

**Key Dates for Calendar Year 2017¹:
Qualified Health Plan Certification in the Federally-facilitated Exchanges;
Rate Review; Risk Adjustment, Reinsurance and Risk Corridors
Revised April 2017**

The dates in Table 1 below generally supersede Table 1.1 *Timeline for Qualified Health Plan (QHP) Certification in the Federally Facilitated Exchanges (FFM)* on pages 7 and 8 from the 2018 Letter to Issuers² released on December 16, 2016. The Centers for Medicare & Medicaid Services (CMS) released an Addendum to the 2018 Letter to Issuers³ to reflect the revised Plan Year 2018 QHP certification timeline consistent with Table 1 below. Table 2 reflects the revisions to the Unified Rate Review timeline, as reflected in the April 13, 2017 Bulletin: Revised Timing of Submission and Posting of Rate Filing Justifications for the 2017 Filing Year for Single Risk Pool Coverage.⁴ Table 3 includes the dates for Risk Adjustment and Reinsurance and has been updated to include key dates for Risk Corridors for the 2016 Benefit Year.

Table 1. Key Dates: QHP Certification in the Federally-facilitated Exchanges

Activity		Dates
QHP Application Submission and Review Process	Initial FFM QHP Application submission window ⁵	5/10/17 – 6/21/17
	Deadline for all issuers to submit rate table templates for single risk pool coverage that includes a QHP	6/21/17
	CMS reviews initial QHP Applications received as of June 21	6/22/17 – 7/25/17
	CMS sends First Correction Notice to issuers	8/1/17—8/2/17
	Deadline for Service Area Petition	8/4/17
	Final deadline for issuer changes to QHP Application	8/16/17
	Final CMS review of final QHP Application Submissions received as of August 16	8/17/17 – 9/11/17
	CMS sends final Correction Notice to issuers with Agreements for signature and Plan Lists for confirmation	9/14/17 – 9/15/17
	States send CMS final Plan Recommendations	9/27/17 ⁶

¹ This document summarizes key dates for calendar year 2017, some of which have been revised regarding some activities and policies that are outlined in other documents, such as the *2018 Letter to Issuers in the Federally-facilitated Marketplaces* (December 16, 2016), the *Addendum to the 2018 Letter to Issuers in the Federally-facilitated Marketplaces* (February 17, 2017); the *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2018; Final Rule*, (December 16, 2016), and the *Bulletin: Revised Timing of Submission and Posting of Rate Filing Justifications for the 2017 Filing Year for Single Risk Pool Coverage* (February 17, 2017).

² <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces.pdf>

³ <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces-and-February-17-Addendum.pdf>

⁴ The April 13, 2017 Bulletin: Revised Timing of Submission and Posting of Rate Filing Justifications for the 2017 Filing Year for Single Risk Pool Coverage; Revised Timing of Submission for Qualified Health Plan Certification Application is available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-Revised-2017-filing-timeline-bulletin-4-13-17.pdf>. The April 13, 2017 bulletin finalizes the proposed uniform rate review timeline in the February 17, 2017 Draft Bulletin: Revised Timing of Submission and Posting of Rate Filing Justifications for the 2017 Filing Year for Single Risk Pool Coverage, which is available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Revised-2017-filing-timeline-bulletin-2-17-17.pdf>. The February 17, 2017 bulletin proposed revisions to the uniform rate review timeline in the December 16, 2016 Bulletin, which is available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/RR-timeline-bulletin-final-12-16-16.pdf>.

⁵ URRT and Form Filing submissions to CMS in States in which CMS is either the Effective Rate Reviewer or direct enforcer of the Affordable Care Act federal reforms follow the same Initial Submission Window and Deadline as the QHP Initial FFM QHP Application Submission Window. This submission deadline applies to URRT and Form Filing submissions for single risk pool coverage (including QHPs and non-QHPs).

