



2023 Managed Health Care Coverage Report



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

The Bureau of Health Coverage Access, Administration, and Appeals (HCA3, formerly BMC) is responsible for oversight of health payer entities, including managed care organizations (MCOs) that provide managed health care coverage for private commercial insurance, Medical Assistance, and the Children’s Health Insurance Program (CHIP) pursuant to the act of November 3, 2022 (P.L. 2068, No. 146) (Act 146). Act 146 includes standards for certification of managed care organizations, utilization review entities, and independent review organizations; collection of annual and quarterly reporting; and management of the external review processes for private commercial insurance and coverage through Medical Assistance and CHIP. Regulations for the implementation of these duties are set forth in [Title 28, Chapter 9 of the Pennsylvania Code](#).

To enhance efficiency, responsibilities of HCA3 were consolidated within a single agency, the Pennsylvania Insurance Department (PID) as of January 2, 2021, through a memorandum of understanding (MOU) between the Department of Health and PID. With the passing of Act 146 of 2022, HCA3 was statutorily transitioned to PID.

Information presented in this report pertains to MCOs providing coverage through Medical Assistance (MA), Children’s Health Insurance Program (CHIP), and private commercial health insurance, unless otherwise specified. This report is intended to increase transparency of the operations and outcomes of adverse benefit determinations, grievances, complaints, and other aspects of regulatory responsibilities of HCA3.

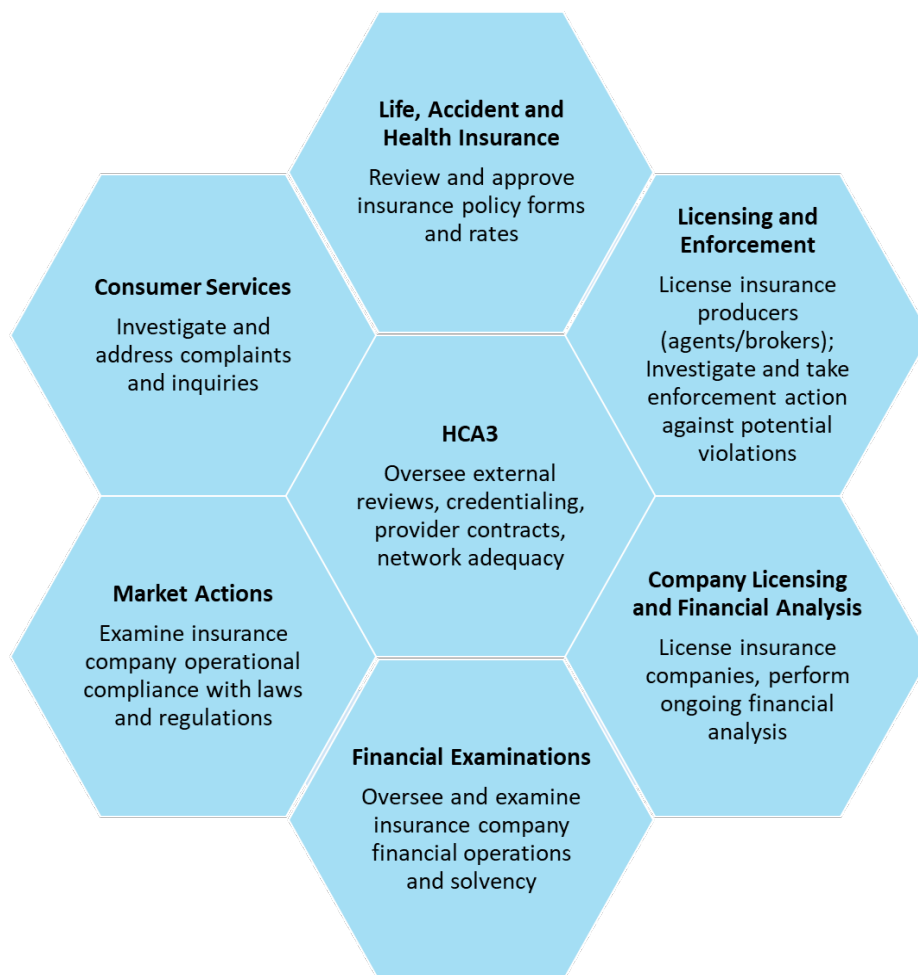
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Table of Contents

