



NewsBREAK | April 18

CMS Finalizes the 2024 Notice of Benefit and Payment Parameters

- On April 17, 2023, the Centers for Medicare & Medicaid Services (CMS) finalized the 2024 Notice of Benefit and Payment Parameters (NBPP).
- The NBPP includes payment parameters and provisions related to the HHS-operated risk adjustment and risk adjustment data validation programs, as well as 2024 user fee rates for issuers offering qualified health plans (QHPs) through Federally-facilitated Exchanges (FFEes) and State-based Exchanges on the Federal platform (SBE-FPs).
- CMS finalized a limit on the number of non-standardized plan options that QHP issuers can offer through Marketplaces on the Federal platform (including SBM-FPs) to four non-standardized plan options per product network type, metal level (excluding catastrophic plans), and inclusion of dental and/or vision benefit coverage, in any service area, for PY 2024 and two for PY 2025 and subsequent plan years.
- Notably, CMS is not finalizing its proposal that issuers of standardized plan options must (1) place all covered generic drugs in the standardized plan options' generic drug cost-sharing tier, or the specialty drug tier if there is an appropriate and non-discriminatory basis, and (2) place all covered brand name drugs in either the standardized plan options' preferred brand or non-preferred brand drug cost-sharing tiers, or the specialty drug cost-sharing tier if there is an appropriate and non-discriminatory basis.
- The NBPP will be effective 60 days after publication in the Federal Register.

See the Final Rule for additional requirements.

More on This Topic

- [2024 NBPP](#)
- [Fact Sheet](#)

For questions, please reach out to [Tyler Thorne](#).