



2022 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](#).

To enhance efficiency, responsibilities of the BMC 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, the BMC was officially transitioned to PID.

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.

Rob Feguer
Director, Bureau of Managed Care

Table of Contents

I.	Insurance Department Oversight.....	4
II.	Licensed Managed Care Organizations (MCOs).....	5
III.	Other Licensed Entities.....	6
IV.	Plan Year 2021.....	8
V.	External Grievance 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, 2022

MANAGED CARE ORGANIZATION	WEBSITE
AETNA	
Aetna Better Health	www.aetnabetterhealth.com/pennsylvania
Aetna HealthAssurance Pennsylvania Inc	www.aetna.com
Aetna Health Inc.	www.aetna.com
Aetna Life Insurance Company	www.aetna.com
HealthAssurance Pennsylvania, Inc	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 Insurance Operations	www.thehealthplan.com
Health Partners Plans	www.hpplans.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
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

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

Behavioral Health Managed Care Organizations

- [Beacon Health Options \(now Caredon Health of PA, Inc.\)](#)
- [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

2022 Certified Utilization Review Entities

Active Health Management, Inc.	Liberty Dental Plan
Adagio Health	Magellan Healthcare, Inc.
Advanced Medical Review (AMR)	Magellan Rx Management, LLC
Aetna Health Management, LLC	Maximus Federal Services, Inc.
Aetna Medicaid Administrators LLC	MCMC Services, LLC
American Specialty Health Group, Inc. dba American Specialty Health Networks, Inc.	Medical Review Institute of America, Inc. (MRIOA)
AmeriHealth Caritas Services (ACS)	Medical Transportation Management, Inc.(MTM)
Anthem UM Services (AUMSI)	MediCall dba Cognizant Technology Solutions
Avesis Third Party Administrators, Inc.	MedImpact Healthcare System, Inc.
Beacon Health Strategies, LLC	MedWatch, LLC
BH Services of Somerset & Bedford Counties (BHSSBC)	MET Healthcare Solutions
BHM Healthcare Solutions, Inc.	Mitchell International, Inc. dba Medical Consultants Network, LLC (MCN)
Blair HealthChoices	MLS Group of Companies, LLC
Care Continuum, Inc.	NantHealth, Inc.
CareCentrix, Inc.	National Imaging Associates, Inc. (NIA)
CareCore National, LLC dba eviCore Healthcare	National Medical Reviews, Inc. (NMR)
Carelon Behavioral Health, Inc.	naviHealth, Inc.
Carelon Global Solutions Philippines, Inc.	New Century Health Management Systems, Inc. (NCH) dba New Century Health
Carelon Medical Benefits Management, Inc.	New Directions Behavioral Health, LLC
Carelon Post Acute Solutions, Inc. dba MyNexus, Inc.	Oncology Analytics, Inc.
CaremarkPCS Health,LLC	OptumHealth Care Solutions, LLC. (OHCS)
Centene Management Company, LLC	OptumRx, Inc.
Centene Pharmacy Services, Inc. dba Envolve Pharmacy Solutions, Inc.	OrthoNet LLC
Chesterfield Resources, Inc.	Oscar Management Corp.
Christopher Place Healthcare Review	PerformCARE
CIGNA Behavioral Health, Inc.	PerformRx, LLC
CIGNA Health Management, Inc.	Physicians' Review Network, Inc.(PRN)
CoHere Health	Physio Solutions LLC dba medlitix
Communitas, Inc.	Preferred Health Care (PHC)
Community Behavioral Health	Prest & Associates, LLC
Coordinated Regional Care Group (CRC)	Prime Therapeutics LLC
Cotiviti, Inc.	Progeny Health, LLC
CVS Health Solutions, LLC	ProPeer Resources, LLC
Davis Vision, Inc.	QTC Commercial Services, LLC dba IMX Medical Management Services, Inc.
Dental Benefit Providers, Inc. (DBP)	Quest Behavioral Health
DentaQuest, LLC	Radiant Services, LLC
Envolve Dental, Inc.	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	Solstice of NY, Inc.
Express Scripts Utilization Management Company	Superior Vision Benefit Management, Inc.
Fayette County Behavioral Health Administration	Tandigm Health, LLC
Geisinger Clinic	Telligen, Inc.
Healthcare Quality Strategies, Inc.	Tower Health Population Management
HealthHelp, LLC	TurningPoint Healthcare Solutions, LLC
HealthSmart Care Management Solutions, LP (HCMS)	UMR, INC
HS1 Medical Management, Inc.	United Behavioral Health
IEC Group dba AmeriBen	United Concordia Companies, Inc.
IngenioRx, Inc.	United HealthCare Services, Inc. (UHS)
Integra Partners UR, LLC	UnitedHealthcare Life Insurance Company
IPRO	WholeHealth Networks, Inc. (tivity)
Keystone Peer Review Organization, Inc. (KEPRO)	WINFertility, Inc.

