

**Key Dates for Calendar Year 2018¹:
QHP Certification in the Federally-facilitated Exchanges (FFE)²;
Rate Review; and Risk Adjustment**

Table 1. Qualified Health Plan (QHP) Certification in the FFE³

Activity	Dates
Initial QHP application submission window	5/9/18 – 6/20/18
Initial QHP application deadline	6/20/18
Initial deadline for QHP application Rates Table Template	7/25/18
CMS reviews initial QHP applications as of 6/20/18	6/21/18 – 8/3/18
CMS releases first Correction Notice	8/9/18 – 8/10/18
Service area data change request deadline	8/13/18
Deadline for Issuers to change QHP Application	8/22/18
CMS reviews QHP applications as of 8/22/18	8/23/18 – 9/10/18
CMS posts QHP Agreements and QHP plan lists	9/17/18
CMS sends final correction notice to issuers	9/17/18
Limited data correction window issuer data submission	9/20/18 – 9/21/18
States send CMS final plan recommendations	9/25/18
Issuers send signed Agreements, confirmed plan lists, and final Plan Crosswalks to CMS	9/17/18 – 9/25/18
CMS sends certification notice to issuers	10/4/18 – 10/5/18
Open Enrollment begins	11/1/18

¹ This document summarizes key dates for calendar year 2018 regarding some activities and policies that are outlined in other documents including the *2019 Letter to Issuers in the Federally-facilitated Exchanges* (April 9, 2018), the *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; Final Rule*, (April 9, 2018), and the *Bulletin: Timing of Submission and Posting of Rate Filing Justifications for the 2018 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2019* (April 9, 2018). Those documents are available at: <https://www.cms.gov/ccio/>

² Includes QHPs in FFEs where states perform plan management functions.

³ QHP certification information from the *2019 Letter to Issuers in the Federally-facilitated Exchanges* (April 9, 2018), available at: <https://www.cms.gov/ccio/>

Table 2. Rate Review for Single Risk Pool Coverage^{4 5}

Activity	Dates
Submission deadline for issuers in a state without an Effective Rate Review Program to submit proposed rate filing justifications for single risk pool coverage into the URR module of HIOS.	6/1/18
Submission deadline for issuers in a state with an Effective Rate Review Program to submit proposed rate filing justifications for single risk pool coverage into the URR module of HIOS. ^{6 7}	7/25/18
Target date on which CMS will post proposed rate changes. ⁸	8/1/18
Deadline for all rate filing justifications for single risk pool coverage <u>that include a QHP</u> to be in a final status in the URR system. ⁹	8/22/18 ¹⁰
Deadline for all rate filing justifications for single risk pool coverage <u>that include only non-QHPs</u> to be in a final status in the URR system.	10/15/18 ¹¹
Target date on which CMS will post <u>all</u> final rate changes. ¹²	11/1/18

⁴ Rate review dates from the 2019 *Letter to Issuers in the Federally-Facilitated Exchanges* (April 9, 2018) and *Bulletin: Timing of Submission and Posting of Rate Filing Justifications for the 2018 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2019* (April 9, 2018). Both document are available at <https://www.cms.gov/ccio/>

⁵ 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 required to submit rate information using the Unified Rate Review Template

⁶ We recommend that States with Effective Rate Review Programs served by the HealthCare.gov platform set a date no later than the deadline of June 20, 2018, 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.

⁷ 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 July 25, 2018.

⁸ CMS will post rate filing information for all single risk pool coverage proposed rate increases (not just those subject to review). 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).

⁹ 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 submission 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.

¹⁰ Filings that include QHPs must be in final status by 3:00 p.m. EDT.

¹¹ Filings that include non-QHPs only must be in final status by 3:00 p.m. EDT.

¹² CMS will post rate change information for all single risk pool coverage final rates. CMS will not post information that is trade secret or confidential commercial or financial information consistent with HHS’s Freedom of Information Act regulations at 45 CFR 5.31(d).

Table 3. Risk Adjustment for Benefit Year 2017

Activity	Dates
Interim 2017 Benefit Year Risk Adjustment Report Released	March 2018
Deadline for Submission of Final 2017 Benefit Year Risk Adjustment Data	4/30/18
Risk Adjustment Summary Report Released	By 6/29/18
Remittance and Collection of 2017 Benefit Year Risk Adjustment Payments and Charges Begins	August 2018