Integrated Timeline: Introduction and Resources *(as of January 2025)*

- This timeline is an illustrative reference guide and outlines key provisions in the final rules listed below. States should review the final rules for a comprehensive list of provisions, and the content in each final rule is the official record. The effective date of each rule is listed below, and many provisions of these rules have a future applicability date. States should review the applicability charts published as reference guides for each final rule for a full summary of all applicability dates for the final rules.

- For information on the **Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes Final Rule**, please visit: Eligibility Final Rule, Eligibility Final Rule Fact Sheet, and the Eligibility Final Rule Applicability Dates Chart.

    - The effective date of this final rule is June 3, 2024. The applicability date for many provisions is based on a future date.

- For information on the **Ensuring Access to Medicaid Services Final Rule**, please visit**:** Access Final Rule , Access Final Rule Technical Corrections, Access Final Rule Fact Sheet, and the Access Final Rule Applicability Dates Chart

    - The effective date of this final rule is July 9, 2024. The applicability date for many provisions is based on a future date or a contract rating period when the State implements a managed care delivery system. Relevant provisions tied to a managed care contract rating period will be marked with an asterisk (*).

- For information on the **Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule**, please visit: Managed Care Final Rule, Managed Care Final Rule Technical Corrections, Managed Care Final Rule Fact Sheet, and the Managed Care Final Rule Applicability Dates Chart

    - The effective date of this final rule is July 9, 2024. The applicability date for many provisions is based on a future date or a contract rating period. Relevant provisions that are tied to a managed are contract rating period will be marked with an asterisk (*).

Updates and Contact Information

- This timeline is current as of **December 2024.** It will be reviewed and updated quarterly to reflect any changes or new developments. Stakeholders are encouraged to refer to the most recent version to ensure they have the latest information.

- For more information or questions related to the **Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes Final Rule**, please contact:

    - MedicaidandCHIPeligibilityrule@cms.hhs.gov
    - MSP Related Questions: Modernizethemsps@cms.hhs.gov

- For more information or questions related to the **Ensuring Access to Medicaid Services Final Rule**, please contact:

    - MAC & BAC Provisions: MedicaidAccess_MACBAC@cms.hhs.gov
    - HCBS Provisions: HCBSAccessRule@cms.hhs.gov
    - FFS Provisions: MedicaidAccesstoCare@cms.hhs.gov

- For more information or questions related to the **Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule**, please contact:

    - Managedcarerule@cms.hhs.gov
    - Quality Related Questions: managedcarequalityta@cms.hhs.gov
    - Quality Rating System Questions: MAC_QualityRatingSystem@cms.hhs.gov
    - CHIP Specific Managed Care Questions: CHIPManagedCare@cms.hhs.gov

Applicability Dates Tied to Managed Care Contract Rating Periods

- The applicability dates for many provisions of the **Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule** and provisions of the **Ensuring Access to Medicaid Services Final Rule** that apply to managed care delivery systems are tied to a managed care contract's rating period.

- A rating period is the twelve-month period for which capitation rates are developed under a managed care contract with a managed care organization (MCO), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP).

- The rating period utilized in states' managed care contracts vary. As an illustrative example, if a provision is applicable for the first rating period for contracts with MCOs, PIHPs, or PAHPs beginning on or after July 9, 2024, the applicability date for a given contract may vary:

    - Example 1: If a State's rating period is based on a Federal fiscal year of October-September, it must comply by the rating period beginning October 1, 2024.

    - Example 2: If a State's rating period is based on a calendar year, it must comply by the rating period beginning January 1, 2025.

    - Example 3: If a State's rating period is based on a State fiscal year of July-June, it must comply by the rating period beginning July 1, 2025.

Technical Systems and Definitions

- Many provisions in the Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes Final Rule; Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality Final Rule; and Ensuring Access to Medicaid Services Final Rule are applicable to specific Medicaid and CHIP technical systems. The next slides show at a high level where provisions impact relevant technical systems in each of the final rules.

