


Managed Care Program Annual Report (MCPAR) for Pennsylvania: Office of Medical Assistance Programs - Physical HealthChoices_2023-06-20 12:19:56

Due date	Last edited	Edited by	Status
06/29/2023	06/28/2023	Jamie Buchenauer	In progress

Indicator	Response
<p>Exclusion of CHIP from MCPAR</p> <p>Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.</p>	Not Selected

Point of Contact


 Find in the Excel Workbook
A_Program_Info

Number	Indicator	Response
A1	<p>State name</p> <p>Auto-populated from your account profile.</p>	Pennsylvania
A2a	<p>Contact name</p> <p>First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide</p>	Jamie Buchenauer

email address that will allow anyone with questions to quickly reach someone who can provide answers.

A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	jbuchenaue@pa.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Not answered
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	Not answered
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	Not answered


Reporting Period

 Find in the Excel Workbook
A_Program_Info

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2022
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2022
A6	Program name Auto-populated from report dashboard.	Office of Medical Assistance Programs - Physical HealthChoices_2023-06-20 12:19:56

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

 Find in the Excel Workbook
A_Program_Info

Indicator	Response
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Plan name

Aetna Better Health LC
Aetna Better Health NE
Aetna Better Health NW
Aetna Better Health SE
Aetna Better Health SW
AmeriHealth Caritas Pennsylvania LC
AmeriHealth Caritas Pennsylvania NE
AmeriHealth Caritas Pennsylvania NW
AmeriHealth Caritas Pennsylvania SW
Geisinger Health Plan LC
Geisinger Health Plan NE
Geisinger Health Plan NW
Geisinger Health Plan SE
Geisinger Health Plan SW
Health Partners Plans LC
Health Partners Plans NE
Health Partners Plans NW
Health Partners Plans SE
Health Partners Plans SW
Highmark Wholecare LC
Highmark Wholecare NW
Highmark Wholecare SW
Keystone First SE
United Healthcare LC
United Healthcare SE
United Healthcare SW
UPMC for You LC
UPMC for You NE
UPMC for You NW
UPMC for You SE
UPMC for You SW
Aetna Better Health
AmeriHealth Caritas Pennsylvania
Geisinger Health Plan

Health Partners Plans
Highmark Wholecare
United Healthcare
UPMC for You
Vista Healthcare DBA Keystone First and Vista
Healthcare DBA AmeriHealth Caritas
Pennsylvania

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at [42 CFR 438.71](#). See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.



Find in the Excel Workbook

A_Program_Info

Indicator	Response
BSS entity name	Maximus

Topic I. Program Characteristics and Enrollment



Find in the Excel Workbook

B_State

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the total number of individuals enrolled in Medicaid as of the first day of the last month of the reporting year. Include all FFS and managed care enrollees, and count each person only once, regardless of the delivery system(s) in which they are enrolled.	3,419,180

BI.2	Statewide Medicaid managed care enrollment	3,386,428
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Enter the total, unduplicated number of individuals enrolled in any type of Medicaid managed care as of the first day of the last month of the reporting year.
Include enrollees in all programs, and count each person only once, even if they are enrolled in more than one managed care program or more than one managed care plan.

Topic III. Encounter Data Report

 Find in the Excel Workbook
B_State

Number	Indicator	Response
BIII.1	Data validation entity Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	Other, specify – IPRO, Mercer, Gainwell/PROMISE

Topic X: Program Integrity

 Find in the Excel Workbook
B_State

Number	Indicator	Response
BX.1	Payment risks between the state and plans Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include	The Department routinely conducts reviews of the MCO network providers to order to identify and mitigate fraud, waste, and abuse issues. Quarterly com trainings serve to identify and address emerging trends, areas of concern, and determine where additional technical assistance may be needed. Focused P evaluation of the Electronic Visit Verification system and medical record reviews. These focused activities identified overpayments/underpayments, quality reviews of Federally Qualified Health Clinics, Home and Community Health agency staff, hospice services as well as various DME services served to identify

analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities.

BX.2	Contract standard for overpayments	State has established a hybrid system
	Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	
BX.3	Location of contract provision stating overpayment standard	Overpayment standards are located in multiple places throughout our Agreements. Overpayments are specifically discussed in the HealthChoices Agreement (ii), Section V(O)(4)(p).
	Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	
BX.4	Description of overpayment contract standard	The PH-MCO shall audit, review and investigate Providers within its network through prepayment and retrospective payment reviews. The PH-MCO shall conduct audits, reviews or investigations solely by the PH- MCO or through Network Provider self-audits. The Department has the right to audit Providers in the PH-MCO's network. Overpayment recoveries resulting from audits, reviews or investigations initiated by or on behalf of the Department, that are not part of the PH-MCO's network, shall be retained from the PH-MCO.
	Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.	
BX.5	State overpayment reporting monitoring	BPI monitors the plans compliance with reporting overpayments to the state through routine analysis of the plans quarterly compliance reports. These reports identify overpayments and the timeliness of these actions. Aberrancies will receive follow up actions.
	Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this	

requirement and/or timeliness of reporting?
The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

BX.6	Changes in beneficiary circumstances Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	Every month, DHS staff generate a capitation payment statistical record and eligibility report, which is used to generate the monthly capitation file. Exceptions that failed editing, were omitted, or duplicated. DHS generates files to identify participants with retroactive dates of death or with other ineligibility reasons to eligibility changes. The file is compared to capitation payments to verify that the total capitation paid, member months and participant payment agree. D payments are made in accordance with the CMS approved actuarially sound rate methodology.
BX.7a	Changes in provider circumstances: Monitoring plans Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	Changes in provider circumstances: Metrics Does the state use a metric or indicator to assess plan reporting performance? Select one.	Yes
BX.7c	Changes in provider circumstances: Describe metric Describe the metric or indicator that the state uses.	Each "for cause" termination implemented by the MCO must also have an associated written referral directed to DHS. Additionally, "for cause" terminations compliance reports.
BX.8a	Federal database checks: Excluded person or entities	No

During the state's federal database checks, did the state find any person or entity excluded? Select one.
Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

BX.9a **Website posting of 5 percent or more ownership control** Yes

Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).

BX.9b **Website posting of 5 percent or more ownership control: Link** <https://www.dhs.pa.gov/HealthChoices/Pages/Managed-Care-Quality-Strategy.aspx>

What is the link to the website? Refer to 42 CFR 602(g)(3).

BX.10 **Periodic audits** <https://www.dhs.pa.gov/providers/Providers/Documents/Managed%20Care%20Information/Physical%20Health%20HC%20CY%202019%20Encounter%20%20July%202022.pdf>

If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).

Topic I: Program Characteristics



Find in the Excel Workbook

C1_Program_Set

Number	Indicator	Response
C11.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	September 2022 HealthChoices Agreement, 9/1/2022
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	09/01/2022
C11.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.dhs.pa.gov/providers/Providers/Documents/Managed%20Care%20Information/2022%20September%20HC%20Agreement%20and%20Exhibits.pdf
C11.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C11.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3)	Behavioral health

dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.

C11.4b **Variation in special benefits** N/A

What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.

C11.5 **Program enrollment** 2,947,743

Enter the total number of individuals enrolled in the managed care program as of the first day of the last month of the reporting year.

C11.6 **Changes to enrollment or benefits** No major changes in enrolled populations and benefits in 2022

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year.

Topic III: Encounter Data Report



Find in the Excel Workbook


C1_Program_Set

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p> <p>Other, specify – Special payment calculation, risk mitigation settlements</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>No barriers were identified in collecting and validating the data.</p>
C1III.4	<p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality</p>	<p>Exhibit XX</p>

standards. Use contract section references, not page numbers.

C1III.5	<p>Incentives for encounter data quality</p> <p>Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.</p>	<p>No direct incentive, but because encounter data is used for risk mitigation and value based payments, the MCOs have an indirect incentive to provide accurate encounter data</p>
C1III.6	<p>Barriers to collecting/validating encounter data</p> <p>Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting period.</p>	<p>No barriers were identified in collecting and validating the data.</p>

Topic IV. Appeals, State Fair Hearings & Grievances


 Find in the Excel Workbook
C1_Program_Set

Number	Indicator	Response
C1IV.1	<p>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p>	'N/A'
C1IV.2	<p>State definition of "timely" resolution for standard appeals</p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>Exhibit GG – B.1.p and C.1.r- The PH-MCO must send a written notice of the Appeal (Pennsylvania Complaint or Grievance) decision, using the template supplied by the Department (Exhibit GG - A.26) to the Member, the Member's representative, if the Member has designated one in writing, service Provider, and prescribing Provider, if applicable, within thirty (30) days from the date the PH-MCO received the Appeal (Pennsylvania Complaint or Grievance), unless the time frame for deciding the Appeal (Pennsylvania Complaint or Grievance) has been extended by up to fourteen (14) days at the request of the Member.</p>

<p>C1IV.3</p>	<p>State definition of "timely" resolution for expedited appeals</p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>Exhibit GG – B.4.h and C.3.k- The PH-MCO must issue the decision resulting from the expedited appeal (Pennsylvania Complaint or Grievance) in person or by phone to the Member, the Member's representative, if the Member has designated one in writing, service Provider, and prescribing Provider, if applicable, within either 48 hours of receiving the Provider's certification or within seventy-two (72) hours of receiving the Member's request for an expedited review, whichever is shorter, unless the time frame for deciding the expedited review has been extended by up to fourteen (14) days at the request of the Member. In addition, the PH-MCO must mail written notice of the decision to the Member, the Member's representative, if the Member has designated one in writing, service Provider, and prescribing Provider, if applicable, within two (2) business days of the decision, using the template supplied by the Department (Exhibit GG - A.26).</p>
<p>C1IV.4</p>	<p>State definition of "timely" resolution for grievances</p> <p>Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.</p>	<p>Exhibit GG – B.1.p - The PH-MCO must send a written notice of the grievance (Pennsylvania complaint) decision, using the template supplied by the Department (Exhibit GG - A.26) to the Member, the Member's representative, if the Member has designated one in writing, service Provider, if applicable, and prescribing Provider, if applicable, within thirty (30) days from the date the PH-MCO received the Complaint, unless the time frame for deciding the Complaint has been extended by up to fourteen (14) days at the request of the Member.</p>

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

 Find in the Excel Workbook
C1_Program_Set

Number	Indicator	Response
<p>C1V.1</p>	<p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards.</p>	<p>While all Physical Health HealthChoices MCOs (PH-MCO) met the network adequacy standard for each zone that they serve, challenges were reported for the following services in certain counties: Certified Nurse Midwives, Dermatology, General Dentistry – Pediatrics, and Oral Surgery. This challenge is most pronounced in rural counties where none of the noted provider specialty types are located within the county and in less densely populated areas of urban counties. Network provider(s)</p>

may be located in contiguous counties, but travel time standards cannot be met due to the rural nature of the region. In these cases, the PH-MCOs are required to cover these services with out-of-network providers and offer their members reasonable provider alternatives. The PH-MCOs report that attempts to increase network availability expands to surrounding counties, and in some cases outside of State lines, to ensure every potential provider is approached and conversation on potential contracting occurs.

C1V.2	State response to gaps in network adequacy	In addition to geomapping reports that are submitted annually, each PH-MCO submits their current provider network on a weekly basis which is uploaded and reviewed within the Medicaid Enterprise Monitoring Module (MEMM). OMAP reviews each of the counties served by the PH-MCOs based on the established network adequacy standard for each provider type; the data and “snapshot” report available to the Department through MEMM, the Department’s Medicaid oversight application; grievances (termed complaints in Pennsylvania) filed which are related to access; and the PH-MCO’s efforts to contract with new providers. Throughout 2022, OMAP has received very few concerns about Network Adequacy. When received, OMAP’s Contract Monitoring teams address the member’s concerns with the applicable PH-MCO for resolution.
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How does the state work with MCPs to address gaps in network adequacy?

Topic V. Availability, Accessibility and Network Adequacy

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Access measure total count: 24



C2.V.1 General category: General quantitative availability and accessibility standard

1 / 24

C2.V.2 Measure standard

At least two appropriate PCPs with open panels whose offices are located within a travel time no greater than 30 minutes (Urban). Travel time is based upon public transportation, where available.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and Annually



C2.V.1 General category: General quantitative availability and accessibility standard

2 / 24

C2.V.2 Measure standard

At least two appropriate PCPs with open panels whose offices are located within a travel time no greater than 60 minutes (Rural). Travel time is based upon public transportation, where available.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

3 / 24

C2.V.2 Measure standard

At least two appropriate pediatricians with open panels whose offices are located within a travel time no greater than 30 minutes (Urban).

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

4 / 24

C2.V.2 Measure standard

At least two appropriate pediatricians with open panels whose offices are located within a travel time no greater than 60 minutes (Rural).

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

5 / 24

C2.V.2 Measure standard

Ensure choice of two within the travel limits – 30 minutes for urban.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
OB/GYN	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, monthly, and annually



C2.V.1 General category: General quantitative availability and accessibility standard

6 / 24

C2.V.2 Measure standard

Ensure choice of two within the travel limits – 60 minutes for rural.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
OB/GYN	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and annually



C2.V.1 General category: General quantitative availability and accessibility standard

7 / 24

C2.V.2 Measure standard

Must ensure two pharmacies within the travel time limits 30 for urban.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pharmacy	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and Annually



C2.V.1 General category: General quantitative availability and accessibility standard

8 / 24

C2.V.2 Measure standard

Must ensure two pharmacies within the travel time limits 60 for rural.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and Annually



C2.V.1 General category: General quantitative availability and accessibility standard

9 / 24

C2.V.2 Measure standard

Two providers within travel limits 30 for urban for each zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Pediatric Dental

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and Annually



C2.V.1 General category: General quantitative availability and accessibility standard

10 / 24

C2.V.2 Measure standard

Two providers within travel limits 60 for rural for each zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

Pediatric Dental

Rural

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly, and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

11 / 24

C2.V.2 Measure standard

A choice of at least two dentists within the Provider Network with privileges or certificates to perform specialized dental procedures under general anesthesia or pay Out of Network

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider

Anesthesia for Dental Care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, monthly, and annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

12 / 24

C2.V.2 Measure standard

A choice of at least two rehabilitation facilities within the Provider Network at least one of which must be located within this HealthChoices Zone.

