Pennsylvania
Insurance Department

2025 Health Coverage Annual Report

Published July 2026

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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

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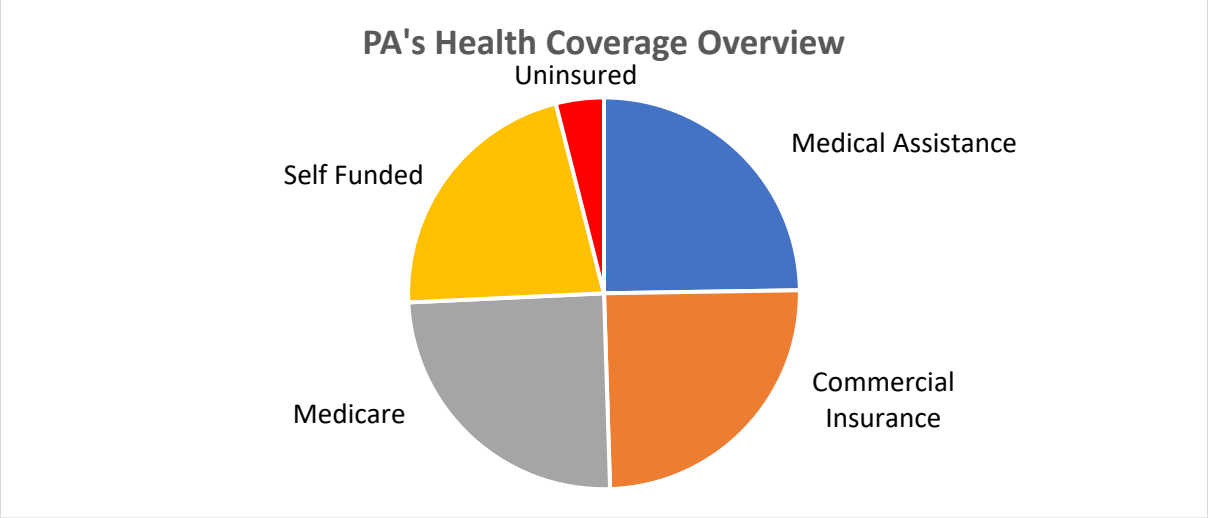
I. Insurance Department Oversight of the Health Coverage Market

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.

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II. Licensed Health Payer Entities as of December 31, 2025

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

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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) and Utilization Review Entities (UREs):

	2021	2022	2023	2024	2025
Behavioral Health Managed Care Organizations	5	5	5	5	5
Certified Utilization Review Entities	102	104	100	99	97

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

- Carelon Health of PA, Inc.
- Community Behavioral Health
- Community Care Behavioral Health Organization
- Magellan Behavioral Health of Pennsylvania, Inc.
- PerformCare

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2025 Utilization Review Entities

