

# Rock & Enroll! Get Ready to Enroll and Renew for PY 2026



*October 2025*

*This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions. Some information in this presentation may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. tax filer expense.*

# Agenda

- 2025 Program Integrity Rule Review
- Reminders and Policy Updates
  - Removing Bronze to Silver Crosswalk
  - Special Enrollment Periods (SEPs) During Open Enrollment
  - Reporting That a Marketplace Enrollee is Starting Medicare
  - Simplifying Appeals Process
  - Expiration of Enhanced Premium Tax Credits
  - Employer-Sponsored Coverage (ESC) Affordability
  - Overview of Catastrophic Health Coverage and New Hardship Exemptions



# 2025 Marketplace Integrity and Affordability Final Rule Overview

- The “Patient Protection and Affordable Care Act; 2025 Marketplace Integrity and Affordability Final Rule” is a federal regulation designed to prevent improper enrollments and strengthen Marketplace integrity.
- The 2025 Program Integrity Rule creates stronger protections for consumers by:
  - Preventing unauthorized enrollment changes
  - Adding verification safeguards
  - Strengthening Marketplace standards
- Primary rule provisions became effective August 25, 2025.



**IMPORTANT!**

# 2025 Marketplace Integrity and Affordability Final Rule Overview (Cont.)

- Pursuant to an order of the federal district court for the District of Maryland in *City of Columbus v. Kennedy*, No. 25-cv-2114-BAH (D. Md.), the implementation of certain provisions of the recently promulgated 2025 Marketplace Integrity and Affordability Final Rule, 90 Fed. Reg. 27,074 (June 25, 2025), have been stayed while the litigation remains pending.
- These provisions were scheduled to go into effect on August 25, 2025. As a result of the court's order, the following provisions of the final rule did not go into effect on August 25, 2025:



**IMPORTANT!**

# Stay of Certain Provisions of the 2025 Marketplace Integrity and Affordability Final Rule Overview

Provision	Impact for Open Enrollment (OE) 2026
\$5 Premium for Auto Re-enrollees Who Would Have Had \$0 Premium (§ 155.335(a), (n))	Qualifying consumers will continue to be automatically re-enrolled with no premium responsibility following application of Advance Payments of the Premium Tax Credit (APTC).
Satisfaction of Debt for Past-due Premiums [Coverage Denials for Failure to Pay Premiums for Prior Coverage] (§ 147.104(i))	Issuers are prohibited from conditioning the issuance of new health insurance coverage on payment of unpaid past-due premiums from prior coverage.
One-Year Failure to File Taxes and Reconcile APTC Process (§ 155.305(f)(4))	Marketplaces will continue the two-year Failure to File and Reconcile (FTR) policy that was in place prior to the 2025 Program Integrity Rule.  Marketplaces should only remove APTC for households after two consecutive years in FTR status.
Federal Exchanges Conducting Eligibility Verification for SEPs beyond Loss of Minimum Essential Coverage (MEC) and for 75 Percent of New Enrollments through SEPs (§ 155.420(g))	The Federally-facilitated Marketplace will continue to verify Loss of MEC SEPs but will not implement verification for additional SEPs.

# Stay of Certain Provisions of the 2025 Marketplace Integrity and Affordability Final Rule Overview (Cont.)

Provision	Impact for Open Enrollment (OE) 2026
Income Verification When Internal Revenue Service (IRS) Indicates Income Less Than 100 Percent Federal Poverty Level (§ 155.320(c)(3)(iii))	Income data matching inconsistencies (DMIs) will not be opened for applicants when IRS indicates income less than 100% of the Federal Poverty Level (FPL) and the applicant attested that their annual household income was over 100% FPL.
Income Verification When Tax Data is Unavailable (§ 155.320(c)(5))	Income DMIs will not be opened for applicants when the Marketplace attempts to verify an applicant's attested projected annual household income with the IRS, but the IRS returns no tax data.
Actuarial Value (AV)/Expanded De Minimis Ranges (§§ 156.140, 156.200, 156.400)	Use of the expanded AV ranges is not permitted, and Marketplace issuers may need to submit new rates, forms, and related plan data for QHP certification to comply with the court's order. On September 5, CMS released <a href="#">updated instructions</a> and an updated Actuarial Value <a href="#">Calculator</a> and <a href="#">Methodology</a> .

