
 THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. **59** Session of
2017

INTRODUCED BY MOUL, WATSON, ZIMMERMAN, TOOHIL, BENNINGHOFF,
KORTZ, JOZWIAK AND TALLMAN, JANUARY 23, 2017

AMENDMENTS TO HOUSE AMENDMENTS, IN SENATE, JULY 26, 2017

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," in general powers and
4 duties, providing for salary, medical and hospital expenses
5 for employees of the Department of Human Services and
6 survivors' benefits and for evaluation of software programs'
7 efficiency; in public assistance, providing for total
8 population coordinated care management, ~~further providing for~~ <--
9 ~~persons eligible for medical assistance, providing for~~
10 medical assistance waiver for treatment at institutions for
11 mental disease related to substance use disorder, for
12 additional funding requests for medical assistance
13 appropriations in fiscal year 2017-2018 and, for supporting <--
14 self-sufficiency for medical assistance recipients, further <--
15 ~~providing for medical assistance benefit packages, coverage,~~
16 ~~copayments, premiums and rates and providing~~ RECIPIENTS AND <--
17 for electronic asset verification for medical assistance
18 eligibility based on age, blindness or disability; in
19 children and youth, further providing for provider
20 submissions and for adoption opportunity payments and
21 reimbursement; ~~in nursing facility assessments, further~~ <--
22 ~~providing for administration and repealing provisions~~
23 ~~relating to calculation;~~ providing for ambulatory surgical
24 center data collection; and making a related repeal.

25 The General Assembly of the Commonwealth of Pennsylvania

26 hereby enacts as follows:

27 Section 1. The act of June 13, 1967 (P.L.31, No.21), known
28 as the Human Services Code, is amended by adding sections to

1 read:

2 Section 216. Salary, Medical and Hospital Expenses for
3 Employes of the Department.--(a) An employe of a State mental
4 hospital or youth development center under the department, who
5 is injured during the course of employment by a person confined
6 in such institution or by a person who has been committed to
7 such institution by a court of this Commonwealth or by any
8 provision of the act of July 9, 1976 (P.L.817, No.143), known as
9 the "Mental Health Procedures Act," and an employe of the
10 department who has been assigned to or who has volunteered to
11 join the firefighting force of an institution of the department
12 injured while carrying out firefighting duties, shall be paid by
13 the Commonwealth the employe's full salary at a salary equal to
14 that earned at the time of injury for no more than three years
15 from the date of injury, or until the disability arising from
16 the injury no longer prevents the employe's return as an employe
17 of the department, whichever is sooner.

18 (b) All medical and hospital expenses incurred in connection
19 with an injury described in subsection (a) shall be paid by the
20 Commonwealth for no more than three years from the date of
21 injury, or until the disability arising from the injury no
22 longer prevents the employe's return as an employe of the
23 department at a salary equal to that earned at the time of
24 injury, whichever is sooner.

25 (c) During the time salary for an injury described in
26 subsection (a) shall be paid by the Commonwealth, any workers'
27 compensation received or collected for that period shall be
28 turned over to the Commonwealth and paid into the General Fund.
29 If payment is not made, the amount due the Commonwealth shall be
30 deducted from any salary then or thereafter becoming due and

1 owing to the employe.

2 (d) Payment to the surviving spouse and minor dependents of
3 an employe who dies within one year from the date of the injury
4 as a result of injuries described in subsection (a) shall be:

5 (1) Equal to fifty percent of the full salary of the
6 deceased employe.

7 (2) Divided equally between the surviving spouse and the
8 minor dependents if the minor dependents are not in the custody
9 of the surviving spouse. In every case, the amount payable to
10 minor dependents shall be divided equally among them.

11 (3) Terminated, in the case of a surviving spouse or a
12 surviving spouse with minor dependents in the custody of the
13 surviving spouse, when the surviving spouse remarries.

14 (4) Terminated, in the case of minor dependents who are not
15 in the custody of a remarried surviving spouse, when all of the
16 minor dependents become eighteen years of age.

17 (5) Denied if the surviving spouse or minor dependents are
18 receiving benefits under the Social Security Act (49 Stat. 620,
19 42 U.S.C. § 301 et seq.).

