

**COMMONWEALTH OF PENNSYLVANIA**  
**COMPREHENSIVE DESCRIPTION:**  
**STATE INNOVATION WAIVER APPLICATION**



**PENNSYLVANIA INSURANCE DEPARTMENT**  
**JESSICA K. ALTMAN, COMMISSIONER**

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## SUMMARY

### A. WAIVER REQUEST

Jessica Altman, Commissioner of the Pennsylvania Insurance Department (PID), on behalf of the Commonwealth of Pennsylvania, will submit an application to the Centers for Medicare and Medicaid Services (“CMS”), a division of the United States Department of Health and Human Services (“HHS”), and to the United States Department of the Treasury, for a waiver of certain provisions of the Patient Protection and Affordable Care Act, Public Law 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152, together referred to as the Affordable Care Act (“ACA”), as authorized by Section 1332 of that Act.

Pennsylvania’s 1332 waiver application will, if approved, be effective for the 2021 plan year, and will seek the maximum approval of five years under Section 1332. Pennsylvania’s 1332 waiver will seek approval to waive section 1312(c)(1) of the ACA for the purpose of establishing a state-based, and state-administered reinsurance program. Pennsylvania’s 1332 waiver will not seek to waive any other sections of the ACA.

Pennsylvania’s 1332 waiver, if approved, would establish a reinsurance program that would lower premiums in the individual ACA market below what would otherwise be charged and reduce the payment of premium tax credits (“PTCs”) by the federal government.

### B. BACKGROUND & GOAL OF REINSURANCE PROGRAM

Pennsylvania’s individual market for health insurance is stable and has recently welcomed new insurers to the market and service area expansions of existing insurers. But a stable market does not necessarily mean an affordable market, and Pennsylvania has seen individual market rates rise in recent years. In particular, Pennsylvanians who are not eligible for financial assistance made available by the ACA are finding the full cost of premiums to be high and, for some, unaffordable.

Pennsylvania believes that a sustainable, affordable individual market for health insurance is important. After studying the Commonwealth’s market, population, and morbidity, Pennsylvania believes that an effective mechanism to maintain its stable individual market by reducing rates, increasing enrollment, and improving the morbidity of the single risk pool is through the use of a state-based reinsurance program. The Pennsylvania reinsurance program is modeled largely on the concepts of the Transitional Reinsurance Program that operated in the individual ACA market from 2014 through 2016 under section 1341 of the ACA and will utilize an attachment-point model of reinsurance, financed by user fees from the on-exchange insurers (less costs to operate the exchange) and federal pass-through funding resulting from reductions in federal spending on exchange financial assistance.

Pennsylvania’s 1332 waiver will propose a reinsurance program that is expected to lower gross premium rates (i.e., prior to the application of premium tax credits) in the individual ACA market by, on average, between 4.9% and 7.5% for the 2021 plan year, improve morbidity in the risk pool by between 0.1% and 0.2%, and increase enrollment in the individual ACA market by between 0.5% and 1.0%. These estimates are relative to actuarial projections of a 2021 plan year without a reinsurance program in effect.

## **C. COMPLIANCE WITH ACA SECTION 1332**

### **1. GUARDRAILS**

As detailed more fully in Section II, Pennsylvania's 1332 waiver application, if approved and implemented, would abide by the four guardrails<sup>1</sup> imposed under section 1332 of the ACA. Pennsylvania's 1332 waiver proposal does not seek to alter or affect the comprehensiveness of coverage in Pennsylvania's market for health insurance. Additionally, the 1332 waiver proposal will not result in health insurance being less affordable than it is today; rather, it will reduce rates in the individual market (i.e., relative to if the 1332 waiver proposal were not implemented). Regarding the scope of coverage guardrail, Pennsylvania's 1332 waiver is expected to increase enrollment in the individual market. Finally, Pennsylvania's 1332 waiver will not result in increased spending, administrative or other expenses to the federal government. Pennsylvania's 1332 waiver will request pass-through funding in the amount of reductions in (premium tax credit) PTC payments made by Treasury, which the federal government would have otherwise been statutorily obligated to make.