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider

Rehabilitation Facility

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, monthly, and annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

13 / 24

C2.V.2 Measure standard

LC/SE/SW zones must ensure a choice of two providers accepting new patients within the time limits – 30 minutes for urban - for the following providers: General Surgery, OB/GYN, Oncology, PT, Radiology, Cardiology, Pharmacy Orthopedic surgery, General Dentistry. Must ensure at least one provider accepting new patients within the travel limits – 30 minutes for urban following providers: Oral Surgery, Nursing Facility, Dermatology, Urology, Neurology, Otolaryngology. For all other specialists and subspecialists, the PH-MCO must have a choice of two providers who are accepting new patients within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Adult Specialist

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

14 / 24

C2.V.2 Measure standard

LC/SE/SW zones must ensure a choice of two providers accepting new patients within the time limits – 60 minutes for rural for the following providers: General Surgery, OB/GYN, Oncology, PT, Radiology, Cardiology, Pharmacy Orthopedic surgery, General Dentistry. Must ensure at least one provider accepting new patients within the travel limits – 60 for rural for the following providers: Oral Surgery, Nursing Facility, Dermatology, Urology, Neurology, Otolaryngology. For all other specialists and subspecialists, the PH-MCO must have a choice of two providers who are accepting new patients within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Adult Specialist

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



C2.V.1 General category: General quantitative availability and accessibility standard

15 / 24

C2.V.2 Measure standard

NE/NW zones must ensure two providers accepting new patients within the travel limits – 30 minutes for urban for the following providers: General Surgery, OB/GYN, Orthopedic Surgery, General Dentistry, Cardiology, Pharmacy. Must ensure one provider who is accepting new patients within the time limits – 30 minutes for urban for the following provider types: Oral Surgery, Nursing facility, Dermatology, Oncology, PT, Urology, Neurology, Otolaryngology, Radiology. For all other specialists and subspecialists, the PH-MCO must have a choice of two providers who are accepting new patients within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Adult Specialist

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



C2.V.1 General category: General quantitative availability and accessibility standard

16 / 24

C2.V.2 Measure standard

NE/NW zones must ensure two providers accepting new patients within the travel limits – 60 minutes for rural for the following providers: General Surgery, OB/GYN, Orthopedic Surgery, General Dentistry, Cardiology, Pharmacy. Must ensure one provider who is accepting new patients within the time limits – 60 minutes for rural for the following provider types: Oral Surgery, Nursing facility, Dermatology, Oncology, PT, Urology, Neurology, Otolaryngology, Radiology. For all other specialists and subspecialists, the PH-MCO must have a choice of two providers who are accepting new patients within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

17 / 24

C2.V.2 Measure standard

LC/SE/SW zones must ensure a choice of two providers accepting new patients within the time limits – 30 minutes for urban for the following providers: General Surgery, OB/GYN, Oncology, PT, Radiology, Cardiology, Pharmacy Orthopedic surgery, Pediatric Dentistry. Must ensure at least one provider accepting new patients within the travel limits – 30 minutes for urban for the following providers: Oral Surgery, Nursing Facility, Dermatology, Urology, Neurology, Otolaryngology. For all other specialists and subspecialists, the PH-MCO must have a choice of two providers who are accepting new patients within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Pediatric Specialist

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

18 / 24

C2.V.2 Measure standard

LC/SE/SW zones must ensure a choice of two providers accepting new patients within the time limits – 60 minutes for rural for the following providers: General Surgery, OB/GYN, Oncology, PT, Radiology, Cardiology, Pharmacy Orthopedic surgery, Pediatric Dentistry. Must ensure at least one provider accepting new patients within the travel limits – 60 for rural for the following providers: Oral Surgery, Nursing Facility, Dermatology, Urology, Neurology, Otolaryngology. For all other specialists and subspecialists, the PH-MCO must have a choice of two providers who are accepting new patients within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pediatric Specialist	Rural	Pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

19 / 24

C2.V.2 Measure standard

NE/NW zones must ensure two providers accepting new patients within the travel limits – 30 minutes for urban for the following providers: General Surgery, OB/GYN, Orthopedic Surgery, Pediatric Dentistry, Cardiology, Pharmacy. Must ensure one provider who is accepting new patients within the time limits – 30 minutes for urban for the following provider types: Oral Surgery, Nursing facility, Dermatology, Oncology, PT, Urology, Neurology, Otolaryngology, Radiology. For all other specialists and subspecialists, the PH-MCO must have a choice of two providers who are accepting new patients within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pediatric Specialist	Urban	Pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

20 / 24

C2.V.2 Measure standard

NE/NW zones must ensure two providers accepting new patients within the travel limits – 60 minutes for rural for the following providers: General Surgery, OB/GYN, Orthopedic Surgery, Pediatric Dentistry, Cardiology, Pharmacy. Must ensure one provider who is accepting new patients within the time limits – 60 for rural for the following provider types: Oral Surgery, Nursing facility, Dermatology, Oncology, PT, Urology, Neurology, Otolaryngology, Radiology. For all other specialists and subspecialists, the

PH-MCO must have a choice of two providers who are accepting new patients within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pediatric Specialist	Rural	Pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

21 / 24

C2.V.2 Measure standard

In accordance with RX for PA Principles, the PH-MCO must demonstrate its attempts to contract in good faith with a sufficient number of Certified Nurse Midwives (CNMs), Certified Registered Nurse Practitioner (CRNPs), and other Health Care Providers and maintain payment policies that reimburse CNMs, CRNPs, and other Health Care Providers for all services provided within the scope of their practice and allow them to practice to the fullest extent of their education, training.

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Other Healthcare Providers	Statewide	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

22 / 24

C2.V.2 Measure standard

Persons who have special health needs or who face access barriers to health care – if the PH-MCO does not have at least two (2) specialists or sub-specialists qualified to meet the particular needs of the individuals, then the PH-MCO must allow Members to pick an Out-of-Network Provider if not

satisfied with the Network Provider. For children with special health needs, the PH-MCO must offer at least two (2) pediatric specialists or pediatric sub-specialists

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

Special Health Needs

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

23 / 24

C2.V.2 Measure standard

Ensure at least one hospital within the travel time limits 30 minutes for urban and a second choice within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Hospital

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

24 / 24

C2.V.2 Measure standard

Ensure at least one hospital within the travel time limits 60 minutes for rural and a second choice within the zone.

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Hospital

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Plan provider roster review, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Weekly, Monthly and Annually

Topic IX: Beneficiary Support System (BSS)



Find in the Excel Workbook

C1_Program_Set

Number	Indicator	Response
C1IX.1	<p>BSS website</p> <p>List the website(s) and/or email address that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p>	<p>https://www.enrollnow.net/</p>
C1IX.2	<p>BSS auxiliary aids and services</p> <p>How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p>	<p>The enrollment broker offers a website, telephone, enrollment application for smart phone, in-person, mail, Bilingual staff, language line, TTY, Braille, and large print documents</p>
C1IX.3	<p>BSS LTSS program data</p> <p>How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).</p>	<p>N/A</p>
C1IX.4	<p>State evaluation of BSS entity performance</p> <p>What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p>	<p>Beneficiary survey, passive monitoring, active monitoring, Maximus Operational Reports</p>

Topic X: Program Integrity




Find in the Excel Workbook

C1_Program_Set

Number	Indicator	Response
C1X.3	<p>Prohibited affiliation disclosure</p> <p>Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).</p>	No

Topic I. Program Characteristics & Enrollment

 Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D11.1	<p>Plan enrollment</p> <p>What is the total number of individuals enrolled in each plan as of the first day of the last month of the reporting year?</p>	<p>Aetna Better Health LC</p> <p>N/A</p>
		<p>Aetna Better Health NE</p> <p>N/A</p>
		<p>Aetna Better Health NW</p> <p>N/A</p>
		<p>Aetna Better Health SE</p> <p>N/A</p>
		<p>Aetna Better Health SW</p> <p>N/A</p>
		<p>AmeriHealth Caritas Pennsylvania LC</p> <p>274,546</p>
		<p>AmeriHealth Caritas Pennsylvania NE</p> <p>139073</p>
	<p>AmeriHealth Caritas Pennsylvania NW</p> <p>33,716</p>	
	<p>AmeriHealth Caritas Pennsylvania SW</p> <p>18756</p>	

Geisinger Health Plan LC
26127

Geisinger Health Plan NE
258,491

Geisinger Health Plan NW
9031

Geisinger Health Plan SE
15282

Geisinger Health Plan SW
15,602

Health Partners Plans LC
27,160

Health Partners Plans NE
11967

Health Partners Plans NW
9,129

Health Partners Plans SE
301085

Health Partners Plans SW
16042

Highmark Wholecare LC
220,334

Highmark Wholecare NW
N/A

Highmark Wholecare SW
154,765

Keystone First SE
572482

United Healthcare LC
1

United Healthcare SE

131040

United Healthcare SW

N/A

UPMC for You LC

134219

UPMC for You NE

16072

UPMC for You NW

147,579

UPMC for You SE

18769

UPMC for You SW

396475

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

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Pennsylvania**

N/A

D11.2

Plan share of Medicaid

What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?

- Numerator: Plan enrollment (D1.1.1)
- Denominator: Statewide Medicaid enrollment (B.1.1)

Aetna Better Health LC

N/A%

Aetna Better Health NE

N/A%

Aetna Better Health NW

N/A%

Aetna Better Health SE

N/A%

Aetna Better Health SW

N/A%

AmeriHealth Caritas Pennsylvania LC

8.03%

AmeriHealth Caritas Pennsylvania NE

4.06743722179002%

AmeriHealth Caritas Pennsylvania NW

0.9860843828052339%

AmeriHealth Caritas Pennsylvania SW

0.5485525769336508%

Geisinger Health Plan LC

0.7641305810165011%

Geisinger Health Plan NE

7.56002901280424%

Geisinger Health Plan NW

0.26412765633865426%

Geisinger Health Plan SE

0.44694926853807054%

Geisinger Health Plan SW

0.45630823764762307%

Health Partners Plans LC

0.7943425031732754%

Health Partners Plans NE
0.34999619791879927%

Health Partners Plans NW
0.26699384062845477%

Health Partners Plans SE
8.805766294842623%

Health Partners Plans SW
0.4691768201732579%

Highmark Wholecare LC
6.444059686825495%

Highmark Wholecare NW
N/A%

Highmark Wholecare SW
4.526377669499705%

Keystone First SE
16.743254230546505%

United Healthcare LC
.00002924678%

United Healthcare SE
3.8324978503617824%

United Healthcare SW
N/A%

UPMC for You LC
3.9254733591094944%

UPMC for You NE
0.4700542235272785%

UPMC for You NW
4.316210319433314%

UPMC for You SE
0.5489327850537263%

UPMC for You SW

11.595616492843314%

Aetna Better Health

N/A%

AmeriHealth Caritas Pennsylvania

N/A%

Geisinger Health Plan

N/A%

Health Partners Plans

N/A%

Highmark Wholecare

N/A%

United Healthcare

N/A%

UPMC for You

N/A%

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Pennsylvania**

N/A%

D11.3 Plan share of any Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?

- Numerator: Plan enrollment (D1.1.1)
- Denominator: Statewide Medicaid managed care enrollment (B.1.2)

Aetna Better Health LC

N/A%

Aetna Better Health NE

N/A%

Aetna Better Health NW

N/A%

Aetna Better Health SE

N/A%

Aetna Better Health SW

N/A%

AmeriHealth Caritas Pennsylvania LC

8.11%

AmeriHealth Caritas Pennsylvania NE

4.10677563497585%

AmeriHealth Caritas Pennsylvania NW

0.9956213449687991%

AmeriHealth Caritas Pennsylvania SW

0.5538579293580138%

Geisinger Health Plan LC

0.7715209063945845%

Geisinger Health Plan NE

7.633146194160926%

Geisinger Health Plan NW

0.26668217957092255%

Geisinger Health Plan SE

0.45127195971684614%

Geisinger Health Plan SW

0.4607214445427454%

Health Partners Plans LC

0.8020250245981901%

Health Partners Plans NE

0.35338120284854724%

Health Partners Plans NW

0.2695760842988541%

Health Partners Plans SE

8.890931683768265%

Health Partners Plans SW

0.47371448617835665%

Highmark Wholecare LC

6.506383717592697%

Highmark Wholecare NW

N/A%

Highmark Wholecare SW

4.57015474712588%

Keystone First SE

16.90518741281374%

United Healthcare LC

.000029529640080934837E-05%

United Healthcare SE

3.869564036205701%

United Healthcare SW

N/A%

UPMC for You LC

3.963438762022993%

UPMC for You NE

0.4746003753807847%

UPMC for You NW

4.357954753504282%

UPMC for You SE

0.554241814679066%

UPMC for You SW

11.70776405108864%

Aetna Better Health

N/A%

AmeriHealth Caritas Pennsylvania

N/A%

Geisinger Health Plan

N/A%

Health Partners Plans

N/A%

Highmark Wholecare

N/A%

United Healthcare

N/A%

UPMC for You

N/A%

**Vista Healthcare DBA Keystone First and
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Pennsylvania**

N/A%

Topic II. Financial Performance



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR.	Aetna Better Health LC
		N/A%
		Aetna Better Health NE
		N/A%
		Aetna Better Health NW
		N/A%
		Aetna Better Health SE
		N/A%
		Aetna Better Health SW
		N/A%
		AmeriHealth Caritas Pennsylvania LC
		N/A%
AmeriHealth Caritas Pennsylvania NE		
N/A%		
AmeriHealth Caritas Pennsylvania NW		
N/A%		
AmeriHealth Caritas Pennsylvania SW		
N/A%		
Geisinger Health Plan LC		

N/A%

Geisinger Health Plan NE

N/A%

Geisinger Health Plan NW

N/A%

Geisinger Health Plan SE

N/A%

Geisinger Health Plan SW

N/A%

Health Partners Plans LC

N/A%

Health Partners Plans NE

N/A%

Health Partners Plans NW

N/A%

Health Partners Plans SE

N/A%

Health Partners Plans SW

N/A%

Highmark Wholecare LC

N/A%

Highmark Wholecare NW

N/A%

Highmark Wholecare SW

N/A%

Keystone First SE

N/A%

United Healthcare LC

N/A%

United Healthcare SE

N/A%

United Healthcare SW

N/A%

UPMC for You LC

N/A%

UPMC for You NE

N/A%

UPMC for You NW

N/A%

UPMC for You SE

N/A%

UPMC for You SW

N/A%

Aetna Better Health

88.20%

AmeriHealth Caritas Pennsylvania

N/A%

Geisinger Health Plan

95.60%

Health Partners Plans

88.60%

Highmark Wholecare

90.90%

United Healthcare

91.90%

UPMC for You

91.70%

**Vista Healthcare DBA Keystone First and
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Pennsylvania**

89.90%

D1II.1b

Level of aggregation

What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.
As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

