

CMS Medicaid Managed Care Final Rule – Financial Requirements

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

Policy	Effective Date
ILOS	
Codification of CMS' 2023 ILOS guidance	First contract/rating period after September 9, 2024 (i.e., January 1, 2025–July 1, 2025, depending on state-specific contracting/rating year)
SDPs	
Limited Retroactive Capitation Rate Adjustments for SDPs	July 9, 2024 (Effective Date of Rule)
SDPs following a Medicare fee schedule no longer require a preprint	
State appeal rights for SDPs not approved	
ACR analysis required for preprint approval	First contract/rating year period after July 9, 2024 (i.e., January 1, 2025–July 1, 2025, depending on the state-specific contract/rating year)
VBP measure selection and attribution methodologies	
Provider taxes-related hold harmless attestations required	First contract/rating year period on or after January 1, 2028
VBP payment requirements	First contract/rating year period after July 9, 2026 (i.e., January 1, 2027–July 1, 2027, depending on state-specific contract/rating year)
SDPs described in MCO contracts	
SDP preprint submission timing	
Separate Payment Terms no longer permitted	First contract/rating year period after July 9, 2027 (i.e., January 1, 2028–July 1, 2028, depending on state-specific contract/rating year)
Payment Reconciliation prohibited outside of the contract/rating year	
SDP cost percentage reporting	
Evaluation Plan Requirements	
Contract and Rate Certification submission timeframes	First contract/rating year period after July 9, 2028 (i.e., January 1, 2029–July 1, 2029, depending on state-specific contract/rating year)
MLR	
Provider Incentives in Incurred Claims	First contract/rating year period after July 9, 2025 (i.e. January 1, 2026–July 1, 2026, depending on state-specific contract/rating year)
Expense Allocation Methodology	July 9, 2024 (Effective Date of Rule)
Comparative Rate Analyses	
Comparative rate analysis for primary care, OB/GYN, mental health, and SUD services relative to Medicare	First contract/rating year period after July 9, 2026 (i.e., January 1, 2027–July 1, 2027, depending on state-specific contract/rating year)
Comparative rate analysis or homemaker, home health aides, personal care services, and habilitation relative to Medicaid FFS	