HealthSherpa

# OE 2027 Readiness: What You Need to Know

October 2026

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# Agenda

State of the Industry

Regulatory changes

Agent Authorization

PY27 Renewals

Product Updates

Training & Support


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# State of the Industry

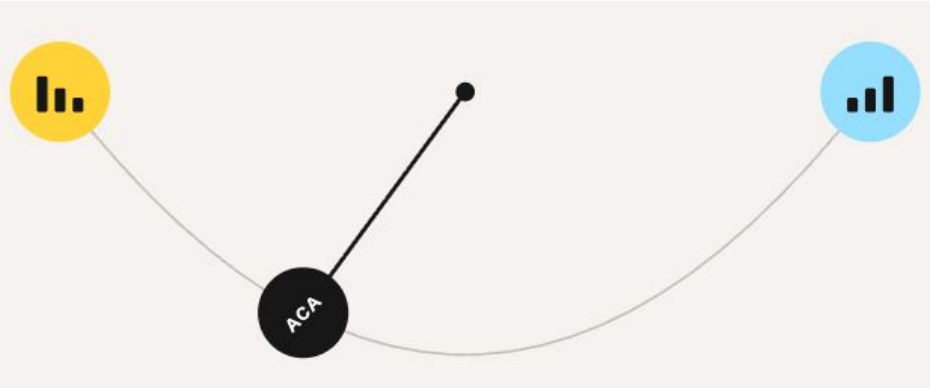

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# The Market Pendulum

ACA policy swings between two forces. For years it swung toward growth, but in 2024 Invalid Action started the swing back to trust & safety.

## Trust & safety

- Excessive regulation
- Contracting market
- Low investment activity
- Unfavorable unit economics




## Economic Growth

- Less regulation
- Growing market
- PE and VC capital flowing in
- Scale that enables reinvestment

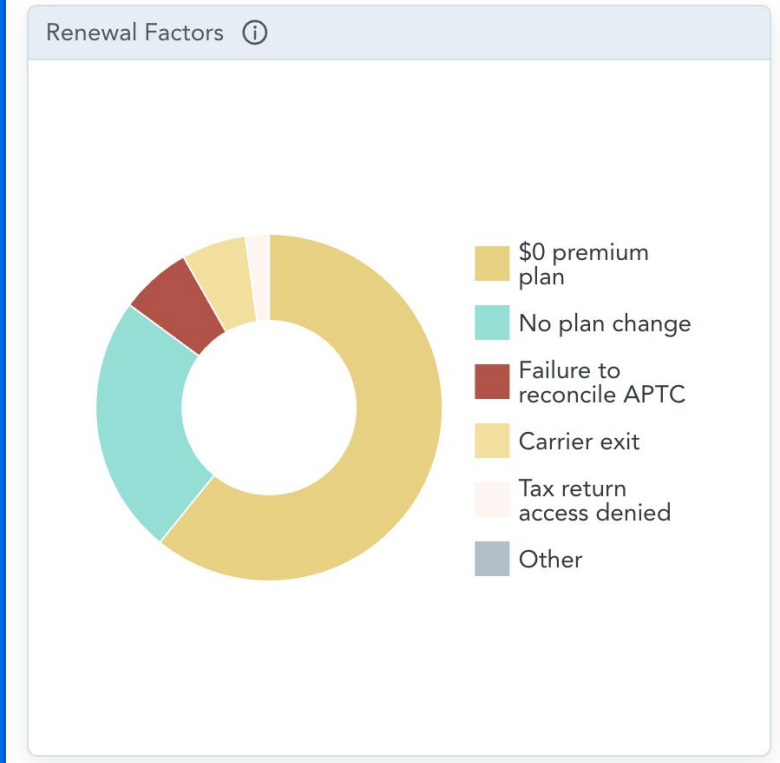

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# Carrier Exits

Preparation is critical

- Fewer carriers and plan availability mean more consumers need to review and change their coverage.
- Agents who understand local market changes will be best positioned to grow during OE 2027.

How to track carrier exits in HealthSherpa.
KFF Resource





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# Regulatory Changes


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# Industry changes

***As of 8/3/26, subject to change***

**In effect**

- End of 150% FPL
- DACA recipients no longer Marketplace eligible
- Enhanced marketing standards

**PY27**

- Catastrophic coverage up to 10 years
- OEP 11/1/2026 - 01/15/2027
- Narrow list of immigration statuses eligible for subsidies

**PY28**

- Non network plans allowed
- Enhanced consent requirements
- Active renewal to continue subsidy eligibility
- 1-year FTR

