

**Key Dates for Calendar Year 2017¹:
QHP Certification in the Federally-facilitated Marketplaces²;
Rate Review; Risk Adjustment and Reinsurance**

QHP Certification³

Activity		Dates
QHP Application Submission and Review Process	Initial FFM QHP Application submission window ⁴	4/5/2017 – 5/3/2017
	Deadline for all issuers to submit rate table templates for single risk pool coverage that includes a QHP	5/3/2017
	CMS reviews initial QHP Applications received as of May 3	5/4/2017 – 6/5/2017
	CMS sends initial Plan Confirmation Lists to issuers	5/12/2017
	CMS sends First Correction Notice to issuers	6/12/2017 – 6/13/2017
	Deadline for issuers to submit revised data	6/27/2017
	CMS reviews revised QHP Applications received as of June 27	6/28/2017 – 7/28/2017
	CMS sends Second Correction Notice to issuers	8/7/2017 – 8/8/2017
	Deadline for Service Area Petition	8/9/2017
	Final deadline for issuer changes to QHP Application	8/21/2017
	Final CMS review of final QHP Application Submissions received as of August 21	8/22/2017 – 9/5/2017
	CMS sends final Correction Notice to issuers with Agreements for signature and Plan Lists for confirmation	9/11/2017
	States send CMS final Plan Recommendations	9/15/2017 ⁵
QHP Agreement/Final Certification	Issuers send signed Agreements, confirmed Plan Lists and final Plan Crosswalks to CMS	9/12/2017 – 9/15/2017
	CMS sends Certification Notices with countersigned Agreements and final plan lists to issuers ⁶	9/21/2017 – 9/22/2017
	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	9/12/2017 – 10/13/2017
Open Enrollment		11/1/2017 – 1/31/2018

¹ This document summarizes key dates for calendar year 2017 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 *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2018; Final Rule*, (December 16, 2016), and the *Bulletin: Timing of Submission and Posting of Rate Filing Justifications for the 2017 Filing Year for Single Risk Pool Coverage* (December 16, 2016).

² Includes QHPs in FFMs where States perform plan management functions.

³ QHP certification information from the *2018 Letter to Issuers in the Federally-facilitated Marketplaces* (December 16, 2016), available at: <https://www.cms.gov/ccio/index.html>

⁴ 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).

⁵ 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 15, 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.

⁶ 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.

Rate Review for Single Risk Pool Coverage^{7,8}

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	5/3/17
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 making all initial proposed rate changes 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	8/21/17
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 changes for single risk pool coverage (QHPs and non-QHPs) on https://ratereview.healthcare.gov	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

Risk Adjustment and Reinsurance for Benefit Year 2016

Activity	Dates
First Bifurcated or Combined Reinsurance Contribution Amount Due	1/17/2017
Interim Risk Adjustment Report	3/2017
Deadline for Submission of final Risk Adjustment/Reinsurance Data	5/1/2017
Risk Adjustment and Reinsurance Summary Report Released	6/30/2017
Remittance and Collection of Risk Adjustment and Reinsurance Payments and Charges Begins	8/2017
Second Bifurcated Reinsurance Contribution Amount Due	11/15/2017

⁷ Rate review dates from the Bulletin: Timing of Submission and Posting of Rate Filing Justifications for the 2017 Filing Year for Single Risk Pool Coverage (December 16, 2016), at <https://www.cms.gov/ccio/index.html>.

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 rate changes. 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.