

## Narrative Description of Marketplace Timeline

### Policy

**2/2013 Essential Health Benefits & Market Rules, Payment Notice** – This is a reference to the release of final rules for Essential Health Benefits (released on 2/20/13), Market Reforms (released 2/27/13), and Notice of Benefit and Payment Parameters (released 3/11/13).

**3/2013 Medicaid FMAP Rule** - This is a reference to the release of the Federal Medical Assistance Percentages final rule (released on 3/29/13).

**4/2013 Eligibility Rule (Marketplace & Medicaid/CHIP Appeals)** - This refers to an anticipated publishing of the final rule for (CMS-2334 P), released on January 14, 2013.

### Operations & IT

**2/2013 Income Definition Business Rules Finalized** – This refers to a series of seven Business Service Definition (BSD) documents that were developed and released to assist states with building their eligibility systems.

**4/2013 Issuers Submit QHP Rating and Benefit Data for HHS Marketplace** - This refers to qualified health plan (QHP) issuers submitting rate and benefit data into the Health Insurance Oversight System (HIOS) as part of their application to become a QHP. The Annual Letter to Issuers in Federally-facilitated and State Partnership Marketplaces noted that issuers may submit QHP Applications into HIOS from April 1, 2013 to April 30, 2013.

**7/2013 Final QHP Evaluation Results Received & Data Finalized** – This refers to the period in which CMS conducts the final QHP review and quality assessment in advance of the plan preview period for QHPs in the FFM. States send final QHP data and approval recommendations to CMS for SPMs.

**8/2013 QHP Plan Preview for HHS & Partner Marketplaces** - This refers to a process by which issuers will be able to view their QHP offerings loaded onto the Marketplace website the way consumers will see them, identify any inaccuracies, and request corrections to the information before the plan offerings are made public.

**9/2013 IT Development & Integration Testing Complete** – This refers to the date by which systems development will be complete for open enrollment, beginning on October 1, 2013.

## **Issuers & States**

**2/2013 State Partnership Marketplace Blueprints Due** - This refers to the 2/15/2013 deadline by which states interested in forming a State Partnership Marketplace submitted declaration letters and blueprints to HHS.

**3/2013 Secretary Decisions for Marketplaces** – This refers to the date by which HHS made determinations regarding applications to form State Partnership Marketplaces for the 2014 plan year.

**3/2013 Issuer QHP Plan Designs Complete** – This refers to the date by which QHP issuers completed their plan designs in preparation for submission of their QHP application into HIOS.

**7/2013 State Department of Insurance Approval of QHPs, State Partnership review of QHP's Complete** – This refers to the time during which state Departments of Insurance (DOIs) will review QHPs.

## **Consumer Assistance**

**4/2013 Single Streamlined Application Finalized** – This refers to the anticipated date when HHS will release the final version of the model single streamlined application to states.

**6/2013 Web Re-Launch & Call Center Launch** –In June 2013, CMS will re-launch Healthcare.gov, which will be the consumer destination for the Federally-facilitated and State Partnership Marketplaces and consumers will be able to access educational information. The site will add functionality over the summer so that by October 1, 2013, consumers will be able to create accounts, complete the single streamlined application online, and shop for qualified health plans.

At the same time, CMS' Federally-facilitated Marketplace consumer call center will begin taking calls from consumers, beginning with educational information and then assisting with enrollment and plan selection on October 1.

**7/8 2013 Navigator/Agent/Broker Training Complete** – Consumer assisters, including Navigators, In-Person Assisters, Certified Application Counselors, and Agents & Brokers will be available to help consumers with analyzing the coverage available in their State, selecting the coverage that is right for them, and completing the application. CMS will provide training to these consumer assisters in Federally-facilitated and State Partnership Marketplaces to ensure they are knowledgeable about the Marketplace and the coverage that is available through it. CMS expects to have Assister training modules available no later than August so that various types of assisters will be prepared when enrollment begins in October. Trainings will be ongoing.

**10/2013 ENROLLMENT BEGINS** – This refers to the first date (10/1/2013) of the initial open enrollment period for the Marketplaces.

4/22/2013