

TRANSPARENCY IN COVERAGE REPORT



Bureau of Life, Accident, and Health Insurance:
Rate and Policy Form Review

October 2023

Contents

BACKGROUND: TRANSPARENCY REQUIREMENTS FOR ACA-COMPLIANT PLANS 3

 History 3

EXECUTIVE SUMMARY 4

 Transparency In Coverage Template..... 4

 Table 1. Summary of Claims Data, Year-Over-Year Change in PA 4

 Table 2. 2022 Claim Denial Reasons for PA Individual On-Exchange Plans 5

 Appeals..... 5

 Internal Appeals..... 5

 External Appeals 5

 Table 3. Denied Claims Appealed by Members 6

 Transparency In Coverage Publicly Available Disclosures..... 6

TRANSPARENCY IN COVERAGE TEMPLATE AGGREGATED RESULTS 7

 Summary of 2020..... 7

 Aggregated Plan Level Claims Data For 2020 7

 Summary of 2021..... 8

 Aggregated Plan Level Claims Data For 2021 8

 Summary of 2022..... 9

 Aggregated Plan Level Claims Data For 2022 10

TRANSPARENCY DISCLOSURES AVAILABLE TO THE PUBLIC 11

 Claims payment policies and practices information:..... 11

 Periodic financial disclosures:..... 11

 Enrollment and disenrollment information:..... 12

 Claim denial and appeal information: 12

 Data on rating practices:..... 12

 Out-of-pocket cost information, and the underlying negotiated rates, for all covered health care items and services, available to the public:..... 13

 Negotiated rates for all covered items and services between the plan or issuer and in-network providers: 13

 Historical payments to, and billed charges from, out-of-network providers (note that historical payments must have a minimum of twenty entries in order to protect consumer privacy):..... 14

 In-network negotiated rates and historical net prices for all covered prescription drugs by plan or issuer at the pharmacy location level: 14

 Information on enrollee rights under title I of the ACA: 15

BACKGROUND: TRANSPARENCY REQUIREMENTS FOR ACA-COMPLIANT PLANS

History

Section 1311(e)(3) of the Affordable Care Act, 42 U.S.C. § 18031(e)(3), as implemented by regulations at 45 CFR § 156.220, requires health insurance issuers seeking certification of a health plan as a Qualified Health Plan (QHP) to make accurate and timely disclosures of certain information to Pennie®, the HHS Secretary, and the Insurance Commissioner, and make it available to the public. This requirement, except for reporting to Pennie®, also applies to issuers of off-exchange group or individual coverage. See ACA § 2715A (42 U.S.C. § 300gg-15a). Section 156.220(c) also requires insurers to make this information available in plain language as defined under 45 CFR 155.20.

The law and regulation require that the insurer make available to the public the following information (quoting from 42 U.S.C. § 18031(e)(3)(A)):

- “Claims payment policies and practices;
- Periodic financial disclosures;
- Data on enrollment;
- Data on disenrollment;
- Data on the number of claims that are denied;
- Data on rating practices;
- Information on cost-sharing and payments with respect to any out-of-network coverage; and
- Information on enrollee and participant rights under [title I of the ACA].”

The Centers for Medicare & Medicaid Services (CMS) also makes some of this information publicly available at the following websites:

- <https://www.healthcare.gov>
- <https://data.healthcare.gov/datasets>
- <https://www.healthcare.gov/health-care-law-protections/rights-and-protections/>

Additionally, Individual Market On-exchange QHPs are required to submit a federally developed *Transparency in Coverage Template* which discloses data on claims and claim denials and appeal information including upheld and overturn decision totals. The plan specific claim denial data reported in this template has limitations because it only requires reporting data for plans offered on the healthcare exchange, so it does not include individual plans that are offered off-exchange, or small group plans. It also does not include specific information on membership totals for the plans.

Insurers offering QHPs were required to begin submitting the *Transparency in Coverage Template* to the Pennsylvania Insurance Department (PID) starting in 2021 for QHPs intended to be offered for Plan Year (PY) 2022, and starting in 2023, the PID requested all insurers in the individual and small group markets submitting ACA-compliant plans to provide certain information that should be publicly available under the ACA.

EXECUTIVE SUMMARY

Transparency In Coverage Template

Health insurers began reporting claim denial and appeal information to the PID in the QHP binders via the *Transparency in Coverage Template* starting in 2021 for plans intended to be offered in PY 2022. The base reporting year is 2020 (i.e., claims reported and denied in PY 2020). In 2020, based on issuer level data submitted, individual market QHPs in Pennsylvania received approximately 10.25 million claims and of that denied 1.29 million claims. By 2022, the PA individual market QHPs received approximately 14.9 million claims, and of that denied 2.02 million claims. Based on the latest information reported by insurers for 2022, individual market QHPs in Pennsylvania had an aggregated denial rate of 13.6%. [See Table 1.] Total claims received and total claims denied have increased over the last two years, but the aggregated denial rate has been relatively stable, between 12.6 and 14.5 percent of all claims received.

Note, the data in this report is being presented on an aggregated basis that may not reflect differences between group size or plan design.

