



2021 Managed Health Care Coverage Report



Summary of the Pennsylvania Insurance Department's Regulation of Managed Health Care Coverage in Pennsylvania

The Bureau of Managed Care (BMC) is responsible for oversight of health payer entities, including managed care organizations (MCOs) that provide managed health care coverage for commercial insurance, Medical Assistance, and the Children's Health Insurance Program (CHIP) under the act of June 17, 1998 (P.L. 464, No. 68) (Act 68). Included in the Act 68 oversight is the certification of managed care organizations and certified review entities; collection of annual and quarterly reporting; and management of the external complaint and grievance review processes. Regulations for the implementation of these duties are set forth in [Title 28, Chapter 9 of the Pennsylvania Code](#).

Previously the BMC resided within the Department of Health but required continued coordination with the Pennsylvania Insurance Department (PID). To enhance efficiency, responsibilities of the BMC were consolidated within a single agency, PID. As of January 2, 2021, coordination efforts were memorialized in a memorandum of understanding (MOU) between the two agencies.

Information presented in this report pertains to MCOs providing coverage through Medical Assistance (MA), Children's Health Insurance Program (CHIP), and commercial insurance, unless otherwise specified. This report is intended to increase transparency of the operations and outcomes of grievances, complaints, and other aspects of regulatory responsibilities of the BMC.

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Director, Bureau of Managed Care

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I. Insurance Department Oversight of Managed Health Care Coverage Entities

There are currently 12 Bureaus within the Insurance Department. The majority of these Bureaus have oversight responsibilities over some aspect of Managed Health Care Coverage entities in Pennsylvania.



II. Licensed Managed Care Organizations as of December 31, 2021

MANAGED CARE ORGANIZATION	WEBSITE
AETNA	https://www.aetna.com/
Aetna Better Health of Pennsylvania (ABH)	https://www.aetna.com/
Aetna HealthAssurance Pennsylvania Inc (AHASPA)	https://www.aetna.com/
Aetna Health Inc. (a PA Corporation)	https://www.aetna.com/
Aetna Life Insurance Company	https://www.aetna.com/
HealthAssurance Pennsylvania, Inc	https://www.aetna.com/
Capital Blue Cross	https://www.capbluecross.com/
Capital Advantage Insurance Company	https://www.capbluecross.com/
Keystone Health Plan Central, Inc.	https://www.capbluecross.com/
Geisinger Health Plan	https://www.geisinger.org/health-plan
Geisinger Health Plan	https://www.geisinger.org/health-plan
Geisinger Indemnity Insurance Company	https://www.geisinger.org/health-plan
Geisinger Insurance Operations	https://www.geisinger.org/health-plan
Health Partners Plans	https://www.healthpartnersplans.com/
Highmark	https://www.highmark.com/
HMO of Northeastern Pennsylvania d/b/a First Priority Health	https://www.highmark.com/
Highmark Inc. d/b/a Highmark Blue Shield	https://www.highmark.com/
Highmark Choice Company	https://www.highmark.com/
Professional Health Services Plan Corporation	https://www.highmark.com/
Highmark Benefits Group	https://www.highmark.com/
Highmark Coverage Advantage	https://www.highmark.com/
Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, d/b/a Highmark Blue Shield	https://www.highmark.com/
Highmark Wholecare (previously Gateway Health Plan)	https://highmarkwholecare.com/
Independence Blue Cross	https://www.ibx.com/
AmeriHealth HMO, Inc.	https://www.ibx.com/
Keystone Health Plan East	https://www.ibx.com/
GPPO (known as Blue Choice) underwritten by QCC Insurance Company	https://www.ibx.com/
Vista Health Plan, Inc.	https://www.ibx.com/
Oscar Health Plan of Pennsylvania Inc	https://www.hioscar.com/
Pennsylvania Health & Wellness, Inc.	https://www.pahealthwellness.com/
UnitedHealthcare Community Plan of Pennsylvania	https://www.uhc.com/
UPMC Health Plan, Inc.	https://www.upmchealthplan.com/
UPMC Health Network, Inc.	https://www.upmchealthplan.com/
UPMC Health Coverage, Inc.	https://www.upmchealthplan.com/
UPMC <i>for You</i> , Inc	https://www.upmchealthplan.com/