20 (6) Reduced by the amount of any workers' compensation
21 benefits received or collected by the surviving spouse or minor
22 dependents because of the same injury.

23 (7) Made to the person having legal custody of the minor
24 dependents.

25 (e) No absence from duty of a Commonwealth employe to whom
26 this section applies by reason of an injury described in
27 subsection (a) shall in any manner be deducted from any period
28 of leave allowed the employe.

29 (f) Nothing in this section shall be construed to limit the
30 eligibility of the employe to receive workers' compensation

1 benefits after the termination of any compensation received
2 under subsection (a) or (b).

3 Section 217. Evaluation of Software Programs' Efficiency.--

4 The department shall evaluate the efficacy of software programs <--
5 designed to identify and prevent fraudulent, incorrect and
6 duplicative payments and transactions within the medical
7 assistance, Temporary Assistance for Needy Families and
8 Supplemental Nutrition Assistance Program. The following apply:

9 (1) No later than September 30, 2017, the department shall
10 publish a request for information for prospective participants
11 in the efficiency evaluation. The request for information shall
12 be an informal document and may not be construed to be a request
13 for proposal or an invitation to bid.

14 (2) No later than December 31, 2017, the department shall
15 select no less than three prospective participants that have
16 responded to the request for information under clause (1) to
17 participate in the efficiency evaluation. The department shall
18 provide participants selected under this clause with a test
19 dataset of transactions and other information relating to
20 medical assistance, Temporary Assistance for Needy Families and
21 the Supplemental Nutrition Assistance Program. The department
22 may require the participant to agree to any relevant
23 confidentiality requirements or redact or otherwise anonymize
24 the information as necessary to comply with law.

25 (3) No later than February 15, 2018, the participants
26 selected under clause (2) shall provide to the department a
27 report identifying potentially fraudulent, incorrect and
28 duplicative payments and transactions within the dataset. A
29 participant may make a recommendation to the department on ways
30 that the department could have avoided making the payment or

1 ~~transaction and any methods available for recovering money~~
2 ~~relating to the payment or transaction.~~

3 ~~(4) No later than March 15, 2018, the department shall issue~~
4 ~~a report with respect to the information obtained from the~~
5 ~~participants' performance in the efficiency evaluation and any~~
6 ~~related recommendations. The report may include a comparison of~~
7 ~~the performance of the department's programs to identify and~~
8 ~~prevent fraudulent, incorrect and duplicative payments and~~
9 ~~transactions on the same dataset. The report shall not include~~
10 ~~transaction level data and may not include any identifying~~
11 ~~information relating to the payments and transactions. The~~
12 ~~report shall be issued to the chairperson and the minority~~
13 ~~chairperson of the Appropriations Committee of the Senate, the~~
14 ~~chairperson and minority chairperson of the Health and Human~~
15 ~~Services Committee of the Senate, the chairperson and minority~~
16 ~~chairperson of the Appropriations Committee of the House of~~
17 ~~Representatives, and the chairperson and minority chairperson of~~
18 ~~the Health Committee of the House of Representatives.~~ (A) THE <--
19 DEPARTMENT SHALL EVALUATE THE EFFICACY AND COST EFFECTIVENESS OF
20 SOFTWARE PROGRAMS DESIGNED TO IDENTIFY AND PREVENT FRAUDULENT,
21 INCORRECT AND DUPLICATIVE PAYMENTS WITHIN MEDICAL ASSISTANCE,
22 TEMPORARY ASSISTANCE TO NEEDY FAMILIES AND THE SUPPLEMENTAL
23 NUTRITION ASSISTANCE PROGRAM. THE FOLLOWING APPLY:

24 ~~(1) NO LATER THAN SEPTEMBER 30, 2017, THE DEPARTMENT SHALL~~
25 ~~PUBLISH A REQUEST FOR INFORMATION REGARDING THE USE OF SOFTWARE~~
26 ~~PROGRAMS UNDER THIS SUBSECTION AND REQUESTING PROSPECTIVE~~
27 ~~PARTICIPANTS IN AN EFFICIENCY EVALUATION. THE REQUEST FOR~~
28 ~~INFORMATION SHALL INCLUDE THE REQUIREMENT THAT THE SAVINGS TO~~
29 ~~THE COMMONWEALTH FROM THE USE OF THE SOFTWARE PROGRAM EXCEED THE~~
30 ~~COST OF IMPLEMENTING AND MAINTAINING THE SOFTWARE PROGRAM. THE~~

1 REQUEST FOR INFORMATION SHALL BE AN INFORMAL DOCUMENT AND MAY
2 NOT BE CONSTRUED TO BE A REQUEST FOR PROPOSAL OR AN INVITATION
3 TO BID.