Source: "[\*City of Columbus v. Kennedy, No. 25-cv-2114\*](#)".

# Provisions of the 2025 Program Integrity Rule in Effect For Open Enrollment 2026

## 2025 Program Integrity rule provisions in effect as of August 25, 2025:

- Reinstatement of Previous Interpretation of “Lawfully Present” Definition to Exclude Deferred Action for Childhood Arrivals (DACA) (§ 155.20)<sup>1</sup>
- Establishing Evidentiary Standards for Termination of an Agent's, Broker's, or Web-broker's Exchange Agreements for Cause (§ 155.220(g)(2))
- Removal of Automatic 60-Day Extension to Resolve Income Inconsistency (§ 155.315)
- Elimination of Gross Premium Percentage-based and Fixed-dollar Premium Payment Thresholds [Premium Payment Threshold] (§ 155.400(g))<sup>2</sup>
- Removal of Monthly SEP for APTC-Eligible Qualified Individuals with a Household Income at or Below 150 Percent of the Federal Poverty Level (§ 155.420)<sup>1</sup>
- Failure-to-File and Reconcile (FTR) Two-Year Policy (§155.305(f)(4))

# Provisions of the 2025 Program Integrity Rule in Effect For Open Enrollment 2026 (Cont.)

## 2025 Program Integrity rule provisions in effect for PY 2026:

- Repeal of “Bronze to Silver crosswalk policy” [Annual Eligibility Redetermination (Automatic Re-enrollment Hierarchy)] (§ 155.335(j))
- Prohibition on Coverage of Specified Sex-Trait Modification Procedures as an EHB (§§ 156.115(d) and 156.400)
- Updates to Premium Adjustment Percentage Index (PAPI) Methodology (§ 156.130(e))

*For more information on these provisions, see [“2025 Marketplace Integrity and Affordability Final Rule,”](#) June 30.*

*1. Please see [“2025 Program Integrity Rule Overview, Part I,”](#) August 25, for more information on these provisions.*

*2. Note: Issuers may continue offering the longstanding option of a premium payment threshold based on a net percentage of premium owed.*



# Open Enrollment Updates

Open Enrollment (OE) for Exchanges on the Federal Platform		
Plan Year	OE PY 2026	OE PY 2027
Dates	November 1, 2025 – January 15, 2026	November 1, 2026 – December 15, 2026
Duration	10.5 weeks	6.5 weeks

# Removal of the 150 Percent Federal Poverty Level (FPL) SEP

- Effective August 25, 2025, consumers with projected household incomes at or below 150 percent of the FPL will no longer be able to enroll in or change their health plans outside of Open Enrollment, except if they are eligible for SEPs due to other qualifying life events.
- A consumer's income level is not considered an "exceptional circumstance" such that it qualifies for an SEP, and Marketplaces may not offer SEPs based solely on income.
- This change was effective on August 25, 2025.



# Reverse DACA Eligibility

- As of August 25, 2025, Deferred Action Childhood Arrivals (DACA) recipients are no longer considered “lawfully present” for Marketplace purposes and cannot:
  - Enroll in Qualified Health Plans (QHPs) through the Marketplace
  - Receive premium tax credits (PTC) or advance premium tax credits (APTC)
  - Get cost sharing reductions (CSR) to lower out-of-pocket costs
  - Participate in Basic Health Programs (BHPs) in states that offer them



# Reverse DACA Eligibility (Cont.)

- DACA recipients are no longer eligible to enroll in the Marketplace as of August 25, 2025.
- For Marketplaces on the Federal platform, DACA recipients who are currently enrolled in plan year 2025 coverage will be terminated by October 1, 2025.
- Impacted consumers will receive notices from the Marketplace informing them of cancelled coverage, their appeal rights, and alternate coverage options.
- State-based Marketplaces that do not use the Federal platform and BHPs will be responsible for:
  - Eligibility system changes to ensure that DACA recipients are ineligible for coverage
  - Terminating coverage for any DACA recipients enrolled in Plan Year 2025 coverage and conducting outreach to impacted consumers