III. Other Licensed Entities

BMC also licenses or certifies entities other than managed care organizations that may interface with consumers accessing health care. Those entities include, but are not limited to, Behavioral Health Managed Care Organizations (entities contracted to manage mental health services provided to Medical Assistance beneficiaries), Primary Care Centers, and Certified Utilization Review Entities:

	2020	2021
Behavioral Health Managed Care Organizations	5	5
Primary Care Centers	3	3
Certified Utilization Review Entities	97	102

Behavioral Health Managed Care Organizations

- [Beacon Health Options](#)
- [Community Behavioral Health](#)
- [Community Care Behavioral Health Organization](#)
- [Magellan Behavioral Health](#)
- [PerformCare](#)

Primary Care Centers

- Geisinger Clinic
- Keystone Rural Health Consortia
- Southern Huntingdon County Medical Center

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2021 Certified Utilization Review Entities

Active Health Management, Inc.	Keystone Peer Review Organization, Inc. (KEPRO)
Adagio Health	Legato Health Technologies Philippines, Inc.
Advanced Medical Review (AMR)	Magellan Healthcare, Inc.
Aetna Health Management, LLC	Magellan Rx Management, LLC
Aetna Medicaid Administrators LLC	Maximus Federal Services, Inc.
Akeso Care Management, Inc.	MCMC, LLC
American Imaging Management (AIM) dba AIM Specialty Health	Medical Review Institute of America, Inc. (MRIOA)
American Specialty Health Group, Inc. dba American Specialty Health Networks, Inc.	Medical Transportation Management, Inc.(MTM)
AmeriHealth Caritas Services (ACS)	MediCall dba Cognizant Technology Solutions
Anthem UM Services (AUMSI)	MedImpact Healthcare System, Inc.
Avesis Third Party Administrators, Inc.	MET Healthcare Solutions
Beacon Health Options of PA, Inc.	Mitchell dba Medical Consultants Network, LLC (MCN)
Beacon Health Strategies, LLC	MLS Group of Companies, LLC
BH Services of Somerset & Bedford Counties (BHSSBC)	Mulberry Management Corp.
BHM Healthcare Solutions, Inc.	MyNexuscare, inc.
Care Continuum, Inc.	NantHealth, Inc.
CareCentrix, Inc.	National Imaging Associates, Inc. (NIA)
CareCore National, LLC	National Medical Reviews, Inc. (NMR)
CaremarkPCS Health,LLC dba eviCore Healthcare	naviHealth, Inc.
Central PA BH Collaboration dba Blair HealthChoices	New Century Health Management Systems, Inc. (NCH) dba New Century Health
Centene Management Company, LLC	New Directions Behavioral Health, LLC
Chesterfield Resources, Inc.	Oncology Analytics, Inc. dba OncoHealth
Christopher Place Healthcare Review	OptumHealth Care Solutions, LLC. (OHCS)
CIGNA Behavioral Health, Inc.	OptumRx, Inc.
CIGNA Health Management, Inc.	OrthoNet LLC
CoHere Health	PerformCARE
Communitas, Inc.	PerformRx, LLC
Community Behavioral Health	Physicians' Review Network, Inc.(PRN)
Cotiviti, Inc.	Physio Solutions
CVS Health Solutions, LLC	Preferred Health Care
Davis Vision, Inc.	Prest & Associates, LLC
Dental Benefit Providers, Inc. (DBP)	Prime Therapeutics LLC
DentaQuest, LLC	Progeny Health, LLC
Dominion Dental Services, Inc.	QTC Commercial Services, LLC dba IMX Medical Management Services, Inc
Envolve Dental, Inc.	Quest Behavioral Health
Envolve Pharmacy Solutions, Inc.	Radiant Services, LLC
eQHealth Solutions,LLC	Roffe Enterprises, Inc. dba H.H.C. Group
Erie County Care Management, Inc.	Shared Health, Inc.
eviCore Healthcare MSI, LLC dba eviCore healthcare	SKYGEN USA, LLC dba Scion Dental, Inc.
ExlService Technology Solutions, LLC	Superior Vision Benefit Management, Inc.
Express Scripts Utilization Management Company	Tandigm Health, LLC
Fayette County Behavioral Health Administration	Telligen, Inc.
Geisinger Clinic	Tower Health Population Management
Healthcare Quality Strategies, Inc (HQSI)	TurningPoint Healthcare Solutions, LLC
HealthHelp, LLC	UMR, INC
HealthSmart Care Management Solutions, LP (HCMS)	United Behavioral Health
HS1 Medical Management, Inc.	United Concordia Companies, Inc.
IEC Group, Inc. dba AmeriBen	United HealthCare Services, Inc. (UHS)
IngenioRx, Inc.	UnitedHealthcare Life Insurance Company
Integra Partners UR, LLC	WholeHealth Networks, Inc. dba Tivity
IPRO	WINFertility, Inc.