Table 1. Summary of Claims Data, Year-Over-Year Change in PA

Insurer	2020 Claims Received	2020 Claims Denied	2021 Claims Received	2021 Claims Denied	2022 Claims Received	2022 Claims Denied
Capital Advantage Assurance Co.	1,568,685	135,229	1,265,956	208,994	1,903,447	196,617
Cigna Health and Life Ins. Co.	N/A	N/A	N/A	N/A	80,620	19,279
Geisinger Health Plan	426,026	58,683	290,763	48,366	564,172	83,328
Geisinger Quality Options	89,148	14,875	65,123	12,135	104,804	17,621
Highmark	667,284	80,989	1,030,350	125,799	1,510,365	188,209
Highmark Benefits Group	418,262	52,899	557,538	77,400	570,283	77,434
Highmark Coverage Advantage Inc.	156,311	22,005	303,584	43,992	446,783	72,630
Keystone Health Plan East (IBC)	3,227,270	629,352	3,998,558	793,557	4,317,490	923,416
Oscar Health Plan of PA, Inc.	1	1	44,467	1,445	115,233	20,757
PA Health & Wellness (Centene)	101,593	15,566	178,524	24,663	292,393	59,493
QCC Ins. Co. (IBC)	972,846	162,892	1,253,882	225,327	1,262,036	225,235
UPMC Health Coverage, Inc.	N/A	N/A	66,415	5,451	105,502	2,924
UPMC Health Options, Inc.	2,622,862	119,745	2,554,380	118,505	3,629,557	133,459
Jefferson Health Plans, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	10,250,288	1,292,236	11,609,540	1,685,634	14,902,685	2,020,402

There is more to consider beyond the issuer level aggregated claim denial rate. The following breakout shows the top five reasons for denying a claim in 2022, based on plan level data submitted, were:

1. "other" reasons¹,
2. administrative reasons²,
3. the benefit limit was reached³,
4. based on service/benefit exclusions⁴, and
5. due to prior authorization or referral requirement⁵.

The results also demonstrated fewer denials based on lack of medical necessity for mental health and substance use disorder services compared to physical health conditions and services (i.e., medical/surgical), but due to limitations in the data, the templates do not provide the total number of claims received broken out by mental health and substance use disorder and medical/surgical to compare. [See Table 2.]

¹ Other: Issuers would report claims denied for other reasons not captured in the previous categories." (CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310)

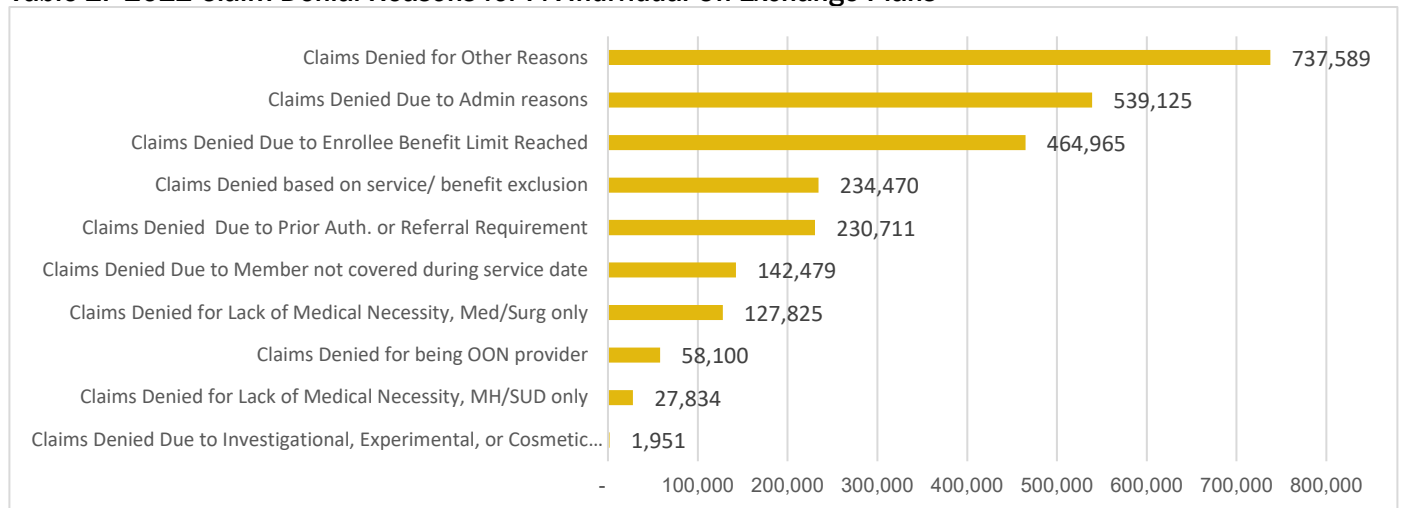
² Administrative: Issuers would report claims denied for health care services for administrative reasons including missing or insufficient information; untimely claim filing; billing provider not approved; coordination of benefits or benefit should be paid by other insurance (e.g., workers' compensation or auto); inconsistent procedure code/diagnosis; unable to identify patient; or duplicate claim." (CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310)

³ Benefit limit reached: Issuers would report denials of claims that are submitted for services which enrollees have reached their benefit limit in the current benefit year." (CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310)

⁴ Services excluded or not covered: Issuers would report denial of claims for services exclusion or non-covered services that are not covered benefits." (CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310)

⁵ Referral or prior authorization required: Issuers would report denials of nonemergency-related claims that may require prior authorization, or a referral." (CMS-10572 Transparency in Coverage Supporting Statement-508 - OMB 0938-1310)

Table 2. 2022 Claim Denial Reasons for PA Individual On-Exchange Plans



Appeals

In certain circumstances, such as, but not limited to, when a plan denies a service due to lack of medical necessity (e.g., not meeting the medical and clinical criteria established by the plan), or based on the service being considered investigational, experimental, or cosmetic (e.g., not supported by current medical or clinical literature to treat a condition or illness), a member may have options to appeal the plan’s decision to deny the claim.

