

Key Dates for Calendar Year 2026:¹
 Qualified Health Plan (QHP) Data Submission and Certification;²
 Rate Review; Form Review; and Risk Adjustment

Table 1. QHP Data Submission and Certification.³

Activity	Dates
QHP Application submission and data validation window opens ⁴	4/15/26
CMS reviews QHP Application data as they are submitted and releases results for issuers and states to review	4/15/26 – 6/5/26
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer. ⁵	5/15/26
Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including Plan ID Crosswalk data	6/10/26
CMS reviews initial QHP Applications and releases results for issuers and states to review	6/11/26 – 7/10/26
QHP issuer submits the validated Quality Rating System (QRS) clinical measure data, with attestation, to CMS via the National Committee for Quality Assurance’s (NCQA) Interactive Data Submission System (IDSS). ⁶	6/15/26
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	7/15/26
CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review	7/16/26 – 8/7/26
Issuers, State and Federally-facilitated Exchange administrators, and CMS preview the 2026 QHP quality rating information. ⁷	Aug./Sept. 2026
Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates	8/5/26 – 8/19/26
Final Application Deadline: Deadline for issuers to submit changes to their QHP Applications	8/12/26
CMS reviews QHP Applications and releases results for issuers and states to review	8/13/26 – 9/8/26
CMS sends QHP Certification Agreements to issuers	9/8/26

¹ This document summarizes key dates for calendar year 2026 regarding some activities and policies that are outlined in other documents.

² These dates apply to QHPs in states with Exchanges that use the HealthCare.gov platform. This includes QHPs in Federally-facilitated Exchanges (including where the state performs plan management functions) and State-based Exchanges on the HealthCare.gov platform.

³ The information collection requests related to QHP Applications are approved under OMB control numbers 0938-1187, 0938-1295, 0938-1310, 0938-1415, and 0938-1461.

⁴ QHP Application submission for plan year 2027 is tentatively scheduled to begin on April 15, 2026, pending release of the final HHS Notice of Benefit and Payment Parameters for 2027 (Payment Notice). The QHP Application submission window will open, and QHP Application materials, including templates and instructions, will be made available shortly after the release of the Payment Notice.

⁵ *QRS and QHP Enrollee Survey Technical Guidance for 2026*, available at <https://www.cms.gov/files/document/qrs-and-qhp-enrollee-experience-survey-technical-guidance-2026.pdf>.

⁶ Each QHP issuer must submit and plan-lock its QRS clinical measure data by May 29, 2026, to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 15, 2026 deadline. There are no fees for QHP issuers associated with accessing and using the IDSS.

⁷ The phrase “QHP quality rating information” includes the QRS scores and ratings and the QHP Enrollee Survey results.

QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS	9/8/26 – 9/16/26
State Plan Confirmation Deadline: States complete final plan confirmation	9/8/26 – 9/16/26
Limited data correction window	9/10/26 – 9/11/26
Machine-Readable/URL Deadline: Deadline for issuers' machine-readable data to be posted and marketing URLs to be live and active	9/16/26
CMS releases certification notices to issuers and states	9/29/26 – 9/30/26
Anticipated public display of QHP quality rating information	11/1/26
Open Enrollment begins	11/1/26

Table 2. Rate Review for Single Risk Pool Coverage^{8,9}

Activity	Dates
Deadline for issuers in states without an Effective Rate Review Program to submit proposed rate filing justifications to CMS in the Unified Rate Review (URR) submissions page of the Marketplace Plan Management System (MPMS)	6/1/26
Deadline for issuers in states with an Effective Rate Review Program to submit proposed rate filing justifications to CMS and the state ^{10, 11}	7/15/26
Target date on which CMS will post proposed rate changes. ¹²	7/31/26
Deadline for states with an Effective Rate Review Program to post proposed rate increases subject to review (or link to ratereview.healthcare.gov for such information)	7/31/26
Deadline for Effective Rate Review states with Exchanges served by the HealthCare.gov platform to finalize determinations for rate filing justifications <u>that include a QHP</u> . ¹³	8/12/26

⁸ The phrase “single risk pool coverage” is used to describe non-grandfathered health insurance coverage in the individual or small group (or merged) markets that is subject to the single risk pool provisions at 45 CFR 156.80 and for which issuers are required to submit rate information using the Unified Rate Review Template.

⁹ The information collection request related to rate filing justifications is approved under OMB control number 0938-1141.