# Noncitizens Not Eligible for Marketplace Coverage in Certain States

- Due to ongoing litigation in Kansas v. United States of America (Case No. 1:24-cv-00150), the groups of noncitizens referenced at § 155.20 in the 2024 DACA rule are not eligible for coverage in the following nineteen states (“Plaintiff States”):
  - Alabama, Arkansas, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Texas, and Virginia. Get a full list of immigration statuses eligible for Marketplace coverage at: [HealthCare.gov: Immigration status to qualify for the Marketplace.](#)

# Noncitizens Not Eligible for Marketplace Coverage in Certain States (Cont.)

- If a consumer lives in one of the Plaintiff states and has one of the following immigration statuses, they are ineligible for Marketplace coverage:
  - Non-citizens with certain approved employment-based immigrant visa petitions who are transitioning from an employment-based nonimmigrant status to lawful permanent resident (LPR) status (and their spouses and children), when visa numbers aren't yet available.
  - Family Unity beneficiary under section 1504 of the Legal Immigration and Family Equity (LIFE) Act Amendments.
  - People adjusting to lawful permanent resident (LPR/Green Card holder) status without an approved immigrant visa petition.
  - Special Immigrant Juvenile (SIJ) Classification with only an approved petition for SIJ (without an application pending for status adjustment).
  - Children under 14 with a pending application for less than 180 days for Withholding of Deportation or Withholding for Removal under the immigration laws.

# Removal of 60-Day Extension for Income Data Matching Issues (DMI)

- The automatic 60-day extension for income data matching issues (DMI) has been eliminated.
- The standard 90-day period for consumers to address income inconsistencies remains in effect.
- This change will ensure enrollees verify their incomes on a timely basis within the 90-day window prescribed in the statute.
- **This change was effective August 25, 2025. This provision is permanent and does not sunset.**



# Removing Bronze to Silver Crosswalk

- CMS will no longer be allowing Marketplaces to automatically re-enroll CSR-eligible Bronze QHP enrollees in a Silver QHP if the Silver QHP:
  - Is from the same insurance company
  - Has the same provider network
  - Has a premium cost that is the same or lower after premium tax credits
- Consumers will stay in their chosen Bronze plans unless they actively select a new plan.





# SEPs During Open Enrollment (OE)

- Remember that consumers you see during OE may be seeking coverage for the remainder of PY 2025 in addition to enrolling for 2026. Below are some scenarios you may encounter:
  - A consumer is losing employer-based coverage on November 30 and wants coverage for December.
  - A consumer recently had a baby and wants to add the child to their existing policy.
  - A consumer recently moved from another state.
- Review the resources on SEPs at [CMS.gov: Health Insurance Marketplace](https://www.cms.gov/marketplace) to ensure you are ready to help consumers in these common situations.



# SEP For a Consumer Who is Automatically Re-enrolled Into an Alternate Plan When Their Previous Plan is No Longer Available

- Alternate enrollments occur when a consumer's current plan or issuer is no longer available. If a consumer's health insurance company ***won't offer the consumer's current health coverage or something similar*** in 2026, consumers should indicate on their application that they are losing their current coverage on December 31, 2025. Consumers may qualify for a SEP with a later deadline to review plans and enroll in a different one.
- Like all Marketplace enrollees, consumers who will be alternately enrolled can update their application and select a plan by the 12/15/2026 Open Enrollment Period deadline to enroll in 1/1/2026 coverage. However, consumers who will be alternately enrolled also have additional opportunities to change their coverage through an SEP.
- Consumers who are alternately enrolled have an SEP that allows them to select a different plan until 3/1/2026. If they select a different plan by 12/31/25, coverage will start 1/1/2026.

# SEP For a Consumer Who is Automatically Re-enrolled Into an Alternate Plan When Their Previous Plan is No Longer Available (Cont.)