4 (2) (I) SUBJECT TO SUBCLAUSE (II), NO LATER THAN DECEMBER
5 31, 2017, THE DEPARTMENT SHALL SELECT NO FEWER THAN THREE
6 PROSPECTIVE PARTICIPANTS THAT HAVE RESPONDED TO THE REQUEST FOR
7 INFORMATION UNDER CLAUSE (1) TO PARTICIPATE VOLUNTARILY IN AN
8 EFFICIENCY EVALUATION. THE DEPARTMENT SHALL PROVIDE PARTICIPANTS
9 SELECTED UNDER THIS SUBCLAUSE WITH A TEST DATA SET OF CLAIM,
10 PAYMENT AND OTHER INFORMATION RELATING TO MEDICAL ASSISTANCE,
11 TEMPORARY ASSISTANCE TO NEEDY FAMILIES AND THE SUPPLEMENTAL
12 NUTRITION ASSISTANCE PROGRAM. THE DEPARTMENT MAY REQUIRE THE
13 PARTICIPANT TO AGREE TO ANY RELEVANT CONFIDENTIALITY
14 REQUIREMENTS OR REDACT OR OTHERWISE ANONYMIZE THE INFORMATION AS
15 NECESSARY TO COMPLY WITH LAW.

16 (II) THE DEPARTMENT MAY NOT BE REQUIRED TO CONDUCT THE
17 EFFICIENCY EVALUATION IF THE RESPONSES TO THE REQUEST FOR
18 INFORMATION UNDER CLAUSE (1) DO NOT DEMONSTRATE THAT THE SAVINGS
19 TO THE COMMONWEALTH FROM THE USE OF THE SOFTWARE PROGRAM EXCEED
20 THE COST OF IMPLEMENTING AND MAINTAINING THE SOFTWARE PROGRAM.

21 (3) NO LATER THAN FEBRUARY 15, 2018, THE PARTICIPANTS
22 SELECTED UNDER CLAUSE (2) (I) SHALL PROVIDE TO THE DEPARTMENT A
23 REPORT IDENTIFYING POTENTIALLY FRAUDULENT, INCORRECT AND
24 DUPLICATIVE PAYMENTS WITHIN THE DATA SET. A PARTICIPANT MAY MAKE
25 A RECOMMENDATION TO THE DEPARTMENT ON WAYS THAT THE DEPARTMENT
26 COULD HAVE AVOIDED MAKING THE PAYMENT AND ANY METHODS AVAILABLE
27 FOR RECOVERING MONEY RELATING TO THE PAYMENT.

28 (B) NO LATER THAN MARCH 15, 2018, THE DEPARTMENT SHALL ISSUE
29 A REPORT WITH RESPECT TO THE INFORMATION OBTAINED FROM THE
30 PARTICIPANTS' PERFORMANCE IN THE EFFICIENCY EVALUATION AND ANY

1 RELATED RECOMMENDATIONS. THE REPORT MAY INCLUDE A COMPARISON OF
2 THE PERFORMANCE OF THE DEPARTMENT'S PROGRAMS TO IDENTIFY AND
3 PREVENT FRAUDULENT, INCORRECT AND DUPLICATIVE PAYMENTS ON THE
4 SAME DATA SET. THE REPORT SHALL NOT INCLUDE TRANSACTION-LEVEL
5 DATA AND MAY NOT INCLUDE ANY IDENTIFYING INFORMATION RELATING TO
6 THE PAYMENTS. THE REPORT SHALL BE ISSUED TO THE CHAIRPERSON AND
7 THE MINORITY CHAIRPERSON OF THE APPROPRIATIONS COMMITTEE OF THE
8 SENATE, THE CHAIRPERSON AND MINORITY CHAIRPERSON OF THE HEALTH
9 AND HUMAN SERVICES COMMITTEE OF THE SENATE, THE CHAIRPERSON AND
10 MINORITY CHAIRPERSON OF THE APPROPRIATIONS COMMITTEE OF THE
11 HOUSE OF REPRESENTATIVES AND THE CHAIRPERSON AND MINORITY
12 CHAIRPERSON OF THE HEALTH COMMITTEE OF THE HOUSE OF
13 REPRESENTATIVES.