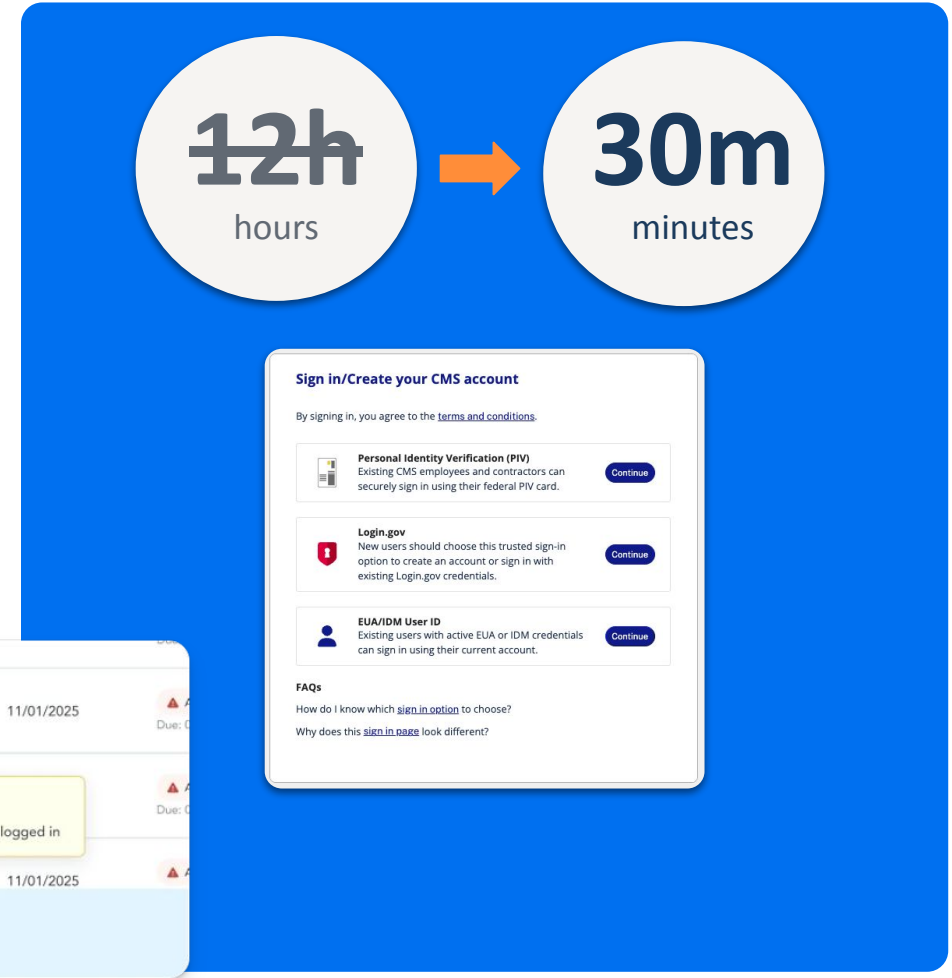
**Currently stayed or vacated**

- Increased SEP verification
- DMI for income below 100% FPL
- **Vacated:** DMI generated when tax info not available
- **Vacated:** Catastrophic coverage hardship eligibility expansion


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# FFM integration timeout

- CMS Requirement August 4, 2026
- 12h → 30 minutes
- Keep alive feature





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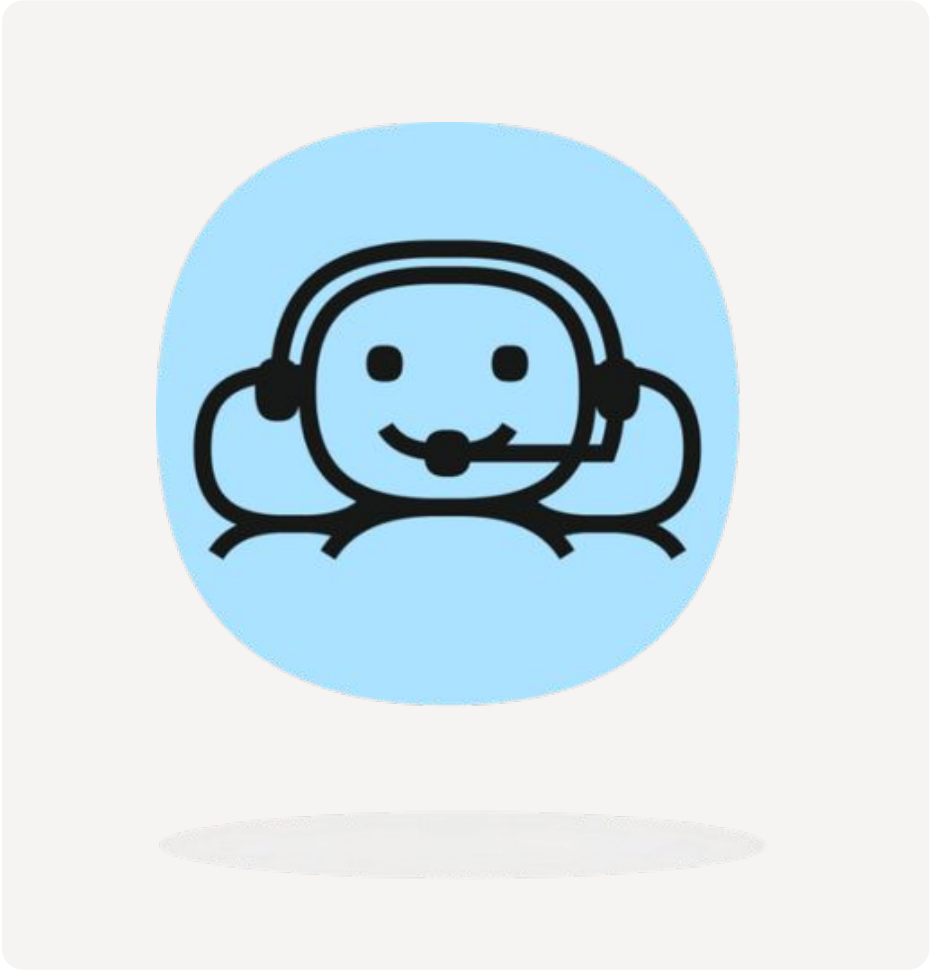
# Healthcare.gov

Agents are no longer able to make changes or submit new applications through HealthCare.gov

Beginning OEP for plan year 2027, the Marketplace Call Center will no longer support changes requested by an agent, except in complex cases.

HealthSherpa 101 is a foundational webinar for agents that includes a live platform demonstration, an overview of how to use the quoter, and a full application walkthrough.