The first option is through the internal appeal process, meaning the insurer who denied the claim internally reconsiders the claim and denial decision.

A member can also appeal through the external review appeal process, meaning the case is sent to an external review organization or entity to independently review the claim and determine if the claim should be paid based on the policy coverage terms.

Under the ACA and PA laws, members can utilize both options, and are not limited to just one. It is possible through the internal or external appeal processes, the insurer’s original decision to deny the claim may be overturned, meaning the claim has been reconsidered and the service deemed medically necessary or appropriate for that individual member, and a claim may be subsequently paid as a result.

While consumers have the option to appeal some claim denials, not all consumers opt-in to appealing, despite a significant number of internal and external appeals resulting in overturned decisions for those that do file an appeal. From 2020 to 2022, for Pennsylvania individual market insurers, less than 1% of denied claims were appealed by members annually. [See Table 3.]

Internal Appeals

- In 2022, individual market QHPs in Pennsylvania denied 2.02 million claims, but only 2,165 internal appeals were filed. Of the 2,165 appeals filed, 1,149 were overturned.
- In 2021, individual market QHPs in Pennsylvania denied 1.68 million claims, but only 1,234 internal appeals were filed. Of the 1,234 appeals filed, 723 were overturned.
- In 2020, individual market QHPs in Pennsylvania denied 1.29 million claims, but only 1,517 internal appeals were filed. Of the 1,517 appeals filed, 906 were overturned.

External Appeals

- In 2022, individual market QHPs in Pennsylvania denied 2.02 million claims, but only 70 external appeals were filed. Of the 70 appeals filed, 25 were overturned.

TRANSPARENCY IN COVERAGE REPORT

- In 2021, individual market QHPs in Pennsylvania denied 1.68 million claims, but only 40 external appeals were filed. Of the 40 appeals filed, 9 were overturned.
- In 2020, individual market QHPs in Pennsylvania denied 1.29 million claims, but only 63 external appeals were filed. Of the 63 appeals filed, 18 were overturned.

Table 3. Denied Claims Appealed by Members

Company	2020		2021		2022			
	Number of Issuer Level Claims with Dates of Service in 2020 That Were Also Denied in Calendar Year 2020	Number of Issuer Level Internal Appeals Filed in Calendar Year 2020	Number of Issuer Level Claims with Dates of Service in 2021 That Were Also Denied in Calendar Year 2021	Number of Issuer Level Internal Appeals Filed in Calendar Year 2021	Number of Issuer Level In-Network Claims with Dates of Service in 2022 That Were Also Denied in Calendar Year 2022	Number of Issuer Level Out-of-Network Claims with Dates of Service in 2022 That Were Also Denied in Calendar Year 2022	Number of Issuer Level Claims with Dates of Service in 2022 That Were Also Denied in Calendar Year 2022	Number of Issuer Level Internal Appeals Filed in Calendar Year 2022
Capital Advantage Assurance Co.	135,229	623	208,994	542	184,381	12,236	196,617	795
Cigna Health and Life Ins. Co.	N/A	N/A	N/A	N/A	9,047	10,232	19,279	11
Geisinger Health Plan	58,683	53	48,366	60	61,859	21,469	83,328	68
Geisinger Quality Options	14,875	17	12,135	10	13,497	4,124	17,621	15
Highmark	80,989	160	125,799	159	173,381	14,828	188,209	345
Highmark Benefits Group	52,899	96	77,400	17	73,878	3,556	77,434	198
Highmark Coverage Advantage Inc.	22,005	79	43,992	8	62,947	9,683	72,630	66
Keystone Health Plan East (IBC)	629,352	304	793,557	241	890,085	33,331	923,416	357
Oscar Health Plan of PA, Inc.	1	1	1,445	1	13,533	7,224	20,757	86
PA Health & Wellness (Centene)	15,566	5	24,663	26	41,653	17,840	59,493	66
QCC Ins. Co. (IBC)	162,892	106	225,327	126	211,284	13,951	225,235	148
UPMC Health Coverage, Inc.	0	1	5,451	1	2,159	765	2,924	1
UPMC Health Options, Inc.	119,745	72	118,505	43	83,843	49,616	133,459	9
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Market Total	1,292,236	1,517	1,685,634	1,234	1,821,547	198,855	2,020,402	2,165

Transparency In Coverage Publicly Available Disclosures

Insurers in Pennsylvania are at various stages of the implementation process to fully comply with transparency in coverage disclosure requirements under the ACA. For the transparency in coverage items pertaining to claims payment policies and practices and cost-sharing information, most insurers report information is available on their websites, and/or within the member portals, which allow consumers to directly access important information relative to their health care coverage, exception process, and cost of services. However, most insurers have also reported the need for additional federal and state guidance relative to the remaining transparency in coverage disclosures.

