



2024 Health Coverage Annual Report



Published Aug. 4, 2025

Annual Report of the Pennsylvania Insurance Department's Regulation of Insurers and Medical Assistance and CHIP Managed Care Organizations in Pennsylvania

The Bureau of Health Coverage Access, Administration, and Appeals (HCA3) 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 MCOs, 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](#).

Information presented in this report pertains to entities providing health care 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.

Rob Feguer

Director, Bureau of Health Coverage Access, Administration, and Appeals

Table of Contents

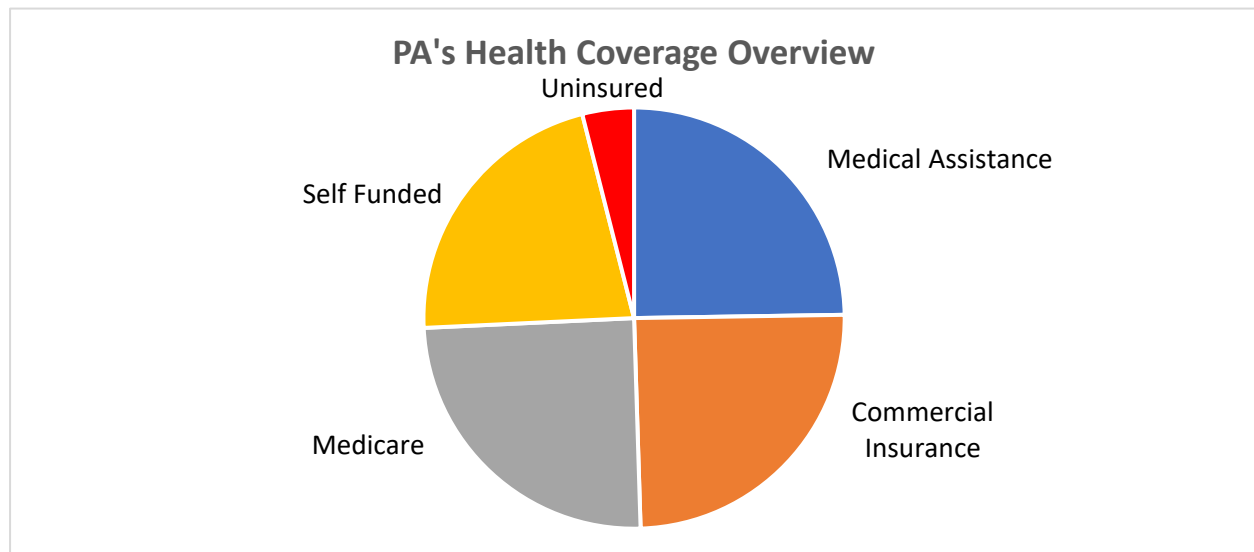
I.	Insurance Department Oversight.....	4
II.	Licensed Health Payer Entities.....	5
III.	Other Licensed Entities.....	6
IV.	Plan Year 2024 Enrollment.....	8
V.	Independent External Review.....	10
VI.	Complaints.....	13

I. Insurance Department Oversight of the Health Coverage Market

Pennsylvanians receive healthcare coverage through different programs and providers. A majority of Pennsylvania's market is made up of four types of coverage:

- Medical Assistance (MA) Programs, which include Children's Health Insurance Policies (CHIP), Community HealthChoices, Physical HealthChoices, and Behavioral HealthChoices.
- Medicare coverage,
- Self-funded employer coverage, and
- Commercial coverage, such as products purchased on the state health insurance exchange, Pennie®, student health, and fully insured products for small and large employer groups.

Each of these markets have different regulating authorities to review the products, oversee different appeals processes, and review market and financial compliance. The Pennsylvania Insurance Department (PID) oversees the health insurers and commercial health insurance products, while the Department of Human Services oversees most functions within the MA programs. The federal Department of Labor (DOL) administers the Employee Retirement and Income Securities Act (ERISA), which governs self-funded plans. The Centers for Medicare and Medicaid Services (CMS) within the federal Department of Health and Human Services (HHS) regulates traditional Medicare, the coverage aspects of Medicare Advantage, and other federally administered coverage programs.