Adagio Health	HealthSmart
Advanced Medical Review (AMR)	HS1 Medical Management,Inc. aka Health System One
Aetna Health Management, LLC	IEC Group dba AmeriBen
Aetna Medicaid Administrators LLC	Integra Partners UR, LLC
AllMed Health Care Management, LLC	Integrated Home Care Services
American Health Holding, Inc.	Judy Rx, Inc
American Specialty Health Group, Inc.	Keystone Peer Review Organization, Inc. (KEPRO)
AmeriHealth Caritas Services (ACS)	Liberty Dental Plan
AUMSI UM Services, Inc.(AUMSI)	Magellan Healthcare, Inc.
Avesis Third Party Administrators, Inc.	MCMC Services, LLC
BH Services of Somerset & Bedford Counties (BHSSBC)	Medical Review Institute of America, Inc. (MRIoA)
BHM Healthcare Solutions, Inc.	Medical Transportation Management, Inc.(MTM)
Care Continuum, Inc.	MediCall dba Cognizant Technology Solutions
CareCentrix, Inc.	MedImpact Healthcare System, Inc.
Carelon Behavioral Health, Inc.	MedWatch, LLC
Carelon Global Solutions Philippines, Inc.	MLS Group of Companies, LLC
Carelon Medical Benefits Management, Inc.	NantHealth, Inc.
Carelon Puerto Rico	National Medical Reviews, Inc. (NMR)
CarelonRX	National Programmatic Utilization Alliance LLC
CaremarkPCS Health,LLC	naviHealth, Inc.
Centene Management Company, LLC	Network Medical Review Co (EXW)
Centene Pharmacy Services, Inc.	New Directions Behavioral Health, LLC
Central PA BH Collaborative, Inc dba Blair HealthChoices	Oncology Analytics, Inc.
Chesterfied Resources, Inc.	OptumHealth Care Solutions, LLC. (OHCS)
CIGNA Health Management, Inc.	OptumRx, Inc.
CoHere Health	OrthoNet LLC
Communitas, Inc.	Oscar Management Corp.
Community Behavioral Health	PerformRx, LLC
Community Behavioral Healthcare Nwk of PA dba PerformCARE	Preferred Health Care (PHC)
Cotiviti, Inc.	Premier Healthcare Solutions, Inc.
CVS Health Solutions, LLC	Prest & Associates, LLC
Dane Street, LLC	Prime Therapeutics LLC
Davis Vision, Inc.	Prime Therapeutics Management LLC
Dental Benefit Providers, Inc. (DBP)	Professional Health Care Network LLC dba Tango
DentaQuest, LLC	Progeny Health, LLC
EGA Assoc., LLC	ProPeer Resources, LLC
Erie County Care Management, Inc. (ECCM)	Radiant Services, LLC
Evernorth Behavioral Health, Inc.	Roffe Enterprises, Inc. dba HHC Group
eviCore Healthcare MSI, LLC dba eviCore healthcare	SKYGEN USA, LLC
Evolent Specialty Services, Inc.	Solstice of NY, Inc.
Evolve Dental, Inc.	Superior Vision Benefit Management, Inc.
ExlService Philippines, Inc.	Telligen, Inc.
ExlService Technology Solutions, LLC (Holland & Knight LLC)	UMR, INC
ExlService, India Pvt Ltd	United Behavioral Health
Express Scripts Utilization Management Company	United Concordia Companies, Inc.
Fayette County Behavioral Health Administration	United HealthCare Services, Inc. (UHS)
Geisinger Clinic	WholeHealth Living, Inc.
Healthcare Quality Strategies, Inc.(HQSI)	WINFertility, Inc.
HealthHelp, LLC	

IV. Plan Year 2025

A. Enrollment

The total enrollment for all insurers and Medical Assistance and CHIP MCOs as of December 31, 2025, was 3,560,351 (based on data submitted by each Health Plan).

Aetna HealthAssurance Pennsylvania Inc.	4,344
Aetna Health Inc.	24,350
Aetna Life Insurance Company	25,780
CIGNA Health and Life Insurance Company	4,930
CBC Capital Advantage Insurance Company	297
CBC Keystone Health Plan Central, Inc.	10,970
Geisinger Health Plan	316,303
Geisinger Quality Options	24,238
HMO of Northeastern Pennsylvania d/b/a First Priority Health	3,728
Highmark Benefits Group	55,459
Highmark Choice Company	19,351
Highmark Coverage Advantage	51,829
Highmark First Priority Life Insurance Company	22,988
Highmark Health Insurance Company	23,513
Highmark Inc. d/b/a Highmark Blue Shield	136,187
Highmark Senior Healthcare Company	8,319
Highmark Wholecare (previously Gateway Health Plan, Inc.)	278,535
IBC AmeriHealth HMO, Inc.	685
IBC Keystone Health Plan East	225,852
IBC Vista Health Plan, Inc.	957,936
Jefferson Health Plans	353,056
OSCAR	2,717
Pennsylvania Health & Wellness, Inc.	145,096
UnitedHealthcare Community Plan of Pennsylvania	114,715
UnitedHealthcare of Pennsylvania, Inc.	16,131
UPMC Health Plan, Inc.	13,546
UPMC Health Coverage, Inc.	4,015
UPMC for You, Inc	715,481

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)

- 5 Plans – No Prescribed Standard
- 2 Plans within 60 minutes
- 16 Plans within 30 minutes
- 9 Plans within 15 minutes

Waiting Time for Scheduling Routine Primary Care

- 11 Plans within 7-14 days
- 19 Plans within 21 days
- 2 Plans within 30 days

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

- 14 Plans within 10 business days
- 5 Plans within 10 calendar days
- 11 Plans within 7 calendar days
- 2 Plans non applicable

For Plan Year 2025, 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 5 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.