⁶ Separate from Correction Notices, CMS will send plan lists for confirmation to States with an FFM, including FFMs in States performing plan management functions, and to States with SBM-FPs. CMS requires responses to that State outreach by September 27, 2017, including if plans were transferred in error or a State otherwise recommends against (for FFMs) or is denying (SBM-FPs) certification of a plan. States must communicate that information to CMS in order for the information to be incorporated into certification decisions and Certification Notices, as applicable.

Activity		Dates
QHP Agreement/Final Certification	Issuers send signed Agreements, confirmed Plan Lists and final Plan Crosswalks to CMS	9/16/17 – 9/27/17
	CMS sends Certification Notices with countersigned Agreements and final plan lists to issuers ⁷	10/11/17 – 10/12/17
	Limited data correction window: Outreach to issuers with CMS or State identified data errors; issuers submit corrections; CMS reviews and finalizes data for Open Enrollment	9/15/2017 – 10/7/2017
Open Enrollment		11/1/2017 – 12/15/17

Table 2: Key Dates for Rate Review for Single Risk Pool Coverage⁸

Activity	Dates
Submission deadline for all rate filing justifications for single risk pool coverage (QHP and non-QHP) into the URR module of HIOS for issuers in a State without an Effective Rate Review Program	6/1/17
Submission deadline for all rate filing justifications for single risk pool coverage (QHP and non-QHP) into the URR module of HIOS for issuers in a State with an Effective Rate Review Program (unless a State sets an earlier deadline)	7/17/17
Change window closes for proposed rate filing justifications in HIOS URR module ⁹	7/25/17
Target date for CMS to make all initial proposed rate filing information for single risk pool coverage (QHP and non-QHP) available for consumers to review on https://ratereview.healthcare.gov ¹⁰	8/1/17
Deadline for States with an Effective Rate Review Program to publicly post proposed rate increases subject to review for single risk pool coverage (QHPs and non-QHPs) (unless a State sets an earlier deadline)	8/1/17
Deadline for all rate filing justifications for single risk pool coverage that includes a QHP to be in a final status ¹¹ in the URR system	8/16/17
Deadline for all rate filing justifications for single risk pool coverage that includes only non-QHPs to be in a final status in the URR system	10/6/17
Target date for CMS to post all final rate filing information for single risk pool coverage (QHPs and non-QHPs) on https://ratereview.healthcare.gov ¹²	11/1/17
Target date for States with an Effective Rate Review Program to post final rate increase information for single risk pool coverage (QHPs and non-QHPs) (unless a State sets an earlier deadline)	11/1/17

⁷ CMS plans to send countersigned agreements with the Certification Notices for plan year 2018, as opposed to with Validation Notices as done in previous certification cycles.

⁸ 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 required to submit rate information using the Unified Rate Review Template.

⁹ The change window closes at 3:00 pm, Eastern Standard Time, on this date.

¹⁰ CMS will post rate filing information for all single risk pool coverage proposed rates. 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).

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 10%) must be in a State of “Rate Filing Accepted.” For submission with rate increases that are subject to review (rate increase of 10% 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 CMS will post rate filing information for all single risk pool coverage final rates. 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. Key Dates for Risk Adjustment, Reinsurance and Risk Corridors for Benefit Year 2016

Activity	
First Bifurcated or Combined Reinsurance Contribution Amount Due	1/17/2017
Interim Risk Adjustment Report	3/31/2017
Deadline for Submission of Final 2016 Benefit Year Risk Adjustment/Reinsurance Data	5/1/2017
2016 Benefit Year Risk Adjustment and Reinsurance Summary Report Released	6/30/2017
Deadline for Submission of Final 2016 Benefit Year Risk Corridors Data	7/31/2017
Remittance and Collection of 2016 Benefit Year Risk Adjustment and Reinsurance Payments and Charges Begins	8/2017
Second Bifurcated Reinsurance Contribution for 2016 Benefit Year Amount Due	11/15/2017
Notification of 2016 Benefit Year Risk Corridors Payments and Charges	11/2017
Collection of 2016 Benefit Year Risk Corridors Charges Begins	11/2017
Remittance of Risk Corridors Payments Begins	12/2017