TRANSPARENCY IN COVERAGE TEMPLATE AGGREGATED RESULTS

Summary of 2020

Company	Number of Issuer Level Claims with Date(s) of Service (DOS) in 2020 That Were Also Received in Calendar Year 2020	Number of Issuer Level Claims with DOS in 2020 That Were Also Denied in Calendar Year 2020	Number of Issuer Level Internal Appeals Filed in Calendar Year 2020	Number of Issuer Level Internal Appeals Overturned from Calendar Year 2020 Appeals	Number of Issuer Level External Appeals Filed in Calendar Year 2020	Number of Issuer Level External Appeals Overturned from Calendar Year 2020 Appeals
Capital Advantage Assurance Co.	1,568,685	135,229	623	440	23	8
Cigna Health and Life Ins. Co.	N/A	N/A	N/A	N/A	N/A	N/A
Geisinger Health Plan	426,026	58,683	53	22	0	0
Geisinger Quality Options	89,148	14,875	17	9	1	0
Highmark	667,284	80,989	160	98	0	0
Highmark Benefits Group	418,262	52,899	96	66	1	1
Highmark Coverage Advantage Inc.	156,311	22,005	79	52	0	0
Keystone Health Plan East (IBC)	3,227,270	629,352	304	148	22	5
Oscar Health Plan of PA, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
PA Health & Wellness (Centene)	101,593	15,566	5	5	0	0
QCC Ins. Co. (IBC)	972,846	162,892	106	55	8	2
UPMC Health Coverage, Inc.	0	0	1	0	0	0
UPMC Health Options, Inc.	2,622,862	119,745	72	10	7	1
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	10,250,288	1,292,236	1,517	906	63	18

Aggregated Plan Level Claims Data For 2020

Company	Claims Received	Claims Denied	Claim Denied Due to Prior Auth. or Referral Requirement	Claims Denied for being OON	Claims Denied based on service/benefit exclusion	Claims Denied for Lack of Medical Necessity, Med/Surg only	Claims Denied for Lack of Medical Necessity, MH/SUD only	Claims Denied for Other Reasons
Capital Advantage Assurance Co.	1,568,685	135,229	27,817	1,087	106,888	7	0	22,516
Cigna Health and Life Ins. Co.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Geisinger Health Plan	426,026	58,686	6,850	4,124	6,784	1,072	133	45,465
Geisinger Quality Options	89,148	14,876	2,024	434	1,798	205	41	12,786
Highmark	667,284	80,989	4,457	12,427	7,967	N/A	52	66,109
Highmark Benefits Group	418,262	52,899	6,107	3,526	4,818	0	3	40,335
Highmark Coverage Advantage Inc.	156,311	22,005	714	6,590	1,678	0	23	18,582
Keystone Health Plan East (IBC)	2,584,514	495,377	83,924	14,718	70,127	36,859	8,028	395,227
Oscar Health Plan of PA, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PA Health & Wellness (Centene)	101,593	15,566	2,873	2,785	2,450	2,371	127	7,240
QCC Ins. Co. (IBC)	945,119	151,858	6,044	6,736	23,387	12,542	3,413	140,421
UPMC Health Coverage, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UPMC Health Options, Inc.	2,622,862	119,745	14,306	794	967	3,654	7	100,017
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	9,579,804	1,147,230	155,116	53,221	226,864	56,710	11,827	848,698

TRANSPARENCY IN COVERAGE REPORT

Summary of 2021

Company	Number of Issuer Level Claims with Date(s) of Service (DOS) in 2021 That Were Also Received in Calendar Year 2021	Number of Issuer Level Claims with DOS in 2021 That Were Also Denied in Calendar Year 2021	Number of Issuer Level Internal Appeals Filed in Calendar Year 2021	Number of Issuer Level Internal Appeals Overturned from Calendar Year 2021 Appeals	Number of Issuer Level External Appeals Filed in Calendar Year 2021	Number of Issuer Level External Appeals Overturned from Calendar Year 2021 Appeals
Capital Advantage Assurance Co.	1,265,956	208,994	542	362	13	3
Cigna Health and Life Ins. Co.	N/A	N/A	N/A	N/A	N/A	N/A
Geisinger Health Plan	290,763	48,366	60	36	0	0
Geisinger Quality Options	65,123	12,135	10	7	0	0
Highmark	1,030,350	125,799	159	71	2	0
Highmark Benefits Group	557,538	77,400	17	8	0	0
Highmark Coverage Advantage Inc.	303,584	43,992	8	5	0	0
Keystone Health Plan East (IBC)	3,998,558	793,557	241	137	14	6
Oscar Health Plan of PA, Inc.	44,467	1,445	1	0	0	0
PA Health & Wellness (Centene)	32,461	14,443	26	18	0	0
QCC Ins. Co. (IBC)	1,253,882	225,327	126	74	7	0
UPMC Health Coverage, Inc.	66,415	5,451	1	0	0	0
UPMC Health Options, Inc.	2,554,380	118,505	43	5	4	0
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	11,463,477	1,675,414	1,234	723	40	9