### **2. PASS-THROUGH FUNDING**

Pennsylvania's 1332 waiver proposal will request that Treasury "pass-through" to Pennsylvania's reinsurance program the cost savings from the reduction of federal outlays of PTCs resulting from the reduction in rates in the individual market due to the reinsurance program. Section 1332(a)(3) of the ACA authorizes pass-through funding in 1332 waiver applications.

### **3. PUBLIC NOTICE & COMMENT**

Pennsylvania is releasing this comprehensive description of its 1332 waiver proposal for public comment. Additionally, Pennsylvania will hold two public hearings in separate places within a 30-day period, commencing on Friday, November 15, and ending on Saturday, December 14, 2019. During that same period, Pennsylvania will accept comments from the public regarding the 1332 waiver proposal.

Pennsylvania's Insurance Department has created a webpage, easily accessible from its homepage at [insurance.pa.gov](https://www.insurance.pa.gov) or by visiting [insurance.pa.gov/PA1332Waiver](https://www.insurance.pa.gov/PA1332Waiver). This page contains a comprehensive description for the establishment of a reinsurance program, a draft of the final 1332 waiver proposal (when available), links to Act 42, and 1332 waiver FAQs. The page also includes a mechanism for submitting a comment, the date, time and locations of public hearings, and other information, including a cash flow illustration, intended to give the public the ability to understand Pennsylvania's 1332 waiver application.

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<sup>1</sup> <https://www.govinfo.gov/content/pkg/FR-2018-10-24/pdf/2018-23182.pdf>

## COMPLIANCE WITH SECTION 1332 GUARDRAILS

The ACA contains provisions that encourage states to innovate regarding health insurance coverage and avoid situations where a one-size-fits-all approach implemented through federal regulation may have negative effects in specific states. The provision at the center of this 1332 waiver proposal is Section 1332 of the ACA, which allows states to modify or waive certain provisions of the ACA. However, there are certain “guardrails” in that authorization which place limitations on how 1332 waivers can be used by states. The guardrails outlined in Section 1332 of the ACA are described in more detail in guidance published on October 24, 2018. In general, the guardrails are intended to ensure that comprehensive, affordable healthcare coverage continues to be made available in a state to at least as many individuals as would have access absent a waiver, while not increasing the federal deficit.

Although some flexibility is provided to states when pursuing waivers under section 1332 of the ACA, there are specific market reforms from Title I of the ACA that cannot be waived by a state. Those market reforms include:

- Guarantee issue (the requirement that insurers offering ACA-compliant policies in a state must offer coverage to all eligible applicants, with few exceptions)
- Prohibition on pre-existing conditions exclusions
- Prohibition on lifetime and annual dollar limits for policies
- Prohibition on health underwriting or adjusting premium due to health status
- The maximum age rating ratio of 3:1
- Requirement that coverage be provided to adult dependents up to age 26

Additionally, the section 1332 waiver cannot alter provisions of law or operations of the state’s Medicaid program.

## SECTION 1332 GUARDRAILS

### A. COMPREHENSIVENESS OF COVERAGE

The first guardrail requires that any 1332 waiver must ensure access to coverage provided in the market after the implementation of the waiver that is “at least as comprehensive” in covered benefits as would be available without the implementation of a 1332 waiver.

Pennsylvania’s 1332 waiver does not in any way seek to alter the requirements of coverage under state benefit mandates or under the ACA’s required coverages, including the essential health benefits requirement under section 2707 of the Public Health Service Act.

### B. AFFORDABILITY OF COVERAGE

A 1332 waiver must provide access to “coverage and cost-sharing protections against excessive out-of-pocket spending that are at least as affordable” for the state’s residents as would be available absent the implementation of the 1332 waiver. Affordability is measured by comparing an individual’s net out-of-pocket spending, including premium contributions, cost-sharing, and spending on non-covered services.

Pennsylvania’s 1332 waiver would not require or encourage insurers to alter cost-sharing designs or network coverage. In addition, by establishing a reinsurance program to lower rates,

Pennsylvania's 1332 waiver would reduce premium contributions made by a number of individuals, in particular those individuals who do not receive PTCs, and reduce the overall cost of health insurance in the individual market. Overall, if approved, this 1332 waiver is expected to make coverage more affordable in the individual market.

