Regulatory Compliance Dates - Required Provisions Potentially Impacting State Systems

IMPLEMENTATION CALENDAR YEAR

FINAL RULE TITLE

	2024	2025	2026	2027	2028	2029	2030
Ensuring Access to Medicaid Services	Effective Date July 9, 2024 — Rule Implementation Applicability Dates	7/9/2025	7/1/2026 · 7/9/2026	12/31/2026 · 7/9/2027	7/9/2028	7/9/2029	7/9/2030
Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes *Includes, "Streamlining Medicaid, Medicare Savings Program Eligibility Determination and Enrollment" final rule	Effective Date June 3, 2024 — Rule Implementation Applicability Dates 6/3/2024 · 10/1/2024	6/3/2025	12/3/2025 · 4/1/2026 · 6/3/2026	6/3/2027			
Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality	Effective Date July 9, 2024 — Rule Implementation Applicability Dates 7/9/2024 · 9/9/2024	7/9/2025	12/31/2025 · 7/9/2026	7/9/2027	7/10/2028	12/31/2028	

Ensuring Access to Medicaid Services

Rule Implementation Applicability Dates — Effective Date July 9, 2024

7/9/2025

Publish on public website processes and practices for the administration of the MAC and the BAC, including recruitment and appointment of members

Website — Transparency

7/1/2026

Publish on public website various FFS payment rates and rate comparative analysis

Website — Transparency

7/9/2026

Implement a **grievance system for HCBS beneficiaries** to report issues related to the state or providers performance of required waiver activities.

MMIS LTSS — Transparency

12/31/2026

- **Begin to implement HCBS Quality Measure Set identified by CMS** and prepare for data collection and reporting
- **Quality assurance and improvement plan requirements**, including reporting requirements relevant to the State's self-directed PAS program

MMIS LTSS — Reporting

7/9/2027

- Requirements for **performance thresholds and metrics for person-centered service plans**
- Incorporate a continuous quality improvement process that includes **monitoring, remediation, and quality improvement for critical incidents**

MMIS LTSS — Quality

Website transparency to **ensure beneficiaries have easy access to comprehensive information**, including the results of the reporting requirements.

MMIS LTSS — Transparency

- Report the **results of incident management system assessment** and specific **information about critical incidents**
- Report on **waiver waiting lists**
- Report on **access to homemaker, home health aide, personal care, and habilitation services**

MMIS LTSS
MMIS Data Warehouse — Reporting

7/9/2028

Report on **HCBS Quality Measure Set and payment adequacy** - compensation for direct care workers

MMIS Data Warehouse — Reporting

Establish state **performance targets for each of the measures in the HCBS Quality Measure Set** that are identified by the Secretary

MMIS LTSS — Quality

7/9/2029

Implement **electronic incident management system** to identify report, triage, investigate, resolve, track, and trend critical incidents

MMIS LTSS — Transparency

7/9/2030

HCBS payment adequacy requirements, including adequate payment rates for direct care workforce

MMIS Claims Processing — Access

Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes

*Includes, "Streamlining Medicaid, Medicare Savings Program Eligibility Determination and Enrollment" final rule

Rule Implementation Applicability Dates — Effective Date June 3, 2024

6/3/2024

- Allow **medically needy to deduct prospective medical expenses**
- New optional eligibility group **for reasonable classification of children**
- Primacy of **electronic verification and reasonable compatibility standard** applied to resource verification
- Prohibit CHIP **premium lock-out and waiting periods** (within 60 days)

E&E — Coverage

Improve applicant and beneficiary **transitions between Medicaid and CHIP**

E&E — Enrollment

Prohibit **annual and lifetime limits** on CHIP benefits (within 60 days)

E&E — Access

10/1/2024

- **Automatic enrollment of SSI recipients in the Qualified Medicare Beneficiary group**
- Part A buy-in states must **deem individuals enrolled in the mandatory SSI or 209(b) group eligible for the QMB group** and **initiate their enrollment into Medicare Part A** the month they are enrolled in Part B buy-in

*MSP Final Rule

E&E — Coverage

6/3/2025

- Sunset existing **CHIP waiting or premium lock-out periods**
- Remove Requirement to **apply for other benefits**

E&E — Coverage

Sunset existing **annual and lifetime limits** on CHIP benefits

CHIP Claims Processing — Access

12/3/2025

Agency must take **action on returned mail**

E&E — Coverage

4/1/2026

Maximize use of LIS "leads" data including:
- Treat data as an application for MSP
- Not require additional verification unless the agency has information not reasonably compatible with data
- Provide at least 30 days for applicant to provide additional needed information
- Provide applicant with information about additional Medicaid benefits on other bases

Self-attestation of dividend and interest income, burial funds, life insurance and value of non-liquid resources for MSP applicants and spouses, unless the State has information that is not reasonably compatible with the attestation.
- May conduct post-eligibility verification
- Provide at least 90 calendar days to respond to requests for additional information (15 days for life insurance if face value under $1500)

Use the Definition of "Family Size" in the Medicare Part D Low-Income Subsidy Program for MSP eligibility.

