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Chief Executive Officer Frank Bisignano
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Submitted via www.regulations.gov

Re: Proposed Rules Implementing OBBBA's Marketplace Eligibility Verification Requirements and Premium Tax Credits (CMS-9873-P and REG-101576-26)

At a time when American families face mounting health care costs, federal policy must make affordable coverage easier to obtain and maintain. The One Big Beautiful Bill Act (OBBBA) restricts eligibility for Affordable Care Act Marketplace premium tax credits and requires Exchanges to verify additional consumer information before providing financial assistance. These changes likely create unnecessary administrative barriers that prevent eligible consumers from securing coverage, disrupt access to care and increase uncompensated care costs for clinical systems.

Given the clear message delivered on Election Day for policymakers to do everything in their power to keep health care affordable and accessible, the Alliance of Community Health Plans (ACHP) urges the Administration to use its available flexibility to protect affordability and coverage continuity as it implements these requirements.

The Centers for Medicare & Medicaid Services (CMS) proposes changes to Exchange eligibility verification and financial assistance, while the Internal Revenue Service (IRS) proposes corresponding changes to tax credit eligibility, calculation and repayment requirements. ACHP shares the Administration's commitment to accurate eligibility determinations and responsible stewardship of taxpayer dollars. Program integrity and consumer access are complementary goals. CMS and IRS must target fraud and improper payments while ensuring eligible consumers can obtain and retain assistance without unnecessary paperwork, delays or coverage interruptions.

ACHP is the only national organization promoting the unique payer-provider aligned model in health care. Our local, nonprofit member companies work hand in hand with clinicians to coordinate care, prevent illness and improve health outcomes for tens of millions of Americans nationwide. Their deep community roots reinforce their commitment to preventing fraud while ensuring eligible consumers can access coverage. ACHP members have participated in the Marketplaces since their inception, sustaining comprehensive coverage options in their communities, including where other insurers have exited. Their commitment to affordable coverage, meaningful consumer choice and competitive local markets informs our recommendations.

CMS and IRS should streamline verification through reliable existing data sources, give consumers clear notices and reasonable opportunities to resolve discrepancies and preserve coverage and financial assistance everywhere the law permits. The agencies must also provide coordinated guidance and adequate implementation time for Exchanges and health plans. These safeguards will strengthen program integrity while preventing avoidable coverage losses and additional costs for consumers, clinicians and health plans.

Comments on CMS' Exchange Pre-Eligibility Verification Proposed Rule (CMS-9873-P)

Streamline Annual Eligibility Redeterminations

ACHP encourages CMS to limit annual eligibility redetermination requirements to those necessary to implement OBBBA and leverage existing verified information wherever possible. ACHP supports accurate eligibility determinations and strong program integrity, but additional annual confirmation requirements create unnecessary barriers for eligible consumers, particularly when Exchanges already possess reliable information. Although CMS proposes to preserve automatic qualified health plan reenrollment, this protection may have limited value for consumers who cannot afford coverage without financial assistance, potentially contributing to coverage losses and increased enrollment churn.

ACHP recommends CMS retain existing automatic redetermination procedures where permitted by statute. Where consumer confirmation is necessary, CMS should allow Exchanges to prepopulate applications using verified information, provide simplified confirmation methods and avoid requiring consumers to resubmit documentation already available to the Exchange.

Minimize Disruptions During Eligibility Verification

ACHP urges CMS to minimize interruptions in financial assistance by preserving lawful verification methods, accelerating the resolution of data matching inconsistencies and finalizing the proposed consumer protections. ACHP encourages CMS to maximize electronic verification and allow attestations where permitted before requesting additional documentation. CMS should also establish timely processing standards and safeguards for consumers who submit required information but face delays in Exchange review.

ACHP supports the following proposed protections:

- **Mid-year changes:** Allow previously verified enrollees to retain their existing financial assistance during subsequent inconsistency periods, subject to the proposed adjustment rules.
- **Retroactive assistance:** Support restoring financial assistance for qualifying earlier months following successful verification. Unlike premium tax credits, cost sharing reductions cannot be reconciled through tax filing, raising questions about whether health plans will need to reprocess claims, adjust consumer cost sharing or issue reimbursements. CMS should work with health plans to establish a practical approach that ensures consumers receive the cost-sharing assistance they qualify for without imposing unnecessary claims reprocessing requirements.
- **Other inconsistencies:** Continue financial assistance during data matching inconsistencies unrelated to the information subject to OBBBA's verification requirements.
- **Family-size exceptions:** Implement the statutory waiver for qualifying family-size special enrollment periods, protecting access to financial assistance following changes such as birth, adoption or loss of a dependent.

ACHP supports allowing State-based Marketplaces to implement the proposed midyear inconsistency procedures and family-size exceptions in plan year 2029 rather than 2028 when additional time is needed. This targeted flexibility would allow states to complete necessary systems changes without delaying implementation of the underlying statutory verification requirements.

Finalize Pending Plan Selection Protections

ACHP supports allowing consumers to select a qualified health plan while the Exchange verifies their eligibility for financial assistance but recommends additional implementation guidance and protections against avoidable coverage delays. Delayed verification could postpone the start of coverage, even when consumers submit the required information promptly. CMS should consider protections against coverage delays caused by Exchange processing.