### **C. SCOPE OF COVERAGE**

Section 1332 requires that states must provide coverage to "at least a comparable number of the state's residents" as would have been covered without the waiver.

Pennsylvania's 1332 waiver is expected to increase the number of enrollees in the individual market due to the reduction in rates resulting from the reinsurance program. Actuarial analyses and projections estimate that the number of individual market enrollees would increase by between 0.5% and 1.0% over baseline assumptions for the 2021 plan year.

### **D. DEFICIT NEUTRALITY**

Finally, section 1332 requires that a waiver must not increase the federal deficit in each year of the waiver, and over a 10-year budget period. All changes in federal revenues and outlays resulting from an approved 1332 waiver must be considered.

Pennsylvania's 1332 waiver, if implemented, would not increase either the federal deficit or federal revenues or outlays on a year-over-year basis, nor over the 10-year budget period. The reinsurance program proposed in Pennsylvania's 1332 waiver would seek pass-through funding that is equal to, but not greater than, the amount of money in PTCs that Treasury would otherwise pay without a reinsurance program under a 1332 waiver. In other words, federal expenditures would not be expected to change as a result of the waiver.

## RECENT HISTORY AND CURRENT STATUS OF PENNSYLVANIA'S HEALTH INSURANCE MARKET

As was the case across the country, Pennsylvania's individual health insurance market experienced significant changes since the ACA was implemented. As shown in Table 1, in the first three years following the implementation of the major market reforms of the ACA, insurers doing business in the individual market realized large underwriting losses, with the most significant of those losses occurring in 2015 and 2016. Following those results, some insurers exited Pennsylvania's individual ACA market in 2017. While the individual market experienced fluctuations since the implementation of the major market reforms of the ACA, as noted in Table 1, Pennsylvania has recently experienced positive trends and noteworthy stabilization. In addition to some insurers reporting rate decreases over the last two plan years, Pennsylvania's individual market has recently added two new insurers, as well as seen existing insurers expanding their service areas.

**Table 1 – Individual Market Underwriting Gain/Loss (in thousands)**

	2014	2015	2016	2017	2018
Premium	\$2,099,691	\$2,576,875	\$2,637,044	\$3,077,400	\$3,605,637
Gain/(Loss)	(\$180,850)	(\$441,406)	(\$288,114)	\$314,168	594,948
G/L% of Prem	-8.6%	-17.1%	-10.9%	10.2%	16.5%

Sources: CMS MLR Reported Data (2014 through 2018)

Still of concern is the lack of affordability for all Pennsylvanians, particularly those who do not receive subsidies. The high points of enrollment preceded the Commonwealth implementing a Medicaid expansion program, first through a Section 1115 demonstration waiver and later that same year with a traditional ACA approach. A large average rate increase in the 2017 plan year and a second increase in 2018 caused further enrollment deterioration. As shown in Table 2, we estimate that the average premium per member per month (PMPM) in Pennsylvania's individual market has more than doubled over the time period from 2014 to 2018, from \$289 to \$641. Meanwhile, total membership in Pennsylvania's individual market has decreased almost to the level which existed prior to the ACA.

**Table 2 – Individual Market Member Months and Average Premium PMPM**

	2013	2014	2015	2016	2017	2018
Member Months	456,000	606,000	642,000	598,000	511,000	469,000
Premium PMPM	\$243	\$289	\$334	\$368	\$502	\$641

Sources: CMS MLR Reported Data (2013 through 2018)

Through the reinsurance program and associated market stabilization efforts, we expect to see reduced rates, increased enrollment, and continued downward pressure on rates in the coming years. Pennsylvania believes that a reinsurance program is the most cost-effective mechanism to immediately push rates downward, encourage enrollees to maintain coverage, and to attract more enrollees into the market for the 2021 plan year.

## DESCRIPTION OF 1332 WAIVER PROPOSAL

Pennsylvania will submit a 1332 waiver application that seeks to implement a state-based reinsurance program to strengthen the individual market. Pennsylvania's 1332 waiver application will seek approval to waive ACA section 1312(c)(1); Pennsylvania will not seek approval to waive any other provisions of law. The waiver application submitted by Pennsylvania, if approved and implemented, would take effect for the 2021 plan year, and approval would remain in effect for five years.

