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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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# HOUSE BILL

## No. 1518

Session of  
1993

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INTRODUCED BY ULIANA, ARMSTRONG, BARLEY, BROWN, CESSAR, CIVERA,  
CLYMER, CORNELL, DENT, DURHAM, EGOLF, FAIRCHILD, FARMER,  
FLEAGLE, FLICK, GEIST, GERLACH, GLADECK, GODSHALL,  
HUTCHINSON, KING, LAUB, LAWLESS, NICKOL, O'BRIEN, PERZEL,  
PETTIT, PHILLIPS, PITTS, REINARD, RYAN, SAURMAN, SCHULER,  
SEMMELE, SERAFINI, D. W. SNYDER, STAIRS, STRITTMATTER,  
E. Z. TAYLOR, J. TAYLOR, TOMLINSON AND WAUGH, MAY 5, 1993

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REFERRED TO COMMITTEE ON HEALTH AND WELFARE, MAY 5, 1993

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AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An  
2 act to consolidate, editorially revise, and codify the public  
3 welfare laws of the Commonwealth," requiring the Department  
4 of Public Welfare to establish, implement and administer a  
5 medical assistance program which provides care and managerial  
6 services through primary care providers.

7 The health of 1.1 million Pennsylvanians is adversely  
8 affected by the lack of health care insurance coverage and  
9 accessibility to primary care providers. The plight of the  
10 uninsured causes the use of more expensive health care services  
11 at the most serious stage of illness, thereby increasing health  
12 care costs to all citizens of this Commonwealth.

13 The provision of a Statewide managed-care system would be  
14 beneficial to uninsured Pennsylvanians by altering the way  
15 health care is currently accessed, targeting the prevention of  
16 disease and reducing the need to use the more expensive health  
17 care services.

1 Therefore, it is declared that reforming the current Medicaid  
2 system to incorporate a Statewide managed-care system coupled  
3 with an aggressive medical cost recovery program would provide  
4 the funds necessary to implement a Statewide managed-care system  
5 for Pennsylvania's uninsured which would contain health care  
6 costs while ensuring a healthier population.

7 The General Assembly of the Commonwealth of Pennsylvania  
8 hereby enacts as follows:

9 Section 1. The act of June 13, 1967 (P.L.31, No.21), known  
10 as the Public Welfare Code, is amended by adding a section to  
11 read:

12 Section 443.7. Pennsylvania Access to Care Program.--(a) It  
13 is the intent and direction of the General Assembly that the  
14 Department of Public Welfare establish, implement and administer  
15 a mandatory Statewide program for the provision of primary  
16 medical services to eligible recipients within selected service  
17 areas.

18 (b) As used in this section:

19 "Department" means the Department of Public Welfare of the  
20 Commonwealth or any successor agency.

21 "Eligible recipient" means any person who receives cash  
22 assistance under section 432(1) and (2) and any person who is  
23 determined to be chronically needy under section 432(3).

24 "Emergency medical services" means medical services provided  
25 after the sudden onset of a medical condition manifesting itself  
26 by acute symptoms of sufficient severity, including severe pain,  
27 such that the absence of immediate medical attention could  
28 reasonably be expected to result in:

29 (1) placing the patient's health in serious jeopardy;

30 (2) serious impairment to bodily functions; or

1     (3) serious dysfunction of any bodily organ or part.

2     "Medical service delivery area" means the geographic area  
3 within which eligible recipients will receive primary medical  
4 services from primary medical providers. The geographic area may  
5 be equivalent to the area covered by a county board of  
6 assistance or such larger or smaller area as may be designated  
7 by departmental regulation.

8     "Primary care provider" means a physician, group of  
9 physicians, licensed nurse practitioner, community mental health  
10 centers, Federally qualified health centers, local health  
11 departments or other types of clinics approved by departmental  
12 regulation.

13     "Primary medical services" means that level of medical care  
14 which addresses an eligible recipient's general health needs,  
15 including the coordination of the eligible recipient's health  
16 care with the responsibility for the prevention of disease, the  
17 promotion and maintenance of good health, the treatment of  
18 illness and the referral to other specialists for more intensive  
19 care when appropriate. The term specifically excludes any of the  
20 services presently excluded from State Medicaid coverage.

21     "Program" means the mandatory Statewide primary care medical  
22 services program established in subsection (c).

23     (c) The department shall establish, implement and administer  
24 a mandatory Statewide medical assistance program which utilizes  
25 primary care providers to supply or manage primary medical  
26 services for qualified eligible recipients within established  
27 medical service delivery areas.

28     (d) The department shall promulgate regulations to implement  
29 and administer the medical assistance program under subsection  
30 (c) and which address the following:

1     (1) The establishment of and modification to medical service  
2 delivery areas to provide timely and efficient primary medical  
3 services to eligible recipients without overburdening  
4 participating primary care providers.

5     (2) The procurement of a sufficient number of primary care  
6 providers for the treatment of eligible recipients within  
7 medical service delivery areas.

8     (3) The selection of or assignment to primary care providers  
9 of eligible recipients, including procedures permitting eligible  
10 recipients to request changes of the primary care providers.