IV. Plan Year 2021

A. Enrollment

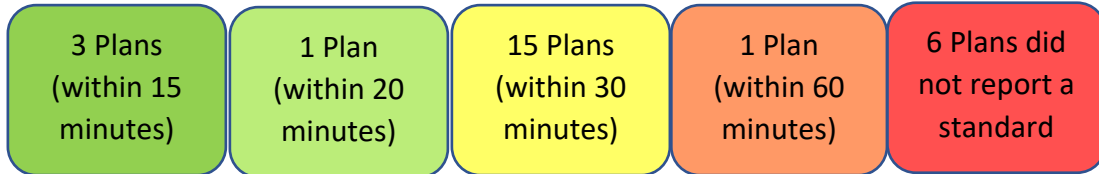
The total enrollment for all MCOs (commercial, MA, and CHIP) for Plan Year/Calendar Year 2021 was 4,619,837 (based on county level data submitted by each Health Plan). This was a net 7% increase over the 2020 enrollment.

Health Plan	2020 Enrollment	2021 Enrollment	% Change
Aetna Better Health of Pennsylvania	249,005	280,255	13
Aetna HealthAssurance Pennsylvania Inc	486	54	-89
Aetna Health Inc.	32,759	28,314	-14
Aetna Life Insurance Company	71,844	65,352	-9
HealthAssurance Pennsylvania, Inc	98,178	112,870	15
CBC Capital Advantage Insurance Company	476	464	-3
CBC Keystone Health Plan Central, Inc.	45,593	40,224	-12
Gateway Health Plan, Inc.	348,200	366,448	5
Geisinger Health Plan	326,821	341,800	5
Geisinger Indemnity Insurance Company	33,876	33,115	-2
Geisinger Insurance Operations	870	830	-5
Health Partners Plans	276,404	291,697	6
HMO of Northeastern Pennsylvania d/b/a First Priority Health	17,427	15,327	-12
Highmark Inc. d/b/a Highmark Blue Shield	10,435	9,048	-13
Highmark Choice Company	88,336	83,094	-6
IBC AmeriHealth HMO, Inc.	3,480	3,325	-4
IBC Keystone Health Plan East	522,610	511,020	-2
IBC Vista Health Plan, Inc.	968,227	1,055,723	9
OSCAR	0	51,513	100
Pennsylvania Health & Wellness, Inc.	99,723	106,427	7
UnitedHealthcare Community Plan of Pennsylvania	308,249	330,083	7
UnitedHealthcare of Pennsylvania, Inc.	5,316	4,686	-12
UPMC Health Plan, Inc.	160,950	162,116	1
UPMC Health Network, Inc.	8,726	7,780	-11
UPMC Health Coverage, Inc.	4,788	11,852	148
UPMC for You, Inc	649,152	706,420	9
TOTAL	4,331,931	4,619,837	7

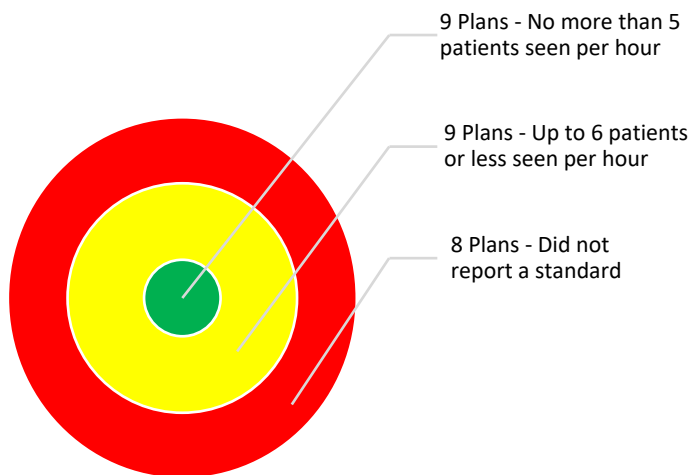
B. Plan Standards

The Bureau of Managed Care requests that plans report standards and methodologies to verify that the plan’s panel of primary care physicians can accept and serve plan patients in a timely manner. The following are the standards that the health plans are using for primary care physicians in their networks.

