# **SBM Provisions Implementation Timeline**



Below outlines the implementation timeline for each SBM provision.

# Plan Year 2025

### Plan Year 2026

# Plan Year 2027

### Plan Year 2028

#### Telehealth & HSAs

Permanently allows HDHP telehealth services pre-deductible without losing HSA compatibility.

#### **Unpaid Past Premiums**

Permits issuers to deny coverage for unpaid past premiums, subject to state law.

#### **DACA Ineligibility**

Makes DACA recipients ineligible for QHPs.

#### **Agents & Brokers**

Sets "preponderance of the evidence" standard to terminate FFM/SBE-FP agent agreements.

#### **DMI Resolution Extension**

Removes automatic 60-day extension for resolving income inconsistencies.

#### **Income Verification**

Adds DMI if data sources indicate <100% FPL or if IRS tax data is unavailable through PY26.

#### **Premium Payment Thresholds**

Pauses certain issuer premium threshold options for PY26.

#### 150% FPL SEP

Pauses monthly <150% FPL SEP through PY26.

#### Alien Medicaid & Income Status

Prevents Individuals from receiving PTC if ineligible for Medicaid due to alien status and income <100% FPL.

#### **Special Enrollment Periods**

Prevents Individuals who enroll via a non-QLE SEP from receiving premium tax credits and CSRs.

#### **PTC Reconciliation**

Requires all premium tax credit recipients repay the full amount of any excess.

#### **Bronze and Catastrophic & HSA**

Permits states to treat Bronze and Catastrophic plans as HDHPs that can be paired with HSAs.

#### **Direct Primary Care & HSA**

Allows consumers to combine a marketplace HDHP with a separate arrangement for primary care.

#### **Temporary FTR Standard**

Reinstates a 1-year Failure to File and Reconcile policy for PY26, replacing the 2-year FTR policy.

#### **Bronze to Silver Re-enrollment**

Removes automatic re-enrollment from an available Bronze plan to a different silver plan.

#### **EHB Sex-Trait Modification**

#### **PAPI Methodology**

Updates the premium adjustment percentage methodology to include more private plans.

#### **Levels of Coverage**

Widens de minimis range for plan actuarial values.

#### **Auto-Renewal Premium**

Adds \$5 premium for certain PY26 FFM/SBE-FP auto-renewals.

#### **SEP Pre-Enrollment** Verification

Restores FFM/SBE-FP pre-enrollment checks for most SEPs for PY26.

#### **Coverage for Lawfully Present Immigrants**

Limits subsidized coverage to lawful permanent Residents, Cuban and Haitian entrants, and COFA Residents.

#### APTC/CSR and **Medicaid Community Engagement**

Blocks APTC/CSR eligibility for Individuals not enrolled in Medicaid due to failure to demonstrate meeting community engagement requirements.

#### **Open Enrollment**

For PY27 and beyond, OEP must begin no later than Nov 1 and end no later than Dec 31, with a max duration of 9 weeks.

#### **PTC Verification**

Requires pre-verification of income, family size, citizenship, health coverage status, residence, and other information to receive Premium Tax Credits, and allows use of reliable thirdparty data.

#### **Permanent FTR Policy**

Reinstates and makes permanent a 1-year Failure to File and Reconcile policy, which applied in PY26 but lapses in PY27.

> Only applies to HealthCare.gov

No longer applies due to federal stav

H.R 1

 $\Box$ 

**CMS Final Rule** 

Prohibits covering specified sex-trait modification procedures as an EHB starting in PY26.

# Medicaid Provisions Implementation Timeline (1 of 2)

Below outlines the implementation timeline for each Medicaid provision.



**January 1, 2026** 

October 1, 2026



### )

#### **Prohibited Entities**

Federal Medicaid payments for items and services provided by "prohibited entities" prohibited for a period of 1 year beginning on the date of enactment.

#### **State Directed Payments**

To begin by the first rating period after enactment -- Payment limit for state directed payments reduced from the average commercial rate to 100% of the Medicare payment rate for expansion states and reduced to 110% of the Medicare payment rate for non-expansion states.

#### **Uniform Tax Requirement**

Definition of generally redistributive to qualify for a waiver of the uniform tax requirement for Medicaid provider tax limited upon enactment. (Secretary may grant a transition period of 3 fiscal years.)

#### **FMAP Incentive**

States expanding after 1/1/26, will no longer be eligible for the five percentage-point increase to the traditional FMAP rate for states implementing ACA Medicaid expansion.

#### **Premium Tax Credit**

Disallows lawfully present Individuals who are ineligible for Medicaid with incomes below 100 percent of FPL from receiving the premium tax credit.

# Rural Health Transformation **Program**

States must submit applications for this funding by no later than December 31, 2025. \$10B per year appropriated for FY26-30. Half of annual appropriation to be split evenly amongst states approved. Half to be distributed as to be determined by Administrator.

#### **Qualified Alien**

New definition of qualified alien goes into effect.

