

Medicaid and CHIP Managed Care Access, Finance, and Quality Final Rule (CMS-2439-F)

Applicability Dates

The table lists the applicability dates for the provisions in the 2024 Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality final rule (CMS-2439-F). The table is a reference guide to the applicability dates for provisions in 42 CFR 430, 438, and 457 in the final rule. However, the information provided in the final rule contains a comprehensive list and is the official record of applicability dates. Some applicability dates are tied to the rating period, which is the twelve month period for which capitation rates are developed under a managed care contract, to address States that have multi-year managed care contracts. When provisions only applied to Medicaid or CHIP but not the other program, there is a notation of not applicable (N/A).

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in Final Rule
§ 430.3	N/A	SDP: Appeals to Departmental Appeal Board	Effective Date of the Final Rule
§ 438.2	N/A	Definitions: In lieu of service or setting (ILOS), primary care case management entity (PCCM entity), and State directed payment (SDP)	Effective Date of the Final Rule
§ 438.3(c)(1)(ii)	§ 457.1201(c)	Payment: Inclusion of ILOS	Effective Date of the Final Rule
§ 438.3(e)(2)(i)-(iv)	§ 457.1201(e)	ILOS: Requirements for all ILOSs	Effective Date of the Final Rule
§ 438.3(e)(2)(v)	§ 457.1201(e)	ILOS: Cross-reference to requirements for non-IMD ILOS	First rating period beginning 60 days on or after the Effective Date of the Final Rule
§ 438.3(i)(3)-(4)	§ 457.1201(h)	Contract requirements for provider incentive payments	First rating period beginning on or after one year after the Effective Date of the Final Rule
§ 438.6(a)	N/A	SDP: Definitions	Effective Date of the Final Rule
§ 438.6(c)(1)	N/A	SDP: General rule	Effective date of the Final Rule
§ 438.6(c)(1)(iii)	N/A	SDP: Minimum fee schedule arrangement based on a total published Medicare payment rate and payment arrangements for non-network providers	Effective Date of the Final Rule
§ 438.6(c)(2)(i)	N/A	SDP: Medicare exemption from written approval requirement	Effective Date of the Final Rule
§ 438.6(c)(2)(ii)(A)	N/A	SDP: Standard for utilization and delivery of services	Effective Date of the Final Rule
§ 438.6(c)(2)(ii)(B)	N/A	SDP: Standard for directing expenditures	Effective Date of the Final Rule
§ 438.6(c)(2)(ii)(C)	N/A	SDP: Standard for advancement of goals and objectives in the quality strategy	Effective Date of the Final Rule
§ 438.6(c)(2)(ii)(D)	N/A	SDP: Standard for evaluation plan measurement	First rating period beginning on or after three years after the Effective Date of the Final Rule

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in Final Rule
§ 438.6(c)(2)(ii)(E)	N/A	SDP: Standard for no conditioning of provider participation on intergovernmental transfer arrangements	Effective Date of the Final Rule
§ 438.6(c)(2)(ii)(F)	N/A	SDP: Standard for achievement	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.6(c)(2)(ii)(G)	N/A	SDP: Standard for financing of the non-Federal share	Effective Date of the Final Rule
§ 438.6(c)(2)(ii)(H)	N/A	SDP: Standard for attestations related to hold harmless arrangements	First rating period beginning on or after January 1, 2028
§ 438.6(c)(2)(ii)(I)	N/A	SDP: Standard for total payment	Effective Date of the Final Rule
§ 438.6(c)(2)(ii)(J)	N/A	SDP: Standard for development in accordance with other provisions	Effective Date of the Final Rule
§ 438.6(c)(2)(iii)	N/A	SDP: ACR demonstration	First rating period beginning on or after the Effective Date of the Final Rule
§ 438.6(c)(2)(iv)	N/A	SDP: Evaluation plan	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.6(c)(2)(v)	N/A	SDP: Evaluation reports	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.6(c)(2)(vi)(A)	N/A	SDP: VBP participation	Effective Date of the Final Rule
§ 438.6(c)(2)(vi)(B)	N/A	SDP: VBP condition payment upon performance	First rating period beginning on or after the Effective Date of the Final Rule
§ 438.6(c)(2)(vi)(C)(1)	N/A	SDP: Requirements for a population-based or condition-based payment - based upon the delivery of service(s) or attribution	First rating period beginning on or after the Effective Date of the Final Rule
§ 438.6(c)(2)(vi)(C)(2)	N/A	SDP: Requirements for a population-based or condition-based payment - attribution	First rating period beginning on or after the Effective Date of the Final Rule
§ 438.6(c)(2)(vi)(C)(3)	N/A	SDP: Requirements for a population-based or condition-based payment - replace the negotiated rate	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.6(c)(2)(vi)(C)(4)	N/A	SDP: Requirements for a population-based or condition-based payment - evaluation plan	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.6(c)(2)(vii)	N/A	SDP: Fee schedule requirements - condition payment	First rating period beginning on or after three years after the Effective Date of the Final Rule