14 Section 411.1. Total Population Coordinated Care
15 Management.--(a) The department shall issue a request for
16 proposals for a total population coordinated care management
17 pilot program in one Medicaid managed care region of this
18 Commonwealth that incorporates evidence-based medicine into each
19 physical and behavioral health decision concerning a medical
20 assistance recipient. The purpose of the health initiative is to
21 increase the use of appropriate primary and preventive care by
22 medical assistance recipients while decreasing the unnecessary
23 use of specialty care and hospital emergency department
24 services. The following apply:

25 (1) All medical assistance recipients in the selected
26 Medicaid managed care region will have access to the health
27 initiative.

28 (2) The department shall define the coordinated care
29 services to be provided by the health initiative. The health
30 initiative shall, at a minimum:

1 (i) Provide all medical assistance recipients in the
2 Medicaid managed care region with access to resources and
3 services to enhance medical assistance recipient participation
4 and promote continuous engagement, including access provided
5 through a single telephone access point and a private portal
6 specific to each medical assistance recipient.

7 (ii) Offer services where applicable in a manner that avoids
8 duplication of services.

9 (iii) Support existing State resources available to medical
10 assistance recipients in the selected Medicaid managed care
11 region by providing health management services and data
12 analytics, as needed.

13 (iv) Coordinate efforts with existing and future providers,
14 contractors, services and agencies.

15 (v) Utilize technology to provide an advanced information
16 and evidence-based medical system to guide and support medical
17 assistance recipients and physicians in the selected Medicaid
18 managed care region to improve health care outcomes.

19 (vi) Report analytic, utilization and cost savings
20 information to the department annually or at more frequent,
21 predetermined intervals.

22 (3) The department shall enter into a contract with one
23 offeror and require that the annual savings to the Commonwealth
24 resulting from the use of the health initiative exceed the cost
25 of the pilot program. The secretary shall forward notice to the
26 Legislative Reference Bureau for publication in the Pennsylvania
27 Bulletin of the date the contract is awarded to the offeror. No
28 administrative or service fee may be paid to the offeror during
29 the initial pilot program contract period. The department may
30 pay a contingency fee to the offeror based on cost savings

1 realized by the participating regional Medicaid managed care
2 organization as evidenced by a reduction in the capitation rate.

3 (b) The department shall issue a report to the chairperson
4 and minority chairperson of the Health and Human Services
5 Committee of the Senate and the chairperson and minority
6 chairperson of the Health Committee of the House of
7 Representatives. The report shall detail outcomes of the pilot
8 program, including:

9 (1) Analytic and utilization information.

10 (2) Cost savings realized by the Commonwealth or the
11 selected regional Medicaid managed care organization as compared
12 to other Medicaid managed care organizations in the same region.

13 (3) Recommendations by the department regarding expansion of
14 the pilot program.

15 (c) The pilot program established under this section shall
16 expire one year from the date the contract is awarded to the
17 offeror.

18 (d) As used in this section, the term "health initiative"
19 means the total population coordinated care management pilot
20 program.

