



ACA Marketplace Integrity and Affordability Final Rule

The Centers for Medicare and Medicaid Services (CMS) released the Marketplace Integrity and Affordability [final rule](#) on June 20th, 2025 to establish new standards for Health Insurance Marketplaces under the Affordable Care Act (ACA).

Key provisions include revised procedures for stricter income verification and eligibility redetermination procedures; changes to the open enrollment period; and paused special enrollment periods. These provisions are expected to reduce enrollment in Marketplace plans. CMS estimates 725,000 to 1.8 million people will lose coverage. Additionally, these provisions are finalized in light of the reconciliation bill pending Congress that contemplates similar changes to Marketplace enrollment and coverage.

See below for more information. If you have any questions, please contact Alexa McKinley Abel (amckinley@ruralhealth.us).

Background

The Affordable Care Act created the Marketplaces to connect consumers to Qualified Health Plans (QHPs), many with subsidies like enhanced premium tax credits (ePTCs) and cost-sharing reductions (CSR). Temporary subsidy expansions under the American Rescue Plan (2021) and Inflation Reduction Act (2022) provided full premium coverage for people earning between 100%-150% of the federal poverty level (FPL), driving a significant increase in Marketplace participation. Rural communities have come to rely heavily on Marketplace coverage. In fact, 18% of plan selections were from rural zip codes during the 2025 open enrollment period so far.¹ For many rural community members, particularly farmers, self-employed, and those without employer-sponsored plans, Marketplaces are often the only source of coverage, making them extremely important for rural communities and the financial stability of rural providers.

Major Provisions

Changes to Open Enrollment Periods (OEPs)

CMS finalized a provision shortening the Open Enrollment Period (OEP) for individual market coverage both on and off the Marketplace. Effective for the 2027 plan year and beyond, OEPs must begin no later than November 1 and conclude no later than December 31. This reflects a slight change from the proposed rule that proposed ending the OEP on December 15. Currently, the OEP runs until January 15.

Federal Exchanges will maintain a standard OEP from November 1 to December 15, beginning in the 2027 plan year. Again, this shortens the current OEP by one month.

Coverage Denials for Failure to Pay Premiums for Prior Coverage

CMS finalized the repeal of the prohibition on denying coverage due to unpaid premiums from previous insurance policies. Issuers are now permitted to condition the issuance of new coverage on

¹ <https://www.kff.org/affordable-care-act/state-indicator/healthcare-gov-marketplace-plan-selections-by-rural-status-2/?dataView=1¤tTimeframe=0&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%22%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

the consumer's payment of both the initial premium for the new policy and any past-due premiums owed to the same issuer.

Annual Eligibility Redetermination

The final rule modifies annual eligibility redetermination procedures. Key changes include eliminating automatic enrollment transitions from bronze to silver-level QHPs and requiring enrollees who fail to respond to eligibility redetermination notices to remain in their existing plan, rather than be shifted into more generous coverage.

CMS also finalized a policy requiring that consumers who are auto-reenrolled into zero-premium plans on the Federal platform and fail to confirm their eligibility information be charged a \$5 monthly premium, starting in plan year 2026. Once eligibility is confirmed and if the consumer remains eligible for full subsidies, the \$5 payment will be waived.

Verification Process Related to Income Eligibility for APTCs

CMS finalized several changes to change the income verification process for APTC eligibility. First, Marketplaces must now deny APTC eligibility for tax filers who failed to reconcile prior-year tax credits for only one year, reinstating a previous policy. Second, CMS removed the automatic 60-day extension to the statutory 90-day window for income documentation resolution. Third, if IRS data shows income below 100% FPL and the applicant's attestation indicates otherwise, the Marketplace must initiate an inconsistency flag. Finally, when no IRS data is available, Marketplaces must use alternative trusted sources or require documentation.

Premium Payment Threshold

CMS finalized the removal of fixed-dollar and gross premium percentage-based threshold policies, allowing only the net premium percentage-based threshold to determine sufficient premium payment for effectuating or maintaining coverage. CMS will permit a transition period by allowing the removal of these thresholds to sunset at the end of plan year 2026.

Pause of Monthly Special Enrollment Period Based on Incomes

CMS finalized the temporary elimination of the monthly special enrollment periods (SEPs) for individuals with incomes at or below 150% of the FPL, effective through the end plan year (PY) 2026.

In response to public comments opposing permanent repeal, CMS modified its proposal: the SEP will be paused through PY 2026 but will automatically be reinstated in PY 2027. CMS justified this sunset clause by noting that the risk of improper enrollment will decline following the expiration of expanded subsidies after 2025, when fewer plans will be fully subsidized.

Pre-enrollment Verification for SEP

CMS finalized a requirement that 75% of SEP enrollments on the Federal platform undergo pre-enrollment eligibility verification beginning in plan year 2026. While this requirement applies to



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Federally facilitated Marketplaces, State-based Marketplaces are not subject to the mandate at this time. The rule clarifies that this verification policy will sunset at the end of the 2026 plan year, recognizing the temporary need for increased safeguards during the transition away from enhanced subsidies.