

Proposed Key Dates for Calendar Year 2024:<sup>1,2</sup>  
 Qualified Health Plan (QHP) Data Submission and Certification;<sup>3</sup>  
 Rate Review; Form Review; and Risk Adjustment

Table 1. QHP Data Submission and Certification Timeline

| Activity  | Dates             |
|---|-------------------|
| QHP Application submission and data validation window opens <sup>4</sup>  | 4/17/24           |
| <b>Early Bird Application Deadline:</b> Optional Early Bird deadline for issuers to submit QHP Applications to CMS  | 5/15/24           |
| CMS reviews Early Bird QHP Application data and releases results for issuers and states to review   | 4/18/24 – 6/7/24  |
| HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the issuer <sup>5</sup>  | 5/21/24           |
| <b>Initial Application Deadline:</b> Initial deadline for issuers to submit QHP Applications to CMS, including Plan ID Crosswalk data   | 6/12/24           |
| QHP issuers submit the validated Quality Rating System (QRS) clinical measure data, with attestation, to CMS via NCQA’s Interactive Data Submission System (IDSS) <sup>6</sup>                          | 6/14/24           |
| CMS reviews initial QHP Applications and releases results for issuers and states to review  | 6/13/24 – 7/12/24 |
| <b>Secondary Application Deadline:</b> 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 | 7/17/24           |
| CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review   | 7/18/24 – 8/9/24  |
| Issuers, Exchange administrators, and CMS preview the 2024 QHP quality rating information <sup>7</sup>  | Aug./Sep. 2024    |
| <b>Issuer Plan Confirmation/Crosswalk Deadline:</b> Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates   | 8/7/24 – 8/21/24  |
| <b>Final Application Deadline:</b> Deadline for issuers to submit changes to their QHP Applications   | 8/14/24           |

<sup>1</sup> These dates are subject to change. All dates are from the *Draft Bulletin: Proposed Timing of QHP Data Submission and Certification for the 2025 Plan Year for Issuers in the Federally-facilitated Exchanges*, available at <https://www.cms.gov/files/document/proposed-py2025-qhp-data-submission-and-certification-timeline-bulletin.pdf>.

<sup>2</sup> This document summarizes proposed key dates for calendar year 2024 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 proposed key dates through release of this document.

<sup>3</sup> These dates apply to QHPs in states with Exchanges 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.

<sup>4</sup> QHP Application submission is tentatively scheduled to begin on April 17, 2024, pending release of the final HHS Notice of Benefit and Payment Parameters for 2025. 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.

<sup>5</sup> *QRS and QHP Enrollee Survey Technical Guidance for 2024*, available at <https://www.cms.gov/files/document/qrs-and-qhp-enrollee-survey-technical-guidance-2024.pdf>.

<sup>6</sup> Each QHP issuer must submit and plan-lock its QRS clinical measure data by May 31 to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 14 deadline. There are no fees for QHP issuers associated with accessing and using the IDSS.

<sup>7</sup> The term “QHP quality rating information” includes the QRS scores and ratings and the QHP Enrollee Survey results.

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| CMS reviews QHP Applications and releases results for issuers and states to review  | 8/15/24 – 9/9/24  |
| CMS sends QHP Certification Agreements to issuers   | 9/10/24           |
| <b>QHP Agreement Signing Deadline:</b> Issuers return signed QHP Certification Agreements to CMS  | 9/10/24 – 9/18/24 |
| <b>State Plan Confirmation Deadline:</b> States complete final plan confirmation  | 9/10/24 – 9/18/24 |
| Limited data correction window  | 9/12/24 – 9/13/24 |
| <b>Machine-Readable/URL Deadline:</b> Deadline for issuers' machine-readable data to be posted and marketing URLs to be live and active | 9/18/24           |
| CMS releases certification notices to issuers and states  | 10/1/24-10/2/24   |
| Anticipated public display of QHP quality rating information  | 11/1/24           |
| Open Enrollment begins  | 11/1/24           |

Table 2. Rate Review for Single Risk Pool Coverage<sup>8,9</sup>

| Activity   | Dates   |
|--|---------|
| Deadline for issuers in states <b>without</b> an Effective Rate Review Program to submit proposed rate filing justifications to CMS in the Unified Rate Review (URR) module of HIOS  | 6/3/24  |
| Deadline for issuers in states <b>with</b> an Effective Rate Review Program to submit proposed rate filing justifications to CMS and the state <sup>10, 11</sup>   | 7/17/24 |
| Target date on which CMS will post proposed rate changes <sup>12</sup>   | 8/1/24  |
| Deadline for states <b>with</b> an Effective Rate Review Program to post proposed rate increases subject to review (or link to <a href="https://www.ratereview.healthcare.gov">ratereview.healthcare.gov</a> for such information) | 8/1/24  |
| Deadline for <b>Effective Rate Review states</b> with Exchanges served by the HealthCare.gov platform to finalize determinations for rate filing justifications <u>that include a QHP</u> <sup>13</sup>                            | 8/14/24 |

<sup>8</sup> All dates are from the *Draft Bulletin: Proposed Timing of Submission of Rate Filing Justifications for the 2024 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2025* available at <https://www.cms.gov/files/document/2024-proposed-rate-review-bulletin.pdf>.