Aggregated Plan Level Claims Data For 2021

Company	Claims Received	Claims Denied	Claims Denied Due to Prior Auth. or Referral Requirement	Claims Denied for being OON	Claims Denied based on service/benefit exclusion	Claims Denied for Lack of Medical Necessity, Med/Surg only	Claims Denied for Lack of Medical Necessity, MH/SUD only	Claims Denied for Other Reasons
Capital Advantage Assurance Co.	1,265,956	208,994	13,791	2,691	161,142	5	0	31,384
Cigna Health and Life Ins. Co.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Geisinger Health Plan	290,763	48,366	9,108	3,133	9,365	957	163	38,277
Geisinger Quality Options	65,123	12,135	2,702	375	2,320	234	67	12,619
Highmark	1,030,350	125,799	5,553	13,702	11,778	2,223	112	106,012
Highmark Benefits Group	557,538	77,400	7,305	4,163	6,787	1,615	43	61,566
Highmark Coverage Advantage Inc.	303,584	43,992	1,740	8,032	3,416	563	14	36,828
Keystone Health Plan East (IBC)	3,036,195	605,527	106,579	22,997	79,797	53,681	12,350	353,491
Oscar Health Plan of PA, Inc.	44,467	1,445	45	5,021	87	0	88	1,445
PA Health & Wellness (Centene)	32,461	14,443	3,099	99	0	6	3	11,236
QCC Ins. Co. (IBC)	1,237,421	222,628	8,768	13,251	31,645	19,319	6,789	156,253
UPMC Health Coverage, Inc.	66,415	5,451	555	15	34	137	0	4,710
UPMC Health Options, Inc.	2,554,380	118,505	17,833	1,874	1,332	6,139	12	91,315
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	10,484,653	1,484,685	177,078	75,353	307,703	84,879	19,641	905,136

Summary of 2022

Claims

Company	Number of Issuer Level In-Network Claims with Date(s) of Service (DOS) in 2022 That Were Also Received in Calendar Year 2022	Number of Issuer Level In-Network Claims with DOS in 2022 That Were Also Denied in Calendar Year 2022	Number of Issuer Level In-Network Claims with DOS in 2022 That Were Also Resubmitted in Calendar Year 2022	Number of Issuer Level Out-of-Network Claims with DOS in 2022 That Were Also Received in Calendar Year 2022	Number of Issuer Level Out-of-Network Claims with DOS in 2022 That Were Also Denied in Calendar Year 2022	Number of Issuer Level Out-of-Network Claims with DOS in 2022 That Were Also Resubmitted in Calendar Year 2022
Capital Advantage Assurance Co.	1,854,451	184,381	61,208	48,996	12,236	7,041
Cigna Health and Life Ins. Co.	69,471	9,047	3,612	11,149	10,232	359
Geisinger Health Plan	534,583	61,859	32,329	29,589	21,469	2,356
Geisinger Quality Options	98,509	13,497	6,391	6,295	4,124	495
Highmark	1,459,115	173,381	0	51,250	14,828	0
Highmark Benefits Group	555,775	73,878	0	14,508	3,556	0
Highmark Coverage Advantage Inc.	426,424	62,947	0	20,359	9,683	0
Keystone Health Plan East (IBC)	4,260,480	890,085	89,276	57,010	33,331	327
Oscar Health Plan of PA, Inc.	103,304	13,533	6,028	11,929	7,224	1,084
PA Health & Wellness (Centene)	232,956	41,653	22,571	59,437	17,840	230
QCC Ins. Co. (IBC)	1,231,373	211,284	29,567	30,663	13,951	116
UPMC Health Coverage, Inc.	103,992	2,159	3,283	1,510	765	61
UPMC Health Options, Inc.	3,501,121	83,843	80,552	128,436	49,616	4,821
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	14,431,554	1,821,547	334,817	471,131	198,855	16,890

Appeals

Company	Number of Issuer Level Internal Appeals Filed in Calendar Year 2022	Number of Issuer Level Internal Appeals Overturned from Calendar Year 2022 Appeals	Number of Issuer Level External Appeals Filed in Calendar Year 2022	Number of Issuer Level External Appeals Overturned from Calendar Year 2022 Appeals
Capital Advantage Assurance Co.	795	533	14	7
Cigna Health and Life Ins. Co.	11	4	0	0
Geisinger Health Plan	68	25	0	0
Geisinger Quality Options	15	5	2	1
Highmark	345	119	13	3
Highmark Benefits Group	198	59	2	0
Highmark Coverage Advantage Inc.	66	28	1	0
Keystone Health Plan East (IBC)	357	216	24	6
Oscar Health Plan of PA, Inc.	86	31	0	0
PA Health & Wellness (Centene)	66	41	0	0
QCC Ins. Co. (IBC)	148	84	13	8
UPMC Health Coverage, Inc.	1	1	0	0
UPMC Health Options, Inc.	9	3	1	0
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A
PA Market Total	2,165	1,149	70	25

TRANSPARENCY IN COVERAGE REPORT

Aggregated Plan Level Claims Data For 2022

Company	In-Network Claims Received	In-Network Claims Denied	Out-of-Network (OON) Claims Received	Out-of-Network (OON) Claims Denied
Capital Advantage Assurance Co.	1,798,523	141,902	47,613	11,864
Cigna Health and Life Ins. Co.	53,820	7,051	9,109	8,342
Geisinger Health Plan	534,583	61,859	29,589	21,469
Geisinger Quality Options	98,509	13,497	6,295	4,124
Highmark	1,459,115	173,381	51,250	14,828
Highmark Benefits Group	555,775	73,878	14,508	3,556
Highmark Coverage Advantage Inc.	426,424	62,947	20,359	9,683
Keystone Health Plan East (IBC)	4,260,260	890,041	56,995	33,317
Oscar Health Plan of PA, Inc.	77,070	10,093	8,919	5,169
PA Health & Wellness (Centene)	188,109	32,813	48,476	14,865
QCC Ins. Co. (IBC)	1,216,545	208,744	30,520	13,833
UPMC Health Coverage, Inc.	103,992	2,159	1,510	765
UPMC Health Options, Inc.	3,501,121	83,843	128,436	49,616
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A
PA Market Total	14,273,846	1,762,208	325,341	453,579