I.	Insurance Department Oversight.....	4
II.	Licensed Managed Care Organizations (MCOs).....	5
III.	Other Licensed Entities.....	6
IV.	Plan Year 2023.....	8
V.	Independent External Review.....	11
VI.	Complaints.....	13

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, 2023

MANAGED CARE ORGANIZATION	WEBSITE
Aetna	
Aetna HealthAssurance Pennsylvania Inc	www.aetna.com
Aetna Health Inc.	www.aetna.com
Aetna Life Insurance Company	www.aetna.com
Capital Blue Cross	
Capital Advantage Insurance Company	www.CapBlueCross.com
Keystone Health Plan Central, Inc.	www.CapBlueCross.com
Geisinger Health Plan	
Geisinger Health Plan	www.thehealthplan.com
Geisinger Indemnity Insurance Company	www.thehealthplan.com
Geisinger Quality Options	www.thehealthplan.com
Highmark	
HMO of Northeastern Pennsylvania d/b/a First Priority Health	www.highmark.com
Highmark Inc. d/b/a Highmark Blue Shield	www.highmarkblueshield.com
Highmark Choice Company	www.highmarkbcbs.com
Highmark Wholecare (previously Gateway Health Plan, Inc.)	www.HighmarkWholecare.com
Independence Blue Cross	
AmeriHealth HMO, Inc.	www.ibx.com
Keystone Health Plan East	www.ibx.com
Vista Health Plan, Inc.	www.ibx.com
Jefferson Health Plans	www.jeffersonhealthplans.com
Oscar Health Plan of Pennsylvania Inc.	www.hioscar.com
Pennsylvania Health & Wellness, Inc.	www.pahealthwellness.com
United Healthcare	
UnitedHealthcare Community Plan of Pennsylvania	www.uhccommunityplan.com
UnitedHealthcare of Pennsylvania, Inc.	www.uhc.com
UPMC	
UPMC for You, Inc	www.upmchealthplan.com
UPMC Health Coverage, Inc.	www.upmchealthplan.com
UPMC Health Network, Inc.	www.upmchealthplan.com
UPMC Health Plan, Inc.	www.upmchealthplan.com

III. Other Licensed Entities

HCA3 licenses or certifies entities other than managed care organizations that may interface with consumers accessing health care coverage. 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 Utilization Review Entities (UREs):

	2020	2021	2022	2023
Behavioral Health Managed Care Organizations	5	5	5	5
Primary Care Centers	3	3	3	3
Certified Utilization Review Entities	97	102	104	100

Please note, an MCO does not have to obtain a URE certification to make internal utilization review decisions; however, an MCO may obtain a URE certification to perform utilization review functions through contracts with other MCOs.

Behavioral Health Managed Care Organizations

- [Carelton Health of PA, Inc.](#)
- [Community Behavioral Health](#)
- [Community Care Behavioral Health Organization](#)
- [Magellan Behavioral Health of Pennsylvania, Inc.](#)
- [PerformCare](#)

