

## S 2669

### Ensuring Removal of Terminated Providers from Medicaid and CHIP Act

**Congress:** 114 (2015–2017, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Mar 10, 2016

**Current Status:** Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S1441-1442)

**Latest Action:** Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S1441-1442) (Mar 10, 2016)

**Official Text:** <https://www.congress.gov/bill/114th-congress/senate-bill/2669>

#### Sponsor

**Name:** Sen. Cornyn, John [R-TX]

**Party:** Republican • **State:** TX • **Chamber:** Senate

#### Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Carper, Thomas R. [D-DE]	D · DE		Mar 10, 2016

#### Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 10, 2016

#### Subjects & Policy Tags

##### Policy Area:

Health

#### Related Bills

Bill	Relationship	Last Action
114 HR 34	Related bill	Dec 13, 2016: Became Public Law No: 114-255.
114 HR 5210	Related bill	Jul 6, 2016: Received in the Senate and Read twice and referred to the Committee on Finance.
114 HR 3716	Related bill	Mar 3, 2016: Received in the Senate and Read twice and referred to the Committee on Finance.

## Ensuring Removal of Terminated Providers from Medicaid and CHIP Act

This bill amends titles XIX (Medicaid) and XXI (Children's Health Insurance Program [CHIP]) of the Social Security Act to prohibit federal payment under Medicaid for nonemergency services furnished by providers whose participation in Medicaid, Medicare, or CHIP has been terminated.

Under current law, a state must exclude from Medicaid participation any provider that has been terminated under any state's Medicaid program or under Medicare. The bill maintains those requirements and further requires a state to exclude from Medicaid participation any provider that has been terminated under CHIP. Furthermore, a state must exclude from CHIP participation any provider that has been terminated under Medicaid or Medicare.

The bill also revises a state's reporting requirements with respect to terminating a provider under a state plan. A state shall require each Medicaid or CHIP provider, whether the provider participates on a fee-for-service (FFS) basis or within the network of a managed care organization (MCO), to enroll with the state by providing specified identifying information. When notifying the Department of Health and Human Services (HHS) that a provider has been terminated under a state plan, the state must submit this information as well as information regarding the termination date and reason. HHS shall review such termination notifications and, if appropriate, include them in a database or similar system, as specified by the bill.

The bill prohibits federal payment under a state's Medicaid or CHIP program for services provided by an MCO unless: (1) the state has a system for notifying MCOs when a provider is terminated under Medicaid, Medicare, or CHIP; and (2) any contract between the state plan and an MCO provides that such providers be excluded from participation in the MCO provider network.

## Actions Timeline

---

- **Mar 10, 2016:** Introduced in Senate
- **Mar 10, 2016:** Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S1441-1442)