CMS Bulletin




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# FFM Training

**For returning agents & brokers**

All returning agents and brokers must link their CMS Enterprise portal to an ID.me account before accessing FFM training on MLMS

- This is a one time linking process
- Moving forward you will use ID.me
- Can use existing account (for IRS, SSA, VA)
- Typically requires a gov't ID
- Do this early ahead of OEP - ID Verification issues can take time to resolve
- This only changes login
- ID.me will handle support, not CMS
- FAQ





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# Agent Authorization


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# Agent authorization: what to know

Starting 10/12/2026, consumers must authorize an agent before that agent can begin or access their Marketplace application.

## Once per plan year

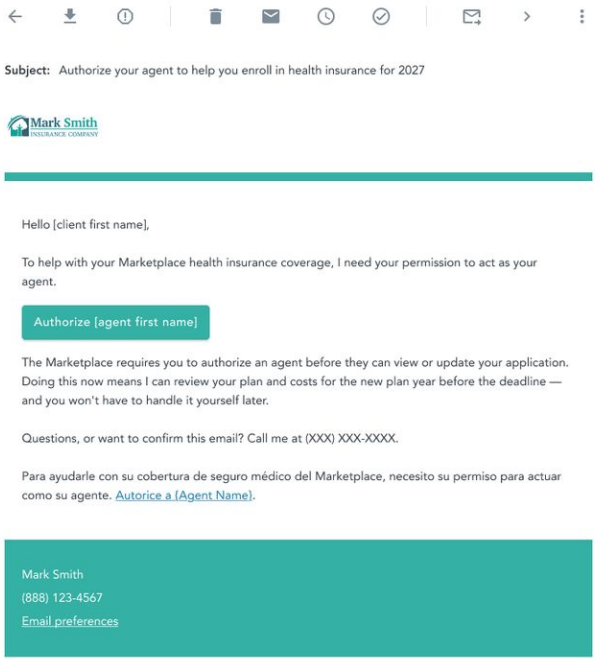
Required once per plan year, per agent, per enrollment platform — not every time an agent touches the application.

## One active authorization

Only one authorization is active at a time. A new authorization replaces the previous one.

## Identity verification for high-risk applications

Consumers new to the Marketplace, with low net premiums, or working with a different agent may need to verify identity.



**Subject:** Authorize your agent to help you enroll in health insurance for 2027

Mark Smith
INSURANCE COMPANY

Hello [client first name],

To help with your Marketplace health insurance coverage, I need your permission to act as your agent.

Authorize [agent first name]

The Marketplace requires you to authorize an agent before they can view or update your application. Doing this now means I can review your plan and costs for the new plan year before the deadline — and you won't have to handle it yourself later.

Questions, or want to confirm this email? Call me at (XXX) XXX-XXXX.

Para ayudarle con su cobertura de seguro médico del Marketplace, necesito su permiso para actuar como su agente. Autorice a [Agent Name].

Mark Smith
(888) 123-4567
Email preferences

# Agent authorization

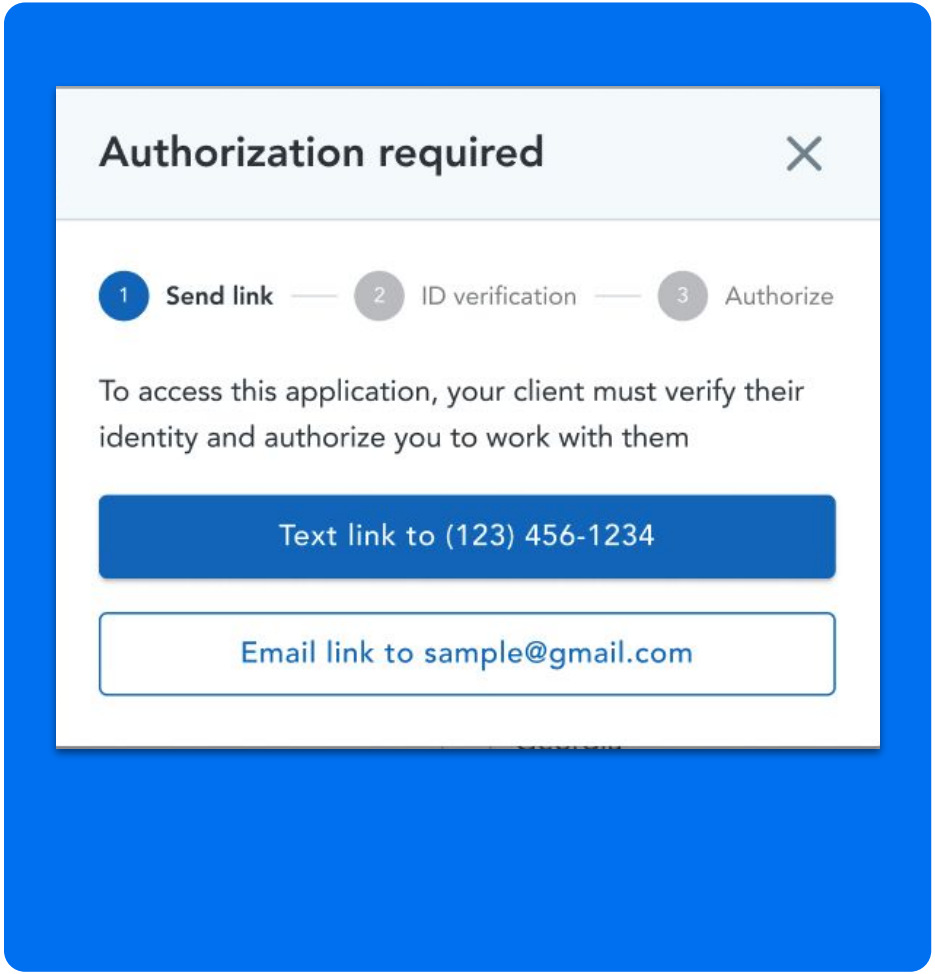
Before an agent can assist with a consumer's application, the consumer must complete an authorization step for that specific agent.