2022 Claim Denial Reasons

Company	Claims Due to Prior Auth. or Referral Requirement	Claims Denied for being OON provider	Claims Denied based on service/benefit exclusion	Claims Denied for Lack of Medical Necessity, Med/Surg only	Claims Denied for Lack of Medical Necessity, MH/SUD only	Claims Denied Due to Enrollee Benefit Limit Reached	Claims Denied Due to Member not covered during service date	Claims Denied Due to Investigational, Experimental, or Cosmetic Procedure	Claims Denied Due to Admin reasons	Claims Denied for Other Reasons
Capital Advantage Assurance Co.	14,712	3,218	68,249	43	0	28,199	479	0	19,556	54,826
Cigna Health and Life Ins. Co.	32	8,342	365	1,320	444	2	0	13	1,773	3,102
Geisinger Health Plan	11,410	7,351	9,152	1,633	98	339	14,887	24	26,215	25,499
Geisinger Quality Options	3,157	896	2,297	383	21	20	3,195	6	6,478	4,864
Highmark	8,635	12,517	17,627	5,944	147	262	11,955	0	0	131,122
Highmark Benefits Group	7,343	3,411	5,610	2,440	62	103	4,456	0	0	54,009
Highmark Coverage Advantage Inc.	3,057	9,573	4,505	1,477	50	59	3,928	0	0	49,981
Keystone Health Plan East (IBC)	135,627	503	82,966	76,126	18,821	334,906	79,984	6	292,461	310,859
Oscar Health Plan of PA, Inc.	965	559	5,448	189	158	3,711	48	0	5,660	337
PA Health & Wellness (Centene)	10,977	10,374	15,813	9,008	289	9,585	4,353	0	16,343	7,281
QCC Ins. Co. (IBC)	10,714	398	21,371	21,087	7,698	79,415	19,194	889	67,722	89,755
UPMC Health Coverage, Inc.	303	14	21	110	0	52	0	18	2,769	10
UPMC Health Options, Inc.	23,779	944	1,046	8,065	46	8,312	0	995	100,148	5,944
Jefferson Health, (dba) Health Partners Plans, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PA Market Total	230,711	58,100	234,470	127,825	27,834	464,965	142,479	1,951	539,125	737,589

TRANSPARENCY DISCLOSURES AVAILABLE TO THE PUBLIC

The PID requested additional information from insurers on the public disclosures required under the transparency rule. Under 42 U.S.C. § 18031(e)(3)(A), certain information, as noted below, must be made publicly available. To best solicit the information from insurers, an Internet website link was requested from all insurers for each item mentioned under the law. The results below include Internet websites links and, in some cases, additional instructions on where the public can locate the specific information or data. As noted earlier in this report, certain information is made available to the public by CMS on federally maintained Internet websites. Lastly, a few insurers provide information to the public upon request only. If a link is not available below, members may contact their health insurance plans for the information.

PA INSURERS	RESPONSES
Claims payment policies and practices information:	
Aetna	https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html
Capital	https://www.capbluecross.com/wps/portal/cap/home/shop/individual/transparency-data
Cigna	https://www.cigna.com/individuals-families/shop-plans/transparency-in-coverage
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	Western & Northeastern Regions: CS204330_NCQAPreSale_BRO_BCBS_R2.pdf (highmark.com) https://www.highmark.com/content/dam/digital-marketing/en/highmark/highmarkdotcom/pdfs/quality-assurance/CS204330_NCQAPreSale_BRO_BCBS_R2.pdf Central Region: CS204330_NCQAPreSale_BRO_BS_R2.pdf (highmark.com) https://www.highmark.com/content/dam/digital-marketing/en/highmark/highmarkdotcom/pdfs/quality-assurance/CS204330_NCQAPreSale_BRO_BS_R2.pdf
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace
IBC	https://www.ibx.com/resources/for-members/transparency-in-coverage
Oscar	https://www.hioscar.com/pa_tic_2024
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/2023-UHC-Administrative-Guide.pdf%20and%20https://www.uhc.com/legal/required-state-notices/pennsylvania/claims-payment-policy-information
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/individuals.aspx
Periodic financial disclosures:	
Aetna	https://d18rn0p25nwr6d.cloudfront.net/CIK-0000064803/e4b97418-e95e-4391-b2d9-8c604c4950ac.pdf
Capital	N/A - information provided upon request
Cigna	https://investors.thecignagroup.com/overview/default.aspx
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	Website: Highmark Health 2022 Annual Report Financials: Overview https://www.highmarkhealth.org/annualreport2022/financials/overview.shtml
Geisinger	Statistical Compilation of Annual Statement Information Consumer Insurance Refined Search Results (naic.org) GHP Consumer Insurance Refined Search Results (naic.org) GQQ
IBC	N/A
Oscar	https://ir.hioscar.com/financials/sec-filings/default.aspx https://ir.hioscar.com/financials/quarterly-results/default.aspx https://ir.hioscar.com/financials/annual-reports/default.asp
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	https://www.unitedhealthgroup.com/investors/financial-reports.html
UPMC	https://www.upmchealthplan.com/about/who-we-are/annualreport.aspx https://www.upmchealthplan.com/individuals/learn/plans-and-services/health-insurance.aspx

