

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
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Washington, DC 20201



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From: Lourdes Grindal-Miller, Director, Marketplace Plan Management Group

Title: Plan Year (PY) 2023 Qualified Health Plan (QHP) Data Submission and Certification Timeline

Subject: Bulletin: Timing of QHP Data Submission and Certification for the 2023 Plan Year for Issuers in the Federally-facilitated Exchanges

I. Purpose

The Centers for Medicare & Medicaid Services (CMS) is releasing this bulletin establishing 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).¹

The 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 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) direct enforcement 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 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 2023.

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

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.

II. PY2023 QHP Data Submission and Certification Timeline

Table 1 lists key PY2023 dates for QHP certification applications and related data submissions. Additional information about the PY2023 QHP certification process will be provided in future guidance.

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 QHP data, including templates and associated supporting documentation, is due to CMS by the general application deadlines in Table 1, unless a separate deadline is noted for that submission.

New for PY2023, CMS will no longer establish a separate submission deadline for issuers to request changes to their service area. Issuers may make changes to their plan’s service area after the initial application deadline without first submitting a data change request (DCR) for CMS authorization. After the final application deadline, a DCR is required for any change to QHP data, including service area.

Also new for PY2023, CMS will discontinue the SADP voluntary reporting of intent to offer survey.

Table 1. QHP Data Submission and Certification Timeline for Plan Year 2023

Activity	Dates
QHP Application submission window opens	4/21/22
Early Bird Application Deadline: Optional Early Bird deadline for issuers to submit QHP Applications to CMS	5/18/22
CMS reviews Early Bird QHP Application data and releases results in the PM Community for issuers and states to review	5/19/22 – 6/10/22
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer ³	5/20/22
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	6/15/22
Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including machine-readable index URLs and Plan ID Crosswalk data	6/15/22
CMS reviews initial QHP Applications and releases results in the PM Community for issuers and states to review	6/16/22 – 7/15/22
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	7/20/22
CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results in the PM Community for issuers and states to review	7/21/22 – 8/12/22
QHP issuers, Exchange administrators, and CMS preview the 2022 QHP quality rating information	Aug./Sep. 2022
Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates in the PM Community	8/10/22 – 8/24/22
Final Application Deadline: Deadline for issuers to submit changes to their QHP Applications and to submit marketing URL data in the HIOS Supplemental Submission Module (SSM)	8/17/22

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 2022, available at <https://www.cms.gov/files/document/2022-qrs-and-qhp-enrollee-survey-technical-guidance.pdf>.

⁴ Each QHP issuer must submit and plan-lock its QRS clinical measure data by June 1 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.

Activity	Dates
CMS reviews QHP Applications and releases results in the PM Community for issuers and states to review	8/18/22 – 9/12/22
CMS sends QHP Certification Agreements to issuers	9/13/22
QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS	9/13/22 – 9/21/22
State Plan Confirmation Deadline: States complete final plan confirmation in the PM Community	9/13/22 – 9/21/22
Limited data correction window	9/15/22 – 9/16/22
Machine-Readable/URL Deadline: Deadline for issuers' machine-readable data to be posted and marketing URLs to be live and active	9/21/22
CMS releases certification notices to issuers and states	10/4/22 – 10/5/22
Anticipated public display of QHP quality rating information	11/1/22
Open Enrollment begins	11/1/22

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>.