HCA3 reviews and monitors the quality of care provided to consumers by insurers and managed care organizations (MCOs). The MCOs administer the coverage provided by the MA programs. Moreover, HCA3 works to identify and resolve problems associated with cost, quality, and consumer access within the health coverage industry. HCA3 also oversees and facilitates a consumer grievance and appeal program. Each insurer and managed care plan must have an approved process in place to handle consumer complaints and grievances.

II. Licensed Health Payer Entities as of December 31, 2024

HEALTH PAYER ENTITY	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, Inc.	www.thehealthplan.com
Health Partners Plans / Jefferson Health Plans	www.hpplans.com
Highmark	
Highmark Benefits Group	www.highmarkbcbs.com
Highmark Choice Company	www.highmarkbcbs.com
Highmark Coverage Advantage	www.highmarkbcbs.com
Highmark First Priority Life Insurance Company	www.highmarkbcbs.com
Highmark Inc. d/b/a Highmark Blue Shield	www.highmarkblueshield.com
Highmark Senior Healthcare Company	www.highmarkbcbs.com
HM Health Insurance Company	www.highmarkbcbs.com
HMO of Northeastern Pennsylvania d/b/a First Priority Health	www.highmark.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

HCA3 licenses or certifies entities other than insurers and Medical Assistance and CHIP MCOs 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	2024
Behavioral Health Managed Care Organizations	5	5	5	5	5
Primary Care Centers	3	3	3	3	3
Certified Utilization Review Entities	97	102	104	100	99

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

2024 Utilization Review Entities

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

IV. Plan Year 2024

A. Enrollment

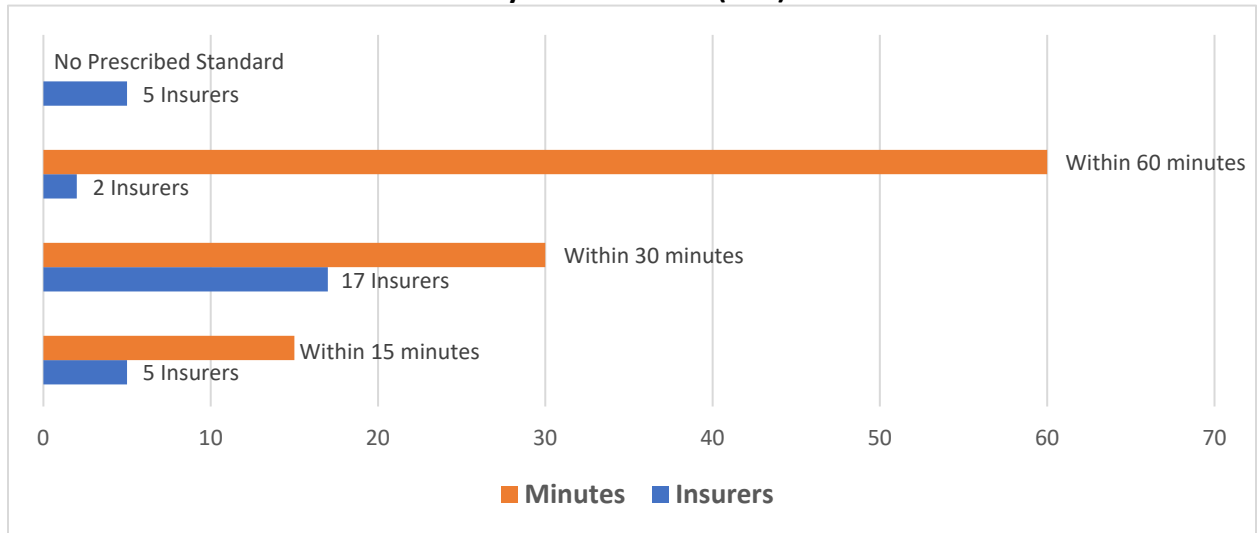
The total enrollment for all insurers and Medical Assistance and CHIP MCOs as of December 31, 2024, was 3,456,310 (based on data submitted by each Health Plan).