Aetna Better Health LC

Program-specific statewide

Aetna Better Health NE

Program-specific statewide

Aetna Better Health NW

Program-specific statewide

Aetna Better Health SE

Program-specific statewide

Aetna Better Health SW

Program-specific statewide

AmeriHealth Caritas Pennsylvania LC

Program-specific statewide

AmeriHealth Caritas Pennsylvania NE

Program-specific statewide

AmeriHealth Caritas Pennsylvania NW

Program-specific statewide

AmeriHealth Caritas Pennsylvania SW

Program-specific statewide

Geisinger Health Plan LC

Program-specific statewide

Geisinger Health Plan NE

Program-specific statewide

Geisinger Health Plan NW

Program-specific statewide

Geisinger Health Plan SE

Program-specific statewide

Geisinger Health Plan SW

Program-specific statewide

Health Partners Plans LC

Program-specific statewide

Health Partners Plans NE
Program-specific statewide

Health Partners Plans NW
Program-specific statewide

Health Partners Plans SE
Program-specific statewide

Health Partners Plans SW
Program-specific statewide

Highmark Wholecare LC
Program-specific statewide

Highmark Wholecare NW
Program-specific statewide

Highmark Wholecare SW
Program-specific statewide

Keystone First SE
Program-specific statewide

United Healthcare LC
Program-specific statewide

United Healthcare SE
Program-specific statewide

United Healthcare SW
Program-specific statewide

UPMC for You LC
Program-specific statewide

UPMC for You NE
Program-specific statewide

UPMC for You NW
Program-specific statewide

UPMC for You SE
Program-specific statewide

UPMC for You SW

Program-specific statewide

Aetna Better Health

Program-specific statewide

AmeriHealth Caritas Pennsylvania

Program-specific statewide

Geisinger Health Plan

Program-specific statewide

Health Partners Plans

Program-specific statewide

Highmark Wholecare

Program-specific statewide

United Healthcare

Program-specific statewide

UPMC for You

Program-specific statewide

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Pennsylvania**

Program-specific statewide

D1II.2

**Population specific MLR
description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Aetna Better Health LC

Newly Eligible Population & All Other Populations

Aetna Better Health NE

Newly Eligible Population & All Other Populations

Aetna Better Health NW

Newly Eligible Population & All Other Populations

Aetna Better Health SE

Newly Eligible Population & All Other Populations

Aetna Better Health SW

Newly Eligible Population & All Other

Populations

AmeriHealth Caritas Pennsylvania LC

Newly Eligible Population & All Other Populations

AmeriHealth Caritas Pennsylvania NE

Newly Eligible Population & All Other Populations

AmeriHealth Caritas Pennsylvania NW

Newly Eligible Population & All Other Populations

AmeriHealth Caritas Pennsylvania SW

Newly Eligible Population & All Other Populations

Geisinger Health Plan LC

Newly Eligible Population & All Other Populations

Geisinger Health Plan NE

Newly Eligible Population & All Other Populations

Geisinger Health Plan NW

Newly Eligible Population & All Other Populations

Geisinger Health Plan SE

Newly Eligible Population & All Other Populations

Geisinger Health Plan SW

Newly Eligible Population & All Other Populations

Health Partners Plans LC

Newly Eligible Population & All Other Populations

Health Partners Plans NE

Newly Eligible Population & All Other Populations

Health Partners Plans NW

Newly Eligible Population & All Other

Populations

Health Partners Plans SE

Newly Eligible Population & All Other Populations

Health Partners Plans SW

Newly Eligible Population & All Other Populations

Highmark Wholecare LC

Newly Eligible Population & All Other Populations

Highmark Wholecare NW

Newly Eligible Population & All Other Populations

Highmark Wholecare SW

Newly Eligible Population & All Other Populations

Keystone First SE

Newly Eligible Population & All Other Populations

United Healthcare LC

Newly Eligible Population & All Other Populations

United Healthcare SE

Newly Eligible Population & All Other Populations

United Healthcare SW

Newly Eligible Population & All Other Populations

UPMC for You LC

Newly Eligible Population & All Other Populations

UPMC for You NE

Newly Eligible Population & All Other Populations

UPMC for You NW

Newly Eligible Population & All Other

Populations

UPMC for You SE

Newly Eligible Population & All Other Populations

UPMC for You SW

Newly Eligible Population & All Other Populations

Aetna Better Health

Newly Eligible Population & All Other Populations

AmeriHealth Caritas Pennsylvania

Newly Eligible Population & All Other Populations

Geisinger Health Plan

Newly Eligible Population & All Other Populations

Health Partners Plans

Newly Eligible Population & All Other Populations

Highmark Wholecare

Newly Eligible Population & All Other Populations

United Healthcare

Newly Eligible Population & All Other Populations

UPMC for You

Newly Eligible Population & All Other Populations

Vista Healthcare DBA Keystone First and Vista Healthcare DBA AmeriHealth Caritas Pennsylvania

Newly Eligible Population & All Other Populations

D1II.3

MLR reporting period discrepancies

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

Aetna Better Health LC

Yes

Aetna Better Health NE

Yes

Aetna Better Health NW

Yes

Aetna Better Health SE

Yes

Aetna Better Health SW

Yes

AmeriHealth Caritas Pennsylvania LC

Yes

AmeriHealth Caritas Pennsylvania NE

Yes

AmeriHealth Caritas Pennsylvania NW

Yes

AmeriHealth Caritas Pennsylvania SW

Yes

Geisinger Health Plan LC

Yes

Geisinger Health Plan NE

Yes

Geisinger Health Plan NW

Yes

Geisinger Health Plan SE

Yes

Geisinger Health Plan SW

Yes

Health Partners Plans LC

Yes

Health Partners Plans NE

Yes

Health Partners Plans NW

Yes

Health Partners Plans SE

Yes

Health Partners Plans SW

Yes

Highmark Wholecare LC

Yes

Highmark Wholecare NW

Yes

Highmark Wholecare SW

Yes

Keystone First SE

Yes

United Healthcare LC

Yes

United Healthcare SE

Yes

United Healthcare SW

Yes

UPMC for You LC

Yes

UPMC for You NE

Yes

UPMC for You NW

Yes

UPMC for You SE

Yes

UPMC for You SW

Yes

Aetna Better Health

Yes

AmeriHealth Caritas Pennsylvania

Yes

Geisinger Health Plan

Yes

Health Partners Plans

Yes

Highmark Wholecare

Yes

United Healthcare

Yes

UPMC for You

Yes

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Pennsylvania**

Yes

N/A

Enter the start date.

Aetna Better Health LC

01/01/2021

Aetna Better Health NE

01/01/2021

Aetna Better Health NW

01/01/2021

Aetna Better Health SE

01/01/2021

Aetna Better Health SW

01/01/2021

AmeriHealth Caritas Pennsylvania LC

01/01/2021

AmeriHealth Caritas Pennsylvania NE

01/01/2021

AmeriHealth Caritas Pennsylvania NW
01/01/2021

AmeriHealth Caritas Pennsylvania SW
01/01/2021

Geisinger Health Plan LC
01/01/2021

Geisinger Health Plan NE
01/01/2021

Geisinger Health Plan NW
01/01/2021

Geisinger Health Plan SE
01/01/2021

Geisinger Health Plan SW
01/01/2021

Health Partners Plans LC
01/01/2021

Health Partners Plans NE
01/01/2021

Health Partners Plans NW
01/01/2021

Health Partners Plans SE
01/01/2021

Health Partners Plans SW
01/01/2021

Highmark Wholecare LC
01/01/2021

Highmark Wholecare NW
01/01/2021

Highmark Wholecare SW
01/01/2021

Keystone First SE

01/01/2021

United Healthcare LC

01/01/2021

United Healthcare SE

01/01/2021

United Healthcare SW

01/01/2021

UPMC for You LC

01/01/2021

UPMC for You NE

01/01/2021

UPMC for You NW

01/01/2021

UPMC for You SE

01/01/2021

UPMC for You SW

01/01/2021

Aetna Better Health

01/01/2021

AmeriHealth Caritas Pennsylvania

01/01/2021

Geisinger Health Plan

01/01/2021

Health Partners Plans

01/01/2021

Highmark Wholecare

01/01/2021

United Healthcare

01/01/2021

UPMC for You

01/01/2021

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

01/01/2021

N/A

Enter the end date.

Aetna Better Health LC

12/31/2021

Aetna Better Health NE

12/31/2021

Aetna Better Health NW

12/31/2021

Aetna Better Health SE

12/31/2021

Aetna Better Health SW

12/31/2021

AmeriHealth Caritas Pennsylvania LC

12/31/2021

AmeriHealth Caritas Pennsylvania NE

12/31/2021

AmeriHealth Caritas Pennsylvania NW

12/31/2021

AmeriHealth Caritas Pennsylvania SW

12/31/2021

Geisinger Health Plan LC

12/31/2021

Geisinger Health Plan NE

12/31/2021

Geisinger Health Plan NW

12/31/2021

Geisinger Health Plan SE

12/31/2021

Geisinger Health Plan SW

12/31/2021

Health Partners Plans LC

12/31/2021

Health Partners Plans NE

12/31/2021

Health Partners Plans NW

12/31/2021

Health Partners Plans SE

12/31/2021

Health Partners Plans SW

12/31/2021

Highmark Wholecare LC

12/31/2021

Highmark Wholecare NW

12/31/2021

Highmark Wholecare SW

12/31/2021

Keystone First SE

12/31/2021

United Healthcare LC

12/31/2021

United Healthcare SE

12/31/2021

United Healthcare SW

12/31/2021

UPMC for You LC

12/31/2021

UPMC for You NE

12/31/2021

UPMC for You NW

12/31/2021

UPMC for You SE

12/31/2021

UPMC for You SW

12/31/2021

Aetna Better Health

12/31/2021

AmeriHealth Caritas Pennsylvania

12/31/2021

Geisinger Health Plan

12/31/2021

Health Partners Plans

12/31/2021

Highmark Wholecare

12/31/2021

United Healthcare

12/31/2021

UPMC for You

12/31/2021

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

12/31/2021

Topic III. Encounter Data



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1III.1	<p>Definition of timely encounter data submissions</p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p>	<p>Aetna Better Health LC</p> <p>Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-</p>

If reporting frequencies and standards differ by type of encounter within this program, please explain.

MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

Aetna Better Health NE

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

Aetna Better Health NW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

Aetna Better Health SE

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

Aetna Better Health SW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be

approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

AmeriHealth Caritas Pennsylvania LC

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

AmeriHealth Caritas Pennsylvania NE

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

AmeriHealth Caritas Pennsylvania NW

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AmeriHealth Caritas Pennsylvania SW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication. This is an expansion zone for the MCO from the HealthChoices procurement effective September 1, 2022. DHS encounter data timeliness requirements will not be effective in this zone until the 2023 reporting year.

Geisinger Health Plan LC

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication. This is an expansion zone for the MCO from the HealthChoices procurement effective September 1, 2022. DHS encounter data timeliness requirements will not be effective in this zone until the 2023 reporting year.

Geisinger Health Plan NE

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

Geisinger Health Plan NW

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Geisinger Health Plan SE

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Geisinger Health Plan SW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication. This is an expansion zone for the MCO from the HealthChoices procurement effective September 1, 2022. DHS encounter data timeliness requirements will not be effective in this zone until the 2023 reporting year.

Health Partners Plans LC

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of

NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication. This is an expansion zone for the MCO from the HealthChoices procurement effective September 1, 2022. DHS encounter data timeliness requirements will not be effective in this zone until the 2023 reporting year.

Health Partners Plans NE

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication. This is an expansion zone for the MCO from the HealthChoices procurement effective September 1, 2022. DHS encounter data timeliness requirements will not be effective in this zone until the 2023 reporting year.

Health Partners Plans NW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication. This is an expansion zone for the MCO from the HealthChoices procurement effective September 1, 2022. DHS encounter data timeliness requirements will not be effective in this zone until the 2023 reporting year.

Health Partners Plans SE

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Health Partners Plans SW

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Highmark Wholecare LC

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

Highmark Wholecare NW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the

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Highmark Wholecare SW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

Keystone First SE

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

United Healthcare LC

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

United Healthcare SE

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the

Department's MMIS within thirty (30) days following the CHC-MCO adjudication

United Healthcare SW

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UPMC for You LC

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UPMC for You NE

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UPMC for You NW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be

approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

UPMC for You SE

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication. This is an expansion zone for the MCO from the HealthChoices procurement effective September 1, 2022. DHS encounter data timeliness requirements will not be effective in this zone until the 2023 reporting year.

UPMC for You SW

Exhibit XX & VIII.B.1.b.ii (Encounter Submissions) With the exception of NCPDP Encounters, all CHC-MCO approved Encounters and specified CHC-MCO denied Encounters must be approved in the Department's MMIS by the last day of the third month following the month of initial CHC-MCO adjudication. NCPDP Encounters must be submitted and approved in the Department's MMIS within thirty (30) days following the CHC-MCO adjudication

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1III.2

**Share of encounter data
submissions that met state's
timely submission
requirements**

What percent of the plan's
encounter data file submissions
(submitted during the reporting
period) met state requirements
for timely submission?

If the state has not yet received
any encounter data file
submissions for the entire
contract period when it submits
this report, the state should
enter here the percentage of
encounter data submissions
that were compliant out of the
file submissions it has received
from the managed care plan
for the reporting period.

Aetna Better Health LC

100.00%

Aetna Better Health NE

100.00%

Aetna Better Health NW

100.00%

Aetna Better Health SE

100.00%

Aetna Better Health SW

100.00%

AmeriHealth Caritas Pennsylvania LC

100%

AmeriHealth Caritas Pennsylvania NE

100.00%

AmeriHealth Caritas Pennsylvania NW

N/A%

AmeriHealth Caritas Pennsylvania SW

N/A%

Geisinger Health Plan LC

N/A%

Geisinger Health Plan NE

99.98%

Geisinger Health Plan NW

N/A%

Geisinger Health Plan SE

N/A%

Geisinger Health Plan SW

N/A%

Health Partners Plans LC

N/A%

Health Partners Plans NE

N/A%

Health Partners Plans NW

N/A%

Health Partners Plans SE

99.93%

Health Partners Plans SW

N/A%

Highmark Wholecare LC

99.94%

Highmark Wholecare NW

99.92%

Highmark Wholecare SW

99.94%

Keystone First SE

100.00%

United Healthcare LC

100.00%

United Healthcare SE

100.00%

United Healthcare SW

100.00%

UPMC for You LC

99.99%

UPMC for You NE

N/A%

UPMC for You NW

99.99%

UPMC for You SE

N/A%

UPMC for You SW

99.98%

Aetna Better Health

N/A%

AmeriHealth Caritas Pennsylvania

N/A%

Geisinger Health Plan

N/A%

Health Partners Plans

N/A%

Highmark Wholecare

N/A%

United Healthcare

N/A%

UPMC for You

N/A%

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A%

**D1III.3 Share of encounter data
submissions that were HIPAA
compliant**

Aetna Better Health LC

100.00%

What percent of the plan's encounter data submissions (submitted during the reporting period) met state requirements for HIPAA compliance?

Aetna Better Health NE
100.00%

If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting period.