21 ~~Section 2. Section 441.1 of the act is amended by adding a~~ <--
22 ~~subsection to read:~~

23 ~~Section 441.1. Persons Eligible for Medical Assistance. * *~~

24 ~~*~~

25 ~~(e) The department shall establish an enrollment process for~~
26 ~~individuals eligible for medical assistance under this section~~
27 ~~to enroll in an individual plan approved by the department and~~
28 ~~offered as part of the State's approved Title XIX plan as~~
29 ~~follows:~~

30 ~~(1) The enrollment process shall include information for the~~

1 ~~individual that, except as otherwise provided for in clause (4),~~
2 ~~the individual shall remain enrolled with the same plan for one~~
3 ~~year.~~

4 ~~(2) After an individual eligible for medical assistance~~
5 ~~under this section enrolls in a plan approved by the department~~
6 ~~under the State's approved Title XIX plan, the individual shall~~
7 ~~remain enrolled in the individual plan until the individual's~~
8 ~~redetermination period, but for at least 12 months unless the~~
9 ~~individual qualifies for an exemption under clause (4), or until~~
10 ~~such time as the individual is no longer eligible for medical~~
11 ~~assistance.~~

12 ~~(3) The department shall notify the individual eligible for~~
13 ~~medical assistance under this section about the ability at the~~
14 ~~time of redetermination to change the plan in which the~~
15 ~~individual is enrolled for services offered under the State's~~
16 ~~approved Title XIX plan.~~

17 ~~(4) The department may grant an exemption to the limitation~~
18 ~~on changing plans under this section only if the exemption~~
19 ~~matches standard practices for health insurance plans approved~~
20 ~~by the Insurance Department under the insurance laws of this~~
21 ~~Commonwealth, including, but not limited to:~~

22 ~~(i) a qualifying life event;~~

23 ~~(ii) a relocation of the individual to a region which is not~~
24 ~~served by the selected Medicaid managed care organization; or~~

25 ~~(iii) a verified health condition which requires treatment~~
26 ~~by a provider not currently participating in the Medicaid~~
27 ~~managed care organization.~~

28 ~~(5) The department shall approve the exemption for an~~
29 ~~individual based on applicable Federal regulations regarding~~
30 ~~enrollment or on the approved State plan.~~

1 ~~(6) Nothing in this section shall be construed to remove an~~
2 ~~individual's eligibility for medical assistance for missing the~~
3 ~~enrollment period provided in this subsection.~~

4 Section 3. ~~The act is amended by adding sections to read:~~

5 Section 441.10. Medical Assistance Waiver for Treatment at
6 Institutions for Mental Disease Related to Substance Use

7 Disorder.--(a) Subject to subsection (c), the department shall
8 request a waiver under section 1115 of the Social Security Act
9 (49 Stat. 620, 42 U.S.C. § 1315) from the requirements under
10 section 1905 of the Social Security Act (42 U.S.C. § 1396d)
11 regarding medical assistance for individuals receiving treatment
12 for substance use disorder at institutions for mental disease.

13 (b) The waiver shall be written to request Federal financial
14 participation for services to individuals receiving treatment
15 for a substance use disorder in an institution for mental
16 disease.

17 (c) If the prohibition against using medical assistance for
18 services to individuals receiving treatment for substance use
19 disorder in an institution for mental disease in section 1905 of
20 the Social Security Act (42 U.S.C. § 1396d) is repealed or
21 revised or a Federal agency issues guidance allowing for Federal
22 financial participation for services for individuals receiving
23 treatment for substance use disorder in an institution for
24 mental diseases without a waiver, the department shall either
25 not request a waiver or withdraw a submitted waiver. The
26 department shall notify the chair and minority chair of the
27 Health and Human Services Committee of the Senate, the chair and
28 minority chair of the Health Committee of the House of
29 Representatives and the chair and minority chair of the Human
30 Services Committee of the House of Representatives of its action

1 under this subsection.

2 (d) As used in this section, "substance use disorder" shall
3 be as defined in the Diagnostic and Statistical Manual of Mental
4 Disorders, Fifth Edition, or its successor.

5 Section 441.11. Additional Funding Requests for Medical
6 Assistance Appropriations in Fiscal Year 2017-2018.--Before <--
7 submitting to the General Assembly a supplemental appropriation
8 request for the capitation and fee for service General Fund
9 appropriations, the department shall request a waiver from the
10 appropriate Federal agency for approval that is designed to
11 reduce the Commonwealth's financial burden for these programs.

