

**MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP**

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**DATE:** September 3, 2026

**TO:** Medicare Advantage Organizations, Prescription Drug Plan Sponsors, and Section 1876 Cost Plans

**FROM:** Gerard J. Mulcahy  
Director

**SUBJECT:** Reminder: Contract Year 2027 Agent and Broker Compensation Rates Voluntary Submission

This memorandum reminds all Medicare Advantage (MA) organizations and Part D sponsors that they may continue to voluntarily submit additional agent and broker compensation data for Contract Year (CY) 2027. CMS strongly encourages organizations and sponsors to provide these data to increase transparency, help address concerns regarding agent and broker compensation offered during the 2026 Annual Enrollment Period and inform CMS's consideration of future changes to agent and broker compensation policies.

As described in the June 1, 2026, HPMS memorandum, "Contract Year 2027 Agent and Broker Compensation Rates, Referral/Finder's Fees, Submissions, and Training and Testing Requirements," CMS is seeking two types of voluntary data beyond the existing reporting requirements: (1) an indication of whether an MA organization or Part D sponsor intends to pay \$0 in compensation to independent agents or brokers for a particular Plan Benefit Package (PBP), and (2) the actual compensation amount paid to each agent or broker per PBP.

The voluntary data fields are located on the same Health Plan Management System (HPMS) page used for the required compensation data submission. Although the CY 2027 compensation data required under §§ 422.2274(c)(5) and 423.2274(c)(5) is now finalized and cannot be modified, the voluntary fields remain open and may be updated at any time throughout CY 2027. Organizations and sponsors may use these fields to report or update information regarding \$0 compensation and/or actual compensation amounts paid per PBP.

Please contact your CMS Account Manager with any questions regarding the expanded voluntary submission of CY2027 agent broker compensation data. For technical assistance with HPMS submissions, please contact the HPMS Help Desk at: [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov) or 1-800-220-2028.