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

Table 1. Qualified Health Plan Certification in the FFEs³

Activity	
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	6/21/18 - 8/3/18
CMS releases first Correction Notice	8/8/18 – 8/9/18
Service area petition deadline	8/13/18
Final deadline for Issuers to change QHP Application	8/22/18
CMS reviews final 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 releases final Correction Notice	9/17/18
Limited data correction window	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 releases Certification Notices	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 that have not yet been finalized, such as the *Draft 2019 Letter to Issuers in the Federally-facilitated Exchanges* (November 27, 2017), the *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; Proposed Rule*, (October 27, 2017), and the *DRAFT Bulletin: Timing of Submission of Rate Filing Justifications for the 2018 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2019* (November 27, 2017). CMS is not soliciting additional comments on the substance of the underlying policies or the proposed key dates through release of this document.

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

³ QHP certification information from the *Draft 2019 Letter to Issuers in the Federally-facilitated Exchanges* (November 27, 2017), available at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Health Insurance Marketplaces

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

Activity	
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	7/25/18
Target date on which CMS will post preliminary rate changes. ⁷	8/1/18
Deadline for all rate filing justifications for single risk pool coverage that includes a QHP to be in a final status in the URR system. ⁸	8/22/189
Deadline for all rate filing justifications for single risk pool coverage that includes only non-QHPs to be in a final status in the URR system.	10/15/18 ¹⁰
Target date on which CMS will post <u>all</u> final rate changes. ¹¹	11/1/18

⁴ Rate review dates from the *Draft 2019 Letter to Issuers in the Federally-Facilitated Exchanges* (November 27, 2017), at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Health Insurance Marketplaces and DRAFT Bulletin: Timing of Submission of Rate Filing Justifications for the 2018 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2019 (November 27, 2017), at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Review of Insurance Rates

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 CMS proposed providing states with Effective Rate Review Programs additional flexibility for rate filings that only contain non-QHPs in the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; Proposed Rule, 82 FR 51052 at 51080 (November 2, 2017). If finalized as proposed, these states would be permitted to establish different submission deadlines for non-QHP only rate filings as long as the deadline is no later than July 25, 2018.

⁷ 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).

⁸ There are three final submission statuses in HIOS. All submissions that do not have any rate increases subject to review must be in a state of "Rate Filing Accepted." For submissions with rate increases that are subject to review, 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.

⁹ Filings that include QHPs must be in final status by 3:00 p.m. EDT.

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

¹¹ 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