Interagency Cascade Care Implementation Timeline													
	June 2019	July 2019	August 2019	September 2019	October 2019	December 2019	January 2020	March/April 2020	May 2020	September 2020	November 2020	December 2020	January 2021
HBE	First Plan Cert Workgroup meeting to discuss standard plans	Begin standard plan design	First draft of standard plan designs presented to Plan Cert Workgroup and feedback received	Plan Cert Workgroup continues discussing technical impacts of first draft of SPs, feedback received	Second draft of standard plan designs presented to Plan Cert Workgroup and feedback received	Finalize standard C	CHOU	V calculator finalized; plan designs updated if necessary		Board certifies 2021 plans			
НСА		Develop RFP criteria including value, quality, care management, and reimbursement rate requirements, in consultation with HBE Participate in standard plan stakeholder group and Plan Certification Workgroup					HCA procurement Process			Review RFA Submissions and negotiate contracts for 2021 public option plans (tentative)			
OIC		Participate in standard plan stakeholder group and Standard Plan Workgroup						Publish Filing Instructions (tentative)	Filing Revi	ew and approve 2021 plans			
Carriers		Plans spend months developing network, product and rating strategies to inform their plan filings, activities often start 9-12 months in advance of the anticipated filing timeline Provider Negotiations for any new networks or counties must be done in advance of the filing deadline so the reimbursement rates can be configured in the estimated rates In order to contract outside of OIC approved Contract Templates, new contract templates must be filed and approved 30 days prior to use. Discussions with providers which inform how those contracts are structured with terms and compensation often take several months to complete, prior to filing and OIC approval					preliminary with fillings include and complex 8 of Rate fillings includes reimbursement. The submission development includes adjust	Preliminary work Filings include Network, Form and Rate filings, for every product, and complex Binder Filing with CMS Required Data Templates Rate filings include estimated enrollment and actual provider reimbursement amounts to develop actuarially sound rates The submission of these filings are a result of 100's of hours of development and review Once filings are submitted, the review from the OIC Begins, which includes adjustments to rates and products, requiring revision of documents and responses to Objection Letters received from OIC			 Open Enrollment Readiness Activities, including: Benefit configuration, Premium Billing and Invoicing configuration and testing, ID card and member materials development, testing and deployment, EDI file testing, Provider Online Directory updates and etc. Plan data must be loaded to HPF test environment with enough time to allow for 2-3 weeks of validation followed by add'l cycle of updates & validation as needed. All these activities must be done for all products, plans, and service areas a carrier intends to offer Open Enrollment is scheduled to begin November 1st – December 15th State and Federal Law require all individual market plans be filed and approved by the commissioner, and be available during Open Enrollment (WAC 284-43-1080) 		