

**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. The effective date of this final rule is July 9, 2024. 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	July 9, 2024
§ 438.2	N/A	Definitions: In lieu of service or setting (ILOS), primary care case management entity (PCCM entity), and State directed payment (SDP)	July 9, 2024
§ 438.3(c)(1)(ii)	§ 457.1201(c)	Payment: Inclusion of ILOS	July 9, 2024
§ 438.3(e)(2)(i)-(iv)	§ 457.1201(e)	ILOS: Requirements for all ILOSs	July 9, 2024
§ 438.3(e)(2)(v)	§ 457.1201(e)	ILOS: Cross-reference to requirements for non-IMD ILOS	First rating period beginning on or after September 9, 2024.
§ 438.3(i)(3)-(4)	§ 457.1201(h)	Contract requirements for provider incentive payments	First rating period beginning on or after July 9, 2025
§ 438.6(a)	N/A	SDP: Definitions	July 9, 2024
§ 438.6(c)(1)	N/A	SDP: General rule	July 9, 2024
§ 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	July 9, 2024
§ 438.6(c)(2)(i)	N/A	SDP: Medicare exemption from written approval requirement	July 9, 2024
§ 438.6(c)(2)(ii)(A)	N/A	SDP: Standard for utilization and delivery of services	July 9, 2024
§ 438.6(c)(2)(ii)(B)	N/A	SDP: Standard for directing expenditures	July 9, 2024
§ 438.6(c)(2)(ii)(C)	N/A	SDP: Standard for advancement of goals and objectives in the quality strategy	July 9, 2024
§ 438.6(c)(2)(ii)(D)	N/A	SDP: Standard for evaluation plan measurement	First rating period beginning on or after July 9, 2027
§ 438.6(c)(2)(ii)(E)	N/A	SDP: Standard for no conditioning of provider participation on intergovernmental transfer arrangements	July 9, 2024

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§ 438.6(c)(2)(ii)(F)	N/A	SDP: Standard for achievement	First rating period beginning on or after July 9, 2027
§ 438.6(c)(2)(ii)(G)	N/A	SDP: Standard for financing of the non-Federal share	July 9, 2024
§ 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	July 9, 2024
§ 438.6(c)(2)(ii)(J)	N/A	SDP: Standard for development in accordance with other provisions	July 9, 2024
§ 438.6(c)(2)(iii)	N/A	SDP: ACR demonstration	First rating period beginning on or after July 9, 2024
§ 438.6(c)(2)(iv)	N/A	SDP: Evaluation plan	First rating period beginning on or after July 9, 2027
§ 438.6(c)(2)(v)	N/A	SDP: Evaluation reports	First rating period beginning on or after July 9, 2027
§ 438.6(c)(2)(vi)(A)	N/A	SDP: VBP participation	July 9, 2024
§ 438.6(c)(2)(vi)(B)	N/A	SDP: VBP condition payment upon performance	First rating period beginning on or after July 9, 2024
§ 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 July 9, 2024
§ 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 July 9, 2024
§ 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 July 9, 2026
§ 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 July 9, 2026
§ 438.6(c)(2)(vii)	N/A	SDP: Fee schedule requirements - condition payment	First rating period beginning on or after July 9, 2027
§ 438.6(c)(2)(viii)	N/A	SDP: Submission requirements for SDPs that require written approval	First rating period beginning on or after July 9, 2026
§ 438.6(c)(3)	N/A	SDP: Approval and renewal timeframes	July 9, 2024
§ 438.6(c)(4)	N/A	SDP: Reporting requirements	Date specified in the T-MSIS reporting instructions released 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 July 9, 2026

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in 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 July 10, 2028
§ 438.6(c)(6)	N/A	SDP: Payment to MCOs, PIHPs, and PAHPs	First rating period beginning on or after July 9, 2027
§ 438.6(c)(7)	N/A	SDP: Final State directed payment cost percentage	First rating period beginning on or after July 9, 2027
§ 438.7(b)(6)	N/A	ILOS: Documentation of ILOS in the rate certification	First rating period beginning on or after September 9, 2024.
§ 438.7(c)(4)	N/A	Rate certification documentation of special contract provisions related to payment and ILOSs	July 9, 2024
§ 438.7(c)(5)	N/A	Retroactive adjustments to capitation rates for SDPs	July 9, 2024
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 July 10, 2028
§ 438.8(e)(2)(iii)(A)	§ 457.1203(c)	Medical loss ratio (MLR): Standards for provider incentives	July 9, 2024
§ 438.8(e)(2)(iii)(C)	N/A	MLR: Reporting of SDPs in incurred claims for the MLR numerator	July 9, 2024
§ 438.8(e)(3)(i)	§ 457.1203(c)	MLR: Prohibited costs in quality improvement activities	July 9, 2024
§ 438.8(f)(2)(vii)	N/A	MLR: Reporting of SDPs in premium revenue for the MLR denominator	July 9, 2024
§ 438.8(h)(4)	§ 457.1203(c)	MLR: Adjustment to frequency of credibility factor publication	July 9, 2024
§ 438.8(k)(1)(vii)	§ 457.1203(f)	MLR: Additional requirements for expense allocation methodology	July 9, 2024
§ 438.10(c)(3)	§ 457.1207	Transparency	First rating period beginning on or after July 9, 2026
§ 438.10(d)(2)	§ 457.1207	Secret shopper surveys: Interpretation, translation and tagline criteria	First rating period beginning on or after July 9, 2027
§ 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	July 9, 2024
§§ 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 July 10, 2028