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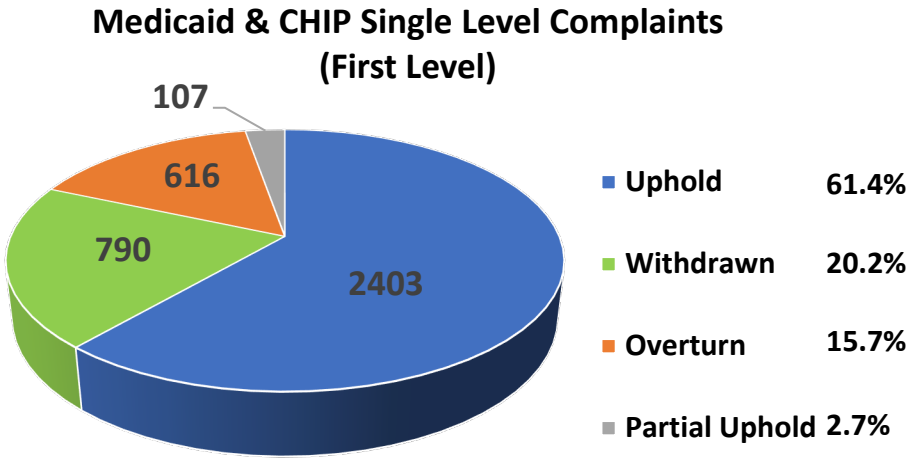
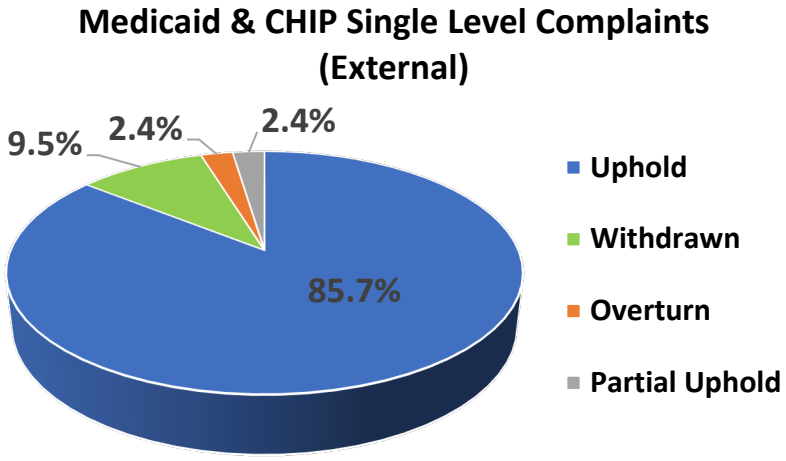
V. Health Plan Internal Complaints, Grievances, and Adverse Benefit Determinations

A. Medicaid and CHIP

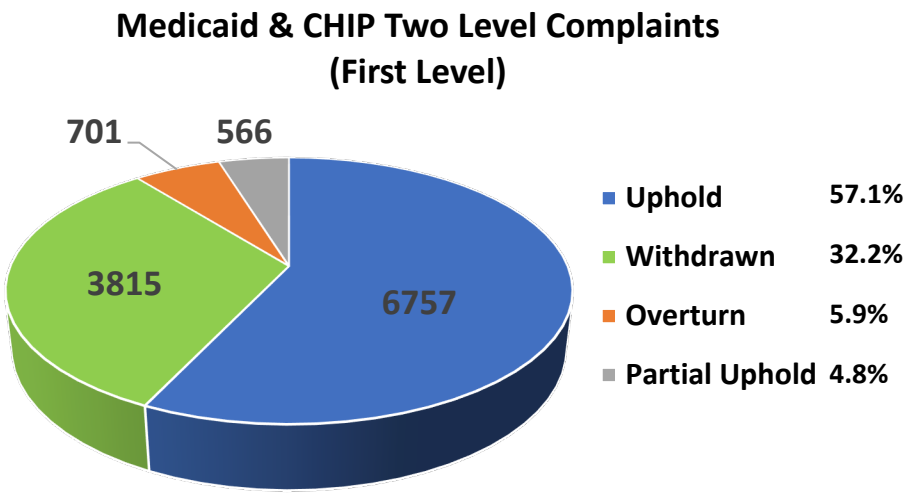
In 2025, 4,441 Single-Level Internal Complaints (First Level) were filed with Medicaid and CHIP MCOs. From those complaints, 3,916 were completed and 525 remained pending at the time of reporting.