Aetna Better Health NW
100.00%

Aetna Better Health SE
100.00%

Aetna Better Health SW
100.00%

AmeriHealth Caritas Pennsylvania LC
99.99%

AmeriHealth Caritas Pennsylvania NE
99.99%

AmeriHealth Caritas Pennsylvania NW
100.00%

AmeriHealth Caritas Pennsylvania SW
100.00%

Geisinger Health Plan LC
100.00%

Geisinger Health Plan NE
99.96%

Geisinger Health Plan NW
100.00%

Geisinger Health Plan SE
99.99%

Geisinger Health Plan SW
99.99%

Health Partners Plans LC
99.95%

Health Partners Plans NE
99.91%

Health Partners Plans NW

99.92%

Health Partners Plans SE

99.67%

Health Partners Plans SW

99.90%

Highmark Wholecare LC

99.90%

Highmark Wholecare NW

99.82%

Highmark Wholecare SW

99.86%

Keystone First SE

99.99%

United Healthcare LC

99.99%

United Healthcare SE

99.98%

United Healthcare SW

99.97%

UPMC for You LC

100.00%

UPMC for You NE

100.00%

UPMC for You NW

100.00%

UPMC for You SE

100.00%

UPMC for You SW

100.00%

Aetna Better Health

N/A%

AmeriHealth Caritas Pennsylvania

N/A%

Geisinger Health Plan

N/A%

Health Partners Plans

N/A%

Highmark Wholecare

N/A%

United Healthcare

N/A%

UPMC for You

N/A%

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1IV.1	Appeals resolved (at the plan level) Enter the total number of appeals resolved as of the first day of the last month of the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	Aetna Better Health LC 43
		Aetna Better Health NE 71
		Aetna Better Health NW 10
		Aetna Better Health SE 42

Aetna Better Health SW

44

AmeriHealth Caritas Pennsylvania LC

2090

AmeriHealth Caritas Pennsylvania NE

495

AmeriHealth Caritas Pennsylvania NW

145

AmeriHealth Caritas Pennsylvania SW

50

Geisinger Health Plan LC

23

Geisinger Health Plan NE

735

Geisinger Health Plan NW

10

Geisinger Health Plan SE

4

Geisinger Health Plan SW

5

Health Partners Plans LC

1

Health Partners Plans NE

0

Health Partners Plans NW

3

Health Partners Plans SE

520

Health Partners Plans SW

4

Highmark Wholecare LC

1458

Highmark Wholecare NW

100

Highmark Wholecare SW

925

Keystone First SE

3745

United Healthcare LC

138

United Healthcare SE

201

United Healthcare SW

255

UPMC for You LC

352

UPMC for You NE

7

UPMC for You NW

262

UPMC for You SE

5

UPMC for You SW

883

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.2

Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

25

AmeriHealth Caritas Pennsylvania NE

24

AmeriHealth Caritas Pennsylvania NW

3

AmeriHealth Caritas Pennsylvania SW

2

Geisinger Health Plan LC

4

Geisinger Health Plan NE
0

Geisinger Health Plan NW
0

Geisinger Health Plan SE
0

Geisinger Health Plan SW
3

Health Partners Plans LC
4

Health Partners Plans NE
0

Health Partners Plans NW
0

Health Partners Plans SE
15

Health Partners Plans SW
1

Highmark Wholecare LC
0

Highmark Wholecare NW
0

Highmark Wholecare SW
0

Keystone First SE
0

United Healthcare LC
0

United Healthcare SE
0

United Healthcare SW

0

UPMC for You LC

0

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

0

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.3 Appeals filed on behalf of
LTSS users**

Aetna Better Health LC

N/A

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.4 Number of critical incidents
filed during the reporting
period by (or on behalf of) an
LTSS user who previously
filed an appeal**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.5a

**Standard appeals for which
timely resolution was
provided**

Enter the total number of
standard appeals for which
timely resolution was provided
by plan during the reporting
period.
See 42 CFR §438.408(b)(2) for
requirements related to timely
resolution of standard appeals.

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

455

AmeriHealth Caritas Pennsylvania NE

205

AmeriHealth Caritas Pennsylvania NW

45

AmeriHealth Caritas Pennsylvania SW

33

Geisinger Health Plan LC

20

Geisinger Health Plan NE

175

Geisinger Health Plan NW

10

Geisinger Health Plan SE

4

Geisinger Health Plan SW

5

Health Partners Plans LC

1

Health Partners Plans NE

0

Health Partners Plans NW

2

Health Partners Plans SE

111

Health Partners Plans SW

4

Highmark Wholecare LC

385

Highmark Wholecare NW

4

Highmark Wholecare SW

246

Keystone First SE

874

United Healthcare LC

0

United Healthcare SE

78

United Healthcare SW

0

UPMC for You LC

86

UPMC for You NE

7

UPMC for You NW

UPMC for You SE

5

UPMC for You SW

177

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.5b

**Expedited appeals for which
timely resolution was
provided**

Enter the total number of expedited appeals for which timely resolution was provided by plan during the reporting period.
See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

22

AmeriHealth Caritas Pennsylvania NE

10

AmeriHealth Caritas Pennsylvania NW

2

AmeriHealth Caritas Pennsylvania SW

7

Geisinger Health Plan LC

0

Geisinger Health Plan NE

0

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

0

Health Partners Plans SW

0

Highmark Wholecare LC

39

Highmark Wholecare NW

0

Highmark Wholecare SW

22

Keystone First SE

50

United Healthcare LC

0

United Healthcare SE

10

United Healthcare SW

0

UPMC for You LC

1

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

2

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.6a Resolved appeals related to
denial of authorization or
limited authorization of a
service**

Enter the total number of
appeals resolved by the plan
during the reporting year that
were related to the plan's
denial of authorization for a
service not yet rendered or
limited authorization of a
service.

(Appeals related to denial of
payment for a service already
rendered should be counted in
indicator D1.IV.6c).

Aetna Better Health LC

1

Aetna Better Health NE

1

Aetna Better Health NW

5

Aetna Better Health SE

6

Aetna Better Health SW

1

AmeriHealth Caritas Pennsylvania LC

119

AmeriHealth Caritas Pennsylvania NE

31

AmeriHealth Caritas Pennsylvania NW

3

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

0

Geisinger Health Plan NE
6

Geisinger Health Plan NW
0

Geisinger Health Plan SE
0

Geisinger Health Plan SW
0

Health Partners Plans LC
0

Health Partners Plans NE
0

Health Partners Plans NW
0

Health Partners Plans SE
6

Health Partners Plans SW
1

Highmark Wholecare LC
195

Highmark Wholecare NW
15

Highmark Wholecare SW
129

Keystone First SE
171

United Healthcare LC
23

United Healthcare SE
61

United Healthcare SW

45

UPMC for You LC

122

UPMC for You NE

2

UPMC for You NW

108

UPMC for You SE

3

UPMC for You SW

328

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.6b Resolved appeals related to
reduction, suspension, or**

Aetna Better Health LC

N/A

termination of a previously authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.6c

**Resolved appeals related to
payment denial**

Enter the total number of
appeals resolved by the plan
during the reporting year that
were related to the plan's
denial, in whole or in part, of
payment for a service that was
already rendered.

Aetna Better Health LC

14

Aetna Better Health NE

17

Aetna Better Health NW

4

Aetna Better Health SE

16

Aetna Better Health SW

7

AmeriHealth Caritas Pennsylvania LC

13

AmeriHealth Caritas Pennsylvania NE

1

AmeriHealth Caritas Pennsylvania NW

1

AmeriHealth Caritas Pennsylvania SW

1

Geisinger Health Plan LC

0

Geisinger Health Plan NE

0

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

8

Health Partners Plans SW

0

Highmark Wholecare LC

3

Highmark Wholecare NW

0

Highmark Wholecare SW

1

Keystone First SE

20

United Healthcare LC

7

United Healthcare SE

13

United Healthcare SW

14

UPMC for You LC

2

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

0

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.6d Resolved appeals related to
service timeliness**

Enter the total number of
appeals resolved by the plan
during the reporting year that
were related to the plan's
failure to provide services in a
timely manner (as defined by
the state).

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

1

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

0

AmeriHealth Caritas Pennsylvania NE

0

AmeriHealth Caritas Pennsylvania NW

0

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

0

Geisinger Health Plan NE

1

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW
0

Health Partners Plans LC
0

Health Partners Plans NE
0

Health Partners Plans NW
0

Health Partners Plans SE
0

Health Partners Plans SW
0

Highmark Wholecare LC
0

Highmark Wholecare NW
0

Highmark Wholecare SW
0

Keystone First SE
0

United Healthcare LC
1

United Healthcare SE
0

United Healthcare SW
1

UPMC for You LC
0

UPMC for You NE
0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

0

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.6e

**Resolved appeals related to
lack of timely plan response
to an appeal or grievance**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

0

AmeriHealth Caritas Pennsylvania NE

0

AmeriHealth Caritas Pennsylvania NW

0

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

0

Geisinger Health Plan NE

0

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

0

Health Partners Plans SW

0

Highmark Wholecare LC

0

Highmark Wholecare NW

0

Highmark Wholecare SW

0

Keystone First SE

0

United Healthcare LC

0

United Healthcare SE

0

United Healthcare SW

0

UPMC for You LC

0

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

0

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.6f

**Resolved appeals related to
plan denial of an enrollee's
right to request out-of-
network care**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Aetna Better Health NE

7

Aetna Better Health NW

0

Aetna Better Health SE

2

Aetna Better Health SW

8

AmeriHealth Caritas Pennsylvania LC

129

AmeriHealth Caritas Pennsylvania NE

25

AmeriHealth Caritas Pennsylvania NW

10

AmeriHealth Caritas Pennsylvania SW

1

Geisinger Health Plan LC

0

Geisinger Health Plan NE

10

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

12

Health Partners Plans SW

0

Highmark Wholecare LC

24

Highmark Wholecare NW

0

Highmark Wholecare SW

2

Keystone First SE

301

United Healthcare LC

10

United Healthcare SE

28

United Healthcare SW

25

UPMC for You LC

6

UPMC for You NE

0

UPMC for You NW

10

UPMC for You SE

0

UPMC for You SW

26

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals by Service

Number of appeals resolved during the reporting period related to various services.
Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.



Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D1IV.7a	Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.	Aetna Better Health LC 0
		Aetna Better Health NE 0
		Aetna Better Health NW

Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".

Aetna Better Health SE
0

Aetna Better Health SW
0

AmeriHealth Caritas Pennsylvania LC
27

AmeriHealth Caritas Pennsylvania NE
14

AmeriHealth Caritas Pennsylvania NW
2

AmeriHealth Caritas Pennsylvania SW
0

Geisinger Health Plan LC
1

Geisinger Health Plan NE
5

Geisinger Health Plan NW
0

Geisinger Health Plan SE
0

Geisinger Health Plan SW
1

Health Partners Plans LC
0

Health Partners Plans NE
0

Health Partners Plans NW
1

Health Partners Plans SE

14

Health Partners Plans SW

0

Highmark Wholecare LC

17

Highmark Wholecare NW

0

Highmark Wholecare SW

20

Keystone First SE

29

United Healthcare LC

8

United Healthcare SE

20

United Healthcare SW

25

UPMC for You LC

0

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

1

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.7b

**Resolved appeals related to
general outpatient services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".

Aetna Better Health LC

7

Aetna Better Health NE

13

Aetna Better Health NW

2

Aetna Better Health SE

8

Aetna Better Health SW

5

AmeriHealth Caritas Pennsylvania LC

294

AmeriHealth Caritas Pennsylvania NE

113

AmeriHealth Caritas Pennsylvania NW

33

AmeriHealth Caritas Pennsylvania SW

8

Geisinger Health Plan LC

0

Geisinger Health Plan NE

3

Geisinger Health Plan NW

1

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

124

Health Partners Plans SW

1

Highmark Wholecare LC

422

Highmark Wholecare NW

48

Highmark Wholecare SW

316

Keystone First SE

447

United Healthcare LC

23

United Healthcare SE

40

United Healthcare SW

66

UPMC for You LC

26

UPMC for You NE

0

UPMC for You NW

30

UPMC for You SE

0

UPMC for You SW

54

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas**

Pennsylvania
N/A

D1IV.7c

Resolved appeals related to inpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".

Aetna Better Health LC
N/A

Aetna Better Health NE
N/A

Aetna Better Health NW
N/A

Aetna Better Health SE
N/A

Aetna Better Health SW
N/A

AmeriHealth Caritas Pennsylvania LC
N/A

AmeriHealth Caritas Pennsylvania NE
N/A

AmeriHealth Caritas Pennsylvania NW
N/A

AmeriHealth Caritas Pennsylvania SW
N/A

Geisinger Health Plan LC
N/A

Geisinger Health Plan NE
N/A

Geisinger Health Plan NW
N/A

Geisinger Health Plan SE
N/A

Geisinger Health Plan SW
N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.7d

**Resolved appeals related to
outpatient behavioral health
services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.7e

**Resolved appeals related to
covered outpatient
prescription drugs**

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Aetna Better Health LC

24

Aetna Better Health NE

46

Aetna Better Health NW

6

Aetna Better Health SE

24

Aetna Better Health SW

29

AmeriHealth Caritas Pennsylvania LC

672

AmeriHealth Caritas Pennsylvania NE

206

AmeriHealth Caritas Pennsylvania NW

69

AmeriHealth Caritas Pennsylvania SW

33

Geisinger Health Plan LC

12

Geisinger Health Plan NE

348

Geisinger Health Plan NW

4

Geisinger Health Plan SE

3

Geisinger Health Plan SW

3

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

32

Health Partners Plans SW

0

Highmark Wholecare LC

366

Highmark Wholecare NW

31

Highmark Wholecare SW

219

Keystone First SE

1172

United Healthcare LC

49

United Healthcare SE

80

United Healthcare SW

101

UPMC for You LC

56

UPMC for You NE

0

UPMC for You NW

50

UPMC for You SE

0

UPMC for You SW

176

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.7f

**Resolved appeals related to
skilled nursing facility (SNF)
services**

Enter the total number of
appeals resolved by the plan
during the reporting year that
were related to SNF services. If
the managed care plan does

Aetna Better Health LC

0

Aetna Better Health NE

0

not cover skilled nursing services, enter "N/A".