Aetna HealthAssurance Pennsylvania Inc.	7,711
Aetna Health Inc.	29,076
Aetna Life Insurance Company	34,662
CBC Capital Advantage Insurance Company	330
CBC Keystone Health Plan Central, Inc.	11,812
Geisinger Health Plan	327,001
Geisinger Quality Options	26,515
HMO of Northeastern Pennsylvania d/b/a First Priority Health	3,600
Highmark Choice Company	21,749
Highmark Wholecare (previously Gateway Health Plan, Inc.)	289,891
IBC AmeriHealth HMO, Inc.	730
IBC Keystone Health Plan East	257,522
IBC Vista Health Plan, Inc.	981,455
Jefferson Health Plans	448,934
OSCAR	2,592
Pennsylvania Health & Wellness, Inc.	118,605
UnitedHealthcare Community Plan of Pennsylvania	120,374
UnitedHealthcare of Pennsylvania, Inc.	28,203
UPMC Health Plan, Inc.	7,370
UPMC Health Coverage, Inc.	11,314
UPMC for You, Inc	726,864

B. Plan Standards

HCA3 requested that Insurers and Medical Assistance and CHIP MCOs report standards and methodologies to verify that each of their panels of primary care physicians can accept and serve plan members in a timely manner. The following are the internal company standards that the insurers, Medical Assistance, and CHIP MCOs are using for primary care physicians (PCP) in their networks.

Plan Standards for Acceptable Appointment Waiting Time for Patients to See Their Primary Care Provider (PCP)



Waiting Time for Scheduling Routine Primary Care



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



For Plan Year 2024, the majority of insurers expected their providers to see their patients within 30 minutes of their appointment time, but 5 plans did not have a prescribed standard. Most plans reported a standard for PCPs to see six or less patients per hour, while eight plans had no standard. On average, plans expect patients to wait less than 21 days for a standard PCP visit, and less than 10 business days for an initial mental health or substance use disorder care visit. All plans reported expecting providers to schedule patients into an urgent care provider in less than a day.

V. Independent External Review

HCA3 oversees two external review processes. One for members of Medicaid and CHIP MCOs and another for members of commercial insurance plans. Independent external review is a consumer protection process where, after the internal plan appeals are complete, a member may have an independent third party review the denial.

The adverse benefit determination review process for private, commercial insurance had been federally administered pursuant to the Affordable Care Act. With the implementation of Act 146 of 2022, on January 1, 2024, HCA3 now administers and facilitates the independent external review process for commercial health insurers in Pennsylvania, in addition to the grievance process for MA and CHIP MCOs.

Key Stakeholders in the Independent External Review Process include:

- MA MCOs in Community HealthChoices, Physical HealthChoices, and Behavioral HealthChoices.
- CHIP MCOs.
- Commercial Insurers issuing fully-insured policies in Pennsylvania
- Independent Review Organizations (IROs). These are independent entities that conduct external grievance reviews for Medical Assistance 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 conduct independent external reviews of Medical Assistance and CHIP Grievances and Commercial Adverse Benefit Determinations from January 1, 2024, to December 31, 2024.

- | | |
|---|---|
| <ul style="list-style-type: none">• BHM Healthcare Solutions, Inc.• Christopher Place Healthcare Review• Dane Street, LLC• Emperion, Inc. dba Medical Consultants Network, LLC (MCN)• Healthcare Quality Strategies, Inc. (HQSI)• IPRO• Keystone Peer Review Organization, Inc. (KEPRO)• Maximus Federal Services, Inc.• MCMC Services, LLC | <ul style="list-style-type: none">• MET Healthcare Solutions• National Medical Reviews, Inc. (NMR)• Network Medical Review Company, LLC (ExamWorks)• Physio Solutions LLC dba Medlitix• Prest & Associates, LLC (Behavioral Health Services Only)• Propeer Resources, LLC• QTC Commercial Services, LLC• Roffe Enterprises, Inc. dba HHC Group |
|---|---|

