

CMS-9883-F – HHS NOTICE OF BENEFIT AND PAYMENT PARAMETERS FOR 2027



Proposed Rule (CMS-9883-P) vs. Final Rule · Published
May 15, 2026 · Effective 60 days after Federal Register
publication

PROVISION	PROPOSED RULE	FINAL RULE	KEY DIFFERENCE / NOTES
USER FEES			
FFE User Fee Rate	2.5% of total monthly premiums	1.9% of total monthly premiums	CHANGED Significant reduction from proposed. After publication of proposed rule, 2026 OEP data showed premiums came in higher than projected, reducing the required rate to cover costs. Lower than 2026 rate of 2.5%.
SBE-FP User Fee Rate	2.0% of total monthly premiums	1.5% of total monthly premiums	CHANGED Same driver as FFE — revised premium projections post2026 OEP. Lower than 2026 rate of 2.0%.
HHS Risk Adjustment User Fee	\$0.20 PMPM	\$0.18 PMPM	CHANGED Updated enrollment projections between proposed and final showed higher-than-expected enrollment in off-Exchange individual and small group markets, lowering per-member cost. Lower than 2026 rate of \$0.20 PMPM.
RISK ADJUSTMENT & HHS-RADV			
RA Model Recalibration Data	2021, 2022, 2023 EDGE data	2021, 2022, 2023 EDGE data	NO CHANGE Finalized as proposed.

HHS-RADV Error Estimation Scaling Factor	Add scaling factor starting with 2025 BY HHS-RADV to account for removal of no-	Finalized as proposed	NO CHANGE
	HCC enrollees from IVA sample		
Risk Adjustment Sequestration	5.7% for payments from FY2026 resources	5.7% — finalized as proposed	NO CHANGE

STATE EXCHANGE FLEXIBILITY & OPERATIONS

SBE — 1-Year SBEFP Prerequisite	Remove requirement that states must operate SBE-FP for 1 year before transitioning to full SBE	Finalized as proposed	NO CHANGE
SBE Blueprint Supplemental Documentation	Rescind requirement that states submit supporting docs showing milestone progress during SBE establishment	Finalized as proposed	NO CHANGE

<p>SBE-EDE Option (State Exchange Enhanced Direct Enrollment)</p>	<p>New optional model allowing State Exchanges to permit web-brokers to operate enrollment websites as the exclusive enrollment pathway</p>	<p>NOT FINALIZED</p>	<p>NOT FINALIZED Deferred to 2028 Payment Notice or another rulemaking vehicle. CMS will respond to comments received at that time.</p>
<p>SBE Centralized Website Requirement</p>	<p>Proposed removal of requirement that State Exchanges operate a centralized consumer-facing</p>	<p>NOT FINALIZED</p>	<p>NOT FINALIZED Deferred to 2028 Payment Notice. CMS may finalize with or without modification.</p>
	<p>eligibility and enrollment website</p>		
<p>SEIPM (State Exchange Improper Payment Measurement)</p>	<p>Implement beginning CY 2027 to measure APTC improper payments at State Exchanges</p>	<p>Finalized as proposed. State Exchanges may satisfy certain external audit requirements by completing SEIPM.</p>	<p>NO CHANGE</p>
<p>QHP CERTIFICATION, PLAN DESIGN & NETWORK ADEQUACY</p>			

Standardized Plan Options	Discontinue: (1) requirement to offer standardized plans, (2) differential display on HC.gov, (3) non-standardized plan option limits and exceptions process	Finalized as proposed, effective PY 2027	NO CHANGE
Non-Network QHP Certification	Allow beginning PY 2027	Allow beginning PY 2028	CHANGED Delayed one year from proposed. Network adequacy and ECP provisions for non-network plans also delayed to PY 2028.
FFE State Provider Access Reviews	FFE States may elect to conduct their own provider access certification reviews	Finalized as proposed; non-network plan review authority also delayed to PY 2028	NO CHANGE (non-network component delayed)
ECP Minimum Threshold	Reduce from 35% to 20% of ECPs in service area	NOT FINALIZED – 35% threshold retained	NOT FINALIZED Proposed reduction withdrawn after comments. Narrative justification requirement is finalized as removed.
ECP Narrative	Remove	Finalized as	
Justification	requirement	proposed	NO CHANGE
SBE/SBE-FP Network Adequacy (Time/Distance)	Remove requirement to match FFE quantitative time and distance standards	Finalized as proposed. SBEs/SBE-FPs must ensure sufficient access consistent with §156.230(a)(1)(ii)–(iii).	NO CHANGE

Multi-Year Catastrophic Plans (up to 10 years)	Allow; also proposed plan level index rate adjustment for multi-year term; also proposed that annual cost sharing limit could apply on average over contract life	Multi-year plans (up to 10 years) finalized. Plan level index rate adjustment NOT finalized. Annual cost sharing averaged over contract NOT finalized.	PARTIALLY CHANGED Core proposal finalized but two related provisions withdrawn.
Catastrophic Plan Cost-Sharing Parameters	Revise beginning PY-2027	Effective PY 2028	CHANGED Delayed one year.
Bronze Plan CostSharing Parameters	Revise for PY 2027 – allow bronze plans to exceed standard annual OOPM	Finalized for PY 2027; modified to specify limit of up to 130% of standard annual limitation on cost sharing	MODIFIED 130% cap added in final rule.
Hardship Exemption Expansion	Expand eligibility to individuals with income below 100% or above 250% FPL (allows enrollment in catastrophic coverage)	Finalized as proposed	NO CHANGE