TRANSPARENCY IN COVERAGE REPORT

Enrollment and disenrollment information:	
Aetna	https://www.aetna.com/faqs-health-insurance/employers-organizations-enrollment-renewal-premium-rates-quotes-faqs.html https://www.aetna.com/employers-organizations/tools-manuals-forms.html
Capital	N/A - information provided upon request
Cigna	https://www.cms.gov/ccio/resources/data-resources/issuer-level-enrollment-data
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	Website: Highmark Health 2022 Annual Report Highmark Health Plans https://www.highmarkhealth.org/annualreport2022/highlights/healthplans/index.shtml
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace
IBC	N/A
Oscar	https://assets.ctfassets.net/plyq12u1bv8a/23zn1237q97Fz8dh9VO26q/2d42e0e994d6a25b13df632f257f8341/
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	https://www.uhceservices.com/en/prelogin/resources/faqs
UPMC	https://upmchealthplan.com/transparency-in-coverage/individuals.aspx

Claim denial and appeal information:	
Aetna	https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html https://www.aetna.com/individuals-families/member-rights-resources/claim-denials.html
Capital	N/A - information provided upon request
Cigna	https://www.cigna.com/individuals-families/shop-plans/transparency-in-coverage
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	Shop Individual and Family Plans (www.highmark.com) -- Please note a zip code will need to be entered to view each region's (Western, Central and Northeastern) rate justification documents > Individual Rate Filing. https://www.highmark.com/western-pennsylvania/individual-families/shop-individuals-families
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace
IBC	N/A
Oscar	https://www.hioscar.com/pa_tic_2024
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	https://www.uhc.com/legal/required-state-notices/pennsylvania/claims-payment-policy-information
UPMC	https://upmchealthplan.com/transparency-in-coverage/individuals.aspx

Data on rating practices:	
Aetna	https://www.aetna.com/faqs-health-insurance/employers-organizations-enrollment-renewal-premium-rates-quotes-faqs.html
Capital	N/A - information provided upon request
Cigna	https://data.healthcare.gov/datasets?fulltext=rating
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	Website: Shop Individual and Family Plans (www.highmark.com) Please note a zip code will need to be entered to view each region's (Western, Central and Northeastern) rate justification document. https://www.highmark.com/western-pennsylvania/individual-families/shop-individuals-families
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace/shop https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx
IBC	N/A
Oscar	https://www.hioscar.com/individuals
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx
UPMC	https://www.upmchealthplan.com/members/

TRANSPARENCY IN COVERAGE REPORT

Out-of-pocket cost information, and the underlying negotiated rates, for all covered health care items and services, available to the public:

Aetna	<p>Estimates are provided free of cost, upon request, for a covered item or service to be provided by a participating provider (in-network), via the member web portal, or by assistance from a Customer Service Representative (CSR) for those without access to the web. Members can access the tool via secure log-in to their Aetna Member website. There is no requirement to make the cost of care tool public.</p> <p>Aetna member website: https://www.aetna.com/AccountManagerV3/v/login?identityTransaction=0UFca2Ki65ql4ogU4X49ztYr25Ur4fx6qRbTn%2FKNS28s67TW1oejYfMC2Nyfh79rk9XMArQcbYLOLh8r8yMHUOJfQZIK7HmL5q4OdE2PrOm6z6dR1vaq%2B%2FBGvQ4sC74vsgnm55m1liNXtYsDsVU%2FGvH5mfmbW14o8cdIrlr2ayzZvNxsGP2TH8toi9KtWB6e4sFVHIEocsh9%2F8i2rek9loGJ7JXLNeHd81D1ED7sufoaUxpWsEDp%2FELHoM%2FT68L8loJjaq2EttvK6L374wrjVLA3YQ%2FHqha04Sat50N%2BcglkUSHmSlvLOXKV4cMVhJjMEFFY%2BQ%2B5al2IpmSci26H9ig1Vg8P7pR7koWoC3JZ2N%2BCSH47GWH9skuZg2Psa7A2gcaTCYewW7PFyHfhyMfcm0fiS7k3fR6W%2B4VSKerWDI2oWuFmZEhx0m2BM90148STBB6IFGU%2FykHA%2FqWX1NTZiRXyrr0ki8Rbc%2B80ZpSn5bh3nBmGdgrCcDTyKNu&appname=NAV&branding=&skin=&language=&channel=web</p>
Capital	<p>Capital participants, beneficiaries and enrollees can access out-of-pocket cost information through MyCare Finder on www.capbluecross.com. The information is personalized and not open to the public due to the member benefits that relate to the specific user. Therefore, the user is required to sign-in to their account to see the out-of-pocket cost information. At this time, the cost information is available for the 500 items and services outlined in the Transparency in Coverage Final Rule for plan year beginning on or after January 1, 2023. Capital is on track to meet the requirements to make available cost information for all items and services for plan years beginning on or after January 1, 2024.</p>
Cigna	<p>Personalized out-of-pocket cost information for all covered health care items and services can be found on the participant’s www.myCigna.com internet based self-service tool.</p> <p>Additionally, participants, beneficiaries and enrollees can find information on prescription drug pricing through the drug search tool on www.myCigna.com.</p>
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	<p>Per the Transparency in Coverage Final Requirements, the cost information must be personalized therefore members can navigate to the cost tool via the member portal and/or contact Highmark’s customer service. http://www.highmark.com/</p>
Geisinger	https://www.geisinger.org/health-plan/nosurprisesact
IBC	This link is only available through Independence’s member portal, for registered members.
Oscar	https://www.hioscar.com/forms/2023/pa
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	<p>UnitedHealth care implemented the consumer cost transparency tool (CPTT) provision on 1/1/2023 for 500 shoppable services. UnitedHealth care is in the process of implementing the CPTT provision for 1/1/2024 for all codes and services. Cost estimation is provided on a self-service web based internet tool and a written estimate is available to members upon request.</p>
UPMC	<p>The MRFs are available to the public without restrictions that would impede reuse of the data. There is no charge for downloads or requirements for user accounts, passwords, other credentials, or any personal identifying information. https://www.upmchealthplan.com/transparency-in-coverage/mrf</p>