¹⁰ In states with an Effective Rate Review Program, a rate filing or determination that is filed through the National Association of Insurance Commissioners (NAIC) System For Electronic Rates & Forms Filing (SERFF) and automatically uploaded to the URR submissions page of MPMS will be considered filed with CMS once the upload is successful. This functionality does not apply to issuers in states that do not participate in SERFF. Issuers in those states will need to continue to submit rate filing justifications directly in the URR submissions page of MPMS.

¹¹ States with an Effective Rate Review Program may establish a different submission deadline for proposed rate filing justifications, as long as the deadline is no later than the federal deadline (July 15, 2026). States with an Effective Rate Review Program may also establish a submission deadline for proposed rate filing justifications that include a QHP that differs from the deadline for proposed rate filing justifications that include only non-QHPs, as long as both deadlines are no later than the federal deadline (July 15, 2026).

¹² 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).

¹³ States with an Effective Rate Review Program that participate in SERFF must enter in SERFF the applicable final determination, which will then be automatically uploaded to the URR submissions page of MPMS. States with an Effective Rate Review Program that do not participate in SERFF must enter the applicable final determination directly in the URR submissions page of MPMS. There are three final determination statuses. All submissions that do not have any rate increases subject to review (rate increases less than 15%) must be in a status 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.

CMS finalizes determinations for rate filing justifications <u>that include a QHP</u> from issuers in states without an Effective Rate Review Program	8/12/26
Deadline for Effective Rate Review states with a State-based Exchange that does not use the HealthCare.gov platform to finalize determinations for rate filing justifications <u>that include a QHP</u> . ¹⁴	10/15/26
Deadline for Effective Rate Review states to finalize rate filing justifications <u>that contain only non-QHPs</u> . ¹⁵	10/15/26
CMS finalizes determinations for rate filing justifications <u>that contain only non-QHPs</u> from issuers in states without an Effective Rate Review Program	10/15/26
Target date on which CMS will post <u>all</u> final rate changes. ¹⁶	10/30/26

Table 3. Federal Form Review.¹⁷

Activity	Dates
Deadline for issuers in states where CMS is enforcing certain Consolidated Appropriations Act, 2021 (CAA) and/or Affordable Care Act (ACA) provisions to submit form filings (QHPs and non-QHPs) to CMS. ^{18, 19, 20}	5/15/26
Deadline for QHP forms to be finalized	8/12/26
Deadline for QHP URLs to be live and active	9/16/26
Deadline for non-QHP forms to be finalized	10/15/26
Deadline for non-QHP URLs to be live and active	11/1/26

Table 4. Risk Adjustment for Benefit Year 2025 and Risk Adjustment Data Validation for Benefit Years 2024 and 2025.²¹

Activity	Dates
Interim 2025 Benefit Year Risk Adjustment Report Released	March 2026
Deadline for Submission of Final 2025 Benefit Year Risk Adjustment Data	4/30/26
2025 Benefit Year Risk Adjustment Data Validation Samples Released	May 2026
2024 Benefit Year Risk Adjustment Data Validation Error Rates Released	June 2026

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ 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).

¹⁷ The information collection request related to form filings is approved under OMB control number 0938-0702.

¹⁸ In order to ensure compliance with the applicable provisions of the CAA, health insurance issuers in Alabama, American Samoa, Arizona, Arkansas, Connecticut, Delaware, Florida, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Missouri, Northern Mariana Islands, Oklahoma, Rhode Island, Tennessee, Texas, 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 SERFF at <https://login.serff.com/serff/>.

¹⁹ In addition to reviewing form filings for CAA compliance, CMS will also review form filings in Missouri, Oklahoma, Tennessee, Texas, and Wyoming for compliance with applicable ACA federal market reforms. Issuers in those five 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 and student health insurance coverage, to the CMS Direct Enforcement instance in the SERFF.

²⁰ Forms for student health insurance products and products offered in the large group market are due 60 days prior to the coverage effective or renewal date.

²¹ The information collection request related to risk adjustment data is approved under OMB control number 0938-1155.

Summary Report of 2025 Benefit Year Risk Adjustment Transfers Released	6/30/26
Summary Report of 2024 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment Transfers Released	July 2026
Collection of 2025 Benefit Year Risk Adjustment Charges Begins Collection of 2025 Benefit Year High-Cost Risk Pool Charges Begins	August 2026
Collection of 2024 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Charges Begins	September 2026
2025 Benefit Year Risk Adjustment Payments Begin	September 2026
2024 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Payments Begin	November 2026
2025 Benefit Year High-Cost Risk Pool Payments Begin	November 2026

