

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
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Title: Revised Plan Year (PY) 2026 Qualified Health Plan (QHP) Data Submission and Certification Timeline

Subject: Bulletin: Revised Timing of QHP Data Submission and Certification for the 2026 Plan Year for Issuers in the Federally-facilitated Exchanges

I. Purpose

The Centers for Medicare & Medicaid Services (CMS) is releasing this bulletin updating the submission deadlines under 45 CFR 155 subpart K for health insurance issuers applying to offer qualified health plans (QHPs) on the Federally-facilitated Exchanges (FFE)s.¹ This document and the deadlines below supersede the previous version of this bulletin and the PY2026 QHP Data Submission and Certification Timeline contained therein.

The Patient Protection and Affordable Care Act (ACA) and applicable regulations provide that health plans, including stand-alone dental plans (SADPs), must meet a number of standards in order to be certified as QHPs. Several of these are market-wide standards that apply to plans offered in the individual and small group markets, both inside and outside of the Exchanges. The remaining standards are specific to health plans seeking QHP certification from the Exchanges. The dates in this bulletin would apply to all states in which an FFE operates, which include: 1) states performing plan management functions and making QHP certification recommendations to CMS, 2) states where CMS is performing all plan management functions and certifying QHPs while the state is enforcing the market-wide standards under the ACA, and 3) states where CMS is performing plan management functions and enforcing market-wide standards under the ACA (but the state continues to enforce state law requirements with which issuers must comply). Some of the dates included in this bulletin would also apply to issuers in State-based Exchanges on the Federal Platform (SBE-FPs); additional information on these requirements will be provided in future guidance. Issuers should refer to these dates to help them successfully participate in any such Exchange in 2026.

In accordance with 45 CFR Part 155 subpart K, CMS will review, and approve or deny, QHP applications from issuers that are applying to offer QHPs on the FFEs. CMS will not conduct QHP certification reviews of plans that are submitted for offering only outside of the FFEs, except for SADPs seeking off-Exchange certification. The FFEs will not display ancillary insurance products and health plans that are

¹ The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. 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.

not QHPs (e.g., stand-alone vision plans, disability, or life insurance products). The FFEs will only offer QHPs, including SADPs.

II. Revised PY2026 QHP Data Submission and Certification Timeline

Table 1 lists key PY2026 dates for QHP certification applications and related data submissions.

As in prior years, issuers will submit a complete QHP application for all plans they intend to have certified in a state in which an FFE is operating. Through an iterative process as shown in Table 1, CMS will review QHP applications for current and new issuers applying for QHP certification in an FFE. Issuers may have their QHP application denied if they fail to meet the applicable deadlines, or if their applications are not accurate or complete after the deadline for issuer submission of changes to the QHP application.²

Table 1. QHP Data Submission and Certification Timeline for Plan Year 2026

Activity	Dates
QHP Application submission and data validation window opens	4/16/25
CMS reviews QHP Application data as they are submitted and releases results for issuers and states to review	4/16/25 – 6/6/25
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer ³	5/16/25
Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including Plan ID Crosswalk data	6/11/25
CMS reviews initial QHP Applications and releases results for issuers and states to review	6/12/25 – 7/11/25
QHP issuer submits the validated Quality Rating System (QRS) clinical measure data, with attestation, to CMS via NCQA's Interactive Data Submission System (IDSS) ⁴	6/13/25
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	7/16/25
CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review	7/17/25 – 8/8/25
Issuers, Exchange administrators, and CMS preview the 2025 QHP quality rating information	Aug./Sept. 2025
Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates	8/6/25 – 8/20/25
Final Application Deadline: Deadline for issuers to submit changes to their QHP Applications	8/13/25
CMS reviews QHP Applications and releases results for issuers and states to review	8/14/25 – 9/8/25
Limited data change window ⁵	9/11/25 – 9/12/25
NEW: Additional opportunity for issuers to withdraw plans	9/16/25 – 9/25/25

² Regulations at 45 CFR 155.1000 provide Exchanges with broad discretion to certify QHPs that otherwise meet the QHP certification standards specified in Subpart C of Part 156, and afford Exchanges the discretion to deny certification of QHPs that meet minimum QHP certification standards, but are not ultimately in the “interest” of qualified individuals and qualified employers.

³ QRS and QHP Enrollee Survey Technical Guidance for 2025, available at <https://www.cms.gov/files/document/qrs-and-qhp-enrollee-experience-survey-technical-guidance-2025.pdf>.

⁴ Each QHP issuer must submit and plan-lock its QRS clinical measure data by May 30 to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 13 deadline. There are no fees for QHP issuers associated with accessing and using the IDSS.

⁵ Before making QHP Application data changes, applicable issuers must request to make the change and receive approval from CMS and their state regulator. More information on Data Change Windows is available at <https://www.qhpcertification.cms.gov/QHP/certificationforms/Data-Change-Windows>

Activity	Dates
REVISED: CMS sends QHP Certification Agreements to issuers	9/26/25
REVISED: QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS	9/26/25 – 10/2/25
REVISED: State Plan Confirmation Deadline: States complete final plan confirmation	9/26/25 – 10/2/25
NEW: Limited data change window ⁶	9/30/25 – 10/1/25
REVISED: Machine-Readable/URL Deadline: Deadline for issuers' machine-readable data to be posted and marketing URLs to be live and active	10/2/25
REVISED: CMS releases certification notices to issuers and states	10/17/25
Anticipated public display of QHP quality rating information	11/1/25
Open Enrollment begins	11/1/25

III. CMS Qualified Health Plan Application

Information and instructions about the process for issuers to complete a QHP application are made available annually at <https://www.qhpcertification.cms.gov>.

⁶ Further information on the actions required by issuers and states are available in the Qualified Health Plan (QHP) Certification Updates for the Federally-facilitated Exchange (FFE) and State-based Exchanges on the Federal Platform (SBES-FP) in Response to City of Columbus v. Kennedy, No. 25-cv2114-BAH (D.Md.) memo: <https://www.cms.gov/files/document/qhp-certification-updates.pdf>