement safe harbor offered in that guidance.

If you are a health plan or issuer required to follow the federal external review process set out in the interim final regulations, and have opted to utilize the Department's external review process to comply with the requirements of the interim final regulations, **the Department is hereby giving notice that it will continue to offer the state process for use by those plans and issuers through January 1, 2012.** The Department has been notified by the federal Department of Health and Human Services that the interim safe harbor will remain in effect at least until that date. Plans and issuers need not take any additional action so long as they are currently on record with the Department as using the state external review process. The Department will continue to assign cases forwarded to it for third level review by those plans and issuers.