12 (A) BEFORE SUBMITTING TO THE GENERAL ASSEMBLY A SUPPLEMENTAL <--
13 APPROPRIATION REQUEST FOR THE MEDICAL ASSISTANCE CAPITATION AND
14 FEE-FOR-SERVICE GENERAL FUND APPROPRIATIONS FOR FISCAL YEAR
15 2017-2018, THE DEPARTMENT SHALL EITHER REQUEST A WAIVER OR
16 SUBMIT A STATE PLAN AMENDMENT FROM THE APPROPRIATE FEDERAL
17 AGENCY FOR APPROVAL. THE WAIVER REQUEST OR THE STATE PLAN
18 AMENDMENT SHALL REQUEST ADDITIONAL FEDERAL FINANCIAL
19 PARTICIPATION, REDUCE EXPENDITURES FOR THE MEDICAL ASSISTANCE
20 PROGRAM OR PROVIDE PROGRAM EFFICIENCIES.

21 (B) IF THE DEPARTMENT SUBMITS A WAIVER REQUEST OR STATE PLAN
22 AMENDMENT MEETING THE REQUIREMENTS OF SUBSECTION (A) AFTER THE
23 EFFECTIVE DATE OF THIS SECTION, THE DEPARTMENT IS NOT REQUIRED
24 TO SUBMIT AN ADDITIONAL WAIVER REQUEST OR A STATE PLAN AMENDMENT
25 PRIOR TO SUBMITTING A SUPPLEMENTAL APPROPRIATION REQUEST.

26 (C) THE DEPARTMENT IS NOT REQUIRED TO SUBMIT A WAIVER
27 REQUEST OR A STATE PLAN AMENDMENT UNDER THIS SECTION IF THERE IS
28 A REDUCTION IN FEDERAL FUNDING DURING THE STATE FISCAL YEAR
29 2017-2018.

30 Section 441.12. Supporting Self-Sufficiency for Medical

1 Assistance Recipients.

2 The department shall request a waiver from the Centers for
3 Medicare and Medicaid Services for approval of design options or
4 reforms that require reasonable employment and OR job search <--
5 requirements for those physically or mentally able NONDISABLED, <--
6 NONPREGNANT, NONELDERLY MEDICAID ELIGIBLE ADULTS, as well as
7 appropriate limits on nonessential benefits., such as <--
8 nonemergency transportation.

9 ~~Section 4. Section 454 of the act is amended by adding a~~
10 ~~subsection to read:~~

11 ~~Section 454. Medical Assistance Benefit Packages; Coverage,~~
12 ~~Copayments, Premiums and Rates. * * *~~

13 ~~(a.1) The department shall request a waiver from the~~
14 ~~appropriate Federal agency for the approval of a premium~~
15 ~~requirement for medical assistance provided to disabled children~~
16 ~~whose family income is above one thousand percent of the Federal~~
17 ~~poverty income limit. The premium payment shall be assessed to~~
18 ~~the family on a sliding scale basis in accordance with the~~
19 ~~premiums assessed for individuals who receive health insurance~~
20 ~~through the children's health insurance program under Article~~
21 ~~XXIII A of the act of May 17, 1921 (P.L.682, No.284), known as~~
22 ~~"The Insurance Company Law of 1921."~~

23 ~~* * *~~

24 ~~Section 5. The act is amended by adding a section to read:~~

25 Section 490. Electronic Asset Verification for Medical
26 Assistance Eligibility Based on Age, Blindness or Disability.--

27 (a) The department shall establish an electronic asset
28 verification program that complies with the requirements of
29 section 1940 of the Social Security Act (49 Stat. 620, 42 U.S.C.
30 § 1396w) by agreements with financial institutions as provided

1 by this section.

2 (b) The department or its designees shall enter into
3 agreements with financial institutions to request and receive
4 from any financial institution doing business in this
5 Commonwealth the financial information of an applicant for or
6 recipient of medical assistance whose eligibility for medical
7 assistance is based upon the applicant's or recipient's age,
8 blindness or disability and of any other person whose assets are
9 required by law to be disclosed in order to determine the
10 eligibility of the applicant or recipient for medical
11 assistance. The agreements shall:

12 (1) Determine when and the extent to which financial
13 information is necessary to determine and redetermine
14 eligibility.

15 (2) Request financial information from financial
16 institutions other than those identified by the applicant or
17 recipient based on additional factors such as geographic
18 proximity to the applicant's or recipient's home address.