Authorization is required once per plan year, per agent, per enrollment platform. It is not required each time an agent interacts with the consumer's application.

Only one authorization can be active at a time, and new authorizations replace previous authorizations.

[CMS' guidance and FAQs released August 7th, 2026]

10/12/2026





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# Agent authorization & consent

Agent authorization does not replace CMS consent requirements. Agent authorization, Consumer Consent, and Eligibility Application Review are three separate requirements.



## Agent authorization

Needed annually to **access** a consumer's Marketplace application.

Required once per plan year, per agent, per enrollment platform.



## Consumer Consent

The first part of consent.

Consumer Consent indicates a consumer has granted permission for an agent to provide **assistance** with their Marketplace enrollment.



## Eligibility Application Review

The second part of consent.

Eligibility Application Review details application data and plan selection have been **reviewed and approved** by the consumer, and attestations have been **shared.**


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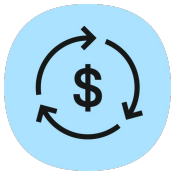
# Agent authorization & Invalid Action

Agent authorization and CMS' Invalid Action error occur at different points in the application and rely on different identifiers.



**Agent authorization**

- Happens before an agent can begin or access an application
- Required once per plan year, per EDE platform, per agent
- Based on FFM username
- No impact on the NPN on an existing enrollment

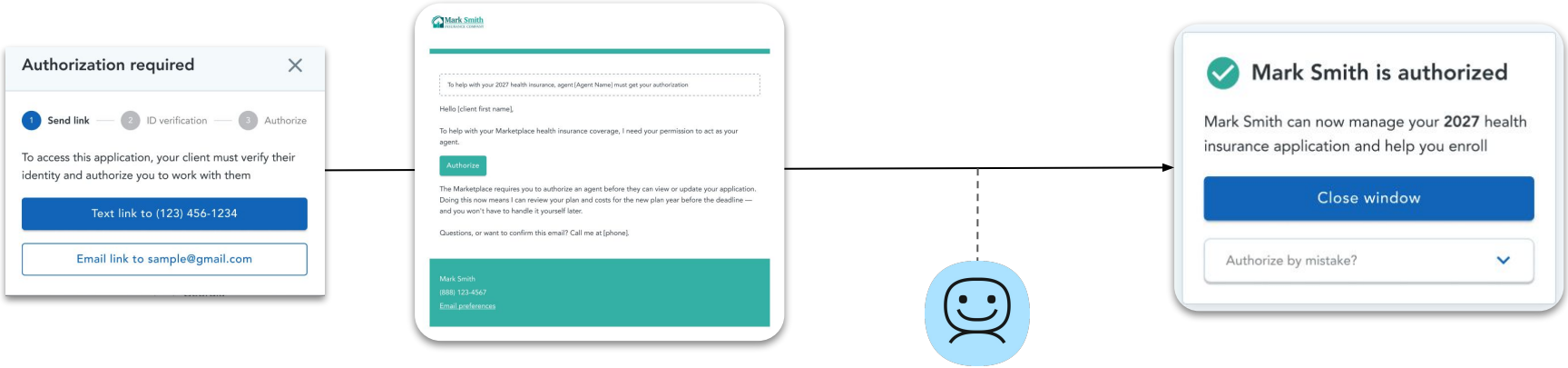


**CMS' Invalid Action error**

- Occurs at the end of an application
- Based on the NPN currently associated with the enrollment
- CMS will sunset the Invalid Action error beginning October 12, 2026


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# Authorization workflow




### Request sent

Agent sends request for authorization by text or email.

### Link received

Consumer opens the authorization request from their own device, then selects Authorize.

### Identity verification

Consumers with high risk applications are required to verify their identity.

### Authorization granted

Consumers receive a success message and agent is granted authorization to the application.


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# High risk applications

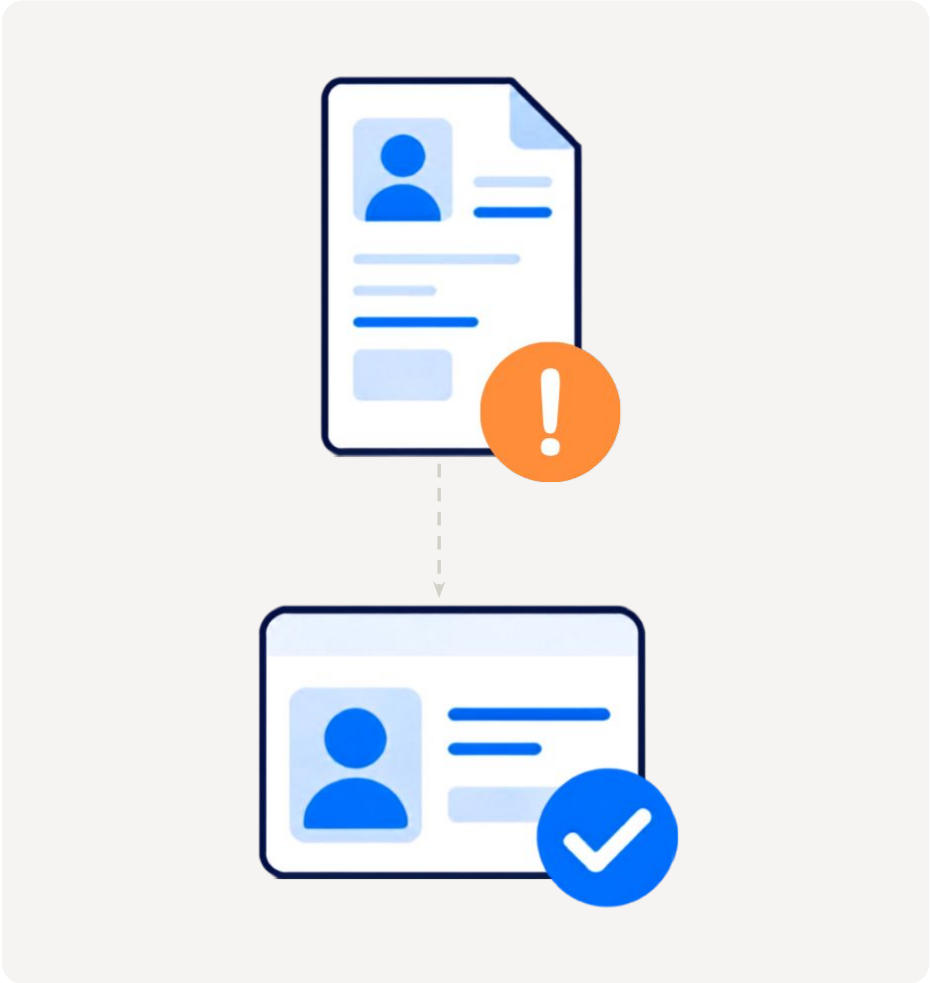
Applications flagged as high risk by CMS include:

- New to the Marketplace or state
- Enrollment is already active, and has a net monthly premium of $30 or less
- Consumer is working with a different agent

Applications can also move from low risk to high risk during the enrollment journey.

## Identity verification

If an application is flagged as high risk, identity verification will be required.



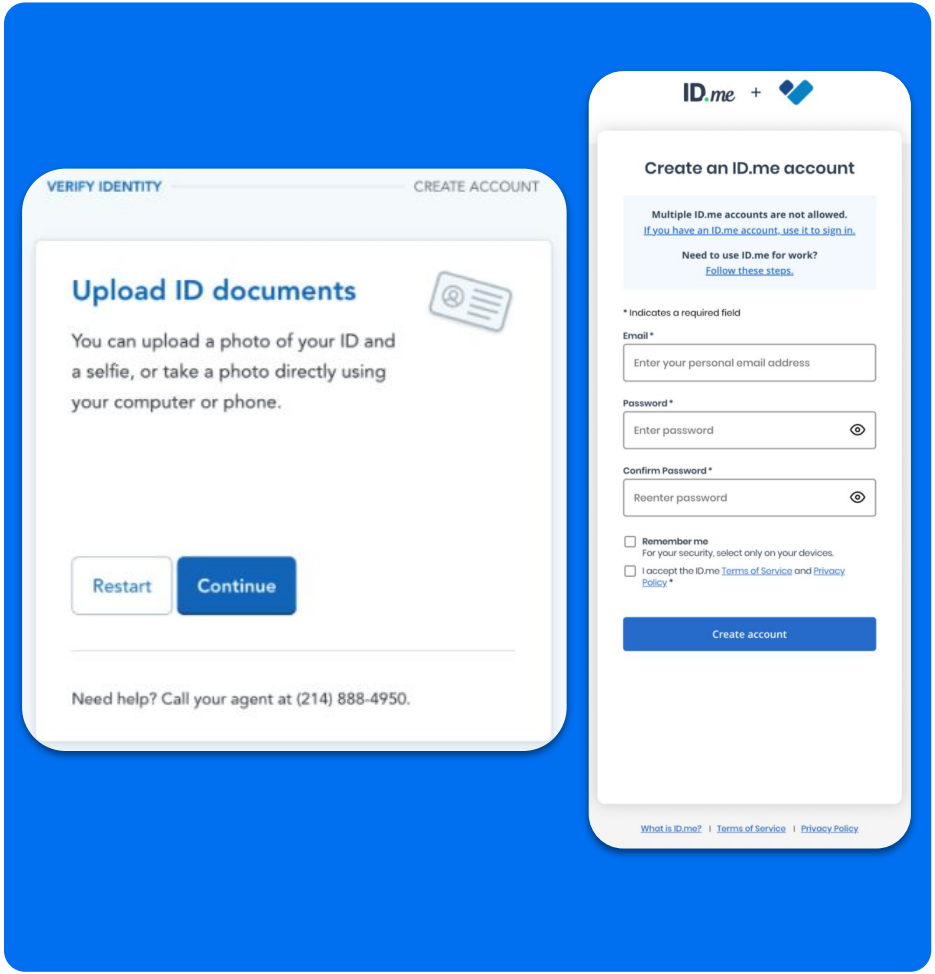

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# Identity verification pathways

Several identity verification pathways are available on HealthSherpa.

Identity verification for consumers will take place in the background using Experian. If a consumer's application is flagged as high-risk, and the consumer's identity cannot be verified by Experian, HealthSherpa presents alternative verification pathways.

Consumers who have verified their identity in the past will not need to repeat this step.





