

Proposed Key Dates for Calendar Year 2023:^{1,2}
 Qualified Health Plan (QHP) Data Submission and Certification;³
 Rate Review; Form Review; and Risk Adjustment

Table 1. QHP Data Submission and Certification Timeline

Activity	Dates
QHP Application submission and data validation window opens	4/19/23
Early Bird Application Deadline: Optional Early Bird QHP Application submission deadline	5/17/23
CMS reviews Early Bird QHP Application data and releases results for issuers and states to review	5/18/23 – 6/9/23
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer ⁴	5/19/23
Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including machine-readable index URLs and Plan ID Crosswalk data	6/14/23
QHP issuers submit the validated QRS clinical measure data, with attestation, to CMS via NCQA's Interactive Data Submission System (IDSS) ⁵	6/15/23
CMS reviews initial QHP Applications and releases results for issuers and states to review	6/15/23 – 7/14/23
Secondary Application Deadline: Deadline for issuers to submit their QHP Application Rates Table Templates to CMS; optional deadline for issuers to submit corrected QHP Application data to CMS	7/19/23
CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review	7/20/23 – 8/11/23
QHP issuers, Exchange administrators, and CMS preview the 2023 QHP quality rating information	Aug./Sep. 2023
Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates	8/9/23 – 8/23/23
Final Application Deadline: Deadline for issuers to submit changes to their QHP Application and to submit marketing URL data	8/16/23
CMS reviews QHP Applications and releases results for issuers and states to review	8/17/23 – 9/11/23
CMS sends QHP Certification Agreements to issuers	9/12/23

¹ These dates are subject to change. Dates are from *Draft Bulletin: Proposed Timing of QHP Data Submission and Certification for the 2024 Plan Year for Issuers in the Federally-facilitated Exchanges* available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index#plan-management>.

² This document summarizes proposed key dates for calendar year 2023 regarding some activities and policies that are outlined in other documents. CMS is not soliciting additional comments on the substance of the underlying policies or proposed key dates through release of this document.

³ These dates apply to QHPs in states with Exchanges that use the federal platform. This includes QHPs in Federally-facilitated Exchanges (including where the state performs plan management functions), and State-based Exchanges on the Federal Platform.

⁴ *QRS and QHP Enrollee Survey Technical Guidance for 2023*, available at <https://www.cms.gov/files/document/2023-qrs-qhp-enrollee-survey-technical-guidance.pdf>.

⁵ Each QHP issuer must submit and plan-lock its QRS clinical measure data by June 1 to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 15 deadline. There are no fees for QHP issuers associated with accessing and using the IDSS.

QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS	9/12/23 – 9/20/23
State Plan Confirmation Deadline: States complete final plan confirmation	9/12/23 – 9/20/23
Limited data correction window	9/14/23 – 9/15/23
Machine-Readable/URL Deadline: Deadline for issuers’ machine-readable data to be posted and marketing URLs to be live and active	9/20/23
CMS releases certification notices to issuers and states	10/3/23-10/4/23
Anticipated public display of QHP quality rating information	11/1/23
Open Enrollment begins	11/1/23

Table 2. Rate Review for Single Risk Pool Coverage^{6,7}

Activity	Dates
Submission deadline for proposed rate filing justifications into the Unified Rate Review (URR) module of HIOS in a state without an Effective Rate Review Program.	6/1/23
Submission deadline for proposed rate filing justifications into the URR module of HIOS in a state with an Effective Rate Review Program. ^{8,9,10}	7/19/23
Target date on which CMS will post proposed rate changes. ¹¹	7/26/23
Submission deadline for final rate filing justifications <u>that include a QHP</u> into the URR module of HIOS in states with an Exchange served by the HealthCare.gov platform. ¹²	8/16/23
Submission deadline for final rate filing justifications <u>that include a QHP</u> into the URR module of HIOS in states with a State-based Exchange that does not use the HealthCare.gov platform.	10/16/23

⁶ Rate review dates from the *Draft Bulletin: Proposed Timing of Submission of Rate Filing Justifications for the 2023 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2024* available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Draft-Rate-Review-Bulletin-for-CY2023>.

⁷ The term “single risk pool coverage” is used to describe non-grandfathered health insurance coverage in the individual or small group (or merged) market that is subject to the single risk pool provisions at 45 CFR 156.80 and is required to submit rate information using the Unified Rate Review Template.

⁸ A rate filing that is filed through the NAIC’s System For Electronic Rates & Forms Filing (SERFF) and automatically uploaded to the URR module of HIOS will be considered as filed with CMS once the upload is successful. This functionality does not apply to states that do not have an Effective Rate Review Program and states that do not participate in SERFF.