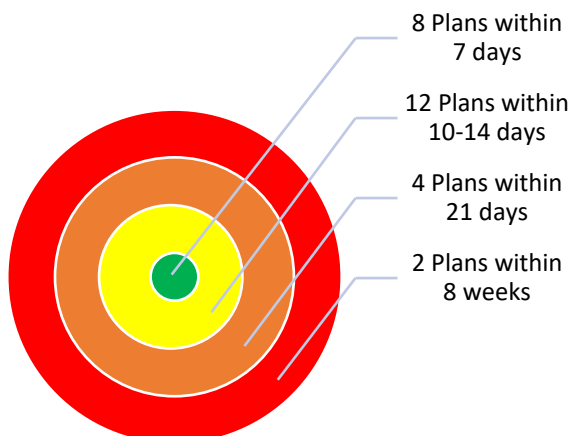
Patient Waiting Times



Number of Patients per Hour



Waiting Time for Routine Care



Waiting Time for Urgent Care



V. External Grievance Review

The external grievance review process for commercial insurance has been federally preempted since the early days of the Affordable Care Act. The external grievance review process for Medical Assistance and Children’s Health Insurance Program Managed Care Plans (MA and CHIP MCOs), however, has been overseen by BMC, previously in DOH, and, since January 1, 2021, in PID. The phased implementation of Community HealthChoices in 2018, 2019, and 2020 led to yearly increases in external grievances as long-term services and supports (LTSS) services transitioned from Medical Assistance Fee-for-Service to managed care. Due to logistical issues caused by the COVID-19 Public Health Emergency (PHE), on March 17, 2020, BMC delegated to the MA and CHIP MCOs the responsibility for assigning External Review Organizations (EROs) and notifying members of the assignment. As noted above, as of January 1, 2021, BMC was transitioned to PID. Effective July 1, 2021, BMC resumed the responsibility of assigning EROs to external grievances; however, the responsibility for notifying members of the assignment remained with the MA and CHIP MCOs. BMC resumed responsibility for notifying members of the assigned ERO on July 1, 2022. This has completed the realignment of the external grievance process, from what was put in place to address the PHE, to that contemplated by Act 68. Technical Advisories describing the transition may be found on the [BMC website](#).

Key Stakeholders in the MA and CHIP MCO External Grievance Review Process include:

- MA MCOs in Community HealthChoices, Physical HealthChoices, and Behavioral HealthChoices. Medical Assistance is administered by states according to federal requirements, and is funded jointly by states and the federal government. As providers of managed care in Pennsylvania, the MA MCOs in these programs are also subject to Act 68 regulations.
- CHIP MCOs. CHIP is a government sponsored insurance program that provides low-cost health coverage to children in families that earn too much money to qualify for Medical Assistance. CHIP MCOs are also subject to Act 68 regulations.
- External Review Organizations (EROs). These are independent entities that conduct external grievance reviews for MA and CHIP MCOs. The EROs must satisfy conflict of interest standards, and do not perform external reviews for MA or CHIP MCOs for which they perform internal reviews or other processes.