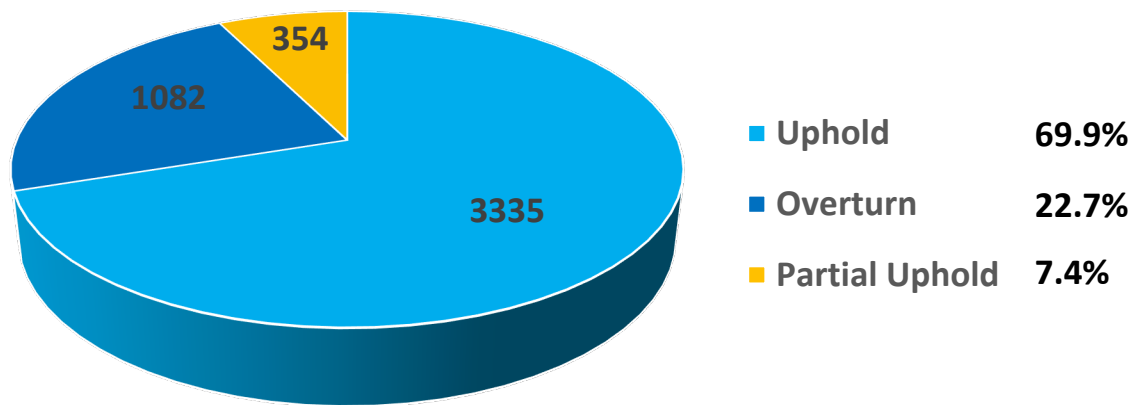
Medical Assistance and CHIP External Grievances

From January 1, 2024, to December 31, 2024, HCA3 assigned an IRO to 4,815 cases.

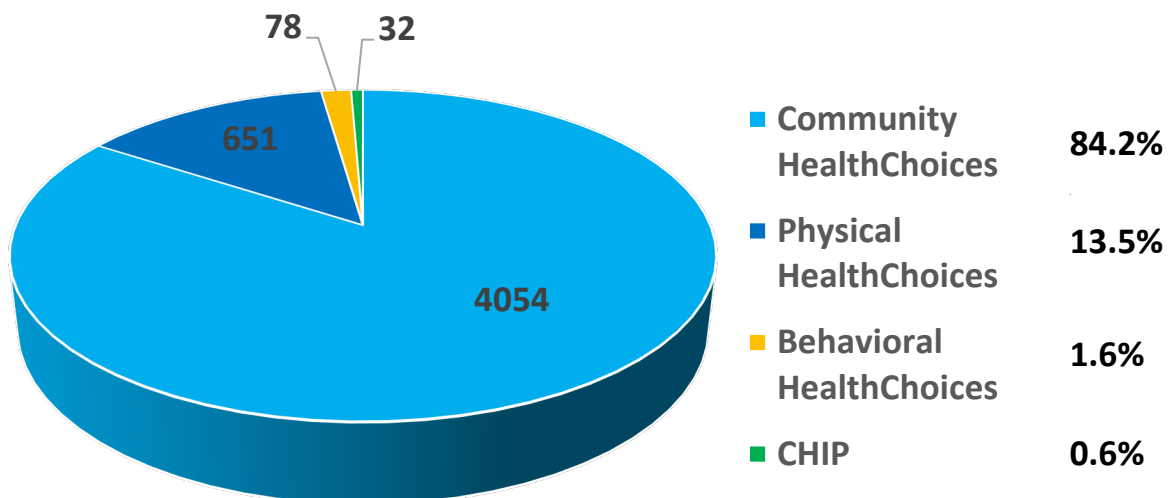
From those 4,815 cases, 4,771 decisions were rendered (44 cases were withdrawn at the request of the member).