- To access this SEP, consumers must update their application – through HealthCare.gov or a certified enrollment partner website – and attest to a loss of qualifying health coverage. The consumer should attest that their qualifying health coverage ended or will end on 12/31/2025. Alternatively, they can also call the Marketplace Call Center for assistance. Instructions about this process are provided to consumers in the cross-issuer notice (CIN) that the Marketplace sends to consumers who are alternately enrolled.
- Issuers are required to send a discontinuation notice to alternately enrolled consumers, which can be found here: [CMS.gov: Updated Federal Standard Renewal and Product Discontinuation Notices](#).

# Reporting That a Marketplace Enrollee is Starting Medicare

- Starting in March 2025, new functionality in the Marketplace eligibility application allows consumers to report when they're starting Medicare. When an enrollee starts Medicare, the Marketplace is able to end Marketplace coverage at the appropriate time.
- This new functionality means consumers who enroll in a Marketplace plan with other household members no longer need to contact the Marketplace Call Center to ensure that their Marketplace coverage is ended on the correct day. This functionality is available through the Marketplace application on HealthCare.gov and through applications on approved Enhanced Direct Enrollment (EDE) partner sites.



# Reporting That a Marketplace Enrollee is Starting Medicare (Cont.)

- **TIP:** If the Medicare enrollee is still part of the household, you should change their coverage needs to “Doesn’t need coverage” by updating the application, but you must keep the Medicare enrollee on the application. When the main contact for the Marketplace application is moving from Marketplace to Medicare, it is especially important to keep them listed on the application.
- **TIP:** When enrolling a married couple in coverage, it may be beneficial to have the younger spouse listed as the household contact (subscriber) so that when the older spouse moves to Medicare, it is less disruptive to household members who remain on the Marketplace plan.
- If the person starting Medicare is currently the subscriber on their Marketplace policy, the Marketplace enrollees in the household who are continuing their coverage may have their accumulators, such as deductibles, reset by their issuer, and will need to pay the following month’s premium to maintain coverage.



# Simplifying Appeals Processes for Consumers and Their Families

- Effective January 15, 2025, application filers can now submit appeals on behalf of applicants; and
- Appeals may be filed through:
  - The Marketplace appeals entity; or
  - Their State Marketplace appeals entity.
- No additional steps required for filers to act on behalf of others on same application.
- Change promotes streamlined processing and consistency between Marketplaces on the Federal platform and appeals entities.

# Expiration of Enhanced Premium Tax Credits (Slide 1 of 4)

- In 2021, during the COVID-19 pandemic, Congress passed a law called the American Rescue Plan.
- The law authorized a temporary expansion of income levels that qualify for the premium tax credit for Marketplace coverage.
- The law also increased the amount of the premium tax credit for most enrollees by adjusting the calculation of the tax credit.
- In 2022, the Inflation Reduction Act extended these changes through the end of 2025.
- For coverage years 2021-2025, these policies lowered the cost of Marketplace coverage for eligible enrollees.

# Expiration of Enhanced Premium Tax Credits (Slide 2 of 4)

- Based on current law, the enhanced premium tax credits expire at the end of 2025.
- The Marketplace uses the information on a consumer's coverage application to estimate the amount of premium tax credit for which the consumer will qualify when they file their taxes.
- The Marketplace pays that amount directly to the insurance company so that the consumer can pay a lower premium. This payment to the issuer is called advanced payments of the premium tax credit (APTC).
- After the plan year ends, when the consumer files their taxes, the IRS calculates the actual premium tax credit amount. If the consumer used more APTC than the IRS-determined tax credit amount, they'll have to pay the excess back.



# Expiration of Enhanced Premium Tax Credits (Slide 3 of 4)

- For 2026 coverage, the Marketplace will revert to the rules in place prior to 2021 for calculation of the APTC.
- For 2026 and future years, all consumers must have annual household income from 100 percent to 400 percent of the FPL to reduce their Marketplace plan premium using APTC.
- Due to the change in the calculation of tax credits, consumers who are within the income limits, and who are eligible for APTC, are likely to pay more for their Marketplace coverage for 2026 than they would have previously.

