

## S 2438

### Medicaid and Chip Quality Improvement Act of 2016

**Congress:** 114 (2015–2017, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Jan 12, 2016

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

**Latest Action:** Read twice and referred to the Committee on Finance. (Jan 12, 2016)

**Official Text:** <https://www.congress.gov/bill/114th-congress/senate-bill/2438>

### Sponsor

**Name:** Sen. Brown, Sherrod [D-OH]

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

### Cosponsors (2 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Warren, Elizabeth [D-MA]	D · MA		Jan 20, 2016
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Apr 4, 2016

### Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jan 12, 2016

### Subjects & Policy Tags

#### Policy Area:

Health

### Related Bills

Bill	Relationship	Last Action
114 HR 5542	Identical bill	<b>Jun 21, 2016:</b> Referred to the House Committee on Energy and Commerce.

## **Medicaid and Chip Quality Improvement Act of 2016**

This bill amends titles XI (General Provisions) and XIX (Medicaid) of the Social Security Act to expand reporting requirements with respect to the quality of care provided under Medicaid and the Children's Health Insurance Program (CHIP).

Current law requires a state that contracts with a Medicaid managed organization to develop and implement a quality assessment and improvement strategy. The bill extends this requirement to state contracts with providers of comparable primary care case management services and other health care services under Medicaid.

With respect to adults eligible for Medicaid and children enrolled in Medicaid or CHIP, a state must report annually on quality measures identified by the Centers for Medicare & Medicaid Services (CMS). Such reporting shall be stratified by service delivery system.

CMS shall establish a Medicaid Quality Performance Bonus fund to award states for high attainment and improvement on a core set of quality measures. A state must designate at least 75% of any bonus funds for the development and operation of quality-related initiatives that will directly benefit providers or managed care entities participating in, or under a waiver of, the state plan for medical assistance. A state may use the remainder of such funds for activities related to the goals and purposes of the state plan.

### **Actions Timeline**

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- **Jan 12, 2016:** Introduced in Senate
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