- For a description of the relevant MMIS subsystem or module, please refer to the list below:

  Eligibility & Enrollment (E&E): Including online application, verification, and renewal processing
  CHIP Claims Processing: Including validations, prior authorizations, and submission status
  CHIP Managed Care System: *To be updated*
  MMIS Claims Processing: Including validations, prior authorizations, and submission status
  MMIS Data Warehouse: Including data analytics and reporting
  MMIS Encounter Processing: Including encounter data reporting and calculation of capitation rates
  MMIS Financial Management: Including provider payments, capitation payments, value-based payments, and drug rebates
  MMIS Long Term Services and Supports (LTSS): Including home and community-based services (HCBS) waiver enrollment, person-centered plans, and grievance tracking
  MMIS Managed Care: *To be updated*
  MMIS Member Management: Including managed care enrollment, enrollee information
  Website:

Multi-Year View of Integrated Timeline

(all slides best viewed as slideshow or 60%)

Regulatory Implementation: Full Overview

This timeline is a reference guide and outlines key provisions in the final rules. States should evaluate which provisions apply to their specific programs and review the final rules for a comprehensive list and official record, as well as the applicability charts published as reference guides for each final rule for a full summary of all applicability dates for the final rules.

*The applicability date is the first managed care contract rating period for contracts beginning on or after the applicability date specified on the timeline.

IMPLEMENTATION CALENDAR YEAR

FINAL RULE TITLE

	2024	2025	2026	2027	2028	2029	2030
Streamlining the Medicaid, Children's Health Insurance Program, & Basic Health Program Application, Eligibility Determination, Enrollment, & Renewal Processes	Rule Implementation 6/3/2024 Medicaid Access: Limitations on Reasonable Opportunity Periods Enrollment: Medically Needy, & Asset Verification System Retention: Transitions & Reasonable Classification CHIP & BHP Access: CHIP Premium Lockout, New	6/3/2025 Medicaid Access: Other Benefits CHIP & BHP Access: CHIP Waiting Periods & CHIP Benefits Limits CHIP & BHP Access: CHIP Premium Lockout, Existing	12/3/2025 Retention: Returned Mail 6/3/2026 Enrollment: Citizenship Recordkeeping	6/3/2027 Retention: Aligning Non-MAGI, Change in Circumstance, & Timely Redetermination			
Ensuring Access to Medicaid Services **Legend**: HCBS – Home and Community Based Services FFS – Fee for Service	Rule Implementation 7/9/2024 FFS: Rate Reduction & Restructuring	7/9/2025 Medicaid Advisory Committee & Beneficiary Advisory Council	7/1/2026 FFS: Payment Rate Transparency, Comparative Analysis, & Disclosure 7/9/2026 Medicaid Advisory Committee & Beneficiary Advisory Council HCBS: FFS Grievance Systems FFS: Advisory Groups 7/10/2026 Medicaid Advisory Committee & Beneficiary Advisory Council	No Later Than 12/31/2026 HCBS: HCBS Quality Measure Set Published in the Federal Register 7/9/2027 HCBS: Person Centered Planning, HCBS Payment Adequacy Reporting Readiness*, Incident Mgmt., Waiting List and Access Reporting*, & Website Transparency* 7/11/2027 Medicaid Advisory Committee & Beneficiary Advisory Council	7/9/2028 HCBS: HCBS Quality Measure Set Reporting, HCBS Payment Adequacy Reporting* 7/1/2028 FFS: Payment Rate Analysis & Disclosure	7/9/2029 HCBS: Electronic Incident Mgmt. System*	7/9/2030 HCBS: HCBS Quality Measure Reporting, HCBS Payment Adequacy Minimum Performance Level 7/1/2030 FFS: Payment Rate Analysis & Disclosure
Medicaid & Children's Health Insurance Program (CHIP) Managed Care Access, Finance, & Quality **Legend:** SDP – State Directed Payment ILOS – In Lieu of Service and Setting MLR – Medical Loss Ratio and Program Integrity	Rule Implementation 7/9/2024 SDP* MLR ILOS Quality Strategy & External Quality Review 9/9/2024 ILOS*	7/1/2025 Access: Searchable Electronic Provider Directories 7/9/2025 MLR* Quality Strategy & External Quality Review Access: Adequate Capacity & Services	12/31/2025 Quality Strategy & External Quality Review 7/9/2026 Access: Adequate Capacity & Services* SDP* Quality Strategy & External Quality Review*	4/3/2027 Quality Strategy & External Quality Review* 7/9/2027 Access: Experience Survey & Wait Times* SDP*	1/1/2028 SDP* 4/30/2028 Quality Strategy & External Quality Review* 7/10/2028 Access: Secret Shopper* & Remedy* Plans SDP*	12/31/2028 Medicaid & CHIP Quality Rating System, Phase 1	12/31/2030 Medicaid & CHIP Quality Rating System, Phase 2

