

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL

No. 2122 Session of  
2001

INTRODUCED BY BROWNE, ARGALL, BELARDI, BENNINGHOFF, CAPPELLI,  
CLARK, L. I. COHEN, CURRY, DAILEY, DALLY, DeLUCA, FORCIER,  
FRANKEL, FREEMAN, GEIST, GEORGE, GRUCELA, HARHART, HENNESSEY,  
HERMAN, HORSEY, HUTCHINSON, JAMES, MANDERINO, MANN, McCALL,  
McILHATTAN, MELIO, S. MILLER, NAILOR, PIPPY, ROSS, SAMUELSON,  
SATHER, SCHRODER, SHANER, SOLOBAY, STABACK, STEELMAN,  
E. Z. TAYLOR, THOMAS, TIGUE, TRICH, WALKO, WASHINGTON,  
WATERS, WATSON, C. WILLIAMS, WILT, WOJNAROSKI, YOUNGBLOOD,  
YUDICHAK, ZUG AND HABAY, NOVEMBER 13, 2001

AS AMENDED ON THIRD CONSIDERATION, HOUSE OF REPRESENTATIVES,  
JUNE 10, 2002

## AN ACT

1 Amending the act of July 8, 1986 (P.L.408, No.89), entitled, as  
2 reenacted and amended, "An act providing for the creation of  
3 the Health Care Cost Containment Council, for its powers and  
4 duties, for health care cost containment through the  
5 collection and dissemination of data, for public  
6 accountability of health care costs and for health care for  
7 the indigent; and making an appropriation," further providing  
8 for definitions, for data submission and collection and for  
9 data dissemination and publication.

10 The General Assembly of the Commonwealth of Pennsylvania  
11 hereby enacts as follows:

12 Section 1. Section 3 of the act of July 8, 1986 (P.L.408,  
13 No.89), known as the Health Care Cost Containment Act, reenacted  
14 and amended June 28, 1993 (P.L.146, No.34), is amended by adding  
15 a definition to read:

16 Section 3. Definitions.

17 The following words and phrases when used in this act shall

1 have the meanings given to them in this section unless the  
2 context clearly indicates otherwise:

3 \* \* \*

4 "Enrollee." A policyholder, subscriber, covered person or  
5 other individual who is entitled to receive health care services  
6 under an HMO plan.

7 \* \* \*

8 Section 2. Section 6(d) of the act is amended to read:

9 Section 6. Data submission and collection.

10 \* \* \*

11 (d) [Provider quality] Quality and [provider] service  
12 effectiveness data elements.--

13 (1) In carrying out its duty to collect data on provider  
14 quality and provider service effectiveness under section  
15 5(d)(4) and subsection (c)(21), the council shall define a  
16 methodology to measure provider service effectiveness which  
17 may include additional data elements to be specified by the  
18 council sufficient to carry out its responsibilities under  
19 section 5(d)(4). The council may adopt a nationally  
20 recognized methodology of quantifying and collecting data on  
21 provider quality and provider service effectiveness until  
22 such time as the council has the capability of developing its  
23 own methodology and standard data elements. The council shall  
24 include in the Pennsylvania Uniform Claims and Billing Form a  
25 field consisting of the data elements required pursuant to  
26 subsection (c)(21) to provide information on each provision  
27 of covered services sufficient to permit analysis of provider  
28 quality and provider service effectiveness within 180 days of  
29 commencement of its operations pursuant to section 4.

30 (2) In order to comparably measure performance of health

1 maintenance organizations, the council has the following  
2 powers and duties:

3 (i) To adopt and implement a system to comparatively  
4 evaluate the quality of care outcomes and performance  
5 measurements of health maintenance organizations on an  
6 objective basis. This subparagraph includes, but is not  
7 limited to, surveying enrollee satisfaction and assessing  
8 health maintenance organizations' clinical and service  
9 performance for:

10 (A) information and communication;

11 (B) treatment;

12 (C) preventive care;

13 (D) services for individuals with special needs;

14 (E) referrals; and

15 (F) options available to patients.

16 (ii) In carrying out its responsibilities, the  
17 council shall not require health maintenance  
18 organizations to report on additional data elements that  
19 are not reported to nationally recognized accrediting  
20 organizations or to the Department of Health or the  
21 Insurance Department in quarterly or annual reports.  
22 Furthermore, the council shall not require reporting by  
23 HMOs in different formats than are required for reporting  
24 to nationally recognized accrediting organizations or on  
25 quarterly or annual reports submitted to the Department  
26 of Health or the Insurance Department as required by  
27 regulations of either department. The council may adopt  
28 the quality findings as reported to nationally recognized  
29 accrediting organizations.

30 \* \* \*

1 Section 3. Section 7(a) of the act is amended by adding a  
2 paragraph to read:

3 Section 7. Data dissemination and publication.

4 (a) Public reports.--Subject to the restrictions on access  
5 to council data set forth in section 10 and utilizing the data  
6 collected under section 6 as well as other data, records and  
7 matters of record available to it, the council shall prepare and  
8 issue reports to the General Assembly and to the general public,  
9 according to the following provisions:

10 \* \* \*

11 (5) (i) The council shall, for every health maintenance  
12 organization in this Commonwealth, prepare and issue an  
13 annual report to assist consumers, purchasers and  
14 providers with a comparison of health plan performance.  
15 The council shall coordinate its work with existing  
16 health plan performance measurement efforts developed by  
17 other State agencies or nationally recognized accrediting  
18 organizations. The annual report shall include, but is  
19 not limited to, information in the following areas:

20 (A) Availability and appropriateness of services  
21 and treatment provided to enrollees.

22 (B) Availability and appropriateness of  
23 preventive care provided to enrollees.

24 (C) Availability and appropriateness of services  
25 provided to enrollees with ongoing and/or severe  
26 medical needs as well as those with special needs.

27 (D) Enrollee satisfaction, including access to  
28 specialty care and services, satisfaction with  
29 network adequacy and health plan materials.

30 (E) Licensure and accreditation status.

1                   (F)   WAYS THAT CONSUMERS, PURCHASERS AND                   <—  
2                   PROVIDERS CAN FIND ADDITIONAL INFORMATION ON HEALTH  
3                   MAINTENANCE ORGANIZATIONS FROM OTHER COMMONWEALTH  
4                   AGENCIES, INCLUDING THE INSURANCE DEPARTMENT AND THE  
5                   DEPARTMENT OF HEALTH AND WHICH COMMONWEALTH AGENCIES  
6                   THEY MAY CONTACT IF THEY HAVE A PROBLEM WITH THEIR  
7                   HEALTH MAINTENANCE ORGANIZATION.

8                   (ii)   The council shall ensure that HMOs have an  
9                   opportunity to review the annual report at least 45 days  
10                   prior to public release.

11                   (III)   THE COUNCIL SHALL PUBLISH THE ANNUAL REPORT ON                   <—  
12                   THE COUNCIL'S INTERNET HOME PAGE AND PROVIDE EASILY  
13                   ACCESSIBLE ELECTRONIC MEANS TO VIEW THE INFORMATION  
14                   DESCRIBED IN SUBPARAGRAPH (I)(F), INCLUDING ANY RELEVANT  
15                   ELECTRONIC COMPLAINT FORMS ALREADY AVAILABLE ONLINE FROM  
16                   THE COMMONWEALTH.

17                   \* \* \*

18                   Section 4.   This act shall take effect in 180 days.