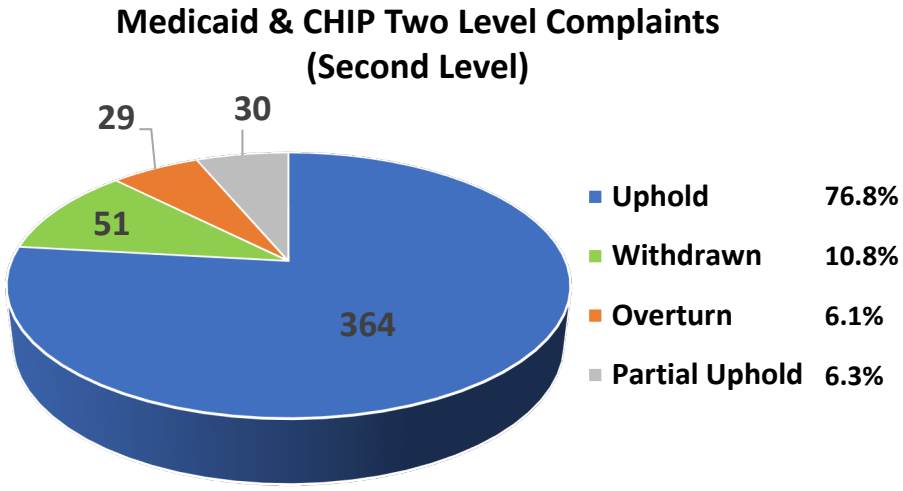
In 2025, less than 100 Single-Level External Complaints were filed by enrollees of Medicaid and CHIP MCOs. The outcome percentages are provided to protect the anonymity of enrollees.



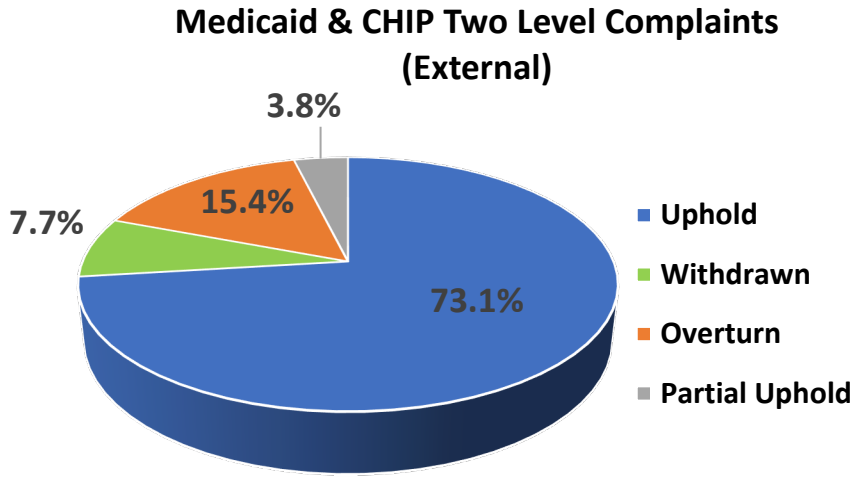
In 2025, 11,934 Two Level Internal Complaints were filed at the first level with Medicaid and CHIP MCOs. From those complaints, 11,839 were completed and 95 remained pending at the time of reporting.



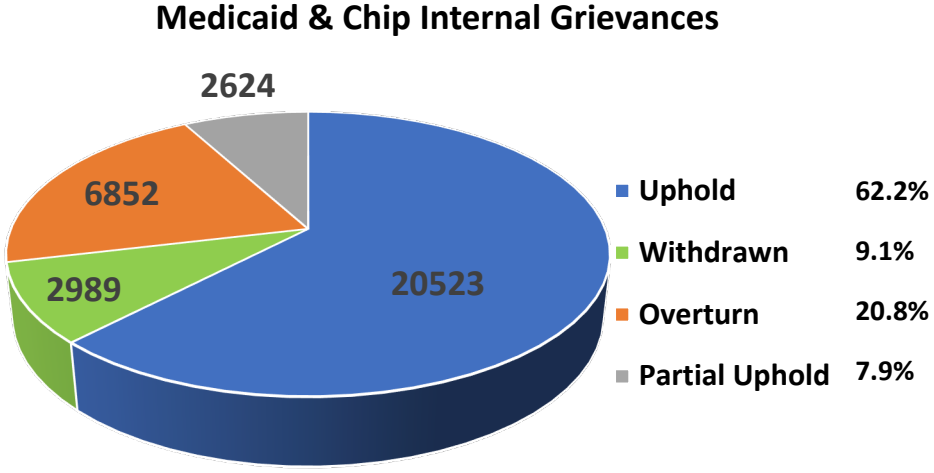
In 2025, 498 Two Level Internal Complaints were filed at the second level with Medicaid and CHIP MCOs. From those complaints, 474 were completed and 24 remained pending at the time of reporting.