Integrated Timeline with IT Systems Implications

Regulatory Implementation: Full Overview with Systems Implications

IMPLEMENTATION CALENDAR YEAR

*The applicability date is the first managed care contract rating period for contracts beginning on or after the applicability date specified on the timeline.

FINAL RULE TITLE

	2024	2025	2026	2027	2028	2029	2030
Streamlining the Medicaid, Children's Health Insurance Program, & Basic Health Program Application, Eligibility Determination, Enrollment, & Renewal Processes	Rule Implementation 6/3/2024 Medicaid Access: Limitations on Reasonable Opportunity Periods Enrollment: Medically Needy, & Asset Verification System E&E Retention: Transitions & Reasonable Classification E&E CHIP & BHP Access: CHIP Premium Lockout, New	6/3/2025 Medicaid Access: Other Benefits E&E CHIP & BHP Access: CHIP Waiting Periods & CHIP Benefits Limits E&E CHIP Claims Processing 12/3/2025 Retention: Returned Mail E&E MMIS Member Mgmt. CHIP & BHP Access: CHIP Premium Lockout, Existing E&E	6/3/2026 Enrollment: Citizenship E&E Recordkeeping E&E MMIS	6/3/2027 Retention: Aligning Non-MAGI, Change in Circumstance, & Timely Redetermination E&E			
Ensuring Access to Medicaid Services	Rule Implementation 7/9/2024 FFS: Rate Reduction & Restructuring	7/9/2025 Medicaid Advisory Committee & Beneficiary Advisory Council Website	7/1/2026 FFS: Payment Rate Transparency, Comparative Analysis, & Disclosure Website 7/9/2026 Medicaid Advisory Committee & Beneficiary Advisory Council HCBS: FFS Grievance Systems FFS: Advisory Groups 7/10/2026 Medicaid Advisory Committee & Beneficiary Advisory Council	No Later Than 12/31/2026 HCBS: HCBS Quality Measure Set Published in the Federal Register 7/9/2027 HCBS: Person Centered Planning, HCBS Payment Adequacy Reporting Readiness*, Incident Mgmt., Waiting List and Access Reporting*, & Website Transparency* MMIS LTSS, MMIS Data Warehouse, Website 7/11/2027 Medicaid Advisory Committee & Beneficiary Advisory Council	7/9/2028 HCBS: HCBS Quality Measure Set Reporting, HCBS Payment Adequacy Reporting* MMIS LTSS, MMIS Data Warehouse 7/1/2028 FFS: Payment Rate Analysis & Disclosure Website	7/9/2029 HCBS: Electronic Incident Mgmt. System* MMIS LTSS	7/9/2030 HCBS: HCBS Quality Measure Reporting, HCBS Payment Adequacy Minimum Performance Level MMIS Claims Processing 7/1/2030 FFS: Payment Rate Analysis & Disclosure Website
Medicaid & Children's Health Insurance Program (CHIP) Managed Care Access, Finance, & Quality	Rule Implementation 7/9/2024 SDP* MMIS Financial Management, MMIS Data Warehouse MLR ILOS Quality Strategy & External Quality Review MMIS Managed Care, MMIS Data Warehouse 9/9/2024 ILOS* MMIS Financial Management, MMIS Data Warehouse, MMIS Encounter, Processing	7/1/2025 Access: Searchable Electronic Provider Directories 7/9/2025 MLR* Quality Strategy & External Quality Review MMIS Member Management Access: Adequate Capacity & Services MMIS Member Management 12/31/2025 Quality Strategy & External Quality Review MMIS Member Management	7/9/2026 Access: Adequate Capacity & Services* MMIS Financial Management, MMIS Data Warehouse, CHIP Managed Care System SDP* Quality Strategy & External Quality Review* Website 4/3/2027 Quality Strategy & External Quality Review*	7/9/2027 Access: Experience Survey & Wait Times* MMIS Member Management, MMIS Data Warehouse SDP* MMIS Managed Care 1/1/2028 SDP* 4/30/2028 Quality Strategy & External Quality Review*	7/10/2028 Access: Secret Shopper* & Remedy* Plans MMIS Member Management SDP*	12/31/2028 Medicaid & CHIP Quality Rating System, Phase 1 MMIS Member Management	12/31/2030 Medicaid & CHIP Quality Rating System, Phase 2 MMIS Member Management