### A. PENNSYLVANIA'S PROPOSED REINSURANCE PROGRAM

Act 42 was signed into law by Governor Wolf on July 2, 2019. Act 42 authorizes the establishment of a state-based reinsurance program and the securement of funding for that reinsurance program, as well as authorizes the PID to submit a 1332 waiver application specific to a reinsurance program.

### B. REINSURANCE PROGRAM STRUCTURE

The PID will be charged with the following responsibilities associated with the operation of the proposed reinsurance program:

- 1) Make reinsurance payments to eligible insurers that offer individual health care plans<sup>2</sup> in the Commonwealth.
- 2) Establish procedures for the administrative and accounting operations of the program.
- 3) Prepare an annual financial report, transmit it to the General Assembly and post it on the Department's website.
- 4) Annually consult with on-exchange insurers and determine and adopt parameters for reinsuring risks, including all of the following: an attachment point, reinsurance cap, and coinsurance rate.
- 5) Assure collection of data submissions and reinsurance payment requests from eligible insurers.
- 6) Contract with outside entities as necessary or appropriate to administer program.
- 7) Assure that an annual independent audit is performed each year.
- 8) Establish procedures for quarterly reporting or annual reporting, or both, as may be required, of data under the § 1332 waiver to demonstrate that the waiver remains in compliance with the scope of coverage, affordability, comprehensiveness and deficit requirements.
- 9) Provide an annual report summarizing the quantifiable impact of the reinsurance program on individual market health insurance rates for the following year.
- 10) Establish procedures for providing each year the actual Second Lowest Cost Silver Plan premium under the Affordable Health Care Act's [42 U.S.C. § 18001 et seq.] § 1332 waiver and an estimate of the premium as it would have been without the waiver.
- 11) Provide for any additional matters necessary for the implementation and administration of the reinsurance program.

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<sup>2</sup> Any policy offered in the Pennsylvania's individual market that is subject to the single risk pool requirements of § 1312(c)(1) of the Affordable Care Act



## C. REINSURANCE PROGRAM FINANCING & TARGET REDUCTION IN RATES

Pennsylvania's 1332 waiver application will target a reduction to gross premium rates equal to between 4.9% and 7.5%, on average, for the 2021 plan year (i.e., relative to the premium rates that would otherwise be charged under the baseline). Actuarial modeling predicts it is expected that Pennsylvania will need to secure between \$41.8 million and \$65.9 million in financing to secure the corresponding \$103.4 million to \$157.9 million in estimated federal pass-through funding to achieve the specified average rate impact for the 2021 plan year.

Pennsylvania's reinsurance program will be funded by user fees from the on-exchange insurers and federal "pass through" dollars. This "pass through" funding is calculated on the assumption that the federal government will pay out less in federal tax credits due to lower premium rates.

The user fee is a 3% fee calculated as a percent of monthly premiums for health and dental products offered through the Pennsylvania Health Insurance Exchange Authority (PHIEA). The exchange authority will assess and collect the fees and disburse receipted fees (less costs to operate the exchange) to the PID to benefit the reinsurance program.

If the 1332 waiver is approved, Pennsylvania expects to receive additional "pass through" dollars from the federal government to supplement the program.

Each year, the PID will determine the reinsurance program attachment point, reinsurance cap, and coinsurance rate, by conducting an analysis of the individual health insurance market. This analysis will consider factors such as: projected monthly enrollment, average PMPM premium, projected medical trend growth, and projected reinsurance impact of the upcoming year.

Eligible insurers may be reimbursed a percentage of an individual's annual claim costs between a bottom attachment point and an upper limit cap. The insurer will be responsible to pay the full cost of those claims up to the attachment point and above the cap. Payments to insurers will be made under the reinsurance program after the plan year ends and all costs have been recorded and reconciled.

Payment is not an entitlement; payments of amounts payable from federal sources is contingent on the receipt of federal money; and payments may not exceed amounts of expected federal and other budgeted money.

