

HR 5542

Medicaid and CHIP Quality Improvement Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Jun 21, 2016

Current Status: Referred to the House Committee on Energy and Commerce.

Latest Action: Referred to the House Committee on Energy and Commerce. (Jun 21, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/5542>

Sponsor

Name: Rep. DeGette, Diana [D-CO-1]

Party: Democratic • **State:** CO • **Chamber:** House

Cosponsors (2 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Kennedy, Joseph P., III [D-MA-4]	D · MA		Jun 21, 2016
Rep. Clarke, Yvette D. [D-NY-9]	D · NY		Sep 8, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	Jun 21, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 2438	Identical bill	Jan 12, 2016: Read twice and referred to the Committee on Finance.

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

- **Jun 21, 2016:** Introduced in House
- **Jun 21, 2016:** Referred to the House Committee on Energy and Commerce.