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in Final Rule
§ 438.16	§ 457.1201(c) and (e)	ILOS: Requirements for non-IMD ILOS	First rating period beginning on or after September 9, 2024.
§§ 438.66(b)(4) and (c)(5)	N/A	Enrollee experience surveys	First rating period beginning on or after July 9, 2027
§ 438.66(e)(2)(vi)	N/A	MCPAR: Include ILOS	July 9, 2024
§ 438.66(e)(2)(vii)	N/A	MCPAR: Include enrollee experience surveys	First rating period beginning on or after July 9, 2027
§ 438.68(b)(1)	§ 457.1218	Establish quantitative standard other than appointment wait times	First rating period beginning on or after July 9, 2027
§ 438.68(d)(1)(iii)	§ 457.1218	Network adequacy standards exception process	First rating period beginning on or after July 9, 2026
§ 438.68(d)(2)	§ 457.1218	Network adequacy standards monitoring	First rating period beginning on or after July 9, 2026
§ 438.68(e)	§ 457.1218	Appointment wait time standards	First rating period beginning on or after July 9, 2027
§ 438.68(f)	§ 457.1218	Secret shopper surveys	First rating period beginning on or after July 10, 2028
§ 438.68(g)	§ 457.1218	Publication of network adequacy standards	First rating period beginning on or after July 9, 2027
§ 438.74(a)	§ 457.1203(e)	MLR: Level of data aggregation for state summary reports	July 9, 2024
§ 438.206(c)(1)(i)	§ 457.1230(a)	Appointment wait times contractual requirements	First rating period beginning on or after July 9, 2027
§ 438.207(b)(3)	§ 457.1230(b)	Assurances of adequate capacity and services: Provider payment analysis	First rating period beginning on or after July 9, 2026
§ 438.207(d)(2)	§ 457.1230(b)	Assurances of adequate capacity and services: Reporting reimbursement analysis	First rating period beginning on or after July 9, 2026
§ 438.207(d)(3)	N/A	Assurances of adequate capacity and services: Timing of submission	First rating period beginning on or after July 9, 2025
§ 438.207(e)	§ 457.1230(b)	CMS right to inspect documentation of secret shopper surveys	First rating period beginning on or after July 10, 2028
§ 438.207(f)	§ 457.1230(b)	Remedy plans to improve access	First rating period beginning on or after July 10, 2028
§ 438.214(d)(2)	§ 457.1233(a)	Excluded providers	July 9, 2024
§ 438.310(b)(5)	References removed at §§ 457.1201(n)(2), 457.1240(f), and 457.1250(a)	EQR: Scope	July 9, 2024

Medicaid Citation	Separate CHIP Citation (as applicable)	Description	Applicability Date in 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	July 9, 2024
§ 438.330(d)(4)	N/A	QAPI: Technical change to incorporate correct citations to QAPI program	July 9, 2024
§ 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	July 9, 2024
§ 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	July 9, 2025
§ 438.340(c)(2)(ii)	§ 457.1240(e)	Managed care quality strategy: Transparency	July 9, 2025
§ 438.350(a)	§ 457.1250(a)	EQR: Applicability for PCCM entities	July 9, 2024
§ 438.354(c)(2)(iii)	§ 457.1250(a)	EQR: Qualifications	July 9, 2024
§ 438.358(a)(1)	§ 457.1250(a)	EQR: Applicability to PCCM entities	July 9, 2024
§ 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	July 9, 2024
§ 438.358(c)(6)	§ 457.1250(a)	EQR: Optional activities for quality rating	July 9, 2024
§ 438.358(c)(7)	§ 457.1250(a)	EQR: Optional activities for evaluations	July 9, 2024
§ 438.360(a)(1)	§ 457.1250(a)	EQR: Nonduplication of mandatory activities	July 9, 2024
§ 438.362(b)(2)	§ 457.1250(a)	EQR: Exemption	July 9, 2024
§ 438.364(a)(1)	§ 457.1250(a)	EQR: Conforming changes related to removal of PCCM entities	July 9, 2024
§ 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	July 9, 2024
§§ 438.364(c)(2)(i)-(ii)	§ 457.1250(a)	EQR: Notifying CMS	July 9, 2024
§ 438.364(c)(2)(iii)	§ 457.1250(a)	EQR: Report archiving requirement	December 31, 2025
§ 438.500	§ 457.1240(d)	QRS: Definitions	July 9, 2024
§ 438.505(a)(1)	§ 457.1240(d)	QRS: General rule and applicability	December 31, 2028

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§ 438.510	§ 457.1240(d)	QRS: Mandatory measure set	July 9, 2024
§ 438.515	§ 457.1240(d)	QRS: Methodology	July 9, 2024
§ 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
§ 438.520(a)(1)-(5), (b), and (c)	§ 457.1240(d)	QRS: Website display	July 9, 2024
§ 438.530	§ 457.1240(d)	QRS: Annual technical resource manual	July 9, 2024
§ 438.535	§ 457.1240(d)	QRS: Annual reporting	July 9, 2024
§ 438.602(g)(5)-(13)	§ 457.1285	Transparency	First rating period beginning on or after July 9, 2026
§ 438.608(a)(2)	§ 457.1285	Contract requirements for prompt reporting	First rating period beginning on or after July 9, 2025
§ 438.608(d)(3)	§ 457.1285	Overpayment reporting requirements	First rating period beginning on or after July 9, 2025
§ 438.608(e)	§ 457.1285	Standards for provider incentive or bonus arrangements	First rating period beginning on or after July 9, 2025
N/A	§ 457.10	Definition: ILOS	July 9, 2024
N/A	§§ 457.1200(d) and 457.1207	Summary enrollee experience survey data stratified by plan posted on state website	July 9, 2026
N/A	§§ 457.1200(d) and 457.1230(b)	Enrollee experience surveys/CAHPS data used for network adequacy	July 9, 2026