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

11

AmeriHealth Caritas Pennsylvania NE

5

AmeriHealth Caritas Pennsylvania NW

3

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

0

Geisinger Health Plan NE

3

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

2

Health Partners Plans SW

0

Highmark Wholecare LC

13

Highmark Wholecare NW

0

Highmark Wholecare SW

4

Keystone First SE

12

United Healthcare LC

0

United Healthcare SE

0

United Healthcare SW

1

UPMC for You LC

7

UPMC for You NE

0

UPMC for You NW

7

UPMC for You SE

0

UPMC for You SW

12

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.7g

**Resolved appeals related to
long-term services and
supports (LTSS)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas**

Pennsylvania
N/A

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Aetna Better Health LC

10

Aetna Better Health NE

10

Aetna Better Health NW

1

Aetna Better Health SE

9

Aetna Better Health SW

8

AmeriHealth Caritas Pennsylvania LC

997

AmeriHealth Caritas Pennsylvania NE

140

AmeriHealth Caritas Pennsylvania NW

32

AmeriHealth Caritas Pennsylvania SW

9

Geisinger Health Plan LC

8

Geisinger Health Plan NE

338

Geisinger Health Plan NW

2

Geisinger Health Plan SE

1

Geisinger Health Plan SW

1

Health Partners Plans LC

1

Health Partners Plans NE

0

Health Partners Plans NW

2

Health Partners Plans SE

328

Health Partners Plans SW

3

Highmark Wholecare LC

524

Highmark Wholecare NW

16

Highmark Wholecare SW

304

Keystone First SE

1915

United Healthcare LC

47

United Healthcare SE

53

United Healthcare SW

55

UPMC for You LC

213

UPMC for You NE

5

UPMC for You NW

149

UPMC for You SE

UPMC for You SW

502

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.7i

**Resolved appeals related to
non-emergency medical
transportation (NEMT)**

Enter the total number of
appeals resolved by the plan
during the reporting year that
were related to NEMT. If the
managed care plan does not
cover NEMT, enter "N/A".

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC
0

AmeriHealth Caritas Pennsylvania NE
0

AmeriHealth Caritas Pennsylvania NW
0

AmeriHealth Caritas Pennsylvania SW
0

Geisinger Health Plan LC
0

Geisinger Health Plan NE
0

Geisinger Health Plan NW
0

Geisinger Health Plan SE
0

Geisinger Health Plan SW
0

Health Partners Plans LC
0

Health Partners Plans NE
0

Health Partners Plans NW
0

Health Partners Plans SE
0

Health Partners Plans SW
0

Highmark Wholecare LC
0

Highmark Wholecare NW

0

Highmark Wholecare SW

0

Keystone First SE

1

United Healthcare LC

0

United Healthcare SE

0

United Healthcare SW

0

UPMC for You LC

0

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

0

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.7j

**Resolved appeals related to
other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i, enter "N/A".

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

10

AmeriHealth Caritas Pennsylvania NE

0

AmeriHealth Caritas Pennsylvania NW

1

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

2

Geisinger Health Plan NE

25

Geisinger Health Plan NW

3

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

2

Health Partners Plans SW

0

Highmark Wholecare LC

0

Highmark Wholecare NW

1

Highmark Wholecare SW

2

Keystone First SE

4

United Healthcare LC

1

United Healthcare SE

3

United Healthcare SW

0

UPMC for You LC

8

UPMC for You NE

0

UPMC for You NW

7

UPMC for You SE

0

UPMC for You SW

26

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

Topic IV. Appeals, State Fair Hearings & Grievances

State Fair Hearings



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of requests for a State Fair Hearing filed during the reporting year by plan that issued the adverse benefit determination.	Aetna Better Health LC N/A Aetna Better Health NE N/A Aetna Better Health NW N/A Aetna Better Health SE N/A Aetna Better Health SW N/A AmeriHealth Caritas Pennsylvania LC N/A AmeriHealth Caritas Pennsylvania NE N/A AmeriHealth Caritas Pennsylvania NW N/A AmeriHealth Caritas Pennsylvania SW N/A Geisinger Health Plan LC N/A Geisinger Health Plan NE N/A Geisinger Health Plan NW N/A Geisinger Health Plan SE N/A Geisinger Health Plan SW N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

1186

AmeriHealth Caritas Pennsylvania

3716

Geisinger Health Plan

939

Health Partners Plans

612

Highmark Wholecare

2891

United Healthcare

1538

UPMC for You

2532

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.8b

**State Fair Hearings resulting
in a favorable decision for
the enrollee**

Enter the total number of State
Fair Hearing decisions rendered
during the reporting year that
were partially or fully favorable
to the enrollee.

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

476

AmeriHealth Caritas Pennsylvania

1171

Geisinger Health Plan

419

Health Partners Plans

85

Highmark Wholecare

804

United Healthcare

712

UPMC for You

384

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.8c

**State Fair Hearings resulting
in an adverse decision for the
enrollee**

Enter the total number of State
Fair Hearing decisions rendered
during the reporting year that
were adverse for the enrollee.

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

734

AmeriHealth Caritas Pennsylvania

1739

Geisinger Health Plan

390

Health Partners Plans

448

Highmark Wholecare

1354

United Healthcare

605

UPMC for You

1969

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.8d

**State Fair Hearings retracted
prior to reaching a decision**

Enter the total number of State
Fair Hearing decisions retracted
(by the enrollee or the
representative who filed a State
Fair Hearing request on behalf

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

of the enrollee) prior to reaching a decision.

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

13

AmeriHealth Caritas Pennsylvania

735

Geisinger Health Plan

120

Health Partners Plans

66

Highmark Wholecare

693

United Healthcare

256

UPMC for You

89

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.9a

**External Medical Reviews
resulting in a favorable
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

1

AmeriHealth Caritas Pennsylvania

20

Geisinger Health Plan

4

Health Partners Plans

6

Highmark Wholecare

28

United Healthcare

18

UPMC for You

32

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas**

Pennsylvania
N/A

D1IV.9b

**External Medical Reviews
resulting in an adverse
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Aetna Better Health LC
N/A

Aetna Better Health NE
N/A

Aetna Better Health NW
N/A

Aetna Better Health SE
N/A

Aetna Better Health SW
N/A

AmeriHealth Caritas Pennsylvania LC
N/A

AmeriHealth Caritas Pennsylvania NE
N/A

AmeriHealth Caritas Pennsylvania NW
N/A

AmeriHealth Caritas Pennsylvania SW
N/A

Geisinger Health Plan LC
N/A

Geisinger Health Plan NE
N/A

Geisinger Health Plan NW
N/A

Geisinger Health Plan SE
N/A

Geisinger Health Plan SW
N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

9

AmeriHealth Caritas Pennsylvania

54

Geisinger Health Plan

22

Health Partners Plans

21

Highmark Wholecare

99

United Healthcare

39

UPMC for You

129

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances Overview



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1IV.10	Grievances resolved	Aetna Better Health LC
	Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	26
		Aetna Better Health NE
		34

Aetna Better Health NW

13

Aetna Better Health SE

28

Aetna Better Health SW

28

AmeriHealth Caritas Pennsylvania LC

584

AmeriHealth Caritas Pennsylvania NE

147

AmeriHealth Caritas Pennsylvania NW

31

AmeriHealth Caritas Pennsylvania SW

4

Geisinger Health Plan LC

3

Geisinger Health Plan NE

194

Geisinger Health Plan NW

1

Geisinger Health Plan SE

0

Geisinger Health Plan SW

1

Health Partners Plans LC

2

Health Partners Plans NE

1

Health Partners Plans NW

1

Health Partners Plans SE

334

Health Partners Plans SW

5

Highmark Wholecare LC

943

Highmark Wholecare NW

66

Highmark Wholecare SW

705

Keystone First SE

1418

United Healthcare LC

75

United Healthcare SE

221

United Healthcare SW

174

UPMC for You LC

221

UPMC for You NE

3

UPMC for You NW

243

UPMC for You SE

9

UPMC for You SW

873

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.11

Active grievances

Enter the total number of grievances still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

0

AmeriHealth Caritas Pennsylvania NE

1

AmeriHealth Caritas Pennsylvania NW

0

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

1

Geisinger Health Plan NE

0

Geisinger Health Plan NW

0

Geisinger Health Plan SE

1

Geisinger Health Plan SW

0

Health Partners Plans LC

1

Health Partners Plans NE

1

Health Partners Plans NW

1

Health Partners Plans SE

2

Health Partners Plans SW

0

Highmark Wholecare LC

26

Highmark Wholecare NW

1

Highmark Wholecare SW

0

Keystone First SE

0

United Healthcare LC

0

United Healthcare SE

0

United Healthcare SW

0

UPMC for You LC

12

UPMC for You NE

0

UPMC for You NW

6

UPMC for You SE

0

UPMC for You SW

8

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas**

Pennsylvania
N/A

D1IV.12 Grievances filed on behalf of LTSS users

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.
An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Aetna Better Health LC
N/A

Aetna Better Health NE
N/A

Aetna Better Health NW
N/A

Aetna Better Health SE
N/A

Aetna Better Health SW
N/A

AmeriHealth Caritas Pennsylvania LC
N/A

AmeriHealth Caritas Pennsylvania NE
N/A

AmeriHealth Caritas Pennsylvania NW
N/A

AmeriHealth Caritas Pennsylvania SW
N/A

Geisinger Health Plan LC
N/A

Geisinger Health Plan NE
N/A

Geisinger Health Plan NW
N/A

Geisinger Health Plan SE
N/A

Geisinger Health Plan SW
N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.13 **Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.14

**Number of grievances for
which timely resolution was
provided**

Enter the number of grievances
for which timely resolution was
provided by plan during the
reporting period.
See 42 CFR §438.408(b)(1) for
requirements related to the
timely resolution of grievances.

Aetna Better Health LC

1

Aetna Better Health NE

1

Aetna Better Health NW

0

Aetna Better Health SE

3

Aetna Better Health SW

1

AmeriHealth Caritas Pennsylvania LC

159

AmeriHealth Caritas Pennsylvania NE

65

AmeriHealth Caritas Pennsylvania NW

11

AmeriHealth Caritas Pennsylvania SW

3

Geisinger Health Plan LC

3

Geisinger Health Plan NE

36

Geisinger Health Plan NW

1

Geisinger Health Plan SE

0

Geisinger Health Plan SW

1

Health Partners Plans LC

2

Health Partners Plans NE

1

Health Partners Plans NW

1

Health Partners Plans SE

77

Health Partners Plans SW

5

Highmark Wholecare LC

292

Highmark Wholecare NW

4

Highmark Wholecare SW

246

Keystone First SE

372

United Healthcare LC

0

United Healthcare SE

84

United Healthcare SW

0

UPMC for You LC

41

UPMC for You NE

3

UPMC for You NW

40

UPMC for You SE

9

UPMC for You SW

130

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.



Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D1IV.15a	<p>Resolved grievances related to general inpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p>Aetna Better Health LC N/A</p> <p>Aetna Better Health NE N/A</p> <p>Aetna Better Health NW N/A</p> <p>Aetna Better Health SE N/A</p> <p>Aetna Better Health SW N/A</p> <p>AmeriHealth Caritas Pennsylvania LC N/A</p> <p>AmeriHealth Caritas Pennsylvania NE N/A</p> <p>AmeriHealth Caritas Pennsylvania NW N/A</p> <p>AmeriHealth Caritas Pennsylvania SW N/A</p> <p>Geisinger Health Plan LC N/A</p> <p>Geisinger Health Plan NE N/A</p> <p>Geisinger Health Plan NW N/A</p> <p>Geisinger Health Plan SE</p>

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.15b Resolved grievances related
to general outpatient
services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

included in indicator D1.IV.15d.
If the managed care plan does
not cover this type of service,
enter "N/A".

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.15c Resolved grievances related
to inpatient behavioral
health services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.15d Resolved grievances related to outpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.15e Resolved grievances related
to coverage of outpatient
prescription drugs**

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.15f Resolved grievances related
to skilled nursing facility
(SNF) services**

Enter the total number of
grievances resolved by the plan
during the reporting year that
were related to SNF services. If
the managed care plan does
not cover this type of service,
enter "N/A".

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.15g Resolved grievances related
to long-term services and
supports (LTSS)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

plan does not cover this type of service, enter "N/A".

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.15h Resolved grievances related
to dental services**

Enter the total number of
grievances resolved by the plan
during the reporting year that
were related to dental services.
If the managed care plan does
not cover this type of service,
enter "N/A".

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.15i Resolved grievances related to non-emergency medical transportation (NEMT)

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

3

AmeriHealth Caritas Pennsylvania NE

0

AmeriHealth Caritas Pennsylvania NW

0

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

0

Geisinger Health Plan NE

0

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

0

Health Partners Plans SW

0

Highmark Wholecare LC

0

Highmark Wholecare NW

0

Highmark Wholecare SW

1

Keystone First SE

3

United Healthcare LC

1

United Healthcare SE

0

United Healthcare SW

1

UPMC for You LC

0

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

0

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.15j

**Resolved grievances related
to other service types**

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i, enter "N/A".

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	Aetna Better Health LC 4
		Aetna Better Health NE 8
		Aetna Better Health NW 2
		Aetna Better Health SE 4
		Aetna Better Health SW 12
		AmeriHealth Caritas Pennsylvania LC 59
		AmeriHealth Caritas Pennsylvania NE 18
AmeriHealth Caritas Pennsylvania NW 4		

AmeriHealth Caritas Pennsylvania SW
0

Geisinger Health Plan LC
1

Geisinger Health Plan NE
30

Geisinger Health Plan NW
0

Geisinger Health Plan SE
0

Geisinger Health Plan SW
0

Health Partners Plans LC
1

Health Partners Plans NE
0

Health Partners Plans NW
0

Health Partners Plans SE
126

Health Partners Plans SW
2

Highmark Wholecare LC
166

Highmark Wholecare NW
13

Highmark Wholecare SW
120

Keystone First SE
240

United Healthcare LC

0

United Healthcare SE

33

United Healthcare SW

11

UPMC for You LC

51

UPMC for You NE

0

UPMC for You NW

72

UPMC for You SE

4

UPMC for You SW

296

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas**

Pennsylvania
N/A

D1IV.16b Resolved grievances related to plan or provider care management/case management

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

35

AmeriHealth Caritas Pennsylvania NE

13

AmeriHealth Caritas Pennsylvania NW

2

AmeriHealth Caritas Pennsylvania SW

1

Geisinger Health Plan LC

0

Geisinger Health Plan NE

0

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC
0

Health Partners Plans NE
0

Health Partners Plans NW
0

Health Partners Plans SE
17

Health Partners Plans SW
1

Highmark Wholecare LC
100

Highmark Wholecare NW
9

Highmark Wholecare SW
79

Keystone First SE
73

United Healthcare LC
5

United Healthcare SE
9

United Healthcare SW
10

UPMC for You LC
6

UPMC for You NE
1

UPMC for You NW
5

UPMC for You SE

0

UPMC for You SW

29

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.16c Resolved grievances related
to access to care/services
from plan or provider**

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

Aetna Better Health LC

1

Aetna Better Health NE

1

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

6

AmeriHealth Caritas Pennsylvania NE

3

AmeriHealth Caritas Pennsylvania NW

0

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

0

Geisinger Health Plan NE

3

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

1

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

70

Health Partners Plans SW

0

Highmark Wholecare LC

60

Highmark Wholecare NW

2

Highmark Wholecare SW

34

Keystone First SE

28

United Healthcare LC

8

United Healthcare SE

17

United Healthcare SW

7

UPMC for You LC

13

UPMC for You NE

0

UPMC for You NW

4

UPMC for You SE

1

UPMC for You SW

34

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.16d Resolved grievances related
to quality of care**

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

1

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

152

AmeriHealth Caritas Pennsylvania NE

52

AmeriHealth Caritas Pennsylvania NW

7

AmeriHealth Caritas Pennsylvania SW

1

Geisinger Health Plan LC

1

Geisinger Health Plan NE

131

Geisinger Health Plan NW

1

Geisinger Health Plan SE

0

Geisinger Health Plan SW

1

Health Partners Plans LC

0

Health Partners Plans NE

1

Health Partners Plans NW

1

Health Partners Plans SE

83

Health Partners Plans SW

1

Highmark Wholecare LC

156

Highmark Wholecare NW

12

Highmark Wholecare SW

176

Keystone First SE

460

United Healthcare LC

9

United Healthcare SE

45

United Healthcare SW

33

UPMC for You LC

19

UPMC for You NE

0

UPMC for You NW

41

UPMC for You SE

1

UPMC for You SW

147

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.16e Resolved grievances related
to plan communications**

Enter the total number of
grievances resolved by the plan
during the reporting year that
were related to plan
communications.