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in Final Rule
§ 438.6(c)(2)(viii)	N/A	SDP: Submission requirements for SDPs that require written approval	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.6(c)(3)	N/A	SDP: Approval and renewal timeframes	Effective Date of the Final Rule
§ 438.6(c)(4)	N/A	SDP: Reporting requirements	First rating period following the release of reporting instructions by CMS
§ 438.6(c)(5)(i)-(iv)	N/A	SDP: Requirements for Medicaid managed care contract terms - required documentation	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.6(c)(5)(v)	N/A	SDP: Requirements for Medicaid managed care contract terms - required timeline for submission	First rating period beginning on or after four years after the Effective Date of the Final Rule
§ 438.6(c)(6)	N/A	SDP: Payment to MCOs, PIHPs, and PAHPs	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.6(c)(7)	N/A	SDP: Final State directed payment cost percentage	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.7(b)(6)	N/A	ILOS: Documentation of ILOS in the rate certification	First rating period beginning 60 days on or after the Effective Date of the Final Rule
§ 438.7(c)(4)	N/A	Rate certification documentation of special contract provisions related to payment and ILOSs	Effective Date of the Final Rule
§ 438.7(c)(5)	N/A	Retroactive adjustments to capitation rates for SDPs	Effective Date of the Final Rule
438.7(c)(6)	N/A	Submission timeframes for the rate certification or retroactive adjustment to capitation rates resulting from any SDP	First rating period beginning on or after four years after the Effective Date of the Final Rule
§ 438.8(e)(2)(iii)(A)	§ 457.1203(c)	Medical loss ratio (MLR): Standards for provider incentives	Effective Date of the Final Rule
§ 438.8(e)(2)(iii)(C)	N/A	MLR: Reporting of SDPs in incurred claims for the MLR numerator	Effective Date of the Final Rule
§ 438.8(e)(3)(i)	§ 457.1203(c)	MLR: Prohibited costs in quality improvement activities	Effective Date of the Final Rule
§ 438.8(f)(2)(vii)	N/A	MLR: Reporting of SDPs in premium revenue for the MLR denominator	Effective Date of the Final Rule
§ 438.8(h)(4)	§ 457.1203(c)	MLR: Adjustment to frequency of credibility factor publication	Effective Date of the Final Rule
§ 438.8(k)(1)(vii)	§ 457.1203(f)	MLR: Additional requirements for expense allocation methodology	Effective Date of the Final Rule