Legend:
HCBS – Home and Community Based Services
FFS – Fee for Service

Legend:
SDP – State Directed Payment
ILOS – In Lieu of Service and Setting
MLR – Medical Loss Ratio and Program Integrity

Year by Year View

IMPLEMENTATION CALENDAR YEAR

2024

*The applicability date is the first managed care contract rating period for contracts beginning on or after the applicability date specified on the timeline.

FINAL RULE TITLE

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

Rule Implementation

6/3/2024

Eliminating Barriers to Access in Medicaid
- Remove Optional Limitation on the Number of Reasonable Opportunity Periods (§§ 435.956 and 457.380)

Facilitating Medicaid Enrollment
- Facilitate Enrollment by Allowing Medically Needy Individuals To Deduct Prospective Medical Expenses (§§ 435.831 and 436.831) E&E
- Application of Primacy of Electronic Verification and Reasonable Compatibility Standard for Resource Information (§§ 435.952 and 435.940) E&E

Promoting Enrollment & Retention of Eligible Individuals
- Optional Eligibility Group for Reasonable Classification of Individuals Under 21 Who Meet Criteria for Another Group (§§ 435.223 and 435.601) E&E
- Improve Transitions Between Medicaid and CHIP (§§ 431.10, 435.1200, 457.340, 457.348, 457.350, and 600.330) E&E

Eliminating Access Barriers in CHIP & BHP
- Prohibition on Premium Lock-Out Periods (§§ 457.570 and 600.525)

Ensuring Access to Medicaid Services

Rule Implementation

7/9/2024

Fee-for-Service
- Rate Reduction and Restructuring SPA Analysis Procedures (§ 447.203(c))

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

Rule Implementation

7/9/2024

State Directed Payment
- Appeals to Departmental Appeal Board (§ 430.3)
- Payment Arrangements for Non-Network Providers (§ 438.6(c)(1)(iii))
- Medicare Exemption from Written Approval Requirement (§§ 438.6(c)(2)(i) and 438.6(c)(1)(iii)(B))‡
- Standard for Financing of the Non-Federal Share (§ 438.6(c)(2)(ii)(G))
- Standard for Total Payment (§ 438.6(c)(2)(ii)(I))
- Average Commercial Rate Demonstration (§ 438.6(c)(2)(iii)) * MMIS Financial Management, MMIS Data Warehouse
- VBP Participation (§ 438.6(c)(2)(vi)(A))
- VBP Condition Payment upon Performance (§ 438.6(c)(2)(vi)(B))*
- Requirements for a Population-Based or Condition-Based Payment – Based upon the Delivery of Service(s) or Attribution (§ 438.6(c)(2)(vi)(C)(1)-(2))*
- Retroactive Adjustments to Capitation Rates (§ 438.7(c)(5))

In Lieu of Service & Setting
- ILOS Definition and Scope- (§§ 438.2 and 457.10)
- Enrollee Rights and Protections (§§ 438.3(e)(2) and 457.1201(e))*
- Enrollee Handbook (§ 438.10(g)(2)(ix) and 457.1207)
- Rate Certification Documentation (§ 438.7(c)(4))
- Includes ILOS in Managed Care Program Annual Report (§ 438.66(e)(2)(vi))

