

**Key Dates for Calendar Year 2019<sup>1</sup>:  
Qualified Health Plan (QHP) Certification in  
the Federally-facilitated Exchanges (FFEs)<sup>2</sup>;  
Rate Review; and Risk Adjustment**

**Table 1. QHP Certification in the FFEs**

Activity	Dates
Initial QHP Application submission window	4/25/19 – 6/19/19
Optional Early Bird QHP Application submission deadline	5/22/19
2019 QHP Enrollee survey data submission deadline	5/24/19
CMS reviews Early Bird QHP Application data as of 5/22/19 and releases results	5/23/19 – 6/11/19
2019 QRS clinical data submission deadline	6/17/19
Initial QHP Application deadline	6/19/19
Initial deadline for QHP Application Rates Table Template	7/24/19
CMS reviews initial QHP Applications as of 6/19/19	6/20/19 – 8/2/19
CMS releases first correction notice	8/9/19
Service area data change request deadline	8/12/19
Issuers complete final plan confirmation in the PM Community	8/14/19-8/28/19
Deadline for issuers to change QHP Application	8/21/19
CMS reviews QHP Applications as of 8/21/19	8/22/19 – 9/9/19
Transparency in Coverage data submission deadline	9/13/19
CMS sends QHP Certification Agreements	9/16/19
CMS releases final correction notice	9/16/19
Limited data correction window	9/19/19 – 9/20/19
Issuers return signed Agreements and final plan crosswalks to CMS	9/16/19 – 9/24/19
States send CMS final plan recommendations	9/16/19 – 9/24/19
Machine Readable file posting deadline	9/27/19
CMS releases certification notice to issuers and states	10/3/19 – 10/4/19
Open Enrollment begins	11/1/19

<sup>1</sup> This document summarizes key dates for calendar year 2019 regarding some activities and policies that are outlined in other documents.

<sup>2</sup> Includes QHPs in FFEs where states perform plan management functions.

**Table 2. Rate Review for Single Risk Pool Coverage<sup>3 4</sup>**

Activity	Dates
Submission deadline for issuers in a state <b>without</b> an Effective Rate Review Program to submit proposed rate filing justifications for single risk pool coverage into the Unified Rate Review (URR) module of HIOS.	6/3/19
Submission deadline for issuers in a state <b>with</b> an Effective Rate Review Program to submit proposed rate filing justifications for single risk pool coverage into the URR module of HIOS. <sup>5 6</sup>	7/24/19
Target date on which CMS will post proposed rate changes. <sup>7</sup>	8/1/19
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. <sup>8</sup>	8/21/19 <sup>9</sup>
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.	10/15/19 <sup>10</sup>
Target date on which CMS will post <u>all</u> final rate changes. <sup>11</sup>	11/1/19

<sup>3</sup> Rate review dates from *Bulletin: Timing of Submission of Rate Filing Justifications for the 2019 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2020* (April 4, 2019) available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/final-rate-review-timeline-bulletin-April2019.pdf>.

<sup>4</sup> 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.

<sup>5</sup> We recommend that States with Effective Rate Review Programs served by the HealthCare.gov platform set a submission deadline no later than the deadline of June 19, 2019, 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.

<sup>6</sup> 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 24, 2019.

<sup>7</sup> 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).

<sup>8</sup> 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.

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

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

<sup>11</sup> 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 2018 and  
Risk Adjustment Data Validation for Benefit Year 2017**

<b>Activity</b>	<b>Dates</b>
Interim 2018 Benefit Year Risk Adjustment Report Released	March 2019
Deadline for Submission of Final 2018 Benefit Year Risk Adjustment Data	4/30/19
2018 Benefit Year Risk Adjustment Summary Report Released	6/28/19
Collection of 2018 Benefit Year Risk Adjustment Charges Begins	August 2019
Release Summary Report of 2017 Benefit Year Risk Adjustment Data Validation Adjustments to 2018 Benefit Year Risk Adjustment Transfers	8/1/19
2018 Benefit Year Risk Adjustment Payments Begin	September 2019
Begin Collection and Payment of 2017 benefit year HHS-RADV adjustments to 2018 benefit year risk adjustment transfers and 2017 benefit year default data validation charges and payment allocations	2021