Because health plans may receive enrollment transactions after coverage has become effective, ACHP also encourages CMS to provide technical guidance on processing pending enrollments, reconciling retroactive coverage and financial assistance and communicating premium obligations to consumers. This guidance should address federal-platform and State-based Marketplace transactions and provide opportunities for health plan testing before implementation.

ACHP urges CMS to ensure consumers understand the consequences of selecting a plan while verification remains pending. Exchanges should display estimated premiums with and without financial assistance at plan selection and obtain consumers' affirmative consent before enrolling them at the full unsubsidized premium if they ultimately do not qualify for financial assistance.

ACHP also encourages CMS to provide additional first-year implementation flexibility for Exchanges that cannot operationalize pending plan selections by the 2028 Open Enrollment period. ACHP also recommends CMS establish a reasonable transition approach that preserves consumers' enrollment opportunities while giving Exchanges sufficient time to complete systems changes.

Finally, ACHP supports extending the Medicaid and Children's Health Insurance Program (CHIP) denial special enrollment period to consumers who apply during advance eligibility verification but receive an ineligibility determination after Open Enrollment. This targeted extension would protect consumers from losing access to Marketplace coverage because of delays in Medicaid or CHIP eligibility determinations.

Support Flexible Implementation of Advance Eligibility Verification

ACHP supports advancing eligibility verification, which would allow Exchanges to build on existing processes and minimize additional administrative requirements for consumers. We encourage CMS to allow Exchanges to send annual Open Enrollment notices earlier, giving consumers more time to complete verification before selecting coverage.

Although CMS proposes a uniform August 1 start date, OBBBA does not prohibit Exchanges from beginning verification earlier. ACHP supports allowing State-based Marketplaces to begin before August 1 in 2027 and recommends that CMS retain the authority to permit earlier verification in subsequent years when State-based Marketplaces have the data and operational capacity to support it.

Prioritize Targeted Verification Over Additional Universal Requirements

ACHP encourages CMS to strengthen program integrity by leveraging existing data sources and risk-based verification rather than imposing additional requirements on all Marketplace consumers. Given the limitations of available residency data and the systems changes Exchanges already face, ACHP recommends maintaining existing verification requirements through at least plan year 2028.

ACHP supports CMS' commitment to preventing fraudulent enrollments and protecting taxpayer dollars. Any additional verification requirements should address demonstrated risks and provide program integrity benefits without creating unnecessary barriers for eligible consumers. ACHP encourages CMS to use reliable existing data to target applications with identifiable discrepancies or elevated fraud risk rather than introduce universal documentation requirements.

Comments on IRS' Premium Tax Credit Proposed Rule (REG-101576-26)

Clarify Premium Tax Credit Eligibility Following Verification and Enrollment Changes

ACHP supports retroactive premium tax credit eligibility following successful verification and urges IRS to clarify its application to earlier coverage months and qualifying enrollment pathways. IRS should clarify how this protection applies when consumers correct information or encounter Exchange processing delays.

ACHP also encourages IRS to address how the premium tax credit restriction applies when a consumer qualifies for more than one pathway, including both an excluded income-based special enrollment period and a qualifying special enrollment period tied to a change in circumstances. IRS should provide examples clarifying how midyear income changes affect tax credit eligibility for months before and after verification, including when a reported change results in a higher or lower tax credit.

Prevent Improper Loss of Premium Tax Credit Eligibility Following Medicaid Denials

ACHP urges IRS to clarify how changes and corrections to Medicaid eligibility determinations affect premium tax credit eligibility. This includes examples illustrating how subsequent eligibility changes affect tax credit eligibility. The agency should also coordinate with CMS and states to ensure Exchanges receive accurate information about the reason for Medicaid ineligibility and establish procedures for correcting erroneous determinations.

Establish Clear Notice and Correction Procedures for Failure to Reconcile

ACHP recommends IRS establish clear notice and correction procedures so consumers who satisfy reconciliation requirements do not improperly lose premium tax credit eligibility. Notices should identify the relevant tax year, explain the reconciliation process and distinguish failure to reconcile from an outstanding repayment balance after reconciliation. ACHP also encourages IRS to clarify how completed reconciliation affects premium tax credit eligibility when tax return processing or data transmission is delayed, how consumers can correct erroneous determinations and premium tax credit eligibility resumes.

Clarify Repayment Obligations for Consumers with Fluctuating Income

ACHP encourages IRS to provide clear guidance on excess advance premium tax credit repayment obligations in coordination with CMS, particularly for consumers with fluctuating income. This guidance should explain how consumers can update income estimates and adjust the amount of financial assistance they receive in advance. It should also illustrate how income changes affect repayment obligations and explain the tradeoff between reducing advance payments to limit repayment risk and maintaining affordable monthly premiums.

ACHP urges CMS and IRS to use every available flexibility to protect affordable coverage as they implement OBBBA's new Marketplace requirements. Streamlined verification, timely eligibility decisions and clear, coordinated guidance will strengthen program integrity and prevent avoidable coverage losses. We look forward to working with both agencies to support successful implementation and preserve coverage for eligible consumers. Please contact Emma Liebman, Associate Director, Policy, at eliebman@achp.org with any questions or to discuss these recommendations further.

Sincerely,

Ceci Connolly

Ceci Connolly
President and CEO
ACHP