

- Streamlined appeals processes and improved operational consistency between Exchanges on the Federal platform and appeals entities as a result of the finalized policy to allow application filers to file appeals through the HHS appeals entity or a State Exchange appeals entity on behalf of applicants and enrollees on their Exchange application.
- Increased compliance with AV de minimis ranges associated with the approach to release the AV Calculator earlier.
- Increased transparency in Exchanges by publishing additional metrics on Exchange operations and functionality, including actual expenditures on consumer marketing, education, and outreach; actual expenditures on Navigator programs; call center metrics during Open Enrollment; and website visitors during Open Enrollment.

Costs:	Estimate	Year Dollar	Discount Rate	Period Covered
Annualized Monetized (\$/year)	\$3 million	2025	2 percent	2025-2029

Quantitative:

- Cost increase for the Federal Government associated with the HHS-RADV SVA medical record review of approximately \$1.5 million annually due to initial SVA subsample size increase beginning with the 2024 benefit year of HHS-RADV.
- Annual cost increase of \$500,000 to the Federal Government for increases to SVA medical record review due to the finalized SVA pairwise means testing procedure resulting in more SVA subsamples being expanded for review beginning with the 2024 benefit year of HHS-RADV.
- One-time cost of \$250,000 to the Federal Government for coding modifications to test and execute the HHS-RADV SVA pairwise means test bootstrapping methodology beginning with the 2024 benefit year of HHS-RADV.
- Annual costs of \$292,000 to the Federal Government to send initial direct FTR notices to the 2-tax year FTR population starting in benefit year 2025.
- Annual costs of \$92,400 to State Exchanges for FTR notices for the 2-tax year population.
- Regulatory review costs of \$3,336,300 for interested parties to review and analyze this final rule.

Qualitative:

- Not a significant increase in administrative burden or financial impact on the Federal Government for ECP data review due to the policy to conduct ECP certification reviews for plans offered by issuers in FFEs in States performing plan management functions beginning in PY 2026, due to using existing system infrastructure for the FFEs.

Transfers:	Estimates	Year Dollar	Discount Rate	Period Covered
Annualized Monetized (\$/year)	Low: \$1.442 billion	2025	2 percent	2025-2029
Annualized Monetized (\$/year)	High: \$1.511 billion	2025	2 percent	2025-2029

Quantitative:

- Increase in risk adjustment user fee transfers from issuers to the Federal Government of \$6.6 million annually beginning in 2026 associated with the finalized risk adjustment user fee of \$0.20 PMPM.
- An estimated annual transfer of APTC of \$817,571,843 from the Federal Government to enrollees whose coverage would otherwise be terminated for non-payment as a result of the policy to establish an optional fixed-dollar premium payment threshold and gross premium percentage-based payment threshold.
- Increase in FFE and SBE-FP user fee transfers from issuers to the Federal Government of \$732 million for benefit year 2026 compared to if the user fee rates from the prior benefit year were maintained in 2026. We estimate additional increases in FFE and SBE-FP user fee transfers from issuers to the Federal Government of \$937 million in 2027, \$958 million in 2028, and \$997 million in 2029 if the finalized 2026 user fee rates were maintained in subsequent years. Under the alternate FFE and SBE-FP user fee rates, which reflects the latest assumptions, we estimate increases in FFE and SBE-FP user fee transfers compared to if the 2025 benefit year user fee rates were maintained for 2026 and beyond from issuers to the Federal Government of \$620 million in 2026, \$854 million in 2027, \$885 million in 2028, and \$918 million in 2029 if the alternate user fee rates were maintained in subsequent years.
- Annual cost of \$8,155 associated with ECP enforcement action is transferred from the States with FFEs in States performing plan management functions to the Federal Government in accordance with the policy for HHS to conduct ECP reviews for Exchanges in these States.
- Reduced rebates paid by issuers to consumers or increased premiums collected by issuers from consumers of approximately \$35 million annually beginning with the 2026 MLR reporting year associated with the policy to allow “qualifying issuers” to no longer adjust incurred claims by the net payments or receipts related to the risk adjustment program for MLR reporting and rebate calculation purposes.