External Grievance Decision Outcomes

Total Decisions = 4,771



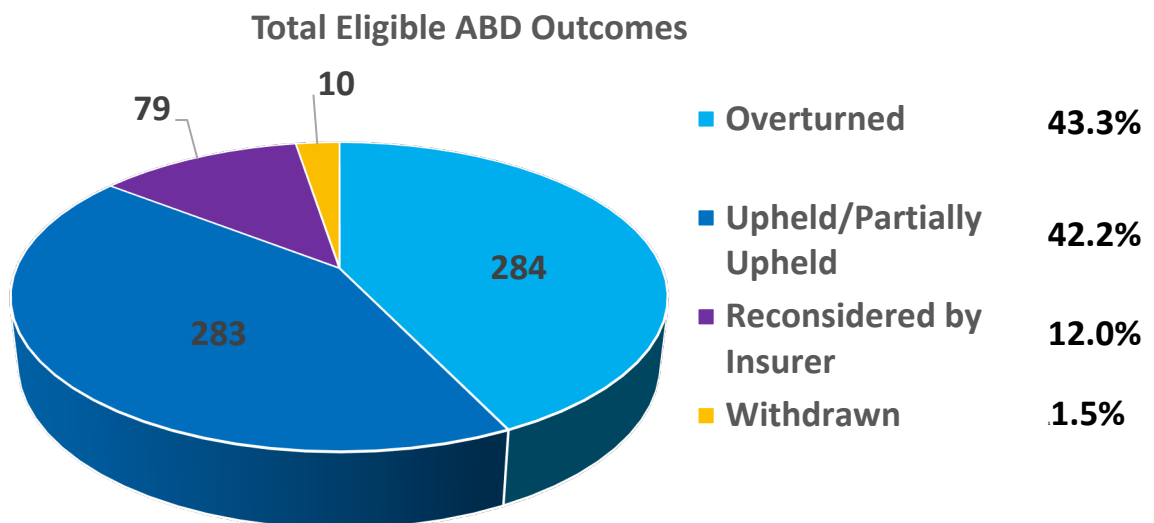
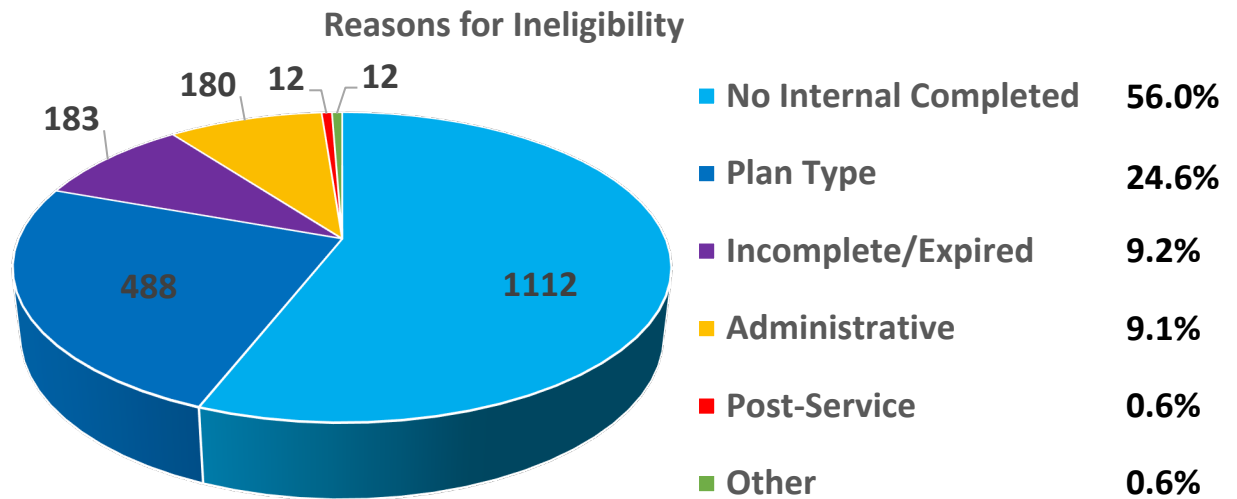
Total External Grievances by Line of Business



Commercial Adverse Benefit Determinations

From January 1, 2024, to December 31, 2024, HCA3 received 2,643 requests for external review of an adverse benefit determination (ABD).

From those 2,643 cases, 1,987 cases were not eligible for external review and 656 were determined to be eligible for external review.



VI. Complaints

Medical Assistance and CHIP MCOs reported adjudicating a total of 15,746 Internal Complaints regarding coverage or operational concerns in 2024.

Total filed this year	Total Withdrawn	Total Overturned	Total Upheld	Total Partially Upheld
15746	5062	1222	9229	79

PID's Bureau of Consumers Services received 76 external complaint requests from Medical Assistance and CHIP members in 2024. Fifty-three cases were resolved, and the remaining 23 were reclassified, withdrawn, or redirected to the appropriate entity.