IV. Plan Year 2022

A. Enrollment

The total enrollment for all MCOs (commercial, MA, and CHIP) as of December 31, 2022, was 4,899,485 (based on data submitted by each Health Plan). This was a net 6% increase over the 2021 enrollment.

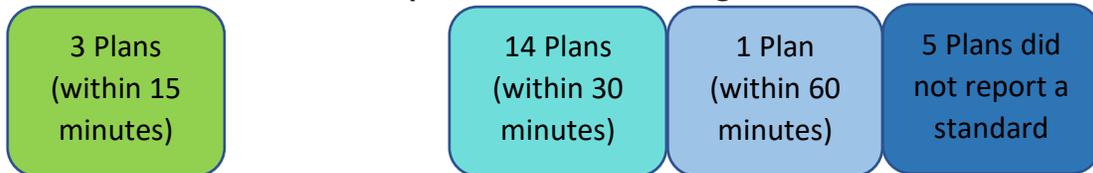
Health Plans	2022 Enrollment
Aetna Better Health of Pennsylvania*	291,555
Aetna HealthAssurance Pennsylvania Inc	11
Aetna Health Inc.	26,326
Aetna Life Insurance Company	40,530
HealthAssurance Pennsylvania, Inc	151,336
CBC Capital Advantage Insurance Company	440
CBC Keystone Health Plan Central, Inc.	26,001
Highmark Wholecare (previously Gateway Health Plan, Inc.)	417,066
Geisinger Health Plan	443,870
Geisinger Indemnity Insurance Company	138,380
Geisinger Insurance Operations	29,792
Health Partners Plans	375,358
HMO of Northeastern Pennsylvania d/b/a First Priority Health	11,976
Highmark Inc. d/b/a Highmark Blue Shield	7,767
Highmark Choice Company	84,497
IBC AmeriHealth HMO, Inc.	3,400
IBC Keystone Health Plan East	518,285
IBC Vista Health Plan, Inc.	1,242,064
OSCAR	3,691
Pennsylvania Health & Wellness, Inc.	117,069
UnitedHealthcare Community Plan of Pennsylvania	181,677
UnitedHealthcare of Pennsylvania, Inc.	3,517
UPMC Health Plan, Inc.	161,519
UPMC Health Network, Inc.	7,786
UPMC Health Coverage, Inc.	12,127
UPMC for You, Inc	895,000
TOTAL	4,899,485

* Aetna Better Health of Pennsylvania (enrollment number represents the total at the end of the 2nd quarter of (2022); this is not included in the total as the enrollment was zero as of December 31, 2022.

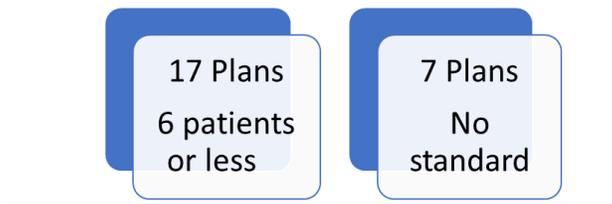
B. Plan Standards

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.