Quality Strategy, External Quality Review, & Quality Rating System
- EQR: Managed Care Quality Strategy: Conforming Changes to Quality Strategy Related to Removal of PCCM Entities from EQR Requirement (§§ 438.340(b)(4) and 457.1240(e))
- Access: Excluded Providers (§§ 438.214(d)(2) and 457.1233(a))
- EQR: Scope (§ 438.310(b)(5))
- QAPI: Technical Change to Incorporate Correct Citations to QAPI Program (§ 438.330(d)(4))
- EQR: Applicability for PCCM Entities (§§ 438.350(a) and 457.1250(a))
- EQR: Qualifications (§§ 438.354(c)(2)(iii) and 457.1250(a))
- EQR: Applicability for PCCM Entities (§§ 438.358(a)(1) and 457.1250(a))
- EQR: Nonduplication of Mandatory Activities (§§ 438.360(a)(1) and 457.1250(a))
- EQR: Exemption (§§ 438.362(b)(2) and 457.1250(a))
- EQR: Conforming Changes Related to Removal of PCCM Entities (§§ 438.364(a)(1)), 438.364(a)(3)-(6) and 457.1250(a))
- EQR: Notifying CMS (§§ 438.364(c)(2)(i)-(ii) and 457.1250(a))
- QRS: Definitions (§§ 438.500 and 457.1240(d))
- QRS: Mandatory Measure Set (§§ 438.510 and 457.1240(d))
- QRS: Methodology (§§ 438.515 and 457.1240(d))
- QRS: Annual Technical Resource Manual (§§ 438.530 and 457.1240(d))
- QRS: Annual Reporting (§§ 438.535 and 457.1240(d)) MMIS Managed Care, MMIS Data Warehouse

Medical Loss Ratio & Program Integrity
- MLR Standards for Provider Incentives (§§ 438.8(e)(2)(iii)(A) and 457.1203(c))
- Reporting of SDPs the MLR Numerator and Denominator (§§ 438.8(e)(2)(iii)(C) and 438.8(f)(2)(vii))
- Prohibited Costs in MLR Reporting for Quality Improvement Activities (§§ 438.8(e)(3)(i) and 457.1203(c))
- Adjustment to Frequency of MLR Credibility Factor Publication (§§ 438.8(h)(4) and 457.1203(c))
- Additional MLR Requirements for Expense Allocation (§§ 438.8(k)(1)(vii) and 457.1203(f))
- Level of Data Aggregation for State MLR Summary Report (§§ 438.74(a) and 457.1203(e))

9/9/2024

In Lieu of Service & Setting
- Scope of Approvable Non-IMD ILOS (§§ 438.16(b) and § 457.1201(e))*
- ILOS Cost Percentage and Summary Report of Actual Plan ILOS Costs (§§ 438.16(c) and 457.1201(c))* MMIS Financial Management, MMIS Data Warehouse
- Documentation Requirements (§§ 438.16(d) and 457.1201(e))*
- Retrospective Evaluation (§§ 438.16(e)(1) and 457.1201(e))* MMIS Financial Management, MMIS Data Warehouse
- Oversight Requirements (§§ 438.16(e)(2) and 457.1201(e))*
- Documentation of ILOS in the Rate Certification (§ 438.7(b)(6))* MMIS Financial Management, MMIS Data Warehouse

FINAL RULE TITLE

IMPLEMENTATION CALENDAR YEAR

2025

*The applicability date is the first managed care contract rating period for contracts beginning on or after the applicability date specified on the timeline.

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

Rule Implementation

6/3/2025

Eliminating Barriers to Access in Medicaid
- Remove Requirement To Apply for Other Benefits (§§ 435.608 and 436.608) **E&E**

Eliminating Access Barriers in CHIP & BHP
- Prohibition on Waiting Periods in CHIP (§§ 457.65, 457.340, 457.350, 457.805, and 457.810) **E&E**
- Prohibit Annual and Lifetime Limits on Benefits (§457.480) **CHIP Claims Processing**

Eliminating Access Barriers in CHIP & BHP
States Sunsetting Option
- Prohibition on Premium Lock-Out Periods (§§ 457.570 and 600.525) **E&E**

12/3/2025

Promoting Enrollment & Retention of Eligible Individuals
- Agency Action on Updated Address Information (§§ 435.919 and 457.344) **E&E**, **MMIS Member Management**

