Improving Healthcare Access Through Insurance Oversight

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Background

I was given the opportunity to serve as the Healthcare Access, Administration, and Appeals intern for the Commonwealth of Pennsylvania's Insurance Department in Harrisburg, Pennsylvania this past summer.

The Pennsylvania Insurance Department (PID), protects and assists consumers, licenses insurance professionals and companies, and regulates the insurance marketplace. Within PID, I worked for the Bureau of Health Coverage Access, Administration, and Appeals (HCA3).

HCA3 administers a consumer grievance and appeal program, asking for each insurer and managed care organization to have their own approved process. We identified problems associated within the health coverage industry and works with consumers and providers to resolve them.

Figure 1: *As an intern for the Commonwealth of Pennsylvania, I was given the opportunity to meet Pennsylvania Governor Josh Shapiro at the Governor's Residence for a Summer Intern Reception.*

Learning Objectives

1. Identify critical and key terminology utilized by healthcare insurance networks, insurance law, and policy.
2. Engage in complaint processes from a consumer's healthcare insurance coverage appeal and present my findings to the Consumer Advisory Board.
3. Assess different forms of network review standards and identify network gaps within healthcare accessibility in specific Pennsylvania counties.

Plan	Specialities Met	County	County Class	Standard Met (Less Restrictive/Same)
Plan 2	Ophthalmology	Bradford	Micro	Same
	Outpatient Infusion/Chemotherapy	Bradford	Micro	Less
	Diagnostic Radiology ((Free-standing;	Carbon	Metro	Less
	Gynecology (OB/GYN)	Clinton	Rural	Same
	Gynecology (OB/GYN)	Luzerne	Metro	Same
	Gynecology (OB/GYN)	Monroe	Metro	Same
	Cardiology	Pike	Metro	Same
	Ophthalmology	Pike	Metro	Same
	Orthopedic Surgery	Pike	Metro	Same
	Surgical Services	Pike	Metro	Less
	Diagnostic Radiology ((Free-standing;	Pike	Metro	Less
	Primary Care - Adult	Pike	Metro	Same
	Gynecology (OB/GYN)	Sullivan	Rural	Same
	Outpatient Infusion/Chemotherapy	Sullivan	Rural	Less
Plan 3	Ophthalmology	Bradford	Micro	Same
	Outpatient Infusion/Chemotherapy	Bradford	Micro	Less
	Diagnostic Radiology ((Free-standing;	Carbon	Metro	Less
	Cardiology	Pike	Metro	Same
	Ophthalmology	Pike	Metro	Same
	Orthopedic Surgery	Pike	Metro	Same
	Surgical Services	Pike	Metro	Less
	Diagnostic Radiology ((Free-standing;	Pike	Metro	Less
	Primary Care - Adult	Pike	Metro	Same
	Gynecology (OB/GYN)	Sullivan	Rural	Same
	Outpatient Infusion/Chemotherapy	Sullivan	Rural	Less

Figure 2: *I created this sample graphic by analyzing various gap networks provider by different networks. As discussed in Deliverable 1, I mapped the T&D standards and whether they were met.*

Activities

- On a day-to-day basis, I was able to meet with the HCA3 team to discuss different insurance networks & plans, to learn what they could do differently.
- I became familiar with both the complaints and grievances processes, with around 20+ grievance appeals coming in per day. Each appeal would be personally audited and sent to an external review organization by someone on the HCA3 team.
- Complaints were larger cases with around 200+ pages of documentation surrounding one individual's appeal process. I was able to handle some complaints, then presented them to the Consumer Advisory Board.
- I spent most of my time performing gap report analyses and interpreting Medicaid data amongst different providers and appeals.

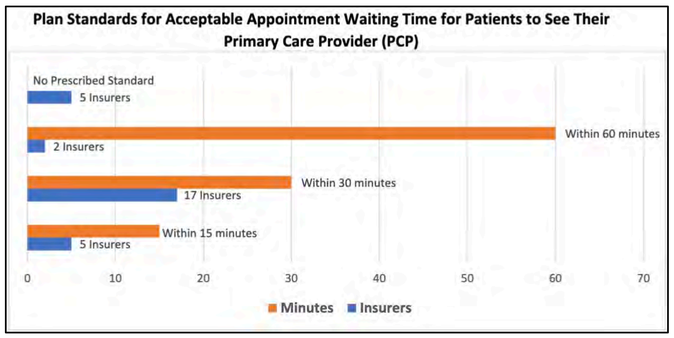

Figure 3: *Wait times are a significant part of healthcare accessibility. Insurers have PCP wait time standards to factor into T&D decisions.*

Deliverables

Deliverable 1

- This spreadsheet, that consists of redacted networks and Qualified Health Plan names, is representative of the Gap Analysis I completed at PID.
- CMS had provided a list of time and distance standards that were able to meet, which I then crosschecked with PID's statutory standards (seeing if they are less restrictive or the same).

Deliverable 2

- I was given the opportunity to synthesize significant amounts of data to create different graphs and charts about the total numbers of External Grievances sent to PID in 2024.
- I analyzed 2024's Appeal spreadsheet keeping track of every external grievance sent to PID in 2024, at a total of 4,771. This information was presented to the consumer advocate side of PID.

Figure 4: *Although I worked remotely, I stayed close with the HCA3 team during our in-person Collaboration Days in our Harrisburg office near the Capitol.*

Population

The population I served were all residents of Pennsylvania who utilized both private and public healthcare insurance. All consumers can file an appeal on healthcare insurance decisions that they consider to be unfit. This decision must go through internal review and then would be delegated to an external review process. PID caters to all residents of Pennsylvania by acting as a government entity, whilst also the intermediary.

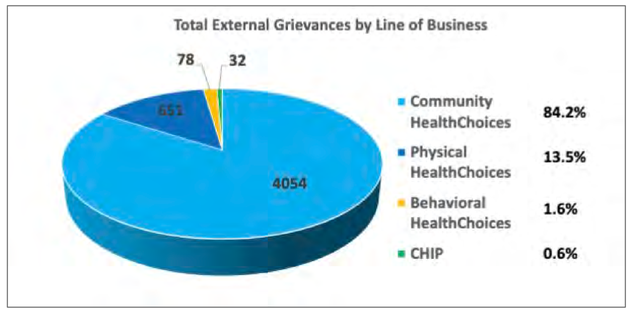

Figure 5: *I created this graphic after analyzing 4,771 total external grievance decision outcomes. By the 4 lines of business, this is where each grievance stood and was categorized.*

Lessons Learned

- After working at PID this summer, I came out of this experience as someone who holds an understanding of Medicaid and overall healthcare insurance implications.
- As someone behind the scenes, I was navigating databases and datasets to find a cohesive story meant for someone's appeal.
- By the end of my internship, I was able to identify critical issues within certain providers by the numbers and reports they provided.

Public Health Implications

- Access to care is a clear determinant to health. Insurance coverage directly influences whether individuals can access preventative care, seek timely treatment, or manage chronic diseases.
- People based healthcare starts with people-based insurance, and PID already exceeded this expectation.
- The work of regulating and monitoring insurance markets has a very direct and measurable impact on whether Pennsylvania residents are receiving the healthcare they need.
- Improving accessibility is not a stagnant process in insurance. It improves every single day, through consumer interaction, advocating for care, and evaluating policy as it changes and evolves throughout time.