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in Final Rule
§ 438.10(c)(3)	§ 457.1207	Transparency	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.10(d)(2)	§ 457.1207	Secret shopper surveys: Interpretation, translation and tagline criteria	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.10(g)(2)(ix)	§ 457.1207 exception refers to the rights and protections under subparts K and L of part 457	Handbook: Include enrollee rights for ILOS	Effective Date of the Final Rule
§§ 438.10(h)(1) and 438.10(h)(1)(ix)	§ 457.1207	Electronic provider directories	July 1, 2025
§ 438.10(h)(3)(iii)	§ 457.1207	Provider directories: Information from secret shopper surveys	First rating period beginning on or after four years after the Effective Date of the Final Rule
§ 438.16	§ 457.1201(c) and (e)	ILOS: Requirements for non-IMD ILOS	First rating period beginning 60 days on or after the Effective Date of the Final Rule
§§ 438.66(b)(4) and (c)(5)	N/A	Enrollee experience surveys	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.66(e)(2)(vi)	N/A	MCPAR: Include ILOS	Effective Date of the Final Rule
§ 438.66(e)(2)(vii)	N/A	MCPAR: Include enrollee experience surveys	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.68(b)(1)	§ 457.1218	Establish quantitative standard other than appointment wait times	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.68(d)(1)(iii)	§ 457.1218	Network adequacy standards exception process	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.68(d)(2)	§ 457.1218	Network adequacy standards monitoring	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.68(e)	§ 457.1218	Appointment wait time standards	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.68(f)	§ 457.1218	Secret shopper surveys	First rating period beginning on or after four years after the Effective Date of the Final Rule
§ 438.68(g)	§ 457.1218	Publication of network adequacy standards	First rating period beginning on or after three years after the Effective Date of the Final Rule

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in Final Rule
§ 438.74(a)	§ 457.1203(e)	MLR: Level of data aggregation for state summary reports	Effective Date of the Final Rule
§ 438.206(c)(1)(i)	§ 457.1230(a)	Appointment wait times contractual requirements	First rating period beginning on or after three years after the Effective Date of the Final Rule
§ 438.207(b)(3)	§ 457. 1230(b)	Assurances of adequate capacity and services: Provider payment analysis	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.207(d)(2)	§ 457. 1230(b)	Assurances of adequate capacity and services: Reporting reimbursement analysis	First rating period beginning on or after two years after the Effective Date of the Final Rule
§ 438.207(d)(3)	N/A	Assurances of adequate capacity and services: Timing of submission	First rating period beginning on or after one year after the Effective Date of the Final Rule
§ 438.207(e)	§ 457. 1230(b)	CMS right to inspect documentation of secret shopper surveys	First rating period beginning on or after four years after the Effective Date of the Final Rule
§ 438.207(f)	§ 457. 1230(b)	Remedy plans to improve access	First rating period beginning on or after four years after the Effective Date of the Final Rule
§ 438.214(d)(2)	§ 457. 1233(a)	Excluded providers	Effective Date of the Final Rule
§ 438.310(b)(5)	References removed at §§ 457.1201(n)(2), 457.1240(f), and 457.1250(a)	EQR: Scope	Effective Date of the Final Rule
§ 438.310(c)(2)	References removed at §§ 457.1201(n)(2), 457.1240(f), and 457.1250(a)	EQR: Applicability for PCCM entities	Effective Date of the Final Rule
§ 438.330(d)(4)	N/A	QAPI: Technical change to incorporate correct citations to QAPI program	Effective Date of the Final Rule
§ 438.340(b)(4)	§ 457.1240(e)	Managed care quality strategy: Conforming changes to quality strategy related to removal of PCCM entities from EQR requirement	Effective Date of the Final Rule
§ 438.340(c)(1) and (c)(3)	§ 457.1240(e)	Managed care quality strategy: Technical change to clarify public comment periods related to quality strategy	No later than one year after the Effective Date of the Final Rule
§ 438.340(c)(2)(ii)	§ 457.1240(e)	Managed care quality strategy: Transparency	No later than one year after the Effective Date of the Final Rule