E&E — Coverage

6/3/2026

Changes to **verification of citizenship and identity**

E&E — Coverage

New **electronic recordkeeping** requirements

E&E
MMIS — Recordkeeping

6/3/2027

- **Aligning MAGI and non-MAGI** enrollment and renewal requirements
- Acting on **changes in circumstances timeframes and protections**
- **Timeliness requirements** for determinations and redeterminations

E&E — Enrollment

Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality

Rule Implementation Applicability Dates
Actual reporting and implementation deadlines will vary by provision
Applicability dates generally begin on or after the next rating period following the applicability date

7/9/2024

- If a state uses SDPs it may need to **submit average commercial rate analysis** to comply with total payment rate for SDPs for specified services
- **Collect data to calculate quality ratings for each quality measure** from specified managed care plans, Medicare and Medicaid FFS

MMIS Financial Management
MMIS Data Warehouse — Data

Upon CMS' request the State must **submit a managed care quality rating system report** in a form and manner determined by CMS

MMIS Managed care
MMIS Data Warehouse — Reporting

9/9/2024

If states use ILOS:
- Annually **submit the projected ILOS cost percentage** to CMS with the rate certification
- Annually **submit final ILOS cost percentage and summary report to CMS of the actual costs for ILOSs** based on plan data
- If the final ILOS percentage exceeds 1.5 percent, **submit a retrospective evaluation**

MMIS Financial Management
MMIS Data Warehouse — Reporting

Establish specific **codes for each ILOS to be used in encounter data**

MMIS Encounter Processing — Data

7/9/2025

Provide network adequacy and access assurances within specified timeframes

MMIS Member Management — Access

Post on the state website:
- The **results of the quality strategy review and evaluation**
- State's assurance of plans **compliance with network adequacy and access requirements**

MMIS Member Management — Transparency

12/31/2025

Maintain at least the previous **5 years of EQR technical reports on the state website**

MMIS Member Management — Transparency

7/9/2026

- Operate a **website providing direct links** to required documents and reports
- For CHIP, **post comparative summary results** of enrollee experience surveys on the website

Website — Transparency

Collect annual payment analysis for each managed care plan and include in the network adequacy and access report to CMS

MMIS Financial Management
MMIS Data Warehouse — Data

For CHIP, use **results of enrollee experience surveys in analysis of access standards**

CHIP Managed Care System — Access

7/9/2027

- If a state uses SDP
  - **Report final SDP percentage**
  - **Submit evaluation report**, upon CMS request
- **Include results of an enrollee experience survey** in Managed Care Program Annual Report (MCPAR)

MMIS Data Warehouse — Reporting

- If state uses SDP that requires written approval, **include at least 2 metrics to measure effectiveness in evaluation plan**
- Use results from enrollee experience surveys to **improve the performance of its managed care program**

MMIS Managed Care — Quality

Established **appointment standards for routine appointments** for specified services

MMIS Member Management — Access

7/10/2028

Conduct secret shopper surveys to monitor plan compliance with provider directory and appointment wait time requirements

MMIS Member Management — Transparency

12/31/2028

Adopt and implement the **Quality Rating System (QRS) framework** developed by CMS or an alternative methodology approved by CMS

MMIS Managed Care — Quality

No earlier than 2 years after state implements the quality rating system, which must be by December 31, 2028

Prominently display on a public website the **quality ratings for each plan measure stratified by various demographics**

MMIS Member Management — Transparency

MMIS Data Warehouse
If state uses SDPs, report total dollar expended to T-MSIS - Applicable by the first rating period beginning on or after the release of reporting instructions

Reporting

Legend

- Enrollee experience and access to information — Transparency
- Quality improvement/ performance measurement — Quality
- Data collection and analysis — Data
- Reporting requirements — Reporting
- Streamlined Enrollment Processes — Enrollment
- Increase Access to Coverage — Coverage
- Recordkeeping — Recordkeeping
- Increase Access to Quality Services — Access

Please note: This timeline is meant to provide a high-level view of potential impacts to Medicaid and CHIP state systems, but is not intended to conflict with or supersede any of the requirements in the 2024 Access, E&E, and Managed Care Final Rule(s) or any statute(s), which should be regarded as the source of authority for these requirements.