# Expiration of Enhanced Premium Tax Credits (Slide 4 of 4)

- Financial help will still be available in 2026 and beyond for most Marketplace enrollees.
- Some higher income enrollees will no longer qualify for financial help.
- Most Marketplace enrollees will see higher net premium amounts in 2026 compared to 2025.
- Some enrollees who previously had a \$0 premium will have to pay a premium to stay enrolled because tax credits no longer fully cover their premium in 2026.

# Employer-Sponsored Coverage (ESC)

## Affordability

- An offer of ESC is considered affordable if the cost of the plan's self-only premium for the employee or the family premium for other family members does not exceed 9.02 percent of household income for plans in 2025 and 9.96 percent of household income for plans beginning in 2026. The lowest-cost plan must also meet the minimum value (MV) standard.
- Total household income includes incomes from everybody in the household who's required to file a tax return.
- If the premiums aren't considered affordable for the employee and the household, they may qualify for savings in a Marketplace plan. But, if the premium is considered affordable for the employee, but not for other members of the household, then only the other household members may qualify for savings.



# HHS Expands Access to Affordable Health Insurance with Hardship Exemption for Catastrophic Health Coverage

- On September 4, 2025, the U.S. Department of Health and Human Services (HHS) announced it expanded access to Catastrophic health coverage in the Federally-facilitated Marketplace (FFM) through additional hardship exemption guidance, specifically designed to help consumers access coverage because of the premium increases anticipated for the 2026 plan year.
  - A consumer may qualify for an exemption to purchase a Catastrophic health coverage on or off the Marketplace in accordance with 45 CFR §155.605(d)(1)(iii) if they are determined or expect to be ineligible for APTC or CSRs based on their projected annual household income.



# HHS Expands Access to Affordable Health Insurance with Hardship Exemption for Catastrophic Health Coverage (Cont.)

- Beginning November 1, 2025, consumers over 30 can apply for the hardship exemption to enroll in Catastrophic health coverage in two ways:
  - Apply online for Marketplace coverage on [HealthCare.gov](https://www.healthcare.gov) or through a certified partner. Hardship exemption eligibility will be automatically evaluated based on projected annual household income data provided during the application process.
    - CMS plans to begin streamlining this process for consumers ineligible for APTC due to income and at a later date expand to consumers who are over 250 percent of the FPL and are only ineligible for cost sharing reductions.
  - Submit a [hardship exemption form](#) by selecting “Hardship 14: You experienced another hardship” from the available options in Section 2 of the form.



# Catastrophic Health Coverage on the Marketplace and Exemptions for Consumers Who are 30 or Older

- Consumers who are age 30 or older and wish to purchase Catastrophic health coverage must apply for a hardship or affordability exemption through the Marketplace to view and enroll in Catastrophic coverage (**Consumers under age 30 do not need an exemption to purchase Catastrophic coverage**).
- There are two types of exemptions:
  - **Affordability (income-related).** A consumer could qualify for this exemption if the lowest-priced coverage available to them through a Marketplace ESC would cost more than 7.97 percent (for 2026) of their household income.
  - **Hardship.** A consumer could qualify for this exemption if they had a financial hardship or other circumstances that prevented them from getting health insurance.



# Catastrophic Health Coverage on the Marketplace and Exemptions for Consumers Who are 30 or Older (Cont.)

- Catastrophic health plans have low monthly premiums and very high deductibles. They may be an affordable way for consumers to protect themselves from worst-case scenarios, like getting seriously sick or injured. But with a Catastrophic health plan, consumers will be required to pay for most routine medical expenses themselves.
- If a consumer is eligible for an exemption, Catastrophic health plan options will display when the consumer shops for coverage through the Marketplace. For more information on Catastrophic health plans, visit [HeathCare.gov: Catastrophic health plans](https://www.healthcare.gov/catastrophic-health-plans/). For more information on hardship and affordability exemptions, visit [HealthCare.gov: Health coverage exemptions: Forms & how to apply](https://www.healthcare.gov/health-coverage-exemptions-forms-how-to-apply/).



# Q&A

