

CMS Medicaid Managed Care Final Rule – Quality and Access Requirements

The table below is provided as a summary of effective dates.

Policy	Effective Date
Appointment Wait Times and Network Adequacy Standards	
Network exceptions must consider provider payment	First contract/rating year period after July 9, 2026 (i.e., January 1, 2027–July 1, 2027, depending on state-specific contracting/rating year)
Appointment wait times	First contract/rating year period after July 9, 2027 (i.e., January 1, 2028–July 1, 2028, depending on state-specific contract/rating year)
Secret shopper surveys	First contract/rating year period after July 9, 2028 (i.e., January 1, 2029–July 1, 2029, depending on state-specific contracting/rating year)
Network access remedy plans	
Annual Member Experience Surveys	First contract/rating year period after July 9, 2027 (i.e., January 1, 2028–July 1, 2028, depending on state-specific contract/rating year)
QRS	
CMS publishes the list of measures for QRS	August 1, 2025
CMS publishes a QRS Technical Resource Manual	Calendar Year 2027
State adoption of CMS-developed QRS framework or CMS approval of state-developed QRS methodology	December 31, 2028
QRS website	No sooner than December 31, 2030, with some ability to request extension on certain website features
External Quality Review and State Quality Strategies	
New EQRO activities allowed	July 9, 2024
States must notify CMS within 14 calendar days of posting its External Quality Review (EQR) technical report on its website	
Public comment for Quality Strategies required	July 9, 2025
Results of a state’s three-year review/evaluation of its Quality Strategy must be posted online	
Requires a specific EQR review period	December 31, 2025
States must maintain at least the previous five years of EQR technical reports on their website	
EQR technical reports include quantitative assessments from the network adequacy validation	