19 (c) (1) A financial institution doing business in this
20 Commonwealth may enter into an agreement with the department
21 under this section to provide, when requested by the department
22 under subsection (b) and subject to the cost reimbursement
23 provisions provided in section 1115(a) of the Right to Financial
24 Privacy Act of 1978 (Public Law 95-630, 12 U.S.C. § 3415), up to
25 five years of financial information, including information on
26 previously held assets.

27 (2) The financial institution shall provide the requested
28 financial information to the department without cost to the
29 individual who is the subject of the request.

30 (3) A financial institution that complies with this section

1 shall not be subject to section 487(a) with respect to financial
2 information regarding applicants or recipients of medical
3 assistance subject to this section.

4 (4) The department, in consultation with representatives of
5 financial institutions, including the Pennsylvania Bankers
6 Association, the Pennsylvania Association of Community Bankers,
7 the Pennsylvania Credit Union Association and other similar
8 organizations, shall develop a model agreement for this section.

9 (d) No financial institution shall be required to notify an
10 individual that the individual's financial information was
11 requested under this section.

12 (e) Financial information collected under this section and
13 in the possession of the department or its designees shall be
14 confidential and used by the department and its designees only
15 for purposes of determining eligibility for medical assistance.

16 (f) A financial institution that discloses financial
17 information under subsection (b) shall not be subject to civil
18 or criminal liability for actions taken:

19 (1) by the financial institution in good faith to comply
20 with this section; or

21 (2) by the department or its designees.

22 (g) As used in this section, the following words and phrases
23 shall have the following meanings:

24 "Designee" includes, but is not limited to, contractors and
25 representatives of the department.

26 "Financial information" means financial records and
27 information held by a financial institution with respect to the
28 applicant, recipient, spouse or such other person, as
29 applicable, that the department finds necessary in connection
30 with a determination or redetermination of medical assistance

1 eligibility.

2 "Financial institution" means, except as provided in section
3 1114 of the Right to Financial Privacy Act of 1978 (12 U.S.C. §
4 3414):

5 (1) Any office of a bank, savings bank, card issuer as
6 defined in section 103(o) of the Truth in Lending Act (Public
7 Law 90-321, 15 U.S.C. § 1602(o)), industrial loan company, trust
8 company, savings association, building and loan association, or
9 homestead association, including a cooperative bank, credit
10 union or consumer finance institution.

11 (2) Any other person defined as a "financial institution" by
12 31 U.S.C. § 5312(a)(2) (relating to definitions and
13 application), other than a governmental organization.

14 Section ~~6~~ 2. Section 704.3(a) of the act, amended July 8, <--
15 2016 (P.L.480, No.76), is amended to read:

16 Section 704.3. Provider Submissions.--(a) For fiscal years
17 2013-2014, 2014-2015, 2015-2016 [and], 2016-2017, 2017-2018,
18 2018-2019 and 2019-2020, a provider shall submit documentation
19 of its costs of providing services; and the department shall use
20 such documentation, to the extent necessary, to support the
21 department's claim for Federal funding and for State
22 reimbursement for allowable direct and indirect costs incurred
23 in the provision of out-of-home placement services.

24 * * *

25 Section ~~7~~ 3. Section 774 of the act is amended by adding a <--
26 subsection to read:

27 Section 774. Adoption Opportunity Payments and
28 Reimbursement.--* * *

29 (d) The amount of the adoption subsidy provided by the local
30 authority may be appealed to the department by the child

1 applying for or receiving adoption assistance or a person acting
2 on behalf of the child. The appeal shall be conducted in
3 accordance with sections 403 and 423.