Ensuring Access to Medicaid Services

Rule Implementation

7/9/2025

Medicaid Advisory Committee & Beneficiary Advisory Council
- Basis and Purpose (§431.12(a))
- State Plan Requirement (§431.12(b))
- Selection of Members (§431.12(c)) **Website**
- Beneficiary Advisory Council (§431.12(e))
- MAC and BAC Administration (§431.12(f)) **Website**
- MAC and BAC Participation and Scope (§431.12(g))
- State Agency Staff Assistance, Participation, and Financial Help (§431.12(h))
- Federal Financial Participation (§431.12(j))

Medicaid Advisory Committee & Beneficiary Advisory Council
BAC Crossover on MAC: 10%
- MAC Membership and Composition (§431.12(d))

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

Rule Implementation

7/1/2025

Access
- Searchable Electronic Provider Directories (§§ 438.10(h)(1), 438.10(h)(1)(ix), and 457.1207))

7/9/2025

Medical Loss Ratio & Program Integrity
- Contract Requirements for Provider Incentive Payments (§§ 438.3(i)(3)-(4), 438.608(e) and 457.1285)*
- Contract Requirements for Prompt Reporting (§§ 438.608(a)(2) and 457.1285)*
- Overpayment Reporting Requirements (§§ 438.608(d)(3) and 457.1285)*

Quality Strategy & External Quality Review
- Technical Change to Clarify Public Comment Periods Related to Quality Strategy (§§ 438.340(c)(1) and 457.1240(e))
- Managed Care Quality Strategy: Transparency (§§ 438.340(c)(2)(ii) and 457.1240(e)) **MMIS Member Management**

Access
- Timing of Submission for Assurances of Adequate Capacity and Services (§ 438.207(d)(3)) **MMIS Member Management**

12/31/2025

Quality Strategy & External Quality Review
- EQR: Review Period (§§ 438.358(a)(3) and 457.1250(a))
- EQR: Mandatory Activities (§§ 438.358(b)(1) and 457.1250(a))
- EQR: Report Archive Requirement (§§ 438.364(c)(2)(iii) and 457.1250(a)) **MMIS Member Management**

IMPLEMENTATION CALENDAR YEAR

2026

*The applicability date is the first managed care contract rating period for contracts beginning on or after the applicability date specified on the timeline.

FINAL RULE TITLE

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

Rule Implementation

6/3/2026

Facilitating Medicaid Enrollment

- Verification of Citizenship and Identity (§§ 435.407 and 457.380) E&E

Recordkeeping

- Recordkeeping (§§ 431.17, 435.914, and 457.965) MMIS, E&E

Ensuring Access to Medicaid Services

Rule Implementation

7/1/2026

Fee-for-Service

- Payment Rate Transparency Publication (§ 447.203(b)(1)) Website
- Comparative Payment Rate Analysis (§ 447.203(b)(2) and (3)) Website
- Payment Rate Disclosure (§ 447.203(b)(2) and (3))

7/9/2026

Medicaid Advisory Committee & Beneficiary Advisory Council

- Annual Report (§431.12(i) Website

Fee-for-Service

- Interested Parties Advisory Group (§ 447.203(b)(6))

Home & Community-Based Services FFS Grievance Systems (§§ 441.301(c)(7), 441.464(d)(5), 441.555(e), and 441.745(a)(1)(iii))

7/10/2026

Medicaid Advisory Committee & Beneficiary Advisory Council

BAC Crossover on MAC: 20%

- MAC Membership and Composition (§431.12(d))

No Later Than 12/31/2026

Home & Community-Based Services

HCBS Measure Set Published in the Federal Register

- HCBS Quality Measure Set and Reporting Requirements (§§ 441.312, 441.474(c), 441.585(d), and 441.745(b)(1)(v))

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

Rule Implementation

7/9/2026

Quality Strategy & External Quality Review

- Transparency Requirements for State' Websites (§§ 438.602(g)(5)-(13) and 457.1285, 457.1207)* Website

State Directed Payment

- Requirements for a Population-Based or Condition-Based Payment – Replace the Negotiated Rate (§ 438.6(c)(2)(vi)(C)(3))*
- Requirements for a Population-Based or Condition-Based Payment – Evaluation Plan (§ 438.6(c)(2)(vi)(C)(4))*
- Submission Requirements for SDPs That Require Written Approval (§438.6(c)(2)(viii))*
- Requirements for Medicaid Managed Care Contract Terms - Required Documentation (§ 438.6(c)(5)(i)-(iv))*