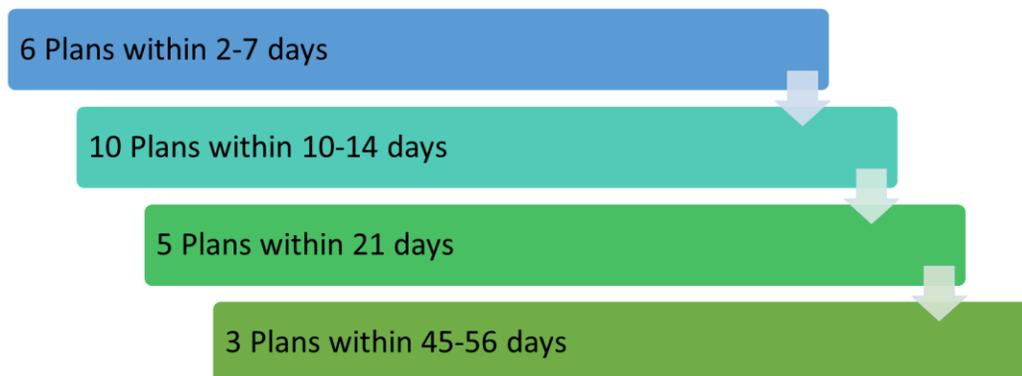
Acceptable Patient Waiting Times



Number of Patients Seen per Hour



Waiting Time for Scheduling Routine Primary Care



B. Plan Standards continued

Waiting Time for Scheduling Urgent Care



21 Plans within 24 hours



3 Plans within 48 hours

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

(MH/SUD Information is New for 2022)



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 what is contemplated by Act 68. Technical Advisories describing the transition may be found on the [BMC website](#). Please note that new processes established by Act 146 of 2022 will become effective on January 1, 2024.

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

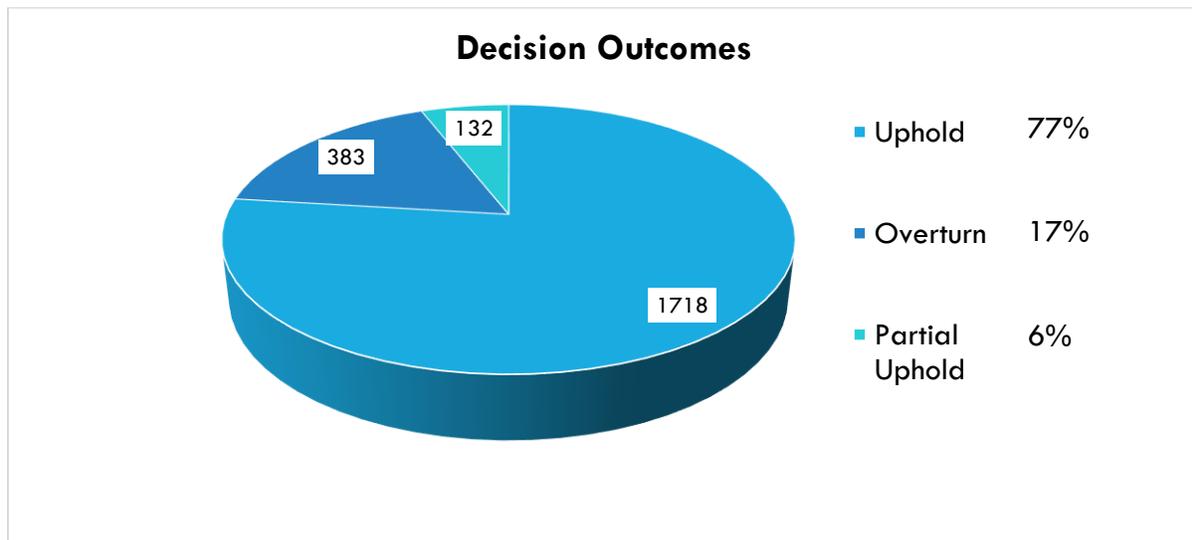
- MA MCOs in Community HealthChoices, Physical HealthChoices, and Behavioral HealthChoices. Medical Assistance is administered by states according to federal requirements and is funded jointly by states and the federal government. As providers of managed care in Pennsylvania, the MA MCOs in these programs 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.