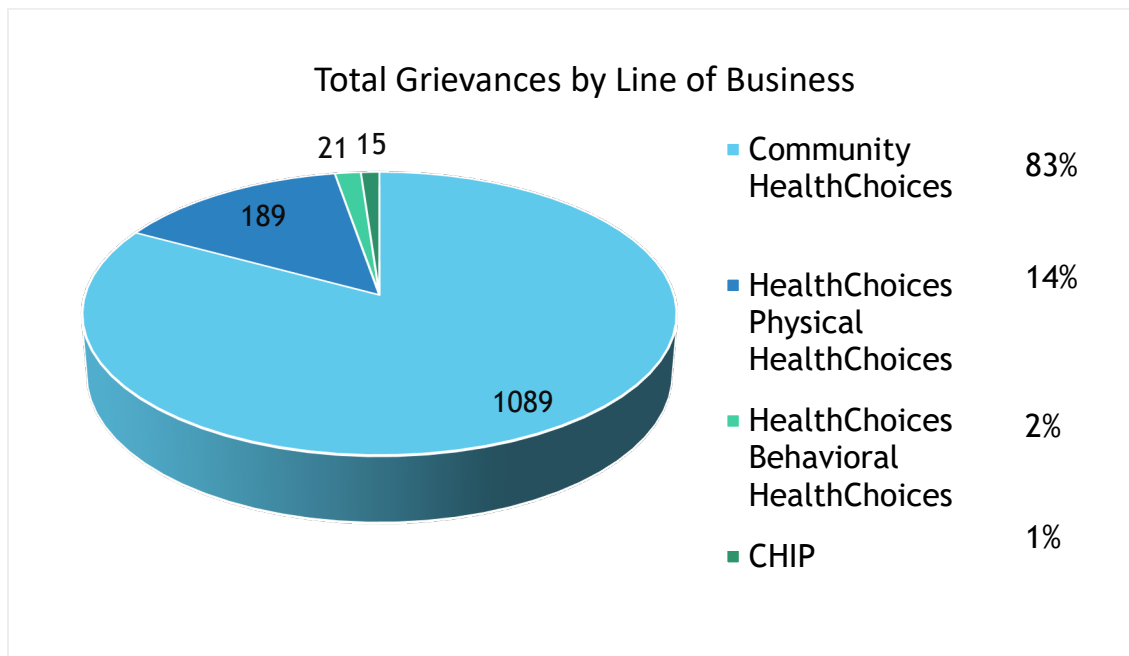
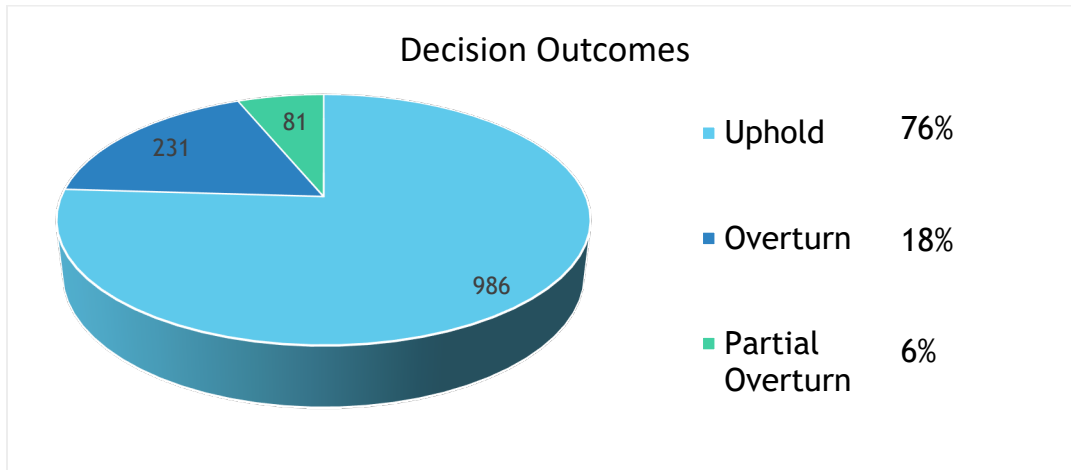
Below are the EROs that were approved to provide independent external grievance reviews of health care coverage denials from January 1, 2021, to December 31, 2021.

- Christopher Place Healthcare Review
- HHC Group
- IMX Medical Management
- IPRO
- KEPRO
- Maximus
- MCMC Services, LLC
- MCN
- MET Healthcare Solutions
- National Medical Reviews, Inc
- PhysioSolutions
- Prest & Associates (Behavioral Health Services Only)

External Grievance Review, continued

From July 1, 2021, to December 31, 2021, the BMC assigned an ERO to 1,314 cases.

From those 1,314 cases, 1,298 decisions were rendered (16 cases were withdrawn at the request of the member).



VI. Complaints

Managed Care Organizations reported adjudicating a total of 17,725 Internal Complaints, i.e., coverage or operations concerns, in 2021.

Pending from previous year	Total filed this year	Total Withdrawn	Total Overturned	Total Upheld	Pending this year
1021	25796	7722	2842	14883	1271

PID's [Bureau of Consumers Services](#) received 49 external complaints from Medical Assistance and CHIP members in 2021. Twenty-one cases were resolved. The remaining 28 cases were either settled, withdrawn, redirected to the appropriate entity, or reclassified.