Access

- State Website Transparency (§§ 438.10(c)(3), 438.606(g)(5)-(13), 457.1207, and 457.1285)* Website
- Network Adequacy Standards Exceptions Process (§§ 438.68(d)(1)(iii) and (2) and 457.1218)*
- Provider Payment Analysis (§§ 438.207(b)(3), (d)(2), and 457.1230(b))* MMIS Financial Management, MMIS Data Warehouse
- Summary Enrollee Experience Survey Data Stratified by Plan Posted on State Website (§§ 457.1200(d) and 457.1207)
- Enrollee Experience Surveys/CAHPS Data Used for Network Adequacy (§§ 457.1200(d) and 457.1230(b)) CHIP Managed Care System

FINAL RULE TITLE

IMPLEMENTATION CALENDAR YEAR

2027

*The applicability date is the first managed care contract rating period for contracts beginning on or after the applicability date specified on the timeline.

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

Rule Implementation

6/3/2027

Promoting Enrollment & Retention of Eligible Individuals

- Aligning Non-MAGI Enrollment and Renewal Requirements With MAGI Policies (§§ 435.907 and 435.916) E&E
- Acting on Changes in Circumstances Timeframes and Protections (§§ 435.916, 435.919, 457.344, and 457.960) E&E
- Timely Determination and Redetermination of Eligibility (§§ 435.907, 435.912, 457.340, and 457.1170) E&E

Ensuring Access to Medicaid Services

Rule Implementation

7/9/2027

Home & Community-Based Services

HCBS Payment Adequacy Reporting Readiness (§§ 441.311(e), 441.474(c), 441.580(i), and 441.745(a)(1)(vii))*

Home & Community-Based Services

- Incident Management Systems and Critical Incident Reporting Requirements (§§ 441.302(a)(6), 441.464(e), 441.570(e), 441.745(a)(1)(v), 441.745(b)(1)(i), 441.311(b)(1) and (2), 441.474(c), 441.580(i), and 441.745(a)(1)(vii))* MMIS LTSS, MMIS Data Warehouse

All Requirements Outside of Electronic Incident Management System

7/11/2027

Home & Community-Based Services

- Waiting List and Access Reporting Requirements (§§ 441.311(d), 441.474(c), 441.580(i), and 441.745(a)(1)(vii))* MMIS LTSS, MMIS Data Warehouse
- Website Transparency (§§ 441.313, 441.486, 441.595, and 441.750) * MMIS LTSS, Website
- Person-Centered Service Planning and Reporting Requirements (§§ 441.301(c)(1) and (3), 441.450(c), 441.540(c), 441.725(c), 441.311(b)(3), 441.474(c), 441.580(i), and 441.745(a)(1)(vii))* MMIS LTSS

Medicaid Advisory Committee & Beneficiary Advisory Council

BAC Crossover on MAC: 25%

- MAC Membership and Composition (§431.12(d))

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

Rule Implementation

4/30/2027

Quality Strategy & External Quality Review

- Data included in EQR reports (§§ 438.364(a)(2)(iii) and 457.1250(a))

7/9/2027

State Directed Payment

- Standard for Evaluation Plan Measurement and Achievement (§§ 438.6(c)(2)(ii)(D) and (F))* MMIS Managed Care
- Evaluation Plan and Reports 438.6(c)(2)(iv) and (v) MMIS Managed Care
- Fee Schedule Requirements - Condition Payment (§ 438.6(c)(2)(vii))*
- Payment to MCOs, PIHPs, and PAHPs (§ 438.6(c)(6))*
- Final SDP Cost Percentage (§ 438.6(c)(7))* MMIS Data Warehouse

Access

- Enrollee Experience Surveys: Accessibility and Tagline Criteria (§§ 438.10(d)(2) and 457.1207)*
- Enrollee Experience Surveys (§§ 438.66(b)(4) and 438.66(c)(5))*
- Include Enrollee Experience Surveys Results in Managed Care Program Annual Report (§ 438.66(e)(2)(vii))* MMIS Data Warehouse
- Appointment Wait Time Standards and Related Contractual Requirements (§§ 438.68(e), 438.206(c)(1)(i), 457.1218 and 457.1230(a))* MMIS Member Management
- Publication of Appointment Wait Time Standards (§§ 438.68(g) and 457.1218)*

FINAL RULE TITLE

IMPLEMENTATION CALENDAR YEAR

*The applicability date is the first managed care contract rating period for contracts beginning on or after the applicability date specified on the timeline.