4 ~~Section 8. Section 805 A of the act is amended by adding~~ <--
5 ~~subsections to read:~~

6 ~~Section 805 A. Administration. * * *~~

7 ~~(c) The assessment implemented under this article shall be~~
8 ~~remitted electronically in periodic submissions as specified by~~
9 ~~the department not to exceed five times per year.~~

10 ~~(d) A nursing facility shall report the total assessment~~
11 ~~amount owed on forms and in accordance with instructions~~
12 ~~prescribed by the department. The nursing facility shall remit~~
13 ~~the total assessment amount owed by the due date specified by~~
14 ~~the department, which shall not be prior to thirty (30) days~~
15 ~~from the date of the second notice published pursuant to~~
16 ~~subsection (a).~~

17 ~~Section 9. Section 807 A of the act is repealed:~~

18 ~~{Section 807 A. Calculation. Using the assessment rates~~
19 ~~implemented by the secretary pursuant to section 805 A(a), each~~
20 ~~nursing facility shall calculate the assessment amount it owes~~
21 ~~for a calendar quarter on a form specified by the department and~~
22 ~~shall submit the form and the amount owed to the department no~~
23 ~~later than the last day of that calendar quarter or thirty (30)~~
24 ~~days from the date of the second notice published pursuant to~~
25 ~~section 805 A(a), whichever is later. A nursing facility's~~
26 ~~calculation of the assessment amount owed in any quarter is~~
27 ~~subject to verification by the department pursuant to section~~
28 ~~808 A.}~~

29 ~~Section 4. The act is amended by adding an article to~~ <--
30 ~~read:~~

1 ARTICLE VIII-J

2 AMBULATORY SURGICAL CENTER DATA COLLECTION

3 Section 801-J. Definitions.

4 The following words and phrases when used in this article
5 shall have the meanings given to them in this section unless the
6 context clearly indicates otherwise:

7 "Ambulatory surgical center." An ambulatory surgical
8 facility which is a Medicare certified ambulatory surgical
9 center as defined in 42 CFR 416.2 (relating to definitions).

10 "Ambulatory surgical facility." A facility or portion of a
11 facility licensed as an ambulatory surgical facility under 28
12 Pa. Code Pt. IV Subpt. F (relating to ambulatory surgical
13 facilities).

14 "Annual financial data report." The financial, utilization
15 and payor data report submitted annually to the Health Care Cost
16 Containment Council by an ambulatory surgical center.

17 Section 802-J. Submission of annual financial data reports.

18 An ambulatory surgical center that is in operation or begins
19 operation, or an ambulatory surgical facility that becomes an
20 ambulatory surgical center, on or after July 1, 2017, shall
21 submit annual financial data reports to the Health Care Cost
22 Containment Council as specified by the council.

23 Section ~~41~~ 5. Repeals are as follows: <--

24 (1) The General Assembly declares that the repeal under
25 paragraph (2) is necessary to effectuate the addition of
26 section 216 of the act.

27 (2) The act of December 8, 1959 (P.L.1718, No.632) is
28 repealed.

29 Section ~~42~~ 6. The addition of section 216 of the act is a <--
30 continuation of the act of December 8, 1959 (P.L.1718, No.632).

1 The following apply:

2 (1) Except as otherwise provided in this section, all
3 activities initiated under the act of December 8, 1959
4 (P.L.1718, No.632) shall continue and remain in full force
5 and effect and may be completed under section 216 of the
6 act. Orders, regulations, rules and decisions which were made
7 under the act of December 8, 1959 (P.L.1718, No.632) and
8 which are in effect on the effective date of this section
9 shall remain in full force and effect until revoked, vacated
10 or modified under section 216 of the act. Contracts and
11 obligations entered into under the act of December 8, 1959
12 (P.L.1718, No.632) are not affected nor impaired by the
13 repeal of the act of December 8, 1959 (P.L.1718, No.632).

14 (2) Except as set forth in paragraph (3), any difference
15 in language between section 216 of the act and the act of
16 December 8, 1959 (P.L.1718, No.632) is not intended to change
17 nor affect the legislative intent, judicial construction or
18 administration and implementation of the act of December 8,
19 1959 (P.L.1718, No.632).

20 (3) Paragraph (2) does not apply to the following
21 provisions:

22 (i) The deletion of the term "widow" and addition of
23 the term "surviving spouse."

24 (ii) The limitation on the receipt of benefits in
25 section 216(a) of the act.

26 Section ~~13~~ 7. This act shall take effect as follows:

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27 (1) The addition of section 490 of the act shall take
28 effect December 31, 2017.

29 (2) The addition of section 774(d) of the act shall take
30 effect in 60 days.

1 (3) The remainder of this act shall take effect
2 immediately.