In 2025, less than 100 Two Level Complaints were filed externally with Medicaid and CHIP MCOs. The outcome percentages are provided to protect the anonymity of enrollees.

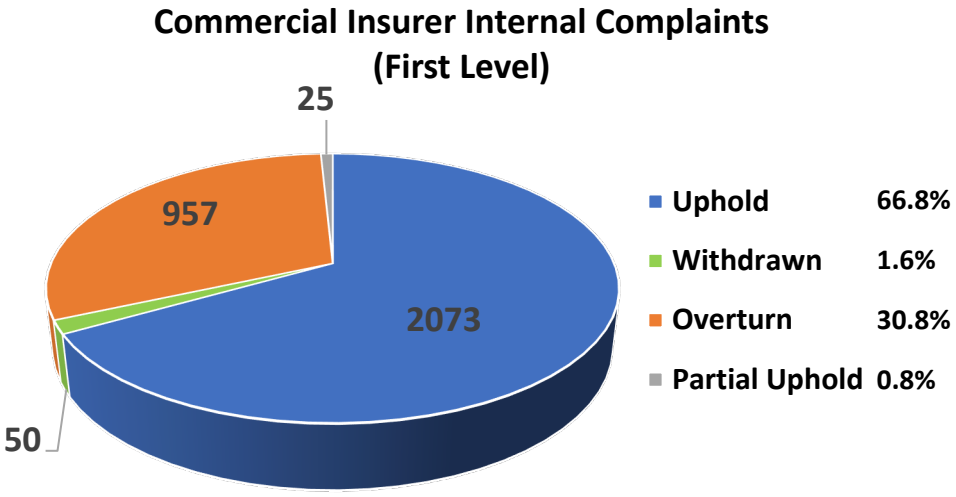


In 2025, 33,617 Medicaid & Chip Internal Grievances were filed with Medicaid and CHIP MCOs. From those grievances, 32,988 were completed and 629 remained pending at the time of reporting.

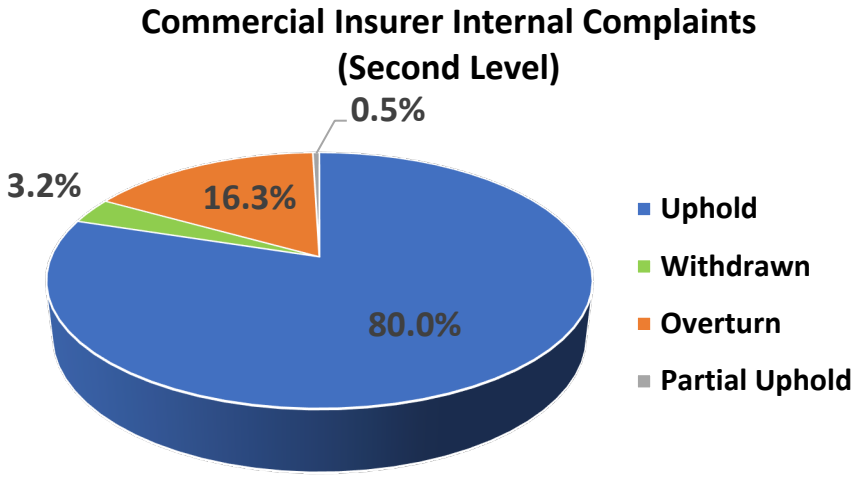


B. Commercial Insurance

In 2025, 3,105 First Level Commercial Internal Complaints decisions were issued by Insurers.