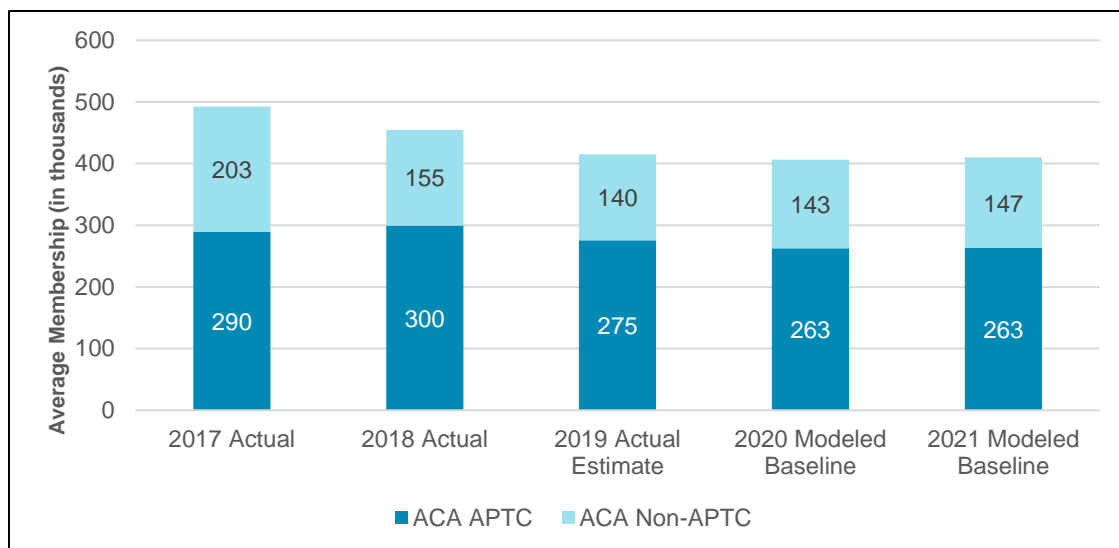
In summary, by helping to cover high-cost claims, the reinsurance program will reduce the insurers' exposure to high cost claims and therefore reduce the need to raise premium rates to cover those claims.

## ACTUARIAL ANALYSES TO SUPPORT WAIVER PROPOSAL

### A. PRELIMINARY ACTUARIAL MODELING RESULTS

The 2021 Modeled Baseline shown in Table 3 reflects projected enrollment levels in 2021, split between those individuals receiving advance premium tax credits (APTCs) and those individuals who do not receive APTCs. As shown, absent a 1332 waiver and corresponding reinsurance program, total enrollment volumes in Pennsylvania's individual market are expected to increase slightly from 2020 and 2021. Some of the key assumptions being incorporated into the 2021 projection are that the individual mandate penalty will remain equal to \$0, that non-ACA transitional policies will be required to terminate at the end of 2020, and that insurer pricing in 2021 will incorporate the following items: 7.0% premium/claims trend, an exchange user fee for 2021 of 3.0%, and the inclusion of the Health Insurance Providers Fee.

**Table 3 – Individual ACA Market Membership (2017 to 2021)**



Additional key assumptions which underlie the 2021 Modeled Baseline projection shown above include the following: Cost sharing reduction (CSR) subsidies will continue to be unfunded by the federal government and insurers will continue to load premiums for their on-Exchange silver plans by an amount equal to the lost CSR payments from the federal government, insurer plan and network offerings will be similar to those available to consumers in 2020, insurer pricing assumptions will be similar to those used in 2020, there will be no significant insurer entries or exits in 2021 relative to 2020, and there will be no additional significant legislative changes at either the state or federal level.

