2027 Final Rule Highlights for ACA Agents and Brokers

Sonic™
6365 NW 6th Way, Suite 220
Fort Lauderdale FL 33309
(732) 440-8600
www.sonicnmo.com

The **Patient Protection and Affordable Care Act (ACA) – HHS Notice of Benefit and Payment Parameters (NBPP) for 2027 Final Rule** is CMS's annual rule that establishes Marketplace operations, enrollment standards, broker requirements, subsidy administration, plan certification, and insurer rules for the 2027 plan year. The final rule was issued on May 15, 2026, and takes effect July 20, 2026.

Agents and brokers are responsible for understanding and complying with the 2027 Final Rule. Failure to meet CMS requirements may result in corrective action or loss of Marketplace privileges. Agents should stay informed of regulatory changes and ensure their sales, marketing, consent, enrollment, and documentation practices remain compliant.

1. Stronger Oversight of Agents, Brokers, and Web-Brokers

CMS finalized stricter marketing standards to combat misleading enrollment practices. Prohibited activities include:

- Offering cash or cash-equivalent incentives to enroll
- Misrepresenting $0 insurance or premium eligibility
- Misleading consumers about enrollment deadlines or effective dates
- Failure to provide marketing materials when requested for audits or investigations
    - Ensures accurate information about the Exchange prior to enrollment
    - Maintain integrity of the Exchanges
    - Foster trust between consumers and agents, brokers, and web-brokers

This is intended to reduce unauthorized enrollments and improve consumer protection.

2. Standardized Consumer Consent and Review Forms

Agents, brokers, and web-brokers will be required to use HHS-approved forms for:

- Consumer consent documentation
- Eligibility application review documentation

Agents, brokers, and web-brokers must use this form for enrollments for plan years beginning on or after January 1, 2028. This creates a uniform documentation process across Marketplace enrollments.

✅ 3. Income Verification Tightened

CMS finalized permanent requirements for additional income verification when:

- Data sources indicate income below 100% FPL
    - Reduce the burden of excess APTC on the federal taxpayer, and
    - Benefit federal taxpayers by ensuring subsidies are appropriately allocated.
- IRS data is unavailable
    - Remove requirement for Exchanges to accept a household's income attestations when IRS returns no data
    - Reduces the risk of improper enrollments
    - Protects consumers from surprise tax liabilities
    - Reduces APTC overpayments and expenditures

The goal is to reduce improper APTC payments and enrollment errors.

✅ 4. Failure to File and Reconcile (FTR) Changes

Beginning with 2027 for Exchanges on the Federal platform:

- Consumers who received APTC and failed to file and reconcile taxes for one prior year may lose future APTC eligibility.
- State Exchanges may implement this in 2027 or wait until 2028.
    - Minimizes improper enrollments
    - Protects consumers from accumulating tax liabilities

This is a significant compliance and eligibility change for subsidized enrollees.

✅ 5. Hardship Exemption Expanded

Consumers who become ineligible for:

- Advanced Premium Tax Credits (APTC), or Cost-Sharing Reductions (CSR)
    - Projected household income below 100% or above 250% of the FPL to qualify for a hardship exemption to enroll in catastrophic coverage when experiencing a change in household income.
    - Improves consumer access to affordable coverage when experiencing a change in household income.

Changes in household income may qualify for a hardship exemption and enroll in a catastrophic plan.

Marketplace Plan and Consumer Changes

6. Standardized Plans No Longer Required

CMS removed:

- The requirement that issuers offer standardized plans
- Differential display of standardized plans on HealthCare.gov
- Limits on the number of non-standardized plans
    - Reduce HHS and regulatory complexity
    - Enhance flexibility for issuers to innovate in plan design
    - Increase the degree of consumer choice

Insurers will have greater flexibility in plan design and benefit structures.

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7. More Flexibility for Catastrophic and Bronze Plans

CMS:

- Allows multi-year catastrophic plans (up to 10 years)
- Expands certain pre-deductible coverage options
- Adjusts cost-sharing rules for Bronze and Catastrophic plans

These changes are intended to increase plan innovation and affordability.

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8. Non-Network Plans Allowed on the Marketplace

Starting in Plan Year 2028:

- Certain non-network plans may qualify as QHPs if they demonstrate adequate provider access and
- consumer protections.

This could introduce new plan models beyond traditional HMO and PPO structures.

Issuer and Exchange Changes

9. Lower Exchange User Fees

For 2027:

- Federally Facilitated Exchange (FFE): 1.9% user fee

- State-Based Exchanges on the Federal Platform (SBE-FP): 1.5% user fee

Both are lower than 2026 rates.

✅ 10. States Get More Flexibility

CMS:

- Removes the requirement for states to operate as an SBE-FP for one year before becoming a full State-Based Exchange.
- Allows states to conduct certain provider-network and Essential Community Provider reviews themselves if approved by CMS.

This gives states greater control over Marketplace operations.

Important ACA Training Takeaways

For agents conducting ACA sales and enrollments, the most impactful changes are:

- Enhanced marketing and advertising restrictions
- Required HHS-approved consent documentation
- Stricter income verification processes
- Tougher tax filing/reconciliation requirements for APTC recipients
- Elimination of standardized plan requirements
- Expanded hardship exemptions for catastrophic coverage

These provisions are largely focused on program integrity, preventing improper enrollments, improving consumer protections, and increasing Marketplace flexibility.

2027 CMS Final Rule News Room Article

CMS.gov Regulations and Guidance _ search 2027 Final Rule

Compliance with these standards is required and will be monitored.

For questions or clarification, please contact the Compliance Department at compliance@sonicnmo.com.