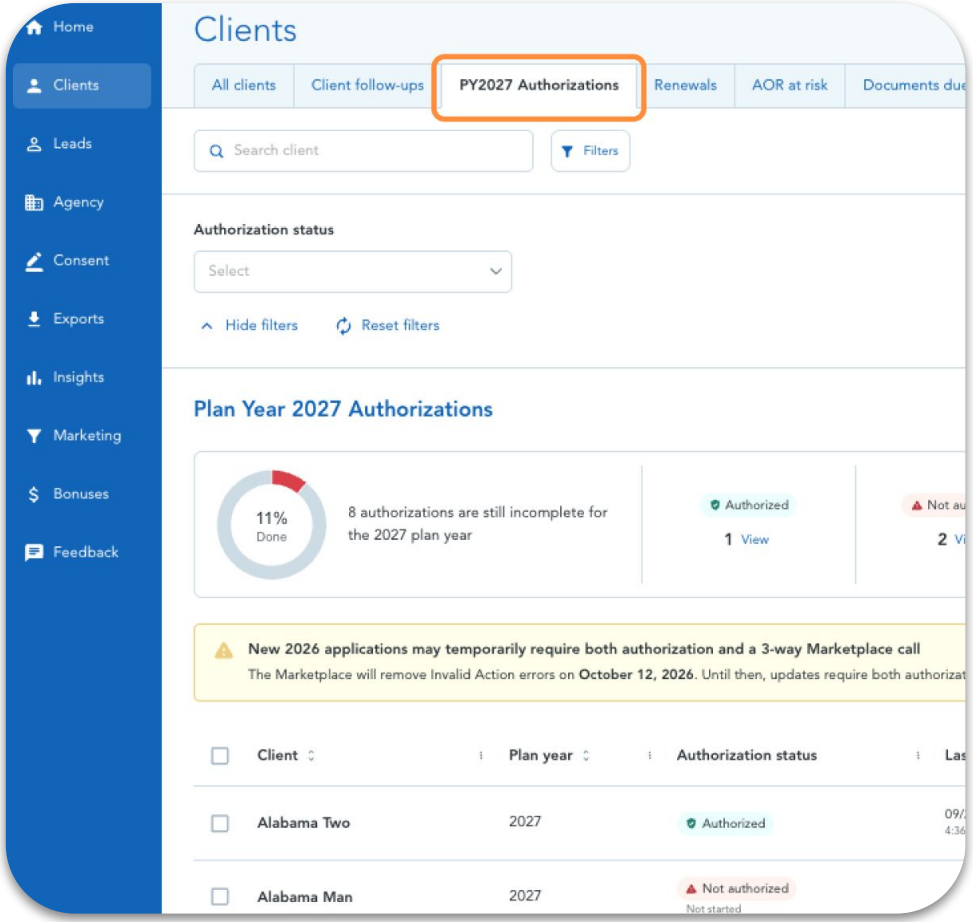
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# Tracking & reporting

Using the PY2027 Authorizations tab on the Clients page, agents can track the progress of plan year 2027 authorizations.

Agents and agencies can also export agent authorization data.

Soon, we will also provide notifications to agents when changes occur and a highlight view on the Home page.





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# Plan year 2026

Authorization status is visible on the All clients tab of the Clients page.

### Grandfathered

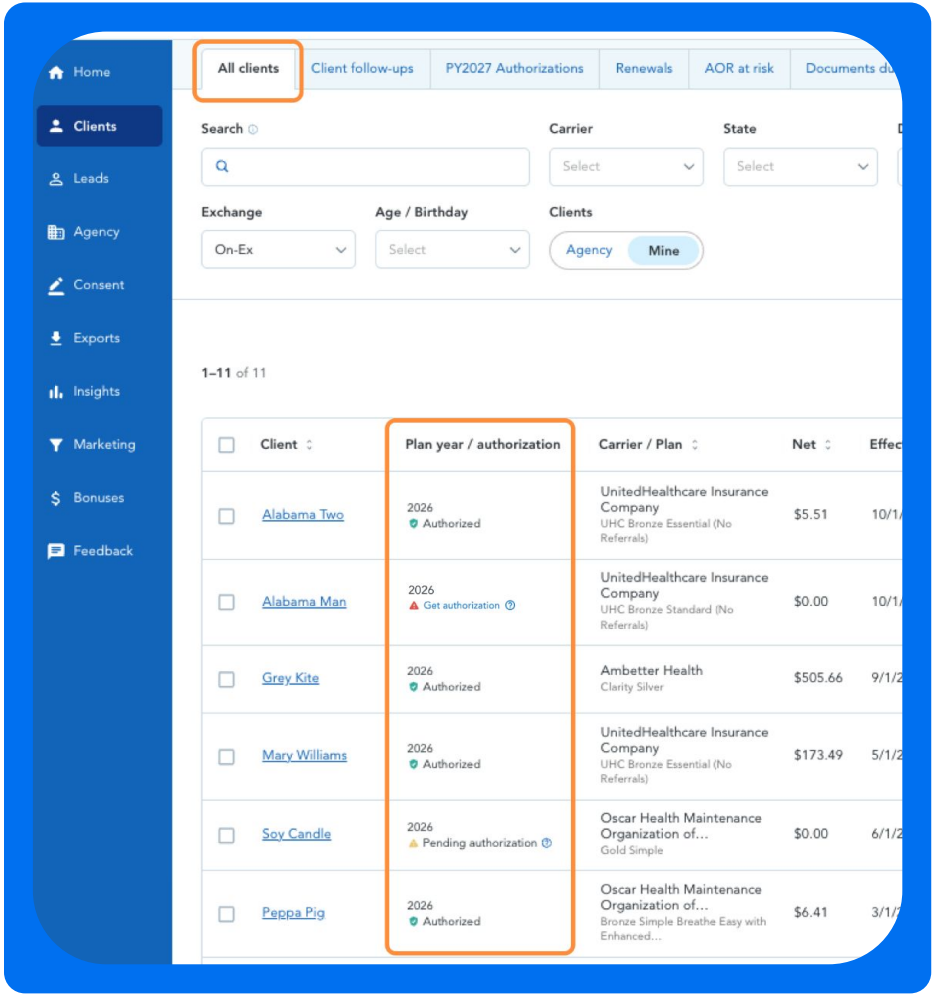
The writing agent who last serviced the plan year 2026 application is automatically authorized, based on FFM username and the account where it was last serviced or claimed.