**Table 4 – 2021 Individual ACA Market Membership**

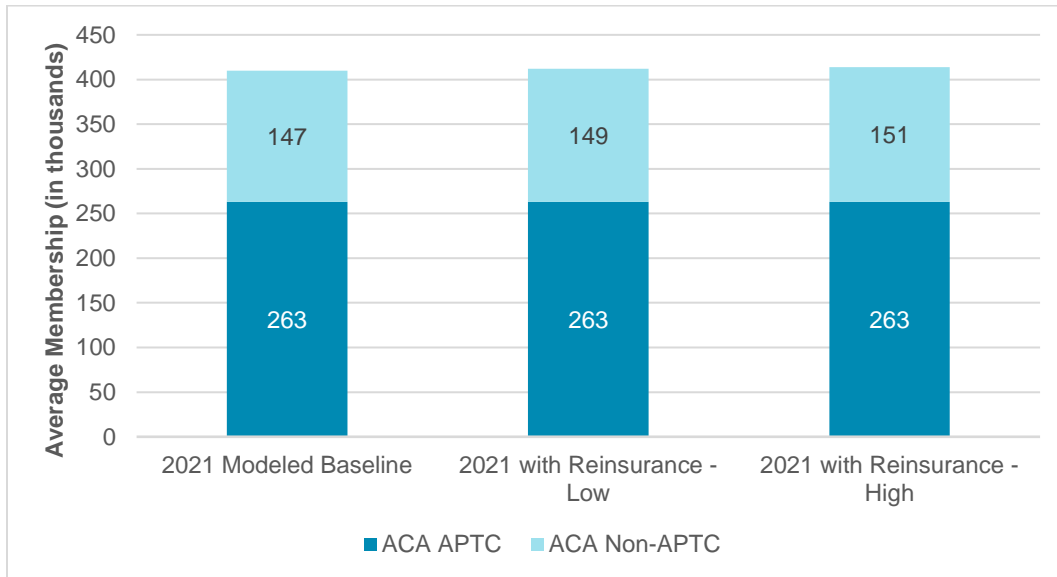


Table 4 above demonstrates how enrollment in Pennsylvania’s individual market would be expected to change assuming a reinsurance program resulting in a total average reduction to premium rates equal to between 4.9% and 7.5% (i.e., relative to the premium rates that would otherwise be charged under the baseline) were to be implemented starting in 2021. As shown, the impact of the reinsurance program on the volume of enrollees receiving APTCs in 2021 is expected to be minimal as the net premium rates paid by those enrollees (i.e., net of APTCs) are, on average, mostly insulated from changes in gross premium rates. On the other hand, the volume of enrollees who do not receive APTCs is expected to increase, driven primarily by uninsured individuals expected to enter the individual market as a result of lower rates.

We note that, in the reinsurance scenarios shown, it is being assumed that insurers will reduce their 2021 premium rates from the levels assumed under the 2021 Modeled Baseline, based on the percentage of each insurer’s costs expected to be funded by the reinsurance program plus an additional amount equal to between 0.1% and 0.2% to reflect an expected improvement in the average morbidity<sup>3</sup> of the individual ACA market, for a total expected average change in gross premium rates equal to between 4.9% and 7.5%.<sup>4</sup>

<sup>3</sup> On average, the additional individuals who enroll under the reinsurance scenario would be expected to have lower health risks than those individuals included in the 2021 Modeled Baseline.

<sup>4</sup> Relative to the 2021 Modeled Baseline premium rates

**Table 5 – Net Cost of Reinsurance Program to the Commonwealth of Pennsylvania**

<b>(in millions)</b>	<b>2021 Modeled Baseline</b>	<b>2021 with Reinsurance</b>	
<b>Reinsurance Pool Cost</b>	-	\$ 145.1 to \$223.8	A
<b>Federal PTC Spending</b>	\$ 1,632.1	\$1,474.2 to \$1,528.8	
<b>Pass-Through Savings</b>	-	\$ 103.4 to \$157.9	B
<b>Net Cost to the Commonwealth of Pennsylvania</b>	-	\$41.8 to \$65.9	= A – B

As shown in Table 5 above, the total projected cost (i.e., “Reinsurance Pool Cost”) of a reinsurance program that will produce an average reduction in gross premium rates equal to between 4.9% and 7.5% in Pennsylvania’s individual ACA market in 2021 (i.e., relative to the premium rates that would otherwise be charged under the 2021 baseline) is expected to be approximately \$145.1 million to \$223.8 million<sup>5</sup>. However, through the submission and approval of a 1332 waiver, much of the funding needed for the reinsurance program would be expected to be received in the form of federal pass-through payments, resulting in a net cost to Pennsylvania which is significantly lower than those estimates.

