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Medicaid and CHIP Continuous Quality Act of 2014

Congress: 113 (2013–2015, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Feb 3, 2014

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Feb 3, 2014)

Official Text: <https://www.congress.gov/bill/113th-congress/senate-bill/1980>

Sponsor

Name: Sen. Rockefeller, John D., IV [D-WV]

Party: Democratic • **State:** WV • **Chamber:** Senate

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Brown, Sherrod [D-OH]	D · OH		Feb 27, 2014

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Feb 3, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 HR 1698	Related bill	Apr 26, 2013: Referred to the Subcommittee on Health.

Medicaid and CHIP Continuous Quality Act of 2014 - Amends title XIX (Medicaid) of the Social Security Act (SSA) to require a state Medicaid plan to provide 12-month continuous enrollment for an eligible individual, regardless of age.

Directs the Secretary of Health and Human Services (HHS) to: (1) identify methods that promote the retention of individuals who are enrolled under the state plan and remain eligible for medical assistance beyond the 12-month period, (2) actively promote the adoption of such enrollment retention methods by states, (3) publish the procedures that states are expected to use to provide annual enrollment and retention reports, and (4) publish annually enrollment and retention performance results for all states.

Amends SSA title XXI (State Children's Health Insurance) (CHIP) to: (1) require a state CHIP plan also to provide 12-month continuous enrollment for an eligible individual, (2) prohibit eligibility standards from applying a waiting period for a targeted low-income child (including a child provided dental-only supplemental coverage), and (3) extend the authorization of CHIP performance bonuses through FY2015.

Amends SSA title XIX to allow a state to qualify for performance bonuses for the enrollment and retention in Medicaid of certain low-income individuals.

Requires a state to develop and implement a quality assessment and improvement strategy if it provides contracts with comparable primary care case management services providers as well as health care services furnished in fee-for-service settings.

Directs the Secretary to require states to use certain adult health quality measures and approaches to report on the initial core set of quality measures for Medicaid eligible adults and for the quality of pediatric health care.

Directs the Secretary to establish: (1) a Medicaid Quality Performance Bonus fund for awarding performance bonuses to select states for high attainment and improvement on a core set of quality measures related to the goals and purposes of the Medicaid program, as well as (2) a methodology for awarding Medicaid Quality Performance bonuses to states

Requires a state, as a condition of receiving a bonus fund award, to designate at least 75% of the performance bonus funds for the development and operation of quality-related initiatives that will directly benefit providers.

Actions Timeline

- **Feb 3, 2014:** Introduced in Senate
- **Feb 3, 2014:** Read twice and referred to the Committee on Finance.