11     (4) The review of eligibility criteria to insure that  
12 eligible recipients are not qualified for other available forms  
13 of medical assistance.

14     (5) The direct and instantaneous check of third party payers  
15 to insure that the Pennsylvania Access to Care Program is the  
16 payer of last resort.

17     (6) The procedures to be followed by primary care providers  
18 when referring eligible recipients for specialized care or  
19 hospitalization.

20     (7) The establishment of procedures to resolve disputes  
21 between the department and primary care providers or between  
22 eligible recipients and primary care providers.

23     (8) The decertification of primary care providers for  
24 failure to comply with this section or the regulations  
25 promulgated hereunder.

26     (9) The establishment of procedures, including the operation  
27 of a third party liability program and the coordination of  
28 claims review with health care insurers, to prevent or eliminate  
29 any duplication of services which may be obtained by an eligible  
30 recipient and to obtain payment for services which are covered

1 under other programs.

2 (10) The exclusion of mental health services from the  
3 Pennsylvania Access to Care Program. These services will  
4 continue to be covered under Subarticle (f) of Article IV.

5 (11) Such other regulations which may be necessary to  
6 implement and administer the provisions of this section.

7 (e) Participating primary care providers shall:

8 (1) Provide comprehensive primary medical services to  
9 eligible recipients.

10 (2) Meet all of the requirements in the provider agreement,  
11 signed upon enrollment as a primary care provider.

12 (3) Furnish services during a regular schedule of office  
13 hours, for at least twenty hours a week on not fewer than three  
14 days a week, at any location which accepts participants, with  
15 allowances made by the department on a case-by-case basis.

16 (4) Maintain availability of a licensed physician or  
17 licensed nurse practitioner by telephone for twenty-four hours a  
18 day, seven days a week, through call arrangements or back-up  
19 coverage.

20 (5) Maintain a single medical record on each eligible  
21 recipient.

22 (6) Designate a single qualified physician or nurse  
23 practitioner as the principal rendering provider for an eligible  
24 recipient, if the primary care provider is a qualified group  
25 practice, clinic or hospital outpatient department.

26 (7) Notify the eligible recipient before submitting a  
27 request to the program of any intent to discontinue services to  
28 the eligible recipient and then continue to provide services  
29 until the eligible recipient has been linked by the program with  
30 another primary care provider, not to exceed thirty days from

receipt by the department of the request.

(8) Ensure that all physicians and nurse practitioners who render services conform with the provider requirements in this section.

(9) Have hospital admitting privileges or be able to refer eligible recipients to a primary care provider with hospital admitting privileges.

(10) Designate and make known to all eligible recipients linked with that primary care provider the other participating physician, physicians, nurse practitioner or nurse practitioners who will be available to furnish primary medical services during periods, such as vacation or illness, when the primary care provider does not maintain a regular schedule of office hours.

(f) Eligible recipients of primary medical services shall:

(1) Enroll or be enrolled in the program in compliance with department regulations.

(2) Choose or be assigned by the department to a primary care provider within a health service delivery area.

(3) Request permission to change the primary care provider at any time for good cause.

(4) Request, only once annually, a change of the primary care provider without cause.

(5) Utilize the primary care provider for all primary medical services except emergency medical services.

(g) The department may impose sanctions on any primary care provider for any of the following:

(1) Failing to meet all of the requirements in this section.

(2) Failing to meet all of the requirements in the provider agreement for that medical service delivery area.

(3) Making any false statement, report or representation to

1 the program.

2 (4) Providing or authorizing medically unnecessary or  
3 inappropriate care for participants.

4 (5) Exhibiting a pattern of substandard or inadequate  
5 medical practice.

6 (h) The sanctions which the department may impose against a  
7 primary care provider are any or all of the following:

8 (1) Limiting the type of recipients enrolled with the  
9 primary care provider.

10 (2) Limiting the maximum number of recipients enrolled with  
11 the primary care provider or the rate of growth in enrollments.

12 (3) Suspending new enrollments of recipients with the  
13 primary care provider, except by a recipient's request.

14 (4) Suspending all new enrollments of recipients with the  
15 primary care provider.

16 (5) Transferring some or all recipients to other primary  
17 care providers.

18 (6) Suspending program payments to the primary care provider  
19 and transferring the recipients to other primary care providers.

20 (7) Suspending the provider as a primary care provider for  
21 services rendered pursuant to this section.

22 (8) Disenrolling the provider as a primary care provider and  
23 transferring recipients to other primary care providers.

24 (i) The annual resulting monetary difference between the  
25 projected cost of providing State medical assistance services  
26 under Subarticle (f) of Article IV to qualified individuals and  
27 the actual costs incurred in providing the Pennsylvania Access  
28 to Care Program may, after legislative approval by the General  
29 Assembly and the Governor, be used to expand the coverage of  
30 eligible recipients.

1     (j) The department shall, prior to implementing this  
2     section, obtain all necessary waivers from Federal Medicaid  
3     statutes, rules and regulations.

4     Section 2. This act shall take effect July 1, 1993, or  
5     immediately, whichever occurs later.