#### **Emergency Medicaid**

Emergency medical services provided to non-citizens will no longer be eligible for the higher "expansion" or enhanced FMAP rates (90%) and instead, the federal share will be limited to each state's standard match rate.

#### **Provider Tax**

States are prohibited from enacting new provider taxes. The "hold harmless" threshold gradually phases down by 0.5% per fiscal year, to be no higher than 3.5% by FY32 for expansion states. Non-expansion states cannot implement any new taxes beyond the 6% threshold.

#### **Duplicate Enrollment**

States must develop process to regularly obtain address information for enrollees. Each contract under a state plan with a managed care entity, prepaid inpatient health plan, or prepaid ambulatory health plan must provide any address information for an enrolled Individual, provided or verified directly with the Individual, to the state.

#### **Deceased Enrollees**

States must review the Social Security Administration's (SSA) Death Master File (or other electronic data sources) at least quarterly to determine if any enrollees are deceased.

#### Redeterminations

States must redetermine eligibility for all Individuals enrolled through ACA Medicaid expansion every six months, regardless of whether they are new applicants or existing recipients.

### Retroactive Coverage

**January 1, 2027** 

Retroactive coverage for Medicaid expansion beneficiaries limited to the month preceding enrollment and for traditional Medicaid beneficiaries limited to two months preceding enrollment.

#### **Community Engagement**

States must have requirement in place where certain specified nonpregnant, nondisabled, childless adults, aged 19-64, complete a minimum of 80 hours of qualifying community engagement activities or meet income tests prior to initial application as a condition of Medicaid eligibility

W

What's New

What's Ending

What's Changing

KE

# Medicaid Provisions Implementation Timeline (2 of 2)



Below outlines the implementation timeline for each Medicaid provision.

**January 1, 2028** 

July 1, 2028

October 1, 2028

October 1, 2029

**Provider Enrollment** 

States must check the SSA's Death Master File during a provider or supplier's enrollment and reenrollment as well as quarterly.

**Home Equity Limit** 

Home equity limit capped at \$1M for determining eligibility for long-term care services under the Medicaid program.

**HCBS Waiver** 

New "stand alone" 1915(c) waiver option available to cover HCBS through Medicaid targeted to people with significant but subinstitutional needs.

**Cost Sharing** 

Medicaid expansion enrollees earning more than 100 percent of FPL will pay no premiums but will face state-mandated copays (up to \$35 per service and capped at 5% of income). Key primary care and safetynet service remain exempt.

**Duplicate Enrollment** 

States must submit enrollee data monthly to the new system to prevent multiple state enrollments and to disenroll Individuals residing in another state.

HHS to establish a system to prevent Individuals from being simultaneously enrolled in multiple state Medicaid programs.

**Erroneous Payments** 

Secretary may begin waiving a reduced amount of erroneous excess payments (The definition of erroneous excess payments to include items & services furnished to Individuals not eligible for federal reimbursement in Medicaid).

**>** 

What's New

What's Ending

What's Changing

# **SNAP Provisions Implementation Timeline**



Below outlines the implementation timeline for each SNAP provision.

U	p	on	En	act	tm	ent
_	_					

# October 1, 2025

# October 1, 2026

# October 1, 2027

# **December 31, 2028**

#### Modification of SNAP Work Requirements for ABAWDs

Expanding to 18 to 65 years of age; dependent child under 14; Indian or Urban Indian + other.

### Availability of Standard Utility Allowance

SUA applies to households with disabled or elderly members.

#### Restrictions on Internet Expenses

Cost of home internet cannot be used in excess shelter calculation.

#### **Qualified Alien**

New definition of qualified alien goes into effect.

#### National Education and Obesity Prevention Grant Program State SNAP agencies operate without SNAP-Ed

Program.

#### State Administrative Cost Share Increase Comes Into Effect

FY 2027 and beyond state share of administrative expenses changes from 50% to 75%.

# Re-Evaluation of SNAP allotment

Reevaluation of the Thrifty Food Plan Market Baskets cannot occur earlier than October 1, 2027.

#### State Cost-Sharing for Error Payments Comes Into Effect

Starting in FY 2028: The federal government will adjust its share of SNAP benefit costs for each state based on that state's most recent payment error rate.

Error rate under 6%: Federal government pays 100% (state pays nothing)

Error rate 6%–7.99%: Federal pays 95%, state pays 5%

Error rate 8%–9.99%: Federal pays 90%, state pays 10% Error rate 10% or more: Federal pays 85%, state pays 15%

If a state has a payment error rate at 6% or higher, state share comes into effect.

FY 2028: States can choose to use their payment error rate from 2025 or 2026 when calculating state error payments.

FY 2029 and beyond: The Secretary will use the error rate from 3 years prior to calculate state error payments.

#### Work Requirement Waivers for Non-Contiguous States

Alaska and Hawaii may request waivers from the Secretary for their work requirements. Approved Waivers shall expire no later than December 31, 2028.

**New Policy** 

**Policy Change** 

**Policy Ends** 

 $\mathbf{E} \mathbf{Y}$