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in Final Rule
§ 438.350(a)	§ 457.1250(a)	EQR: Applicability for PCCM entities	Effective Date of the Final Rule
§ 438.354(c)(2)(iii)	§ 457.1250(a)	EQR: Qualifications	Effective Date of the Final Rule
§ 438.358(a)(1)	§ 457.1250(a)	EQR: Applicability to PCCM entities	Effective Date of the Final Rule
§ 438.358(a)(3)	§ 457.1250(a)	EQR: Review period	December 31, 2025
§ 438.358(b)(1)	§ 457.1250(a)	EQR: Mandatory activities	December 31, 2025
§ 438.358(c)	§ 457.1250(a)	EQR: Optional activities	Effective Date of the Final Rule
§ 438.358(c)(6)	§ 457.1250(a)	EQR: Optional activities for quality rating	Effective Date of the Final Rule
§ 438.358(c)(7)	§ 457.1250(a)	EQR: Optional activities for evaluations	Effective Date of the Final Rule
§ 438.360(a)(1)	§ 457.1250(a)	EQR: Nonduplication of mandatory activities	Effective Date of the Final Rule
§ 438.362(b)(2)	§ 457.1250(a)	EQR: Exemption	Effective Date of the Final Rule
§ 438.364(a)(1)	§ 457.1250(a)	EQR: Conforming changes related to removal of PCCM entities	Effective Date of the Final Rule
§ 438.364(a)(2)(iii)	§ 457.1250(a)	EQR: Information that must be produced	No later than one year from the issuance of the associated protocol
§ 438.364(a)(3)-(6)	§ 457.1250(a)	EQR: Conforming changes related to removal of PCCM entities	Effective Date of the Final Rule
§§ 438.364(c)(2)(i)-(ii)	§ 457.1250(a)	EQR: Notifying CMS	Effective Date of the Final Rule
§ 438.364(c)(2)(iii)	§ 457.1250(a)	EQR: Report archiving requirement	December 31, 2025
§ 438.500	§ 457.1240(d)	QRS: Definitions	Effective Date of the Final Rule
§ 438.505(a)(1)	§ 457.1240(d)	QRS: General rule and applicability	End of the fourth calendar year following the Effective Date of the Final Rule
§ 438.510	§ 457.1240(d)	QRS: Mandatory measure set	Effective Date of the Final Rule
§ 438.515	§ 457.1240(d)	QRS: Methodology	Effective Date of the Final Rule
§ 438.520(a)(6)	§ 457.1240(d)	QRS: Website display	By a date specified by CMS, which shall be no earlier than 2 years after the implementation date for the quality rating system specified in 438.505 (4 years after effective date)
§ 438.520(a)(1)-(5), (b), and (c)	§ 457.1240(d)	QRS: Website display	Effective Date of the Final Rule
§ 438.530	§ 457.1240(d)	QRS: Annual technical resource manual	Effective Date of the Final Rule
§ 438.535	§ 457.1240(d)	QRS: Annual reporting	Effective Date of the Final Rule
§ 438.602(g)(5)-(13)	§ 457.1285	Transparency	First rating period beginning on or after two years after the Effective Date of the Final Rule

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in Final Rule
§ 438.608(a)(2)	§ 457.1285	Contract requirements for prompt reporting	First rating period beginning on or after one year after the Effective Date of the Final Rule
§ 438.608(d)(3)	§ 457.1285	Overpayment reporting requirements	First rating period beginning on or after one year after the Effective Date of the Final Rule
§ 438.608(e)	§ 457.1285	Standards for provider incentive or bonus arrangements	First rating period beginning on or after one year after the Effective Date of the Final Rule
N/A	§ 457.10	Definition: ILOS	Effective Date of the Final Rule
N/A	§§ 457.1200(d) and 457.1207	Summary enrollee experience survey data stratified by plan posted on state website	Two years after the Effective Date of the Final Rule
N/A	§§ 457.1200(d) and 457.1230(b)	Enrollee experience surveys/CAHPS data used for network adequacy	Two years after the Effective Date of the Final Rule