

Key Dates for Calendar Year 2021^{1,2}:
 Qualified Health Plan (QHP) Data Submission and Certification³;
 Rate Review; and Risk Adjustment

Table 1. QHP Data Submission and Certification Timeline

Activity	
Stand-alone Dental Plan Voluntary Reporting of Intent to Offer	2/15/21
QHP Application submission window opens	4/22/21
Optional Early Bird QHP Application submission deadline	5/19/21
CMS reviews Early Bird QHP Application data and releases results in the PM Community	5/20/21 – 6/11/21
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer ⁴	5/24/21
QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's interactive Data Submission System (IDSS) ⁵	6/15/21
Machine-readable index URL submission deadline	6/16/21
Initial QHP Application deadline, including Transparency in Coverage and Plan ID Crosswalk data	6/16/21
CMS reviews initial QHP Applications and releases results in the PM Community	6/17/21 – 7/16/21
Initial deadline for QHP Application Rates Table Template; optional deadline to resubmit corrected QHP Application data	7/21/21
CMS reviews initial submission of Rates Table Template and resubmitted QHP Application data, and releases results in the PM Community	7/22/21 – 8/13/21
QHP issuers, Exchange administrators, and CMS preview the 2021 QHP quality rating information	Aug./Sept. 2021
Service area data change request deadline	8/10/21
Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates in the PM Community	8/11/21 – 8/25/21
Deadline for issuers to change QHP Application, including Transparency in Coverage data	8/18/21
Deadline for issuers to submit marketing URL data in the HIOS Supplemental Submission Module (SSM)	8/18/21
CMS reviews QHP Applications and releases results in the PM Community	8/19/21 – 9/13/21
CMS sends QHP Certification Agreements to issuers	9/14/21
Issuers return signed QHP Certification Agreements to CMS	9/14/21 – 9/22/21

¹ These dates are subject to change. Dates are from *Bulletin: Timing of QHP Data Submission and Certification for the 2022 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 key dates for calendar year 2021 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 key dates through release of this document.

³ These dates apply to QHPs in states 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 2021, available at <https://www.cms.gov/files/document/quality-rating-system-and-qualified-health-plan-enrollee-experience-survey-technical-guidance-2021.pdf>.

⁵ Each QHP issuer must submit and plan-lock its QRS clinical measure data by June 3 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.

States complete final plan confirmation in the PM Community	9/14/21 – 9/22/21
Limited data correction window	9/16/21 – 9/17/21
New plan year machine-readable submission deadline	9/22/21
Deadline for marketing URLs to be live and active	9/22/21
CMS releases certification notice to issuers and states	10/4/21 – 10/5/21
Anticipated public display of QHP quality rating information	Mid-October 2021
Open Enrollment begins	11/1/21

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

Activity	
Submission deadline for issuers in a state without an Effective Rate Review Program to submit proposed rate filing justifications into the Unified Rate Review (URR) module of HIOS.	6/4/21
Submission deadline for issuers in a state with an Effective Rate Review Program to submit proposed rate filing justifications into the URR module of HIOS. ^{8,9}	7/21/21
Target date on which CMS will post proposed rate changes. ¹⁰	7/30/21
Deadline for issuers in states with an Exchange served by the HealthCare.gov platform to submit final rate filing justifications <u>that include a QHP</u> in the URR module of HIOS. ¹¹	8/18/21 ¹²
Deadline for issuers in states with a State-based Exchange that does not use the HealthCare.gov platform to submit final rate filing justifications <u>that include a QHP</u> in the URR module of HIOS.	10/15/21
Deadline for all issuers to submit final rate filing justification <u>that only contain non-QHPs</u> in the URR module of HIOS.	10/15/21 ¹³
Target date on which CMS will post <u>all</u> final rate changes. ¹⁴	11/1/21

⁶ Rate review dates from the *Bulletin: Timing of Submission of Rate Filing Justifications for the 2021 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2022* available at <https://www.cms.gov/ccio/resources/Regulations-and-Guidance/index#Review-of-Insurance-Rates>.

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 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 (July 21, 2021) 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.

⁹ 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 (July 21, 2021).

¹⁰ 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).

¹¹ 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.

¹² These filings must be in final status by 3:00 p.m. EDT.

¹³ These filings must be in final status by 3:00 p.m. EDT.

¹⁴ 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).

Table 3. Risk Adjustment for Benefit Year 2020
and Risk Adjustment Data Validation for Benefit Years 2019 and 2020

Activity	
Interim 2020 Benefit Year Risk Adjustment Report Released	March 2021
Deadline for Submission of Final 2020 Benefit Year Risk Adjustment Data	4/30/2021
Summary Report of 2020 Benefit Year Risk Adjustment Transfers Released	6/30/2021
Collection of 2020 Benefit Year Risk Adjustment Charges Begins	August 2021
2020 Benefit Year Risk Adjustment Payments Begin	September 2021
2019 Benefit Year Risk Adjustment Data Validation Error Rates Released	February 2022 ¹⁵
Summary Report of 2019 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers for Exiting Issuers Released	April 2022 ¹⁶
2020 Benefit Year Risk Adjustment Data Validation Error Rates Released	May 2022
Combined Summary Report of 2019 and 2020 Benefit Years Risk Adjustment Data Validation Adjustments to Transfers Released ¹⁷	Summer 2022 ¹⁸
Collection and Payment of 2019 and 2020 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Charges	Summer 2022 ¹⁹

¹⁵ Due to the delay in commencing 2019 benefit year HHS-RADV as a result of the COVID-19 public health emergency, the 2019 benefit year HHS-RADV timeframes are later than usual. For more information on the updated 2019 benefit year HHS-RADV timeline, please see: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/HRADV_Timeline_073120_5CR_073120.pdf

¹⁶ CMS finalized a policy to combine and apply 2019 and 2020 benefit year HHS-RADV results for non-exiting issuers as a single adjustment that will be applied and collected on the 2020 benefit year HHS-RADV timeline. See 85 FR 76979. As such, information on the 2019 benefit year HHS-RADV adjustments to transfers for most issuers will not be announced until later in 2022. In the 2022 Payment Notice (85 FR 78572), CMS also proposed an update to the publication of HHS-RADV results and the collection and disbursement of HHS-RADV transfers and payments. If finalized as proposed, HHS-RADV results for all issuers participating in 2019 and 2020 HHS-RADV will be released no later than early summer 2022 and CMS will begin collecting and disbursing these amounts in summer or fall of 2022.

¹⁷ This report will include information on the combined 2019 and 2020 benefit year HHS-RADV results for non-exiting issuers and the 2020 benefit year HHS-RADV results for exiting issuers. See supra note 16.

¹⁸ See supra note 16

¹⁹ See supra note 16