Application is either not high risk or the consumer has verified their identity on HealthSherpa in the past.

Servicing continues without interruption.

### Non-grandfathered

Agents are prompted to collect authorization during search & claim.





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# Agent authorization

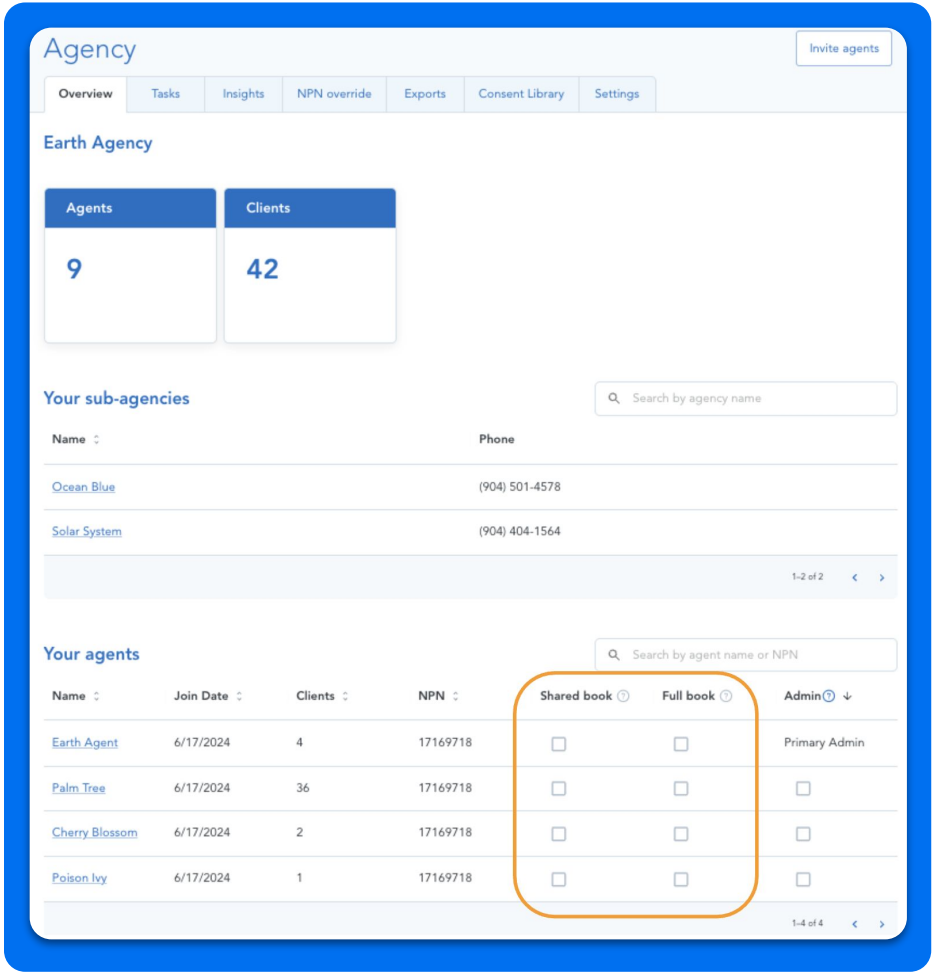
## Impact to agency features

Agency administrators can grant agents access to each other's clients & leads using shared book, and agents access to the agency-wide list of clients & leads using full book.

Agencies using shared book and full book can now expect these to be view only features.

Each agent wishing to service or interact with a consumer's application will need agent authorization in order to do so.

Only one agent can hold active authorization at a time.





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# FAQS

- S&C
- Document uploads
- LOA Agents
- Per Platform / White Label
- Auth Limits: Sends & Full Book restrictions
- Visibility if you lose authorization
- Others: Syncs, 1095s,
- Auth **does not =** AOR
- NPN Override
- 15 Min




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# Help articles

Agent authorization resources are available here:

- Agent authorization
- Consumer experience when completing an agent authorization request
- Identity verification


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# Renewals


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# Steps you can take now



1. Educate your agents & equip them to educate your members
2. Review your book of business: archive & confirm correct contact information
3. Collect agent authorization & consent (when CMS approves)
4. Utilize the intake form for changes
5. Review renewal risks


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# No Auto-Renewals for PY28

Policies auto renewed for OEP 2028 will not be subsidy eligible. Actively renewing your book of business is still the best practice.

**Example Scenario by Book Size**

**$20 PMPM** × 12 months = **$240 per client, per year**

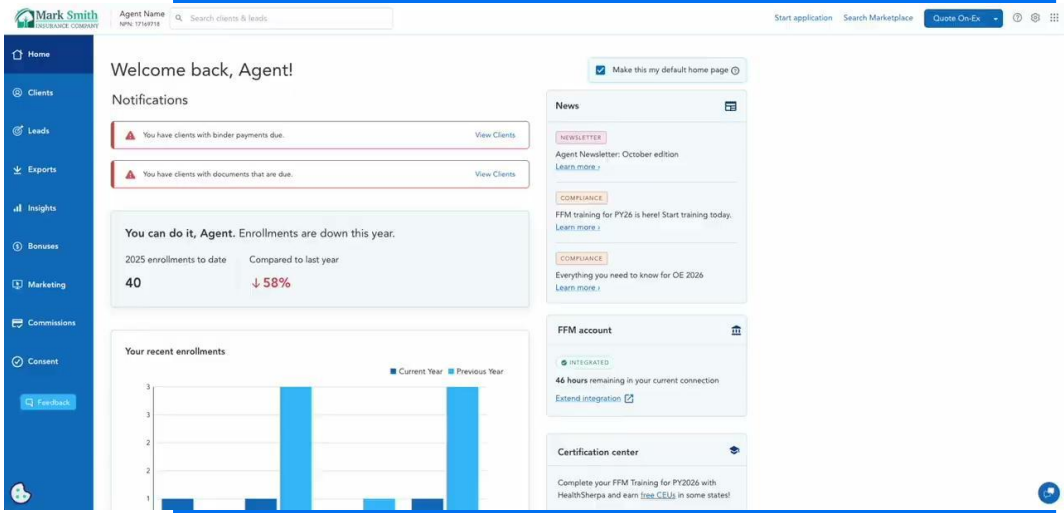
| 50 clients | 100 clients | 500 clients |
|---|---|---|
| **$12,000** | **$24,000** | **$120,000** |