Aetna Better Health LC

0

Aetna Better Health NE

0

Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

2

AmeriHealth Caritas Pennsylvania NE

0

AmeriHealth Caritas Pennsylvania NW

0

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

0

Geisinger Health Plan NE

0

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

0

Health Partners Plans SW

0

Highmark Wholecare LC

3

Highmark Wholecare NW

0

Highmark Wholecare SW

0

Keystone First SE

0

United Healthcare LC

2

United Healthcare SE

1

United Healthcare SW

3

UPMC for You LC

0

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

1

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.16f Resolved grievances related
to payment or billing issues**

Enter the total number of
grievances resolved during the
reporting period that were filed
for a reason related to payment
or billing issues.

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas**

Pennsylvania
N/A

D1IV.16g Resolved grievances related to suspected fraud

Enter the total number of grievances resolved during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.16h Resolved grievances related
to abuse, neglect or
exploitation**

Enter the total number of
grievances resolved during the
reporting year that were
related to abuse, neglect or
exploitation.
Abuse/neglect/exploitation
grievances include cases
involving potential or actual
patient harm.

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.16i Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

0

AmeriHealth Caritas Pennsylvania NE

0

AmeriHealth Caritas Pennsylvania NW

0

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

0

Geisinger Health Plan NE

0

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

0

Health Partners Plans SW

0

Highmark Wholecare LC

0

Highmark Wholecare NW

0

Highmark Wholecare SW

0

Keystone First SE

0

United Healthcare LC

0

United Healthcare SE

0

United Healthcare SW

2

UPMC for You LC

0

UPMC for You NE

0

UPMC for You NW

0

UPMC for You SE

0

UPMC for You SW

0

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1IV.16j

**Resolved grievances related
to plan denial of expedited
appeal**

Enter the total number of
grievances resolved during the
reporting year that were
related to the plan's denial of

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

**D1IV.16k Resolved grievances filed for
other reasons**

Enter the total number of
grievances resolved during the
reporting period that were filed
for a reason other than the
reasons listed above.

Aetna Better Health LC

0

Aetna Better Health NE

0

Aetna Better Health NW

0

Aetna Better Health SE

0

Aetna Better Health SW

0

AmeriHealth Caritas Pennsylvania LC

25

AmeriHealth Caritas Pennsylvania NE

2

AmeriHealth Caritas Pennsylvania NW

1

AmeriHealth Caritas Pennsylvania SW

0

Geisinger Health Plan LC

1

Geisinger Health Plan NE

5

Geisinger Health Plan NW

0

Geisinger Health Plan SE

0

Geisinger Health Plan SW

0

Health Partners Plans LC

0

Health Partners Plans NE

0

Health Partners Plans NW

0

Health Partners Plans SE

9

Health Partners Plans SW

0

Highmark Wholecare LC

164

Highmark Wholecare NW

11

Highmark Wholecare SW

104

Keystone First SE

35

United Healthcare LC

2

United Healthcare SE

0

United Healthcare SW

2

UPMC for You LC

0

UPMC for You NE

0

UPMC for You NW

1

UPMC for You SE

0

UPMC for You SW

9

Aetna Better Health

N/A

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

N/A

Health Partners Plans

N/A

Highmark Wholecare

N/A

United Healthcare

N/A

UPMC for You

N/A

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas**

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Find in the Excel Workbook

D2_Plan_Measures

Quality & performance measure total count: 27



D2.VII.1 Measure Name: Comprehensive Diabetes Care - Poor HbA1c Control 1 / 27

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

42.09

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

43.07

AmeriHealth Caritas Pennsylvania

35.77

Geisinger Health Plan

28.95

Health Partners Plans

34.31

Highmark Wholecare

28.71

United Healthcare

34.79

UPMC for You

37.96

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure

2 / 27

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

55.47

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

62.77

AmeriHealth Caritas Pennsylvania

68.61

Geisinger Health Plan

67.64

Health Partners Plans

64.96

Highmark Wholecare

69.1

United Healthcare

62.77

UPMC for You

69.83

Vista Healthcare DBA Keystone First and Vista Healthcare DBA

AmeriHealth Caritas Pennsylvania

N/A



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care - Timeliness of Prenatal Care 3 / 27

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

87.83

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

86.86

AmeriHealth Caritas Pennsylvania

89.54

Geisinger Health Plan

86.37

Health Partners Plans

90.75

Highmark Wholecare

90.51

United Healthcare

88.81

UPMC for You

90.02

Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania

N/A



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care - Postpartum Care 4 / 27

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

79.81

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

73.48

AmeriHealth Caritas Pennsylvania

82.73

Geisinger Health Plan

80.05

Health Partners Plans

82.48

Highmark Wholecare

77.62

United Healthcare

79.81

UPMC for You

79.08

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

**D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life - 5 / 27
(First 15 Months)**

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

57.85

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

60.07

AmeriHealth Caritas Pennsylvania

67.27

Geisinger Health Plan

65.24

Health Partners Plans

58.43

Highmark Wholecare

69.18

United Healthcare

65.36

UPMC for You

74.69

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits - (Total) 6 / 27

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

61.08

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

53.74

AmeriHealth Caritas Pennsylvania

58.88

Geisinger Health Plan

55.56

Health Partners Plans

58.51

Highmark Wholecare

57.54

United Healthcare

55.54

UPMC for You

60.56

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



D2.VII.1 Measure Name: Annual Dental Visit - (Total)

7 / 27

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

68.87

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

50.45

AmeriHealth Caritas Pennsylvania

63.56

Geisinger Health Plan

55.2

Health Partners Plans

55.21

Highmark Wholecare

61.4

United Healthcare

62.02

UPMC for You

57.94

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio - (Total)

8 / 27

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

66.57

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

62.6

AmeriHealth Caritas Pennsylvania

66.07

Geisinger Health Plan

64.15

Health Partners Plans

66.53

Highmark Wholecare

64.02

United Healthcare

61.47

UPMC for You

67.07

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Lead Screening in Children

9 / 27

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

80.89

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

79.08

AmeriHealth Caritas Pennsylvania

78.94

Geisinger Health Plan

84.43

Health Partners Plans

79.63

Highmark Wholecare

83.45

United Healthcare

77.1

UPMC for You

86.13

Vista Healthcare DBA Keystone First and Vista Healthcare DBA

AmeriHealth Caritas Pennsylvania

N/A



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions - Observed to Expected Readmission Ratio - Total Stays (Ages Total) 10 / 27

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

1.154

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

1.1073

AmeriHealth Caritas Pennsylvania

1.0021

Geisinger Health Plan

0.6803

Health Partners Plans

1.0864

Highmark Wholecare

0.9021

United Healthcare

1.0419

UPMC for You

0.7552



Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life (turned 1, 2 or 3 during measurement year) - Use of CPT code 96110 limited 11 / 27

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

61.04

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

58.46

AmeriHealth Caritas Pennsylvania

58.14

Geisinger Health Plan

50.25

Health Partners Plans

51.49

Highmark Wholecare

61.6

United Healthcare

63.04

UPMC for You

71.51

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

**D2.VII.1 Measure Name: Annual Dental Visits for Members with
Developmental Disabilities (Ages 2-20): Including 2-3 Year Olds**

12 / 27

D2.VII.2 Measure Domain

Dental and oral health services

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

68.51

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

53.18

AmeriHealth Caritas Pennsylvania

65.59

Geisinger Health Plan

54.83

Health Partners Plans

55.75

Highmark Wholecare

63.88

United Healthcare

59.34

UPMC for You

59.96

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Breast Cancer Screening

13 / 27

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

49.59

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

42.01

AmeriHealth Caritas Pennsylvania

55.57

Geisinger Health Plan

55.34

Health Partners Plans

51.67

Highmark Wholecare

48.83

United Healthcare

47.72

UPMC for You

51.94

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

65.69

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

53.04

AmeriHealth Caritas Pennsylvania

61.73

Geisinger Health Plan

55.41

Health Partners Plans

57.55

Highmark Wholecare

59.85

United Healthcare

56.69

UPMC for You

64.76

Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania

N/A



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care - HbA1c Testing^{15 / 27}

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

80.54

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

80.29

AmeriHealth Caritas Pennsylvania

84.91

Geisinger Health Plan

87.59

Health Partners Plans

86.37

Highmark Wholecare

88.56

United Healthcare

86.86

UPMC for You

86.62

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care - Eye Exams 16 / 27

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

53.77

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

47.45

AmeriHealth Caritas Pennsylvania

52.8

Geisinger Health Plan

64.72

Health Partners Plans

50.36

Highmark Wholecare

54.01

United Healthcare

51.34

UPMC for You

61.07

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care - Blood Pressure Control (less than 140/90)

17 / 27

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

59.85

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

66.67

AmeriHealth Caritas Pennsylvania

68.37

Geisinger Health Plan

78.59

Health Partners Plans

62.04

Highmark Wholecare

70.8

United Healthcare

66.18

UPMC for You

67.88



Complete

**D2.VII.1 Measure Name: In the last 6 months, how often did you get an^{18 / 27}
appointment for a check-up or routine care as soon as you needed?
(Usually and Always)**

D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS Survey

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

76.22

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

79

AmeriHealth Caritas Pennsylvania

87.06

Geisinger Health Plan

84.25

Health Partners Plans

83.52

Highmark Wholecare

76.92

United Healthcare

81.9

UPMC for You

82.76

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed? (Usually and Always) ^{19 / 27}

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS Survey

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

79.38

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

80.9

AmeriHealth Caritas Pennsylvania

86.13

Geisinger Health Plan

82.98

Health Partners Plans

76.42

Highmark Wholecare

82.64

United Healthcare

87.9

UPMC for You

87.25

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? (Usually and Always) 20 / 27

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS Survey

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

77.19

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

74.07

AmeriHealth Caritas Pennsylvania

82.96

Geisinger Health Plan

82.69

Health Partners Plans

86.11

Highmark Wholecare

80.6

United Healthcare

73.96

UPMC for You

87.83



Complete

D2.VII.1 Measure Name: In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed? (Usually and Always) 21 / 27

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS Survey

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

73.42

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

72.97

AmeriHealth Caritas Pennsylvania

84.52

Geisinger Health Plan

76.92

Health Partners Plans

62.5

Highmark Wholecare

84.21

United Healthcare

86.67

UPMC for You

85.07

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

**D2.VII.1 Measure Name: In the last 6 months, how often was it easy to
get the care, tests, or treatment you needed? (Usually and Always)** ^{22 / 27}

D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
CAHPS Survey

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

86.16

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

87.83

AmeriHealth Caritas Pennsylvania

90.21

Geisinger Health Plan

85.21

Health Partners Plans

88.18

Highmark Wholecare

86.46

United Healthcare

86.99

UPMC for You

87.67

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? (Usually and Always) ^{23 / 27}

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS Survey

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

84.97

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

86.56

AmeriHealth Caritas Pennsylvania

90.68

Geisinger Health Plan

89.86

Health Partners Plans

81.25

Highmark Wholecare

82.52

United Healthcare

90.24

UPMC for You

87.74

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



D2.VII.1 Measure Name: In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? (Usually and Always) 24 / 27

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS Survey

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

79.57

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

91.23

AmeriHealth Caritas Pennsylvania

92.39

Geisinger Health Plan

81.61

Health Partners Plans

89.47

Highmark Wholecare

89.29

United Healthcare

83.08

UPMC for You

90.41

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed? (Usually and Always) 25 / 27

D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS Survey

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

76.67

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

84

AmeriHealth Caritas Pennsylvania

95.06

Geisinger Health Plan

91.67

Health Partners Plans

81.58

Highmark Wholecare

93.75

United Healthcare

89.36

UPMC for You

86.76

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Satisfaction with Health Plan (Rating of 8 to 10) 26 / 27

D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality
Forum (NQF) number**

0

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS Survey

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

82.64

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

68.06

AmeriHealth Caritas Pennsylvania

78.05

Geisinger Health Plan

75.38

Health Partners Plans

85.26

Highmark Wholecare

78.62

United Healthcare

80.29

UPMC for You

82.65

**Vista Healthcare DBA Keystone First and Vista Healthcare DBA
AmeriHealth Caritas Pennsylvania**

N/A



Complete

D2.VII.1 Measure Name: Satisfaction with Child's Health Plan (Rating of 8 to 10) 27 / 27

D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality
Forum (NQF) number**

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
CAHPS Survey

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

N/A

Measure results

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

87.84

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

79.2

AmeriHealth Caritas Pennsylvania

89.45

Geisinger Health Plan

90.23

Health Partners Plans

86.93

Highmark Wholecare

83.72

United Healthcare

90.2

UPMC for You

89.02

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Find in the Excel Workbook

D3_Plan_Sanctions

Sanction total count: 22



D3.VIII.1 Intervention type: Corrective action plan

1 / 22

D3.VIII.2 Intervention topic

Performance improvement

D3.VIII.3 Plan name

Aetna Better Health SW

D3.VIII.4 Reason for intervention

ABH was found to be out of compliance with requirements to provide complete and timely responses to inquiries and assignments sent to them by the DHS, OMAP Contract Management Team. This includes recurring instances of ABH failing to respond to inquiries by due dates established by DHS, as well as recurring instances of failing to address all aspects of inquiries sent to ABH by DHS for investigation and response.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$ N/A

D3.VIII.7 Date assessed

08/05/2021

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/11/2022

D3.VIII.9 Corrective action plan

Yes

**D3.VIII.1 Intervention type: Corrective action plan**

2 / 22

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**

Performance improvement Aetna Better Health SE

D3.VIII.4 Reason for intervention

Out of compliance with the HealthChoices agreement Exhibit B(5a) Home Visiting Program. Per Exhibit B(5a), it is the Department's expectation that each PH-MCO implement a maternal home visiting program that is available to all first-time parents and parents/caregivers of children who have been identified as having additional risk factors which may include social, clinical, racial, economic or environmental factors. Aetna Better Health's contracting efforts continue to focus on contracts with national or state level MHV programs, which have failed to progress. These efforts do not meet DHS expectations or demonstrate that Aetna Better Health has put forth good faith efforts to contract with Community Based Organizations MHV agencies that can provide evidence based or evidence informed MHV services.