ESSENTIAL HEALTH BENEFITS (EHB)

Routine Non-Pediatric Dental as EHB	Prohibit issuers from including adult dental as EHB	Finalized as proposed	NO CHANGE
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State Benefit Defrayal	Beginning PY 2028, state required benefits in addition to EHB must be defrayed by the state, not passed to consumers or federal government	Finalized as proposed, beginning PY 2028	NO CHANGE
EHB-Benchmark Plan Review (§156.111)	Not proposed — review paused	Paused. CMS reviewing §1302 and may issue future rulemaking.	NOTE No action taken; future rulemaking signaled.

PROGRAM INTEGRITY, ENROLLMENT & WFTC IMPLEMENTATION

150% FPL Monthly SEP	Permanently prohibit beyond PY 2026, aligned with WFTC §71304	Finalized as proposed	NO CHANGE
SEP PreEnrollment Verification (75%)	Re-propose (originally finalized in 2025 Marketplace Integrity rule; stayed by court in City of Columbus v. Kennedy)	Finalized for Federal platform exchanges	NO CHANGE from re-proposed version.
Fixed-Dollar / Gross % Premium Thresholds	Permanently rescind for PY 2027 and beyond	Finalized as proposed — permanently rescinded	NO CHANGE Note: 2025 Marketplace Integrity rule had this sunsetting at end of PY 2026; this rule makes the rescission permanent for PY 2027+.

Income Verification — No IRS Tax Data	Remove self attestation option permanently (remove sunset that was in prior rule)	Finalized — sunset removed; permanent requirement	NO CHANGE from proposed; notable that prior rule's sunset is now eliminated.
Income Verification — Attested Income <100% FPL	Permanent requirement to generate DMI (remove sunset from prior rule)	Finalized — sunset removed; permanent	NO CHANGE from proposed.
Failure to Reconcile (1-Year FTR)	Federal platform: mandatory PY 2027. State Exchanges: optional PY 2027, mandatory PY 2028.	Finalized as proposed. FFE/SBE-FP mandatory PY 2027; SBEs optional PY 2027, mandatory PY 2028.	NO CHANGE Aligned with WFTC §71303.
APTC — "Eligible Alien" Standard	Align regulations with WFTC §71301; PTC only for lawfully present noncitizens who are "eligible aliens," effective PY 2027	Finalized as proposed	NO CHANGE
APTC — Lawfully Present <100% FPL Noncitizens	Remove APTC eligibility per WFTC §71302; also removes these individuals from BHP federal payment calculations	Finalized as proposed	NO CHANGE

AGENTS, BROKERS, WEB-BROKERS & ISSUER ACCOUNTABILITY

HHS Standard Consent Form (Agent/Broker)	Require agents, brokers, web brokers to use	Finalized; effective for enrollments for	CHANGED Effective date delayed to give industry time to operationalize standardized form.
	HHS-created form for enrollment documentation and consent	PY 2028 and beyond	
Agent/Broker Marketing Prohibitions	Expanded examples of prohibited practices (e.g., cash inducements, false \$0 premium claims, misleading enrollment timelines); require timely production of marketing materials for audit	Finalized as proposed	NO CHANGE
Vendor Training Program	Discontinue HHS approved vendor program for annual agent/broker training; remove §155.222	Finalized as proposed	NO CHANGE
CMP Authority — SBE/SBE-FP Issuers	Clarify HHS authority to impose CMPs on issuers in State Exchanges and SBE-FPs when state is not enforcing requirements	Finalized as proposed	NO CHANGE

CMP Netting	Net payments owed to issuers and affiliates (same TIN) against CMPs	Finalized as proposed	NO CHANGE
	owed to federal government		
ALJ Subpoena Authority	Add ALJ option to issue subpoenas in QHP issuer sanction appeals; revise discovery provisions	Finalized as proposed; discovery carveout for APTC/CSR/user fee audit appeals also finalized	NO CHANGE
Issuer Audit / Compliance Review Authority	Clarify HHS may conduct compliance reviews on an asneeded or annual basis (not only ad hoc)	Finalized as proposed	NO CHANGE
QUALITY, RATE REVIEW & OTHER			
QIS Topic Areas	Allow issuers to address any 2 of 5 statutory QIS topics; remove mandated health disparities topic	Finalized as proposed, beginning PY 2027	NO CHANGE
CSR Loading Disclosure in Rate Filings	Require issuers loading rates for unpaid CSRs to submit CSR loading info in URRT and Actuarial Memoranda	Finalized as proposed, beginning PY 2027 rate filings	NO CHANGE

MLR Standard	Comment solicitation only – no proposal to change 80% federal MLR standard	No action; comments to inform future consideration. CMS solicited views on state specific MLR adjustments.	NOTE No rulemaking action taken.
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Source: CMS-9883-F, Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment

Parameters for 2027; <https://www.cms.gov/files/document/cms-9883-f-patient-protection.pdf>