In 2025, less than 300 Second Level Commercial Internal Complaints decisions were issued by Insurers. The outcome percentages are provided to protect the anonymity of covered persons.



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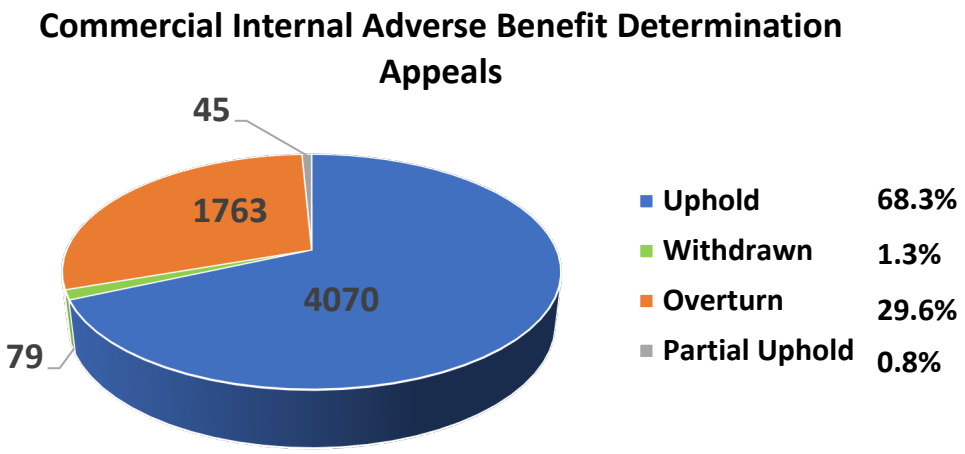
In 2025, 5,957 Commercial Internal Adverse Benefit Determination Appeal decisions were issued by Insurers.



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VI. 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, 2025, to December 31, 2025.

BHM Healthcare Solutions, Inc.
Christopher Place Healthcare Review
Dane Street, LLC
Emperion, Inc. dba Medical Consultant Network (MCN)
Healthcare Quality Strategies, Inc. (HQSI)
Island Peer Review Organization (IPRO)
Keystone Peer Review Organization, Inc. (KEPRO)
Maximus Federal Services, Inc.
MCMC Services, LLC
MET Healthcare Solutions
National Medical Reviews, Inc. (NMR)
Network Medical Review Company (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

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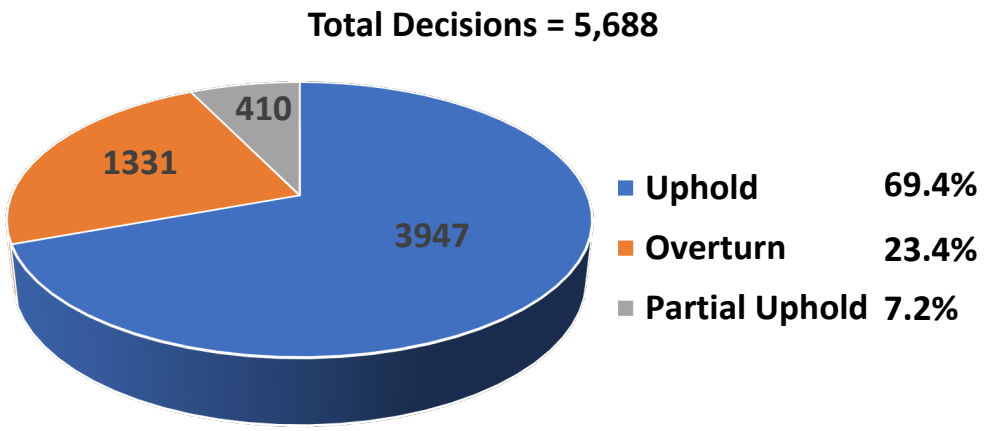
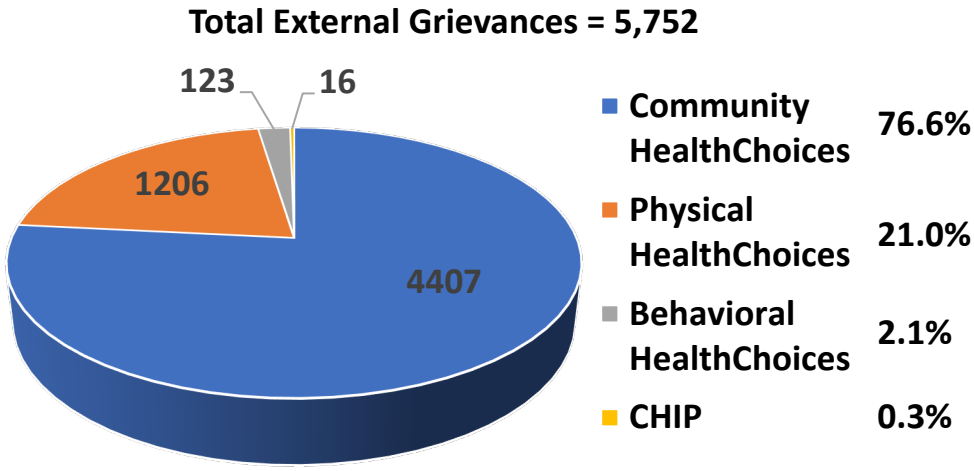
HCA3 Assigned Medical Assistance and CHIP External Grievances