<sup>9</sup> The term “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 is required to submit rate information using the Unified Rate Review Template.

<sup>10</sup> 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 module of HIOS will be considered filed with CMS once the upload is successful. This functionality does not apply to states that do not participate in SERFF. Issuers in those states will need to continue to submit rate filing justifications directly in the URR module of HIOS.

<sup>11</sup> 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 (proposed July 17, 2024). 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 (proposed July 17, 2024).

<sup>12</sup> 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).

<sup>13</sup> 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 module of HIOS. States with an Effective Rate Review Program that do not participate in SERFF must enter the applicable final determination directly in the URR module of HIOS.

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| CMS finalizes determinations for rate filing justifications that include a QHP from issuers in states <b>without</b> an Effective Rate Review Program  | 8/14/24  |
| Deadline for <b>Effective Rate Review states</b> 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> <sup>14</sup> | 10/15/24 |
| Deadline for <b>Effective Rate Review states</b> to finalize rate filing justifications <u>that only contain non-QHPs</u> <sup>15</sup>  | 10/15/24 |
| CMS finalizes determinations for rate filing justifications that only contain non-QHPs from issuers in states <b>without</b> an Effective Rate Review Program  | 10/15/24 |
| Target date on which CMS will post <u>all</u> final rate changes <sup>16</sup>   | 11/1/24  |

Table 3. Federal Form Review

| 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 (QHP and non-QHPs) to CMS <sup>17, 18, 19</sup> | 5/15/24  |
| Deadline for QHP forms to be finalized   | 8/14/24  |
| Deadline for QHP URLs to be live and active  | 9/18/24  |
| Deadline for non-QHPs forms to be finalized  | 10/15/24 |
| Deadline for non-QHPs URLs to be live and active   | 11/1/24  |

Table 4. Risk Adjustment for Benefit Year 2023  
and Risk Adjustment Data Validation for Benefit Years 2022 and 2023

| Activity  | Dates      |
|---|------------|
| Interim 2023 Benefit Year Risk Adjustment Report Released               | March 2024 |
| Deadline for Submission of Final 2023 Benefit Year Risk Adjustment Data | 4/30/24    |

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.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> 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).

<sup>17</sup> 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, New Hampshire, 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/>.

<sup>18</sup> In addition to reviewing form filings for CAA compliance, CMS will also review form filings in Missouri, Oklahoma, Texas, and Wyoming for compliance with applicable ACA federal market reforms. Issuers in those four 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.

<sup>19</sup> Forms for student health insurance products and products offered in the large group market are due 60 days prior to the school offering the product to the students, or 60 days prior to the employer offering the product to the employees, respectively.

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|---|----------------|
| 2023 Benefit Year Risk Adjustment Data Validation Samples Released  | May 2024       |
| 2022 Benefit Year Risk Adjustment Data Validation Error Rates Released  | June 2024      |
| Summary Report of 2023 Benefit Year Risk Adjustment Transfers Released  | 6/28/24        |
| Summary Report of 2022 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment Transfers Released                           | July 2024      |
| Collection of 2023 Benefit Year Risk Adjustment Charges Begins  | August 2024    |
| Collection and Payment of 2022 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Charges Begins | September 2024 |
| 2023 Benefit Year Risk Adjustment Payments Begin  | September 2024 |

