

DATE: October 30, 2026

TO: Mark Paoletta
(General Counsel Performing the Duties of the Office of Information and
Regulatory Affairs Administrator)
Office of Management and Budget

FROM: Elizabeth Parish
Dep. Dir. for Operations -S
Centers for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services

ELIZABETH E. PARISH Digitally signed by ELIZABETH E.
PARISH -S
Date: 2026.10.30 14:52:58 -04'00'

SUBJECT: Request for Emergency Approval – QHP Issuers Best Practices for Plan Year 2027
Agent and Broker Oversight (CMS-10993/OMB control number: 0938-NEW)

ACTION REQUESTED

The Centers for Medicare & Medicaid Services (CMS) requests emergency approval under the Paperwork Reduction Act (44 U.S.C. § 3501 et seq.) and 5 C.F.R. § 1320.13 for *QHP Issuers Best Practices for Plan Year 2027 Agent and Broker Oversight* (CMS-10993/OMB control number: 0938-NEW). This collection supports *Best Practices for Issuers for Plan Year 2027 Agent and Broker Oversight*¹ (Best Practices) in which CMS recommended that qualified health plan (QHP) issuers on the Federally-Facilitated Exchange (including State-based Exchanges on the Federal platform) (FFE) direct their appointed agents and brokers (ABs) to record their calls with consumers and conduct ongoing evaluation of ABs and enrollment data for noncompliance starting this Open Enrollment and continuing for Plan Year 2027. We believe that there is a reasonable likelihood of public harm should this data collection follow normal clearance procedures.

QHP issuers are essential in CMS' effort to aggressively crush fraud and eliminate improper enrollments. ABs that issuers appoint play a central role in the enrollment process. Since issuers pay ABs for enrollments, they play an important role in encouraging compliance with Exchange standards and deterring AB misconduct. Under 45 CFR § 156.340, issuers are responsible for ensuring their downstream and delegated entities, including ABs, comply with applicable Exchange standards and requirements. Unfortunately, many issuers are not adequately monitoring the actions of, and taking action against, noncompliant ABs on a timely basis, including suspending commission payments and terminating appointed ABs, when appropriate.

CMS recommended QHP issuers direct their appointed ABs to maintain their recordings in a form and manner that they can be provided to the issuer or CMS upon request and retain in their entirety. In this way, QHP issuers will have evidence of AB behavior on consumer enrollment calls should any questions of non-compliance emerge. Additionally, CMS recommends as a best practice that QHP issuers on the FFE regularly evaluate their enrollment records for patterns that may indicate ABs noncompliance or misconduct, including by investigating appointed ABs with disproportionately high rates of open Data Matching Issues (DMIs). During Open Enrollment, QHP issuers need to frequently review and initiate timely and appropriate actions against ABs

¹ [Best Practices for Issuers for Plan Year 2027 Agent and Broker Oversight](#).

associated with disproportionately high rates of enrollments with open DMIs. This would include suspending commission payments and terminating appointments for those ABs, when appropriate, and regularly reporting those results to CMS.

If this ICR is not approved, public harm can reasonably be expected to result due to the delay in obtaining records, the impeding of timely resolution of disputes, exposing consumers and the FFE to increased risk of incorrect Advance Premium Tax Credit payments, eligibility determinations, fraudulent activity, or noncompliance. Obtaining these records will help ensure issuer oversight of 2027 Plan Year enrollments, beginning November 1, 2026. Absent this data collection to demonstrate issuers' implementation of recommended best practices for oversight of their downstream entities, CMS will not have visibility into issuers' efforts to reduce fraudulent enrollment activity, which could jeopardize consumer protections, the accuracy of Exchange data, and program integrity in the FFE.

CMS needs emergency approval for this Information Collection Request (ICR) because CMS cannot reasonably comply with the normal Paperwork Reduction Act clearance procedures before the recommended actions for issuers take effect on November 1, 2026. CMS requests that the Office of Management and Budget (OMB) approve this emergency ICR within 7 calendar days of receipt of this memo.

CMS is submitting this ICR to OMB for a 6-month emergency approval. Once this clearance is granted, CMS will create a standard ICR for this collection. Public comments on this ICR cannot be given due to the urgency of posting this ICR package to ensure that enrollments taking place during the Open Enrollment season for the 2027 Plan Year, beginning November 1, 2026, are accurate. Upon OMB's approval of this emergency package CMS will be developing an ICR package for a standard review process, including the solicitation of public comments for both a 60-day and 30-day period, notified through a Federal Register notice.

DISCUSSION

Section 1312(e) of the Affordable Care Act directs the Secretary of the Department of Health and Human Services (HHS) to establish procedures under which a state may permit ABs to enroll qualified individuals and employers in QHPs offered through an Exchange and assist individuals in applying for advance payments of the premium tax credit and cost-sharing reductions. This collection supports implementation of best practices for QHP issuers overseeing ABs in the FFEs. CMS is recommending that issuers require all ABs to record enrollment calls for enrollment activities associated with the 2027 plan year, starting Open Enrollment, November 1, 2026. These recordings should be maintained in a form and manner that they can be provided to the issuer or CMS upon request, and meet privacy and security standards.

CMS has observed a consistent pattern of elevated rates of DMI generation among some AB-assisted Exchange enrollments, compared to enrollments submitted without AB assistance. The higher prevalence of DMIs among some AB-assisted enrollments may indicate that the associated enrollments were unauthorized or potentially deliberately submitted with incomplete or inaccurate information on behalf of consumers who would otherwise be ineligible for

coverage or financial assistance. This concern is especially significant for Plan Year 2027. Congress passed, and President Trump signed, the Working Families Tax Cut legislation (P.L. 119-21), which changes the law to require verification of eligibility before a consumer is eligible for the premium tax credit. However, this requirement does not take effect until Plan Year 2028, leaving Plan Year 2027 subject to a weaker verification process that some ABs may exploit.

CMS believes that QHP issuers' obligations to review and take appropriate action against ABs with disproportionately high rates of enrollments with open DMIs will help ensure that AB-assisted enrollments are legitimate (e.g. not fraudulent enrollments) and include correct consumer information. Altogether these actions will result in ABs helping their clients complete the verification process so enrollees can retain coverage.