Negotiated rates for all covered items and services between the plan or issuer and in-network providers:

Aetna	<p>The In-Network Rates file and the Allowed Amounts file for fully-insured Plans and SG AFA are posted on Aetna’s publicly accessible website and are updated monthly. The in-Network rate file contains negotiated rates for all covered items and services for the given plan sponsor or product configurations. https://www.aetna.com/individuals-families/member-rights-resources/rights/disclosure-information.html</p>
Capital	<p>Machine Readable Files (MRFs) - Capital Blue Cross (www.healthsparg.com) https://capitalbluecross.healthsparg.com/healthsparg/public/#/one/insurerCode=CAPBC_I&brandCode=CAPBC_&productCode=MRF/machine-readable-transparency-in-coverage This information is located in the In-network Rates & Allowed Amounts Files section. Clicking the File Type to In Network Rates provides the negotiated rates with in-network providers.</p>

TRANSPARENCY IN COVERAGE REPORT

Cigna	https://www.cigna.com/legal/compliance/machine-readable-files
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	https://mrfdata.hmhs.com/
Geisinger	https://www.geisinger.org/health-plan/nosurprisesact
IBC	https://www.ibx.com/developer-resources
Oscar	https://www.hioscar.com/transparency-in-coverage-files/oscar
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	https://transparency-in-coverage.uhc.com/
UPMC	https://www.upmchealthplan.com/individuals/learn/plans-and-services/health-insurance.aspx UPMC Health Plan’s MRFs are available at: https://www.upmchealthplan.com/transparency-in-coverage/mrf

Historical payments to, and billed charges from, out-of-network providers (note that historical payments must have a minimum of twenty entries in order to protect consumer privacy):

Aetna	We can produce an allowed amount file that contains historical payments for a designated 90-day period FOR EACH PLAN by provider NPI, procedure code. The NPI, procedure combination must have a minimum of 20 entries as noted. However, based on the criteria outlined we have not had claim criteria meet this standard to produce a file to date, but continue to monitor.
Capital	This information is located in the In-network Rates & Allowed Amounts Files section. Clicking the File Type to Allowed Amounts provides out-of-network provider rates. Machine Readable Files (MRFs) - Capital Blue Cross (www.healthsparq.com) https://capitalbluecross.healthsparq.com/healthsparq/public/#/one/insurerCode=CAPBC_I&brandCode=CAPBC&productCode=MRF/machine-readable-transparency-in-coverage
Cigna	https://www.cigna.com/legal/compliance/machine-readable-files
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	https://mrfdata.hmhs.com/
Geisinger	https://www.geisinger.org/health-plan/nosurprisesact
IBC	https://www.ibx.com/developer-resources
Oscar	https://www.hioscar.com/transparency-in-coverage-files/oscar
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	The website defaults to an initial list of indexed files with embedded links to the in-network rate and out-of-network rate for the plans listed. The website also provides a search feature which allows the user to select in-network and out-of-network options, so the user can search the files individually. https://transparency-in-coverage.uhc.com/
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/mrf

In-network negotiated rates and historical net prices for all covered prescription drugs by plan or issuer at the pharmacy location level:

Aetna	N/A
Capital	N/A
Cigna	https://www.cigna.com/legal/compliance/machine-readable-files
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	N/A
Geisinger	Not available now
IBC	N/A
Oscar	https://www.hioscar.com/transparency-in-coverage-files/oscar
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	N/A
UPMC	https://www.upmchealthplan.com/transparency-in-coverage/mrf

TRANSPARENCY IN COVERAGE REPORT

Information on enrollee rights under title I of the ACA:	
Aetna	https://www.aetna.com/individuals-families/member-rights-resources/rights/hmo-ppo-member-rights.html
Capital	Member rights and responsibilities (www.capbluecross.com) (https://www.capbluecross.com/wps/portal/cap/home/explore/resource/my-rights) Your rights and protections against surprise medical bills (www.capbluecross.com) (https://www.capbluecross.com/wps/portal/cap/home/explore/resource/my-rights/no-surprises-act)
Cigna	https://www.cigna.com/individuals-families/shop-plans/transparency-in-coverage
Cigna + Oscar	N/A
Health Partners Plans	N/A – not yet certified for one year.
Highmark	https://www.highmark.com/resources/answers/fag/aca-plans
Geisinger	https://www.geisinger.org/health-plan/plans/geisinger-marketplace Link to HealthCare.gov is at bottom of page: To learn about your rights under the Affordable Care Act: (https://www.healthcare.gov/health-care-law-protections/)
IBC	N/A
Oscar	https://www.hioscar.com/pa_tic_2024
PA H&W	https://ambetter.pahealthwellness.com/resources/handbooks-forms/transparency-notice-2024.html
UnitedHealthcare	https://www.uhc.com/united-for-reform/health-reform-provisions
UPMC	https://www.upmchealthplan.com/individuals/learn/plans-and-services/health-insurance.aspx