Table 5. Consolidated CY2026 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 2025 Benefit Year Risk Adjustment Report Released	March 2026
QHP Certification	QHP Application submission and data validation window opens	4/15/26
Risk Adjustment	Deadline for Submission of Final 2025 Benefit Year Risk Adjustment Data	4/30/26
Risk Adjustment	2025 Benefit Year Risk Adjustment Data Validation Samples Released	May 2026
Form Review	Deadline for issuers in states where CMS is enforcing certain CAA and/or ACA provisions to submit form filings (QHPs and non-QHPs) to CMS	5/15/26
QHP Certification	HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer	5/15/26
Risk Adjustment	2024 Benefit Year Risk Adjustment Data Validation Error Rates Released	June 2026
Rate Review	Deadline for issuers in states without an Effective Rate Review Program to submit proposed rate filing justifications to CMS in the Unified Rate Review (URR) submissions page of MPMS	6/1/26
QHP Certification	CMS reviews QHP Application data as they are submitted and releases results for issuers and states to review	4/15/26 – 6/5/26
QHP Certification	Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including Plan ID Crosswalk data	6/10/26
QHP Certification	QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's IDSS	6/15/26
Risk Adjustment	Summary Report of 2025 Benefit Year Risk Adjustment Transfers Released	6/30/26
Risk Adjustment	Summary Report of 2024 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment Transfers Released	July 2026
QHP Certification	CMS reviews initial QHP Applications and releases results for issuers and states to review	6/11/26 – 7/10/26

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	7/15/26
Rate Review	Deadline for issuers in states with an Effective Rate Review Program to submit proposed rate filing justifications to CMS and the state	7/15/26
Rate Review	Target date on which CMS will post proposed rate changes	7/31/26
Rate Review	Deadline for states with an Effective Rate Review Program to post proposed rate increases subject to review (or link to ratereview.healthcare.gov for such information)	7/31/26
Risk Adjustment	Collection of 2025 Benefit Year Risk Adjustment Charges Begins Collection of 2025 Benefit Year High-Cost Risk Pool Charges Begins	August 2026
QHP Certification	CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review	7/16/26 – 8/7/26
QHP Certification	Final Application Deadline: Deadline for issuers to submit changes to their QHP Applications	8/12/26
Rate Review	Deadline for Effective Rate Review states with Exchanges served by the HealthCare.gov platform to finalize determinations for rate filing justifications <u>that include a QHP</u>	8/12/26
Rate Review	CMS finalizes determinations for rate filing justifications <u>that include a QHP</u> from issuers in states without an Effective Rate Review Program	8/12/26
Form Review	Deadline for QHP forms to be finalized	8/12/26
QHP Certification	Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates	8/5/26 – 8/19/26
QHP Certification	Issuers, State and Federally-facilitated Exchange administrators, and CMS preview the 2026 QHP quality rating information	Aug./Sept. 2026
Risk Adjustment	Collection of 2024 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Charges Begins	September 2026
Risk Adjustment	2025 Benefit Year Risk Adjustment Payments Begin	September 2026
QHP Certification	CMS reviews QHP Applications and releases results for issuers and states to review	8/13/26 – 9/8/26
QHP Certification	CMS sends QHP Certification Agreements to issuers	9/8/26
QHP Certification	Limited data correction window	9/10/26 -9/11/26
QHP Certification	QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS	9/8/26 -9/16/26
QHP Certification	State Plan Confirmation Deadline: States complete final plan confirmation	9/8/26 – 9/16/26

QHP Certification	Machine-Readable/URL Deadline: Deadline for issuers' machine-readable data to be posted and marketing URLs to be live and active	9/16/26
Form Review	Deadline for QHP URLs to be live and active	9/16/26
QHP Certification	CMS releases certification notices to issuers and states	9/29/26 – 9/30/26
Rate Review	Deadline for Effective Rate Review states with a State-based Exchange that does not use the HealthCare.gov platform to finalize determinations for rate filing justifications <u>that include a QHP</u>	10/15/26
Rate Review	Deadline for Effective Rate Review states to finalize rate filing justifications <u>that contain only non-QHPs</u>	10/15/26
Rate Review	CMS finalizes determinations for rate filing justifications <u>that contain only non-QHPs</u> from issuers in states without an Effective Rate Review Program	10/15/26
Form Review	Deadline for non-QHP forms to be finalized	10/15/26
Rate Review	Target date on which CMS will post <u>all</u> final rate changes	10/30/26
Risk Adjustment	2024 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Payments Begin	November 2026
Risk Adjustment	2025 Benefit Year High-Cost Risk Pool Payments Begin	November 2026
QHP Certification	Anticipated public display of QHP quality rating information	11/1/26
Form Review	Deadline for non-QHP URLs to be live and active	11/1/26
QHP Certification	Open Enrollment begins	11/1/26