Primary Care Centers

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

2023 Certified Utilization Review Entities

Active Health Management, Inc.	HealthSmart Care Management Solutions, LP (HCMS)
Adagio Health	HS1 Medical Management, Inc. aka Health System One
Advanced Medical Review (AMR)	IEC Group dba AmeriBen
Aetna Health Management, LLC	IngenioRx, Inc.
Aetna Medicaid Administrators LLC	Integra Partners UR, LLC
American Health Holding, Inc.	Keystone Peer Review Organization, Inc. (KEPRO)
American Specialty Health Group, Inc.	Liberty Dental Plan
AmeriHealth Caritas Services (ACS)	Magellan Healthcare, Inc.
AUMSI UM Services, Inc. (AUMSI)	Magellan Rx Management, LLC
Avesis Third Party Administrators, Inc.	MCMC Services, LLC
Beacon Health Strategies, LLC	Medical Review Institute of America, Inc. (MRIoA)
BH Services of Somerset & Bedford Counties (BHSSBC)	Medical Transportation Management, Inc. (MTM)
BHM Healthcare Solutions, Inc.	MediCall dba Cognizant Technology Solutions
Care Continuum, Inc.	MedImpact Healthcare System, Inc.
CareCentrix, Inc.	MedWatch, LLC
CareCore National, LLC dba eviCore healthcare	MLS Group of Companies, LLC
Carelon Behavioral Health, Inc.	NantHealth, Inc.
Carelon Global Solutions Philippines, Inc.	National Medical Reviews, Inc. (NMR)
Carelon Medical Benefits Management, Inc.	National Programmatic Utilization Alliance LLC
Carelon Post Acute Solutions, Inc.	naviHealth, Inc.
CaremarkPCS Health, LLC	New Directions Behavioral Health, LLC
Centene Management Company, LLC	Oncology Analytics, Inc.
Centene Pharmacy Services, Inc.	OptumHealth Care Solutions, LLC. (OHCS)
Central PA BH Collaborative, Inc dba Blair HealthChoices	OptumRx, Inc.
Chesterfied Resources, Inc.	OrthoNet LLC
CIGNA Health Management, Inc.	Oscar Management Corp.
CoHere Health	PerformCARE
Communitas, Inc.	PerformRx, LLC
Community Behavioral Health	Preferred Health Care (PHC)
Coordinated Regional Care Group, Inc. (CRC)	Prest & Associates, LLC
Cotiviti, Inc.	Prime Therapeutics LLC
CVS Health Solutions, LLC	Progeny Health, LLC
Davis Vision, Inc.	Quest Behavioral Health
Dental Benefit Providers, Inc. (DBP)	Radiant Services, LLC
DentaQuest, LLC	Roffe Enterprises, Inc. dba H.H.C. Group
Envolve Dental, Inc.	SKYGEN USA, LLC
Erie County Care Management, Inc.	Solstice of NY, Inc.
Evernorth Behavioral Health, Inc.	Superior Vision Benefit Management, Inc.
eviCore Healthcare MSI, LLC dba eviCore healthcare	Tandigm Health, LLC
Evolent Specialty Services, Inc.	Telligen, Inc.
ExlService Philippines, Inc.	TurningPoint Healthcare Solutions, LLC
ExlService Technology Solutions, LLC	UMR, INC
Express Scripts Utilization Management Company	United Behavioral Health
Fayette County Behavioral Health Administration	United Concordia Companies, Inc.
Geisinger Clinic	United HealthCare Services, Inc. (UHS)
Healthcare Quality Strategies, Inc. (HQSI)	WholeHealth Networks, Inc. (Tivity Health)
HealthHelp, LLC	WINFertility, Inc.

IV. Plan Year 2023

A. Enrollment

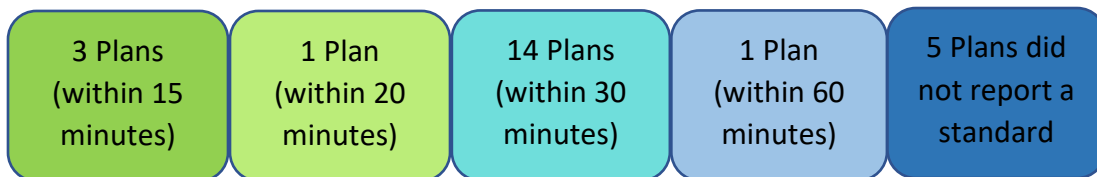
The total enrollment for all MCOs (private commercial, MA, and CHIP) as of December 31, 2023, was 4,622,709 (based on data submitted by each Health Plan). This was a net 5.65% decrease over the 2022 enrollment.