⁹ We recommend that States with Effective Rate Review Programs and Exchanges served by the HealthCare.gov platform set a submission deadline no later than the federal deadline (proposed July 19, 2023) for submission of rate filings that include QHPs, to align with the FFE QHP filing deadlines; however, we understand some States may face challenges in doing so, and they will not be bound by this recommendation.

¹⁰ States with Effective Rate Review Programs are permitted to establish different submission deadlines for non-QHP-only rate filings as long as the deadline is no later than the federal deadline (proposed July 19, 2023).

¹¹ CMS will post rate filing information for all single risk pool coverage with rate changes (including both QHPs and non-QHPs), regardless of whether the product includes a plan with a rate increase that is subject to review under 45 CFR 154.210. CMS will not post information that is a trade secret or confidential commercial or financial information as defined in HHS’s Freedom of Information Act regulations at 45 CFR 5.31(d).

¹² There are three final submission statuses in HIOS. All submissions that do not have any rate increases subject to review (rate increases less than 15%) must be in a state of “Rate Filing Accepted.” For submissions with rate increases that are subject to review (rate increase of 15% or greater), the submission must be in a status of “Review Complete” if the rate increase received a determination of “not unreasonable” or in a status of “Final Justification Submitted” if the rate increase received a determination of “unreasonable” and the issuer has submitted the final justification.

Submission deadline for all final rate filing justifications <u>that only contain non-QHPs</u> into the URR module of HIOS.	10/16/23
Target date on which CMS will post <u>all</u> final rate changes. ¹³	11/1/23

Table 3. Federal Form Review¹⁴

Activity	Dates
Submission deadline for proposed form filings (QHP and non-QHPs) ^{15,16,17}	5/15/23
Deadline for QHP forms to be finalized ¹⁸	8/16/23
Deadline for QHP URLs to be live and active	9/20/23
Deadline for non-QHPs forms to be finalized ¹⁹	10/16/23
Deadline for non-QHPs URLs to be live and active	11/1/23

Table 4. Risk Adjustment for Benefit Year 2022
and Risk Adjustment Data Validation for Benefit Years 2021 and 2022

Activity	Dates
Interim 2022 Benefit Year Risk Adjustment Report Released	March 2023
Deadline for Submission of Final 2022 Benefit Year Risk Adjustment Data	5/1/23
2021 Benefit Year Risk Adjustment Data Validation Error Rates Released	May 2023
2022 Benefit Year Risk Adjustment Data Validation Samples Released	May 2023
Summary Report of 2022 Benefit Year Risk Adjustment Transfers Released	6/30/23
Collection of 2022 Benefit Year Risk Adjustment Charges Begins	August 2023
Summary Report of 2021 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers Released	Summer 2023
Collection and Payment of 2021 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Charges Begins	Summer 2023
2022 Benefit Year Risk Adjustment Payments Begin	September 2023

¹³ CMS will post rate change information for all single risk pool coverage final rate filings. CMS will not post information that is a trade secret or confidential commercial or financial information, consistent with HHS's Freedom of Information Act regulations at 45 CFR 5.31(d).

¹⁴ *Form Filing Instructions for System for Electronic Rates and Forms Filing (SERFF) for Plan Year 2024*, available at <https://www.cms.gov/CCIIO/Resources/Training-Resources>

¹⁵ In order to ensure compliance with the applicable provisions of the Consolidated Appropriations Act, 2021 (CAA), health insurance issuers in American Samoa, Arizona, Arkansas, Connecticut, Delaware, Florida, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Missouri, Nevada, New Hampshire, Northern Mariana Islands, Oklahoma, Rhode Island, Texas, Utah, Virginia, and Wyoming must submit form filings for all health insurance products in the individual and group markets, including fully insured small group and large group market plans, student health insurance coverage, grandfathered plans and plans subject to the non-enforcement policy ("grandmothered plans"), to the CMS Direct Enforcement instance in the National Association of Insurance Commissioners' (NAIC) System for Electronic Rates and Forms Filing (SERFF) at <https://login.serff.com/serff/>.

¹⁶ In addition to reviewing form filings for CAA compliance, CMS will also review form filings in Missouri, Oklahoma, Texas, and Wyoming for compliance with the applicable Patient Protection and Affordable Care Act (ACA) federal market reforms. Issuers in those four states must submit form filings for all non-grandfathered health insurance products in the individual and group markets including fully insured small group and large group market plans, as well as student health insurance coverage, to the CMS Direct Enforcement instance in the SERFF.

¹⁷ Forms for student health insurance products and products offered in the large group market are due 60 days prior to marketing.

¹⁸ States and territories that are substantially enforcing provisions of the CAA and ACA are permitted to establish different submission deadlines for form filings as long as the deadline is no later than the federal deadline.