	2028	2029	2030
Streamlining the Medicaid, Children's Health Insurance Program, & Basic Health Program Application, Eligibility Determination, Enrollment, & Renewal Processes			
Ensuring Access to Medicaid Services	**Rule Implementation** 7/1/2028 **Fee-for-Service** Website • Comparative Payment Rate Analysis (§ 447.203(b)(2) and (3)) • Payment Rate Disclosure (§ 447.203(b)(2) and (3)) 7/9/2028 **Home & Community-Based Services** • HCBS Payment Adequacy Reporting Requirements (§§ 441.311(e), 441.474(c), 441.580(i), and 441.745(a)(1)(vii))* MMIS Data Warehouse **Home & Community-Based Services** Required Reporting, Stratification Reporting: 25% • HCBS Quality Measure Set Reporting Requirements (§§441.311(c), 441.474(c), 441.580(i), and 441.745(a)(1)(vii))* MMIS LTSS, MMIS Data Warehouse	7/9/2029 **Home & Community-Based Services** • Incident Management Systems (§§ 441.302(a)(6)(i)(B), 441.464(e), 441.570(e), 441.745(a)(1)(v))* MMIS LTSS Electronic Incident Management System	7/1/2030 **Fee-for-Service (FFS)** Website • Comparative Payment Rate Analysis (§ 447.203(b)(2) and (3)) • Payment Rate Disclosure (§ 447.203(b)(2) and (3)) 7/9/2030 **Home & Community-Based Services** • HCBS Payment Adequacy Minimum Performance Level (§§ 441.302(k), 441.464(f), 441.570(f), and 441.745(a)(1)(vi))* MMIS Claims Processing **Home & Community-Based Services** Required Reporting, Stratification Reporting: 50% (July 9, 2032: 100%) • HCBS Quality Measure Set and Reporting Requirements (§§ 441.311(c), 441.474(c), 441.580(i), and 441.745(a)(1)(vii))
Medicaid & Children's Health Insurance Program (CHIP) Managed Care Access, Finance, & Quality	**Rule Implementation** 1/1/2028 **State Directed Payment** • Standard for Attestations Related to Hold Harmless Arrangements (§ 438.6(c)(2)(ii)(H))* 4/30/2028 **Quality Strategy & External Quality Review** • Optional EQR activity to support managed care evaluation requirements (§§ 438.358(c)(7) and 457.1250(a)) • Optional EQR activity to assist with the quality rating of MCOs, PIHPs, and PAHPs (§§ 438.358(c)(7) and 457.1250(a)) 7/10/2028 **Access** • Update Provider Directories using Information from Secret Shopper Surveys (§§ 438.10(h)(3)(iii) and 457.1207)* • Conduct Secret Shopper Surveys (§§ 438.68(f), 438.207(e), 457.1207 and 457.1230(b))* MMIS Member Management • Remedy Plans To Improve Access (§§ 438.207(f) and 457.1230(b)) **State Directed Payment** • Submission Requirements for Contract, Rate Certifications and Retroactive Adjustments to Capitation Rates Resulting from Any SDP-(§ 438.6(c)(5)(v) and § 438.7(c)(6))*	12/31/2028 **Medicaid & CHIP Quality Rating System** • QRS: General Rule and Applicability (§§ 438.505(a)(1) and 457.1240(d)) MMIS Managed Care **Medicaid & CHIP Quality Rating System** *Phase I* • QRS: Website Display (§§ 438.520 and 457.1240(d)) MMIS Member Management	12/31/2030 **Medicaid & CHIP Quality Rating System** Phase II: To be determined by CMS, but no earlier than December 31, 2030 (2 years after QRS implementation) • QRS: Website Display (§§ 438.520 and 457.1240(d)) MMIS Member Management