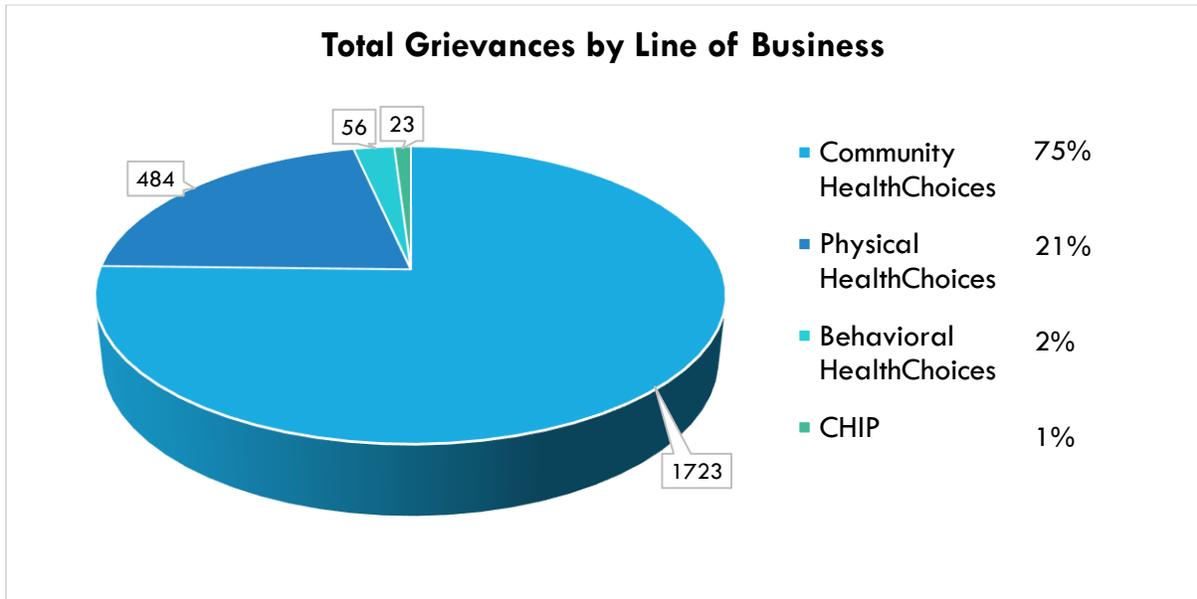
Below are the EROs that were approved to provide independent external grievance reviews of health care coverage denials from January 1, 2022, to December 31, 2022.

- Christopher Place Healthcare Review
- 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)
- ProPeer Resources, LLC
- QTC Commercial Services, LLC dba IMX Medical Management Services, Inc
- Roffe Enterprises, Inc. dba H.H.C. Group

From January 1, 2022, to December 31, 2022, the BMC assigned an ERO to 2,286 cases.

From those 2,286 cases, 2,233 decisions were rendered (53 cases were withdrawn at the request of the member).





VI. Complaints

Managed Care Organizations reported adjudicating a total of 17,145 Internal Complaints regarding coverage or operational concerns, in 2022.

Pending from previous year	Total filed this year	Total Withdrawn	Total Overturned	Total Upheld	Total Partially Upheld	Pending this year
1417	26569	9010	2063	14220	862	1721

PID's [Bureau of Consumers Services](#) received 95 external complaint requests from Medical Assistance and CHIP members in 2022. Fifty-seven cases were resolved, and the remaining 38 cases were reclassified, withdrawn, or redirected to the appropriate entity.