Since the proposed reinsurance program is expected to result in a decrease in gross premium rates (i.e., premium rates prior to the application of APTCs) for all individuals enrolled in individual plans, federal spending on PTCs would be expected to decrease as well. Overall, federal PTC spending is projected to decrease by approximately \$ 103.4 million to \$157.9million between the 2021 Modeled Baseline and Reinsurance scenarios.

Based on the above, the expected net liability to Pennsylvania in order to fund a reinsurance program that will produce an average reduction in gross premium rates equal to between 4.9% and 7.5% in Pennsylvania’s individual ACA market in 2021 (i.e., relative to the premium rates that would otherwise be charged under the 2021 baseline) is expected to be approximately \$41.8 million to \$65.9 million (i.e., \$145.1M - \$103.4M and \$223.8M - \$157.9M).

<sup>5</sup> Excludes costs associated with the implementation and ongoing administration of the reinsurance program

## IMPLEMENTATION PLAN WITH TIMELINE

Pennsylvania will seek to achieve the following time line in order to effectuate a reinsurance program for the 2021 plan year:

- 11/15/19: Public Comment Period begins (30 days total)
- 12/03/19: First Public Hearing held.
- 12/05/19: Second Public Hearing held.
- 12/14/19: Public Comment Period ends.
- 01/13/20: Pennsylvania's 1332 waiver application is submitted to the federal government.
- 01/23/20: Federal government determines waiver application is complete
- 02/28/20: CMS approves Pennsylvania's 1332 waiver.
- 09/15/20: PID submits required information for 2021 pass-through reporting to CMS
- 11/15/20: CMS notifies Pennsylvania of preliminary 2021 pass-through payments
- 01/01/21: Pennsylvania's reinsurance program under a 1332 waiver commences operation, compliant with both state and federal law and regulations
- 04/01/21: Federal government remits pass-through payment to PID

## OTHER REQUIREMENTS

### A. ADMINISTRATIVE BURDEN

Pennsylvania's 1332 waiver is expected to cause minimal administrative burden and expense to the state and federal governments. The waiver will cause no additional administrative burden to employers and individual consumers because the reinsurance program proposed by Pennsylvania in its 1332 waiver does not relate to the administrative functions or requirements typically undertaken by employers or individuals. The administrative burden to health insurance insurers associated with submitting limited data to Pennsylvania will be minimal.

The Commonwealth of Pennsylvania will have the resources to conduct the administrative tasks required for a reinsurance program under a 1332 waiver:

- Administration of the reinsurance program;
- Collection and application for pass-through funding;
- Monitoring of compliance with state and federal law;
- Collection and analyses of data related to the 1332 waiver;
- Performance of reviews and implementation of the waiver;
- Distribution of reinsurance payments; and
- Submittal of any annual, quarterly, or other required reports to the General Assembly, CMS, and Treasury

The 1332 waiver request anticipates that the federal government may perform the following administrative tasks, which are insignificant in comparison to duties currently performed by the federal government:

- Review documented complaints, if any, related to the 1332 waiver;
- Review state reporting;
- Evaluate the state's 1332 waiver and reinsurance program; and
- Calculate reinsurance payments and calculate and facilitate the transfer of pass-through funds

## COMMENT PERIOD

Pennsylvania's public comment period for its 1332 waiver application begins on Friday, November 15, 2019, and ends Saturday, December 14, 2019. Comments can be sent to the Pennsylvania Insurance Department through an e-mail address at RA-IN-PA1332Waiver@pa.gov or by mail to:

Pennsylvania Insurance Department 1332 Innovation Waiver  
Attn: David Buono  
1326 Strawberry Square  
Harrisburg, PA 17120

The two public hearings will be held:

December 3rd, 2019  
11:00am- 2:00pm  
The Nittany Lion Inn  
200 W Park Ave.  
State College, PA 16803

December 5th, 2019  
11:00am- 2:00pm  
Keystone Building – hearing room 3  
400 North St.  
Harrisburg, PA 17120