Table 5. Consolidated CY2024 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 2023 Benefit Year Risk Adjustment Report Released   | March 2024       |
| QHP Certification | QHP Application submission and data validation window opens   | 4/17/24          |
| Risk Adjustment   | Deadline for Submission of Final 2023 Benefit Year Risk Adjustment Data   | 4/30/24          |
| Risk Adjustment   | 2023 Benefit Year Risk Adjustment Data Validation Samples Released  | May 2024         |
| Form Review       | Deadline for issuers in states where CMS is enforcing certain CAA and/or ACA provisions to submit form filings (QHP and non-QHPs) to CMS  | 5/15/24          |
| QHP Certification | Early Bird Application Deadline: Optional Early Bird deadline for issuers to submit QHP Applications to CMS   | 5/15/24          |
| QHP Certification | HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the issuer   | 5/21/24          |
| Risk Adjustment   | 2022 Benefit Year Risk Adjustment Data Validation Error Rates Released  | June 2024        |
| Rate Review       | Deadline for issuers in states <b>without</b> an Effective Rate Review Program to submit proposed rate filing justifications to CMS in the Unified Rate Review (URR) module of HIOS | 6/3/24           |
| QHP Certification | CMS reviews Early Bird QHP Application data and releases results for issuers and states to review   | 4/18/24 – 6/7/24 |
| QHP Certification | Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including Plan ID Crosswalk data  | 6/12/24          |
| QHP Certification | QHP issuers submit the validated QRS clinical measure data, with attestation, to CMS via NCQA's Interactive Data Submission System (IDSS)   | 6/14/24          |
| Risk Adjustment   | Summary Report of 2023 Benefit Year Risk Adjustment Transfers Released  | 6/28/24          |
| Risk Adjustment   | Summary Report of 2022 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment Transfers Released   | July 2024        |

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|-------------------|--|-------------------|
| QHP Certification | CMS reviews initial QHP Applications and releases results for issuers and states to review   | 6/13/24 – 7/12/24 |
| 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                                   | 7/17/24           |
| Rate Review       | Deadline for issuers in states <b>with</b> an Effective Rate Review Program to submit proposed rate filing justifications to CMS and the state   | 7/17/24           |
| Risk Adjustment   | Collection of 2023 Benefit Year Risk Adjustment Charges Begins   | August 2024       |
| Rate Review       | Target date on which CMS will post proposed rate changes   | 8/1/24            |
| Rate Review       | Deadline for states <b>with</b> an Effective Rate Review Program to post proposed rate increases subject to review (or link to <a href="https://www.healthcare.gov/ratereview">ratereview.healthcare.gov</a> for such information) | 8/1/24            |
| QHP Certification | CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review  | 7/18/24 – 8/9/24  |
| QHP Certification | Final Application Deadline: Deadline for issuers to submit changes to their QHP Applications   | 8/14/24           |
| Rate Review       | Deadline for <b>Effective Rate Review states</b> with Exchanges served by the HealthCare.gov platform to finalize determinations for rate filing justifications <u>that include a QHP</u>  | 8/14/24           |
| Rate Review       | CMS finalizes determinations for rate filing justifications that include a QHP from issuers in states <b>without</b> an Effective Rate Review Program  | 8/14/24           |
| Form Review       | Deadline for QHP forms to be finalized   | 8/14/24           |
| QHP Certification | Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates   | 8/7/24 – 8/21/24  |
| QHP Certification | Issuers, Exchange administrators, and CMS preview the 2024 QHP quality rating information  | Aug./Sep. 2024    |
| Risk Adjustment   | Collection and Payment of 2022 Benefit Year Risk Adjustment Data Validation Adjustments to Transfers and Default Data Validation Charges Begins  | September 2024    |
| Risk Adjustment   | 2023 Benefit Year Risk Adjustment Payments Begin   | September 2024    |
| QHP Certification | CMS reviews QHP Applications and releases results for issuers and states to review   | 8/15/24 – 9/9/24  |
| QHP Certification | CMS sends QHP Certification Agreements to issuers  | 9/10/24           |
| QHP Certification | Limited data correction window   | 9/12/24 – 9/13/24 |
| QHP Certification | QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS  | 9/10/24 – 9/18/24 |
| QHP Certification | State Plan Confirmation Deadline: States complete final plan confirmation  | 9/10/24 – 9/18/24 |

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|-------------------|--|-----------------|
| QHP Certification | Machine-Readable/URL Deadline: Deadline for issuers' machine-readable data to be posted and marketing URLs to be live and active   | 9/18/24         |
| Form Review       | Deadline for QHP URLs to be live and active  | 9/18/24         |
| QHP Certification | CMS releases certification notices to issuers and states   | 10/1/24-10/2/24 |
| Rate Review       | Deadline for <b>Effective Rate Review states</b> 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> | 10/15/24        |
| Rate Review       | Deadline for <b>Effective Rate Review states</b> to finalize rate filing justifications <u>that only contain non-QHPs</u>  | 10/15/24        |
| Rate Review       | CMS finalizes determinations for rate filing justifications that only contain non-QHPs from issuers in states <b>without</b> an Effective Rate Review Program  | 10/15/24        |
| Form Review       | Deadline for non-QHPs forms to be finalized  | 10/15/24        |
| QHP Certification | Anticipated public display of QHP quality rating information   | 11/1/24         |
| Rate Review       | Target date on which CMS will post <u>all</u> final rate changes   | 11/1/24         |
| Form Review       | Deadline for non-QHPs URLs to be live and active   | 11/1/24         |
| QHP Certification | Open Enrollment begins   | 11/1/24         |