From January 1, 2025, to December 31, 2025, HCA3 assigned an IRO to 5,752 cases. From those 5,752 cases, 5,688 decisions were rendered (64 cases were withdrawn at the request of the member).

External Grievance Decision Outcomes



Total External Grievances by Line of Business



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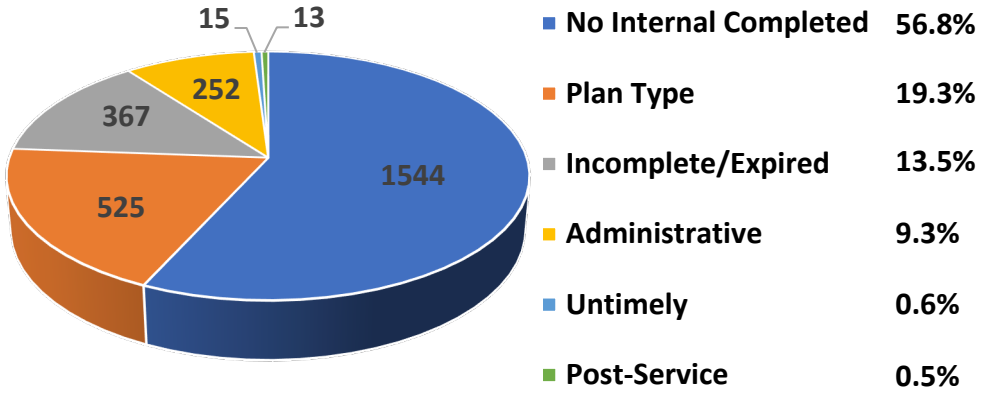
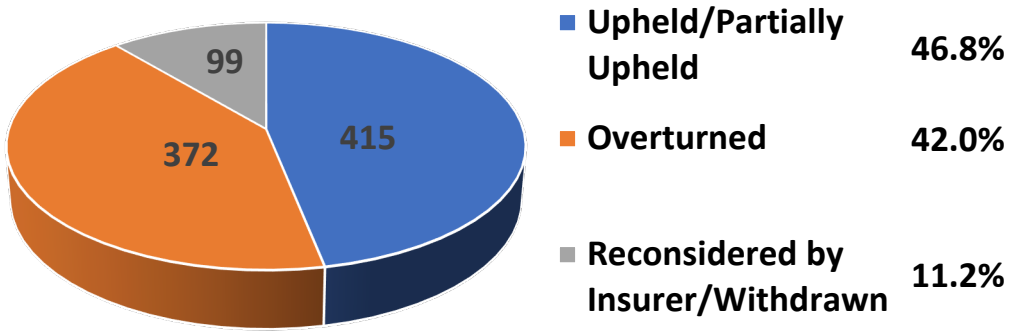
HCA3 Assigned Commercial Adverse Benefit Determinations

From January 1, 2025, to December 31, 2025, HCA3 received 3,602 requests for external review of an adverse benefit determination (ABD). Of those 3,602 requests, 2,716 requests were not eligible for external review and 886 were determined to be eligible for external review.

Reasons for Ineligibility



Total Eligible ABD Outcomes



Bureau of Consumer Services

PID's Bureau of Consumer Services received 77 external complaint requests from Medical Assistance and CHIP members in 2025.