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$ N/A

D3.VIII.7 Date assessed

08/05/2021

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/11/2022

D3.VIII.9 Corrective action plan

Yes

**D3.VIII.1 Intervention type: Financial Sanctions**

3 / 22

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**

Financial Sanction: Claims Processing Aetna Better Health NW

D3.VIII.4 Reason for intervention

NW Zone did not have 100% of claims adjudicated within 45 days as required. \$333 sanction waived due to prior communication and only missing 1 claim.

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$ \$333 (waived)

D3.VIII.7 Date assessed

02/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

4 / 22

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**

Financial Sanction: Aetna Better Health NW
Claims Processing

D3.VIII.4 Reason for intervention

NW Zone did not have 100% of claims adjudicated within 45 days as required. \$333 sanction waived due to prior communication and only missing 1 claim.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$ \$333 (waived)

D3.VIII.7 Date assessed

05/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

5 / 22

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**

Financial Sanction: Aetna Better Health SW
Claims Processing

D3.VIII.4 Reason for intervention

SW Zone did not have 100% of claims adjudicated within 45 days as required. DHS waived the sanction due to only missing 6 claims in the submission.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$ \$2000 (waived)

D3.VIII.7 Date assessed

06/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

6 / 22

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Financial Sanction: AmeriHealth Caritas Pennsylvania NW
Claims Processing

D3.VIII.4 Reason for intervention

NW Zone did not have 100% of claims adjudicated within 45 days as required. \$1000 sanction reduced to \$333 sanction (waived) due to prior communication and only missing 2 claims.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$ 333 (waived)

D3.VIII.7 Date assessed

08/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

7 / 22

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

False information Vista Healthcare DBA Keystone First and Vista
Healthcare DBA AmeriHealth Caritas
Pennsylvania

D3.VIII.4 Reason for intervention

Failure to provide medically necessary authorized services as indicated in the Agreement. Failure to issue accurate reporting in accordance with DHS instructions for Ops 8 reporting resulting in 4 months of inaccurate reports and misrepresentation of a shift care case that was identified through a complaint received from an external stakeholder. Failure to accurately report Total Authorized Hours Not Covered for the Week/Month based on Operations 8 instructions for the Monthly Shift Care report. Failure to report the applicable reason codes for the missed authorized service hours.

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

\$ N/A

D3.VIII.7 Date assessed

03/23/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/19/2022

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Financial Sanctions

8 / 22

D3.VIII.2 Intervention topicFinancial Sanction:
Claims Processing**D3.VIII.3 Plan name**Vista Healthcare DBA Keystone First and Vista
Healthcare DBA AmeriHealth Caritas
Pennsylvania**D3.VIII.4 Reason for intervention**

KEYSTONE FIRST: SE Zone did not have 100% of claims adjudicated within 45 days as required. AMERIHEALTH CARITAS PA: LC and NE Zones did not have 100% of claims adjudicated within 45 days as required. Sanction waived due to history of timely adjudications and prior communications regarding the reason for the delay.

Sanction details**D3.VIII.5 Instances of non-compliance**

3

D3.VIII.6 Sanction amount

\$ 9,500 (Waived)

D3.VIII.7 Date assessed

01/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

9 / 22

D3.VIII.2 Intervention topicFinancial Sanction:
Claims Processing**D3.VIII.3 Plan name**Vista Healthcare DBA Keystone First and Vista
Healthcare DBA AmeriHealth Caritas
Pennsylvania**D3.VIII.4 Reason for intervention**

KEYSTONE FIRST: SE Zone did not have 100% of claims adjudicated within 45 days as required. AMERIHEALTH CARITAS PA: LC, NW, and NE Zones did not have 100% of claims adjudicated within 45 days as required. Financial sanction waived due to low claim numbers affected and prior communications regarding the reason for the delay.

Sanction details

D3.VIII.5 Instances of non-compliance
4

D3.VIII.6 Sanction amount
\$ \$8,000 (Waived)

D3.VIII.7 Date assessed
02/01/2022

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan
Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

10 / 22

D3.VIII.2 Intervention topic

Financial Sanction:
Claims Processing

D3.VIII.3 Plan name

Vista Healthcare DBA Keystone First and Vista
Healthcare DBA AmeriHealth Caritas
Pennsylvania

D3.VIII.4 Reason for intervention

KEYSTONE FIRST: SE Zone did not have 100% of claims adjudicated within 45 days as required. AMERIHEALTH CARITAS PA: LC and NE Zones did not have 100% of claims adjudicated within 45 days as required. Sanction waived and Dept requests estimate on when Vista will be in compliance with timeliness standards.

Sanction details

D3.VIII.5 Instances of non-compliance
3

D3.VIII.6 Sanction amount
\$ \$3,000 (Waived)

D3.VIII.7 Date assessed
03/01/2022

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan
Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

11 / 22

D3.VIII.2 Intervention topic

Financial Sanction:
Claims Processing

D3.VIII.3 Plan name

Vista Healthcare DBA Keystone First and Vista
Healthcare DBA AmeriHealth Caritas
Pennsylvania

D3.VIII.4 Reason for intervention

KEYSTONE FIRST: SE Zone did not have 100% of claims adjudicated within 45 days as required. AMERIHEALTH CARITAS PA: LC, NE, and NW Zones did not have 100% of claims adjudicated within 45 days as required. Sanction

waived and Dept requests estimated timeline of when Vista will be in full compliance with processing standards.

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

\$ 3,667 (Waived)

D3.VIII.7 Date assessed

04/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

12 / 22

D3.VIII.2 Intervention topic

Financial Sanction:
Claims Processing

D3.VIII.3 Plan name

Vista Healthcare DBA Keystone First and Vista
Healthcare DBA AmeriHealth Caritas
Pennsylvania

D3.VIII.4 Reason for intervention

AMERIHEALTH CARITAS PA:LC, NE, and NW Zones did not have 100% of claims adjudicated within 45 days as required. Sanction waived for LC, NE and NW Zones. Vista is providing monthly updates regarding claims processing timeliness.

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$ 5,000 (Waived)

D3.VIII.7 Date assessed

05/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/09/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

13 / 22

D3.VIII.2 Intervention topic

Performance
improvement

D3.VIII.3 Plan name

Highmark Wholecare

D3.VIII.4 Reason for intervention

Out of compliance with requirements to provide complete and timely responses to inquiries and assignments sent to them by the DHS, OMAP Contract Management Team. This includes recurring instances of HWC failing to respond to inquiries by due dates established by DHS, as well as recurring instances of failing to address all aspects of inquiries sent to HWC by DHS for investigation and response. Inhibits the DHS contract team ability to assess compliance with the Agreement and adequately meet MCO oversight responsibilities and performance evaluation.

Sanction details

D3.VIII.5 Instances of non-compliance 1	D3.VIII.6 Sanction amount \$ N/A
D3.VIII.7 Date assessed 06/17/2022	D3.VIII.8 Remediation date non-compliance was corrected Yes, remediated 12/16/2022
D3.VIII.9 Corrective action plan Yes	



Complete

D3.VIII.1 Intervention type: Financial Sanctions

14 / 22

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**
Financial Sanction: Highmark Wholecare LC
Claims Processing

D3.VIII.4 Reason for intervention

LC Zone did not have 100% of claims adjudicated within 45 days as required. Financial Sanctions waived due to history of timely adjudication.

Sanction details

D3.VIII.5 Instances of non-compliance 1	D3.VIII.6 Sanction amount \$ \$2000 (Waived)
D3.VIII.7 Date assessed 01/01/2022	D3.VIII.8 Remediation date non-compliance was corrected Yes, remediated 06/27/2022
D3.VIII.9 Corrective action plan Yes	



Complete

D3.VIII.1 Intervention type: Financial Sanctions

15 / 22

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**
Performance Health Partners Plans
improvement

D3.VIII.4 Reason for intervention

Non compliant with Prior Authorization of pediatric shift nursing requirements resulting in improper implementation of prior authorization and failure to comply with DHS issued guidance.

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$ 81000

D3.VIII.7 Date assessed

09/22/2022

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Financial Sanctions

16 / 22

D3.VIII.2 Intervention topicFinancial Sanction:
Claims Processing**D3.VIII.3 Plan name**

Health Partners Plans SE

D3.VIII.4 Reason for intervention

SE Zone did not have 100%of claims adjudicated within 45 days as required. Financial sanction waived due to history of timely processing.

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$ 1000 (waived)

D3.VIII.7 Date assessed

07/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 01/28/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

17 / 22

D3.VIII.2 Intervention topicFinancial Sanction:
Claims Processing**D3.VIII.3 Plan name**

Health Partners Plans

D3.VIII.4 Reason for intervention

SW Zone did not have 100% of claims adjudicated within 45 days as required. \$1000 sanction reduced to \$333(waived) due to size of the zone.

NE Zone did not have 100% of claims adjudicated within 45 days as required. \$2000 sanction reduced to \$666(waived) due to size of the zone. Only 1 claim missed in SW and 11 in the NE.

Sanction details

D3.VIII.5 Instances of non-compliance 2	D3.VIII.6 Sanction amount \$ \$999 (waived)
D3.VIII.7 Date assessed 09/01/2022	D3.VIII.8 Remediation date non-compliance was corrected Yes, remediated 03/06/2023
D3.VIII.9 Corrective action plan Yes	



Complete

D3.VIII.1 Intervention type: Corrective action plan

18 / 22

D3.VIII.2 Intervention topic Performance improvement	D3.VIII.3 Plan name Geisinger Health Plan
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D3.VIII.4 Reason for intervention

Member Services hotline staff fail to ask each caller whether or not they are satisfied with the response given to their call, as required in Section V.G.2 of the HealthChoices Agreement.

Sanction details

D3.VIII.5 Instances of non-compliance 1	D3.VIII.6 Sanction amount \$ N/A
D3.VIII.7 Date assessed 12/19/2022	D3.VIII.8 Remediation date non-compliance was corrected Yes, remediated 03/10/2023
D3.VIII.9 Corrective action plan Yes	



Complete

D3.VIII.1 Intervention type: Financial Sanctions

19 / 22

D3.VIII.2 Intervention topic Financial Sanctions- Claims Processing	D3.VIII.3 Plan name Vista Healthcare DBA Keystone First and Vista Healthcare DBA AmeriHealth Caritas Pennsylvania
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D3.VIII.4 Reason for intervention

AMERIHEALTH CARITAS PA: SW Zone only adjudicated 89.8% of inpatient clean claims within 30days while the requirement is 90%. \$1,000 sanction reduced to \$333 (waived) due to size of the zone. Waived due to being new to the SW Zone and missing requirements by one claim.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$ 333(waived)

D3.VIII.7 Date assessed

11/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/05/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

20 / 22

D3.VIII.2 Intervention topic

Financial Sanctions-
Claims Processing

D3.VIII.3 Plan name

Health Partners Plans

D3.VIII.4 Reason for intervention

(SW), Health Partners only adjudicated 96.8% of Inpatient clean claims within 45 days, while the adjudication requirement timeframe is 99.5%. Sanction of \$3,000 reduced to \$1,000 (waived) due to the size of the zone. (LC), Health Partners only adjudicated 87.9% of Inpatient clean claims within 30 days, and 98.3% of Inpatient clean claims within 45 days while the adjudication requirement timeframes are 90% and 99.5% respectively. This percentage resulted in a sanction of \$4,000, reduced to \$2,667 (waived) due to the size of the zone.(NW), Health Partners only adjudicated 87.9% of Inpatient clean claims within 30 days, and 96.6% of Inpatient clean claims within 45 days while the adjudication requirement timeframes are 90% and 99.5% respectively. This percentage resulted in a sanction of \$4,000, reduced to \$1,333(waived) due to the size of the zone.(NE), Health Partners only adjudicated 98.8% of Inpatient clean claims within 45 days while the adjudication requirement timeframe is 99.5%. This percentage resulted in a sanction of \$1,000, reduced to \$667 due to the size of the zone. sanctions due to Health Partners being new to the zones, and to missing the requirements by a maximum of four claims per zone.

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

\$ 5667 (waived)

D3.VIII.7 Date assessed

10/01/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 04/13/2023

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Financial Sanction

21 / 22

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**
Financial Sanction claims processing Geisinger Health Plan

D3.VIII.4 Reason for intervention

(NE), Geisinger only adjudicated 99.2% of Inpatient clean claims within 45 days while the adjudication requirement timeframe is 99.5%. This percentage resulted in a sanction of \$1,000 (waived).(NW), Geisinger only adjudicated 99.2% of Inpatient clean claims within 45 days while the adjudication requirement timeframe is 99.5%. This percentage resulted in a sanction of \$1,000, reduced to \$667 (waived) due to the size of the zone. The Department has decided to waive the sanctions due to Geisinger missing the requirements by a maximum of four claims per zone, and the issue with obtaining valid RID numbers for a few members.

Sanction details

D3.VIII.5 Instances of non-compliance
2

D3.VIII.6 Sanction amount
\$ 1,667(waived)

D3.VIII.7 Date assessed
11/01/2022

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 05/05/2023

D3.VIII.9 Corrective action plan
Yes



Complete

D3.VIII.1 Intervention type: Financial Sanctions

22 / 22

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**
Financial Sanctions - Claims Processing Health Partners Plans

D3.VIII.4 Reason for intervention

(SE), Health Partners only adjudicated 99.3% of Inpatient clean claims within 45 days while the adjudication requirement timeframe is 99.5%. This percentage resulted in a sanction of \$1,000 (waived).(SW), Health Partners only adjudicated 98.1% of Inpatient clean claims within 45 days, while the adjudication requirement timeframe is 99.5%. This percentage resulted in a sanction of \$1,000, reduced to \$333 (waived) due to the size of the zone. (LC), Health Partners only adjudicated 98.6% of Inpatient clean claims within 45 days while the adjudication requirement timeframe is 99.5%. This percentage resulted in a sanction of \$1,000, reduced to \$667 (waived) due to the size of the zone. Department has decided to waive the sanctions due

to Health Partners being new to the Southwest and Lehigh/Capital zones, and to missing the requirements by a maximum of three claims per zone.