Health Plans	2023 Enrollment
Aetna HealthAssurance Pennsylvania Inc	170,081
Aetna Health Inc.	30,662
Aetna Life Insurance Company	35,442
CBC Capital Advantage Insurance Company	432
CBC Keystone Health Plan Central, Inc.	25,727
Geisinger Health Plan	406,234
Geisinger Indemnity Insurance Company	146,858
Geisinger Quality Options	28,137
Jefferson Health Plans	366,270
HMO of Northeastern Pennsylvania d/b/a First Priority Health	10,722
Highmark Inc. d/b/a Highmark Blue Shield	0
Highmark Choice Company	81,982
Highmark Wholecare (previously Gateway Health Plan, Inc.)	365,350
IBC AmeriHealth HMO, Inc.	3,201
IBC Keystone Health Plan East	516,851
IBC Vista Health Plan, Inc.	1,117,465
OSCAR	2,996
Pennsylvania Health & Wellness, Inc.	121,065
UnitedHealthcare Community Plan of Pennsylvania	174,803
UnitedHealthcare of Pennsylvania, Inc.	2,497
UPMC Health Plan, Inc.	154,583
UPMC Health Network, Inc.	22,146
UPMC Health Coverage, Inc.	12,126
UPMC for You, Inc	827,079
TOTAL	4,622,709

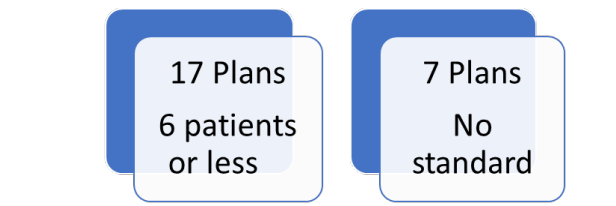
B. Plan Standards

The Bureau of Health Coverage Access, Administration, and Appeals requests that MCOs report standards and methodologies to verify that each MCO's panel of primary care physicians can accept and serve plan patients in a timely manner. The following are the internal company standards that the MCOs are using for primary care physicians in their networks.

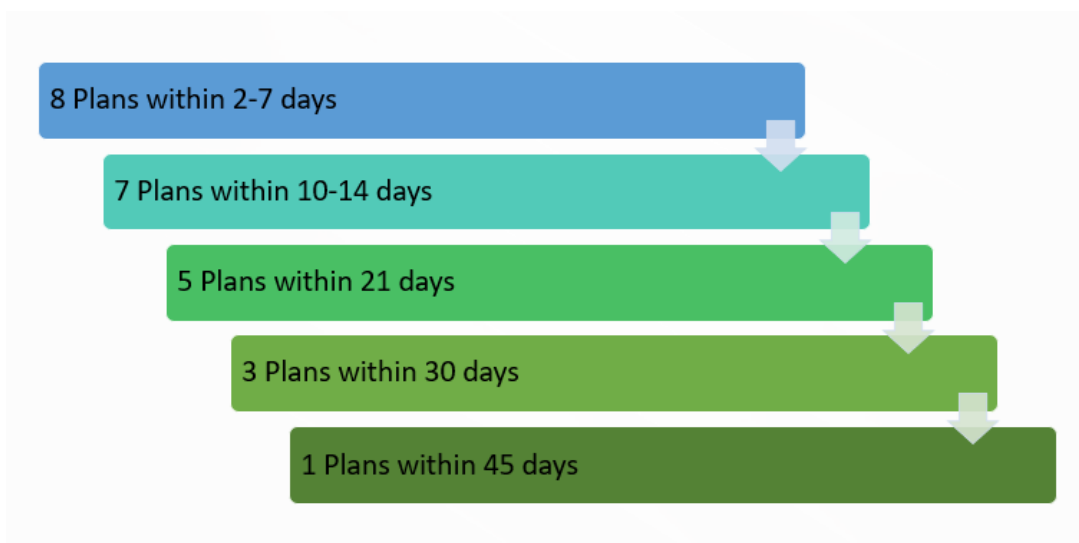
Acceptable Patient Waiting Times



Number of Patients Seen per Hour



Waiting Time for Scheduling Routine Primary Care



Waiting Time for Scheduling Urgent Care



22 PLANS WITHIN
24 HOURS



2 PLANS WITHIN
48 HOURS

Maximum Wait Time for Scheduling Mental Health or Substance Use Disorder Care Initial Visit