¹⁹ Ibid.

Table 5. Consolidated CY2022 Key Dates in Chronological Order

Table 5 below consolidates the dates provided in Tables 1-4 and does not contain any additional information beyond that which has been provided above.

Category	Activity	Dates
Risk Adjustment	Interim 2022 Benefit Year Risk Adjustment Report Released	March 2023
QHP Certification	QHP Application submission and data validation window opens	4/19/23
Risk Adjustment	Deadline for Submission of Final 2022 Benefit Year Risk Adjustment Data	5/1/23
Risk Adjustment	2021 Benefit Year Risk Adjustment Data Validation Error Rates Released	May 2023
Risk Adjustment	2022 Benefit Year Risk Adjustment Data Validation Samples Released	May 2023
Form Review	Submission deadline for proposed form filings (QHP and non-QHPs)	5/15/23
QHP Certification	Early Bird Application Deadline: Optional Early Bird QHP Application submission deadline	5/17/23
QHP Certification	HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer	5/19/23
Risk Adjustment	Summary Report of 2021 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers Released	Summer 2023
Risk Adjustment	Collection and Payment of 2021 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Charges Begins	Summer 2023
Rate Review	Submission deadline for proposed rate filing justifications into the Unified Rate Review (URR) module of HIOS in a state without an Effective Rate Review Program.	6/1/23
QHP Certification	CMS reviews Early Bird QHP Application data and releases results for issuers and states to review	5/18/23 – 6/9/23
QHP Certification	Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including machine-readable index URLs and Plan ID Crosswalk data	6/14/23
QHP Certification	QHP issuers submit the validated QRS clinical measure data, with attestation, to CMS via NCQA’s Interactive Data Submission System (IDSS)	6/15/23
Risk Adjustment	Summary Report of 2022 Benefit Year Risk Adjustment Transfers Released	6/30/23
QHP Certification	CMS reviews initial QHP Applications and releases results for issuers and states to review	6/15/23 – 7/14/23
QHP Certification	Secondary Application Deadline: Deadline for issuers to submit their QHP Application Rates Table Templates to CMS; optional deadline for issuers to submit corrected QHP Application data to CMS	7/19/23
Rate Review	Submission deadline for proposed rate filing justifications into the URR module of HIOS in a state with an Effective Rate Review Program.	7/19/23

Rate Review	Target date on which CMS will post proposed rate changes.	7/26/23
QHP Certification	CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review	7/20/23 – 8/11/23
Risk Adjustment	Collection of 2022 Benefit Year Risk Adjustment Charges Begins	August 2023
QHP Certification	Final Application Deadline: Deadline for issuers to submit changes to their QHP Application and to submit marketing URL data	8/16/23
Rate Review	Submission deadline for final rate filing justifications <u>that include a QHP</u> into the URR module of HIOS in states with an Exchange served by the HealthCare.gov platform.	8/16/23
Form Review	Deadline for QHP forms to be finalized	8/16/23
QHP Certification	Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates	8/9/23 – 8/23/23
QHP Certification	QHP issuers, Exchange administrators, and CMS preview the 2023 QHP quality rating information	Aug./Sep. 2023
QHP Certification	CMS reviews QHP Applications and releases results for issuers and states to review	8/17/23 – 9/11/23
Risk Adjustment	2022 Benefit Year Risk Adjustment Payments Begin	September 2023
QHP Certification	CMS sends QHP Certification Agreements to issuers	9/12/23
QHP Certification	QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS	9/12/23 – 9/20/23
QHP Certification	State Plan Confirmation Deadline: States complete final plan confirmation	9/12/23 – 9/20/23
QHP Certification	Limited data correction window	9/14/23 – 9/15/23
QHP Certification	Machine-Readable/URL Deadline: Deadline for issuers' machine-readable data to be posted and marketing URLs to be live and active	9/20/23
Form Review	Deadline for QHP URLs to be live and active	9/20/23
QHP Certification	CMS releases certification notices to issuers and states	10/3/23-10/4/23
Rate Review	Submission deadline for final rate filing justifications <u>that include a QHP</u> into the URR module of HIOS in states with a State-based Exchange that does not use the HealthCare.gov platform.	10/16/23
Rate Review	Submission deadline for all final rate filing justifications <u>that only contain non-QHPs</u> into the URR module of HIOS.	10/16/23
Form Review	Deadline for non-QHPs forms to be finalized	10/16/23
QHP Certification	Anticipated public display of QHP quality rating information	11/1/23
Rate Review	Target date on which CMS will post <u>all</u> final rate changes.	11/1/23
Form Review	Deadline for non-QHPs URLs to be live and active	11/1/23
QHP Certification	Open Enrollment begins	11/1/23