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
3	\$ 2000 (waived)
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
11/01/2022	Yes, remediated 05/05/2023
D3.VIII.9 Corrective action plan	
Yes	

Topic X. Program Integrity



Find in the Excel Workbook
D1_Plan_Set

Number	Indicator	Response
D1X.1	Dedicated program integrity staff	Aetna Better Health LC
	Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	N/A
		Aetna Better Health NE
		N/A
		Aetna Better Health NW
		N/A
		Aetna Better Health SE
		N/A
		Aetna Better Health SW
		N/A
		AmeriHealth Caritas Pennsylvania LC
		N/A
		AmeriHealth Caritas Pennsylvania NE
		N/A
		AmeriHealth Caritas Pennsylvania NW
		N/A
		AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

N/A

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

1

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

6

Health Partners Plans

7

Highmark Wholecare

11

United Healthcare

7

UPMC for You

12

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas**

D1X.2

Count of opened program integrity investigations

How many program integrity investigations have been opened by the plan in the past year?

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

1416

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

5

AmeriHealth Caritas Pennsylvania

1098

Geisinger Health Plan

62

Health Partners Plans

138

Highmark Wholecare

3185

United Healthcare

134

UPMC for You

54

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1X.3

**Ratio of opened program
integrity investigations to
enrollees**

What is the ratio of program integrity investigations opened by the plan in the past year per 1,000 beneficiaries enrolled in the plan on the first day of the last month of the reporting year?

Aetna Better Health LC

0:1000

Aetna Better Health NE

0:1000

Aetna Better Health NW

0:1000

Aetna Better Health SE

0:1000

Aetna Better Health SW

0:1000

AmeriHealth Caritas Pennsylvania LC
0:1000

AmeriHealth Caritas Pennsylvania NE
0:1000

AmeriHealth Caritas Pennsylvania NW
0:1000

AmeriHealth Caritas Pennsylvania SW
0:1000

Geisinger Health Plan LC
0:1000

Geisinger Health Plan NE
0:1000

Geisinger Health Plan NW
0:1000

Geisinger Health Plan SE
0:1000

Geisinger Health Plan SW
0:1000

Health Partners Plans LC
0:1000

Health Partners Plans NE
0:1000

Health Partners Plans NW
0:1000

Health Partners Plans SE
0:1000

Health Partners Plans SW
0:1000

Highmark Wholecare LC
0:1000

Highmark Wholecare NW

0:1000

Highmark Wholecare SW

0:1000

Keystone First SE

2.46:1,000

United Healthcare LC

0:1000

United Healthcare SE

0:1000

United Healthcare SW

0:1000

UPMC for You LC

0:1000

UPMC for You NE

0:1000

UPMC for You NW

0:1000

UPMC for You SE

0:1000

UPMC for You SW

0:1000

Aetna Better Health

0.02:1000

AmeriHealth Caritas Pennsylvania

2.34:1000

Geisinger Health Plan

0.19:1000

Health Partners Plans

0.38:1000

Highmark Wholecare

8.51:1000

United Healthcare

0.29:1000

UPMC for You

0.08:1000

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

0:1000

D1X.4

**Count of resolved program
integrity investigations**

How many program integrity
investigations have been
resolved by the plan in the past
year?

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

1248

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

26

AmeriHealth Caritas Pennsylvania

780

Geisinger Health Plan

37

Health Partners Plans

151

Highmark Wholecare

3235

United Healthcare

153

UPMC for You

79

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1X.5

**Ratio of resolved program
integrity investigations to
enrollees**

What is the ratio of program
integrity investigations resolved
by the plan in the past year per
1,000 beneficiaries enrolled in

Aetna Better Health LC

0:1000

Aetna Better Health NE

0:1000

the plan at the beginning of the reporting year?

Aetna Better Health NW

0:1000

Aetna Better Health SE

0:1000

Aetna Better Health SW

0:1000

AmeriHealth Caritas Pennsylvania LC

0:1000

AmeriHealth Caritas Pennsylvania NE

0:1000

AmeriHealth Caritas Pennsylvania NW

0:1000

AmeriHealth Caritas Pennsylvania SW

0:1000

Geisinger Health Plan LC

0:1000

Geisinger Health Plan NE

0:1000

Geisinger Health Plan NW

0:1000

Geisinger Health Plan SE

0:1000

Geisinger Health Plan SW

0:1000

Health Partners Plans LC

0:1000

Health Partners Plans NE

0:1000

Health Partners Plans NW

0:1000

Health Partners Plans SE

0:1000

Health Partners Plans SW

0:1000

Highmark Wholecare LC

0:1000

Highmark Wholecare NW

0:1000

Highmark Wholecare SW

0:1000

Keystone First SE

2.16:1000

United Healthcare LC

0:1000

United Healthcare SE

0:1000

United Healthcare SW

0:1000

UPMC for You LC

0:1000

UPMC for You NE

0:1000

UPMC for You NW

0:1000

UPMC for You SE

0:1000

UPMC for You SW

0:1000

Aetna Better Health

0.09:1000

AmeriHealth Caritas Pennsylvania

1.64:1000

Geisinger Health Plan

0.11:1000

Health Partners Plans

0.41:1000

Highmark Wholecare

8.64:1000

United Healthcare

0.83:1000

UPMC for You

0.11:1000

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

0:1000

**D1X.6 Referral path for program
integrity referrals to the
state**

What is the referral path that
the plan uses to make program
integrity referrals to the state?
Select one.

Aetna Better Health LC

Makes referrals to the State Medicaid
Agency (SMA) and MFCU concurrently

Aetna Better Health NE

Makes referrals to the State Medicaid
Agency (SMA) and MFCU concurrently

Aetna Better Health NW

Makes referrals to the State Medicaid
Agency (SMA) and MFCU concurrently

Aetna Better Health SE

Makes referrals to the State Medicaid
Agency (SMA) and MFCU concurrently

Aetna Better Health SW

Makes referrals to the State Medicaid
Agency (SMA) and MFCU concurrently

AmeriHealth Caritas Pennsylvania LC

Makes referrals to the State Medicaid
Agency (SMA) and MFCU concurrently

AmeriHealth Caritas Pennsylvania NE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

AmeriHealth Caritas Pennsylvania NW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

AmeriHealth Caritas Pennsylvania SW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Geisinger Health Plan LC

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Geisinger Health Plan NE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Geisinger Health Plan NW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Geisinger Health Plan SE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Geisinger Health Plan SW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Health Partners Plans LC

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Health Partners Plans NE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Health Partners Plans NW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Health Partners Plans SE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Health Partners Plans SW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Highmark Wholecare LC

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Highmark Wholecare NW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Highmark Wholecare SW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Keystone First SE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

United Healthcare LC

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

United Healthcare SE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

United Healthcare SW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UPMC for You LC

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UPMC for You NE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UPMC for You NW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UPMC for You SE

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UPMC for You SW

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Aetna Better Health

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

AmeriHealth Caritas Pennsylvania

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Geisinger Health Plan

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Health Partners Plans

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Highmark Wholecare

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

United Healthcare

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UPMC for You

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Vista Healthcare DBA Keystone First and Vista Healthcare DBA AmeriHealth Caritas Pennsylvania

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals

Aetna Better Health LC

N/A

Aetna Better Health NE

N/A

Aetna Better Health NW

N/A

Aetna Better Health SE

N/A

Aetna Better Health SW

N/A

AmeriHealth Caritas Pennsylvania LC

N/A

AmeriHealth Caritas Pennsylvania NE

N/A

AmeriHealth Caritas Pennsylvania NW

N/A

AmeriHealth Caritas Pennsylvania SW

N/A

Geisinger Health Plan LC

N/A

Geisinger Health Plan NE

N/A

Geisinger Health Plan NW

N/A

Geisinger Health Plan SE

N/A

Geisinger Health Plan SW

N/A

Health Partners Plans LC

N/A

Health Partners Plans NE

N/A

Health Partners Plans NW

N/A

Health Partners Plans SE

N/A

Health Partners Plans SW

N/A

Highmark Wholecare LC

N/A

Highmark Wholecare NW

N/A

Highmark Wholecare SW

N/A

Keystone First SE

29

United Healthcare LC

N/A

United Healthcare SE

N/A

United Healthcare SW

N/A

UPMC for You LC

N/A

UPMC for You NE

N/A

UPMC for You NW

N/A

UPMC for You SE

N/A

UPMC for You SW

N/A

Aetna Better Health

9

AmeriHealth Caritas Pennsylvania

14

Geisinger Health Plan

3

Health Partners Plans

3

Highmark Wholecare

109

United Healthcare

5

UPMC for You

1

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

N/A

D1X.8

**Ratio of program integrity
referral to the state**

What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.I.1) as the denominator.

Aetna Better Health LC

0:1000

Aetna Better Health NE

0:1000

Aetna Better Health NW

0:1000

Aetna Better Health SE

0:1000

Aetna Better Health SW

0:1000

AmeriHealth Caritas Pennsylvania LC

0:1000

AmeriHealth Caritas Pennsylvania NE

0:1000

AmeriHealth Caritas Pennsylvania NW

0:1000

AmeriHealth Caritas Pennsylvania SW

0:1000

Geisinger Health Plan LC
0:1000

Geisinger Health Plan NE
0:1000

Geisinger Health Plan NW
0:1000

Geisinger Health Plan SE
0:1000

Geisinger Health Plan SW
0:1000

Health Partners Plans LC
0:1000

Health Partners Plans NE
0:1000

Health Partners Plans NW
0:1000

Health Partners Plans SE
0:1000

Health Partners Plans SW
0:1000

Highmark Wholecare LC
0:1000

Highmark Wholecare NW
0:1000

Highmark Wholecare SW
0:1000

Keystone First SE
0.05:1000

United Healthcare LC
0:1000

United Healthcare SE

0:1000

United Healthcare SW

0:1000

UPMC for You LC

0:1000

UPMC for You NE

0:1000

UPMC for You NW

0:1000

UPMC for You SE

0:1000

UPMC for You SW

0:1000

Aetna Better Health

0.03:1000

AmeriHealth Caritas Pennsylvania

0.03:1000

Geisinger Health Plan

0.01:1000

Health Partners Plans

0.01:1000

Highmark Wholecare

0.29:1000

United Healthcare

0.03:1000

UPMC for You

0.001:1000

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

0:1000

D1X.9

Plan overpayment reporting to the state

Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3).

Include, for example, the following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 438.8(f)(2).

Aetna Better Health LC

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Aetna Better Health NE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Aetna Better Health NW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Aetna Better Health SE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Aetna Better Health SW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

AmeriHealth Caritas Pennsylvania LC

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

AmeriHealth Caritas Pennsylvania NE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

AmeriHealth Caritas Pennsylvania NW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

AmeriHealth Caritas Pennsylvania SW

N/A - All Program Integrity sections are reported statewide only. Plan Level data

for all zone-wide sections is N/A,
including D1.X.3, D1.X.5 ,and D1.X.8.

Geisinger Health Plan LC

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Geisinger Health Plan NE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Geisinger Health Plan NW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Geisinger Health Plan SE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Geisinger Health Plan SW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Health Partners Plans LC

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Health Partners Plans NE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Health Partners Plans NW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Health Partners Plans SE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Health Partners Plans SW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Highmark Wholecare LC

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Highmark Wholecare NW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Highmark Wholecare SW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Keystone First SE

N/A

United Healthcare LC

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

United Healthcare SE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

United Healthcare SW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

UPMC for You LC

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

UPMC for You NE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

UPMC for You NW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

UPMC for You SE

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

UPMC for You SW

N/A - All Program Integrity sections are reported statewide only. Plan Level data for all zone-wide sections is N/A, including D1.X.3, D1.X.5 ,and D1.X.8.

Aetna Better Health

The plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3) reflects the reporting period of 05/15/2021-02/15/2022. The identified dollar amount of overpayments recovered for the specified reporting period is \$539,114.01. The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2) is 0.038%.

AmeriHealth Caritas Pennsylvania

N/A

Geisinger Health Plan

The plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3) reflects the reporting period of 05/15/2021-02/15/2022. The identified dollar amount of overpayments recovered for the specified reporting

period is \$23,501.08. The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2) is 0.002%.

Health Partners Plans

The plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3) reflects the reporting period of 05/15/2021-02/15/2022. The identified dollar amount of overpayments recovered for the specified reporting period is \$2,618,830.24. The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2) is 0.162%.

Highmark Wholecare

The plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3) reflects the reporting period of 05/15/2021-02/15/2022. The identified dollar amount of overpayments recovered for the specified reporting period is \$11,725,266.11. The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2) is 0.605%.

United Healthcare

The plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3) reflects the reporting period of 05/15/2021-02/15/2022. The identified dollar amount of overpayments recovered for the specified reporting period is \$298,134.71. The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2) is 0.019%.

UPMC for You

The plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3) reflects the reporting period of 05/15/2021-02/15/2022. The identified dollar amount of overpayments recovered for the specified reporting period is \$582,519.93. The ratio of the

dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2) is 0.019%.

Vista Healthcare DBA Keystone First and Vista Healthcare DBA AmeriHealth Caritas Pennsylvania

The plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3) reflects the reporting period of 05/15/2021-02/15/2022. The identified dollar amount of overpayments recovered for the specified reporting period is \$21,346,869.14. The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2) is 0.408%

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Aetna Better Health LC

Daily

Aetna Better Health NE

Daily

Aetna Better Health NW

Daily

Aetna Better Health SE

Daily

Aetna Better Health SW

Daily

AmeriHealth Caritas Pennsylvania LC

Daily

AmeriHealth Caritas Pennsylvania NE

Daily

AmeriHealth Caritas Pennsylvania NW

Daily

AmeriHealth Caritas Pennsylvania SW

Daily

Geisinger Health Plan LC

Daily

Geisinger Health Plan NE

Daily

Geisinger Health Plan NW

Daily

Geisinger Health Plan SE

Daily

Geisinger Health Plan SW

Daily

Health Partners Plans LC

Daily

Health Partners Plans NE

Daily

Health Partners Plans NW

Daily

Health Partners Plans SE

Daily

Health Partners Plans SW

Daily

Highmark Wholecare LC

Daily

Highmark Wholecare NW

Daily

Highmark Wholecare SW

Daily

Keystone First SE

Daily

United Healthcare LC

Daily

United Healthcare SE

Daily

United Healthcare SW

Daily

UPMC for You LC

Daily

UPMC for You NE

Daily

UPMC for You NW

Daily

UPMC for You SE

Daily

UPMC for You SW

Daily

Aetna Better Health

Daily

AmeriHealth Caritas Pennsylvania

Daily

Geisinger Health Plan

Daily

Health Partners Plans

Daily

Highmark Wholecare

Daily

United Healthcare

Daily

UPMC for You

Daily

**Vista Healthcare DBA Keystone First and
Vista Healthcare DBA AmeriHealth Caritas
Pennsylvania**

Daily

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.



Find in the Excel Workbook
E_BSS_Entities

Number	Indicator	Response
EIX.1	BSS entity type What type of entity was contracted to perform each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	Maximus Enrollment Broker
EIX.2	BSS entity role What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	Maximus Enrollment Broker/Choice Counseling