V. Independent External Review

The adverse benefit determination review process for private, 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 Commonwealth agencies: first through the Department of Health’s Bureau of Managed Care, and, since January 2, 2021, through HCA3 in PID.

For the Medical Assistance and CHIP programs, 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 Independent Review Organizations (IROs) and notifying members of the assignment.

Effective July 1, 2021, BMC resumed the responsibility of assigning IROs to external grievances. Technical Advisories describing the transition may be found on the [HCA3 Website](#). The new adverse benefit determination external review processes established by Act 146 of 2022 for private commercial insurance products became effective on January 1, 2024, and will be reflected in future reports.

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

- MA MCOs in Community HealthChoices, Physical HealthChoices, and Behavioral HealthChoices.
- CHIP MCOs.
- Independent Review Organizations (IROs). These are independent entities that conduct external grievance reviews for MA and CHIP MCOs. The IROs 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.

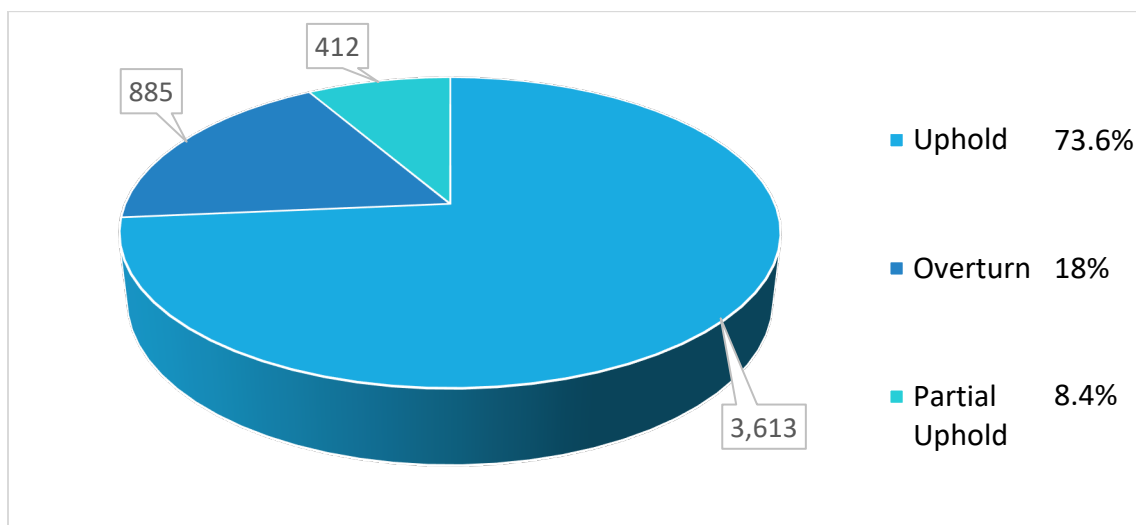
Below are the IROs that were approved to provide independent external grievance reviews of Medical Assistance and CHIP MCO health care coverage denials from January 1, 2023, to December 31, 2023.

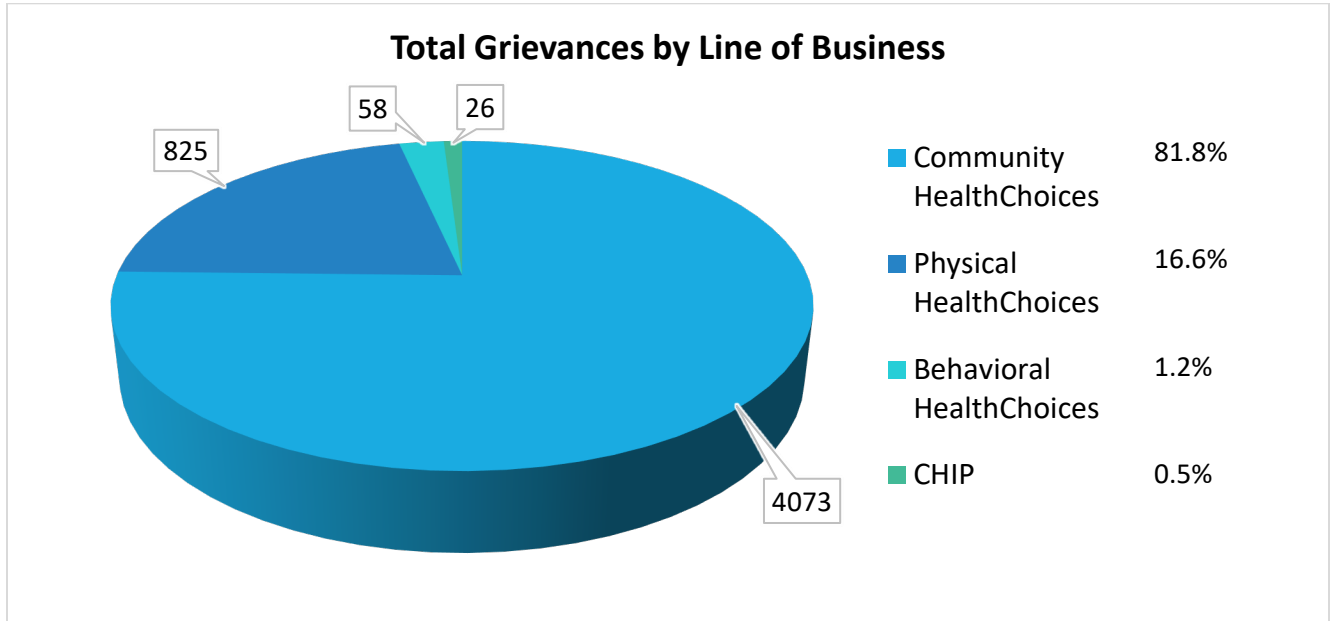
- BHM Healthcare Solutions, Inc.
- Christopher Place Healthcare Review
- Healthcare Quality Strategies, Inc. (HQS)
- IPRO
- Keystone Peer Review Organization, Inc. (KEPRO)
- Maximus Federal Services, Inc.
- MCMC Services, LLC
- MET Healthcare Solutions
- Mitchell International, Inc. dba Medical Consultants Network, LLC (MCN)
- National Medical Reviews, Inc. (NMR)
- Physio Solutions LLC dba Medlitix
- Prest & Associates, LLC (Behavioral Health Services Only)
- QTC Commercial Services, LLC dba IMX Medical Management Services, Inc
- Roffe Enterprises, Inc. dba H.H.C. Group

From January 1, 2023, to December 31, 2023, HCA3 assigned an IRO to 4,982 cases.

From those 4,982 cases, 4,910 decisions were rendered (72 cases were withdrawn at the request of the member).

Decision Outcomes





VI. Complaints

Managed Care Organizations reported adjudicating a total of 21,719 Internal Complaints regarding coverage or operational concerns, in 2023.

Pending from previous year	Total filed this year	Total Withdrawn	Total Overturned	Total Upheld	Total Partially Upheld	Pending this year
1893	34362	12073	2474	19119	126	2273

PID’s Bureau of Consumers Services received 55 external complaint requests from Medical Assistance and CHIP members in 2023. Thirty cases were resolved, and the remaining 25 were reclassified, withdrawn, or redirected to the appropriate entity.