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# Window Shopping

Window shopping is when CMS releases the official plan rates for the upcoming Open Enrollment Period. This is when you are able to:

- See carrier rates for the upcoming plan year
- Use our renewal risks to look at carrier exits
- This is generally the week ahead of OEP
- FAQ



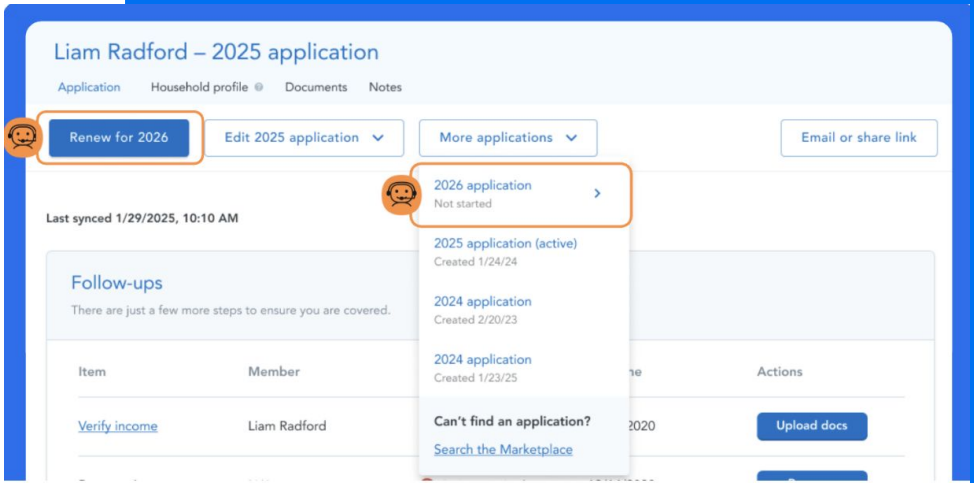


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# The Renewal Experience

Agents should expect a similar renewal experience as previous years:

- Use renewal risks to determine high risk consumers (like carrier exits)
- Can begin from S&C, Client Table or Client details
- Renewals will require both Consent & Agent Authorization





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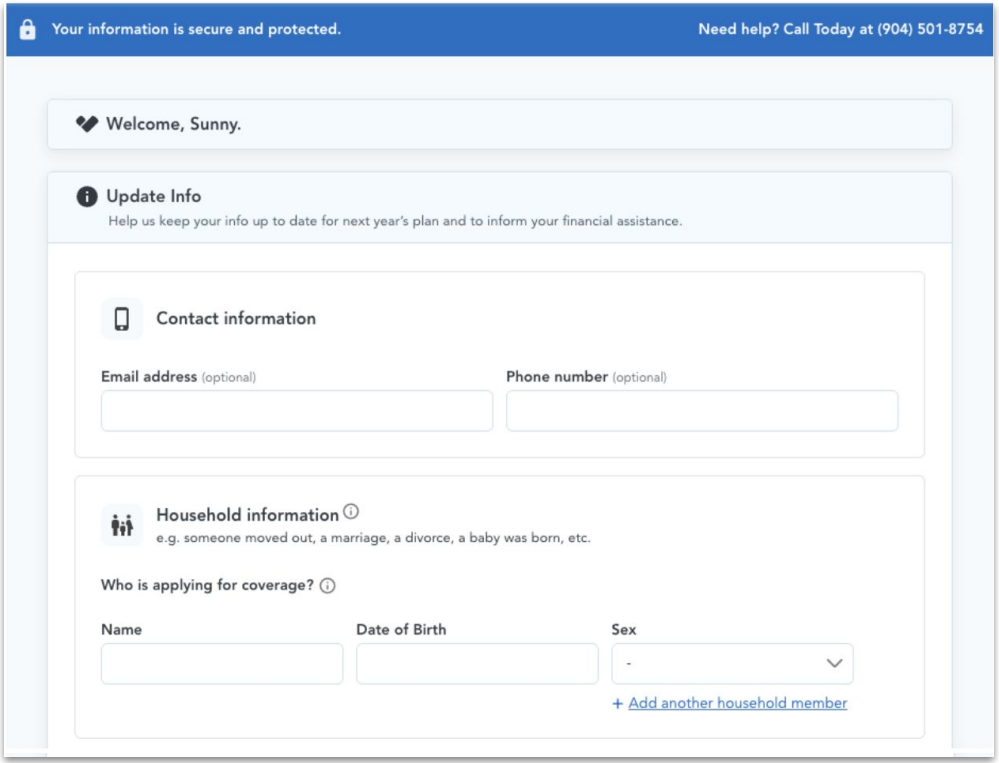
# Intake form

The intake form allows consumers to securely:

- Provide updated contact, household, and income information
- Upload documents early to get ahead of potential Data Matching Issues (DMIs) and SEP Verification Issues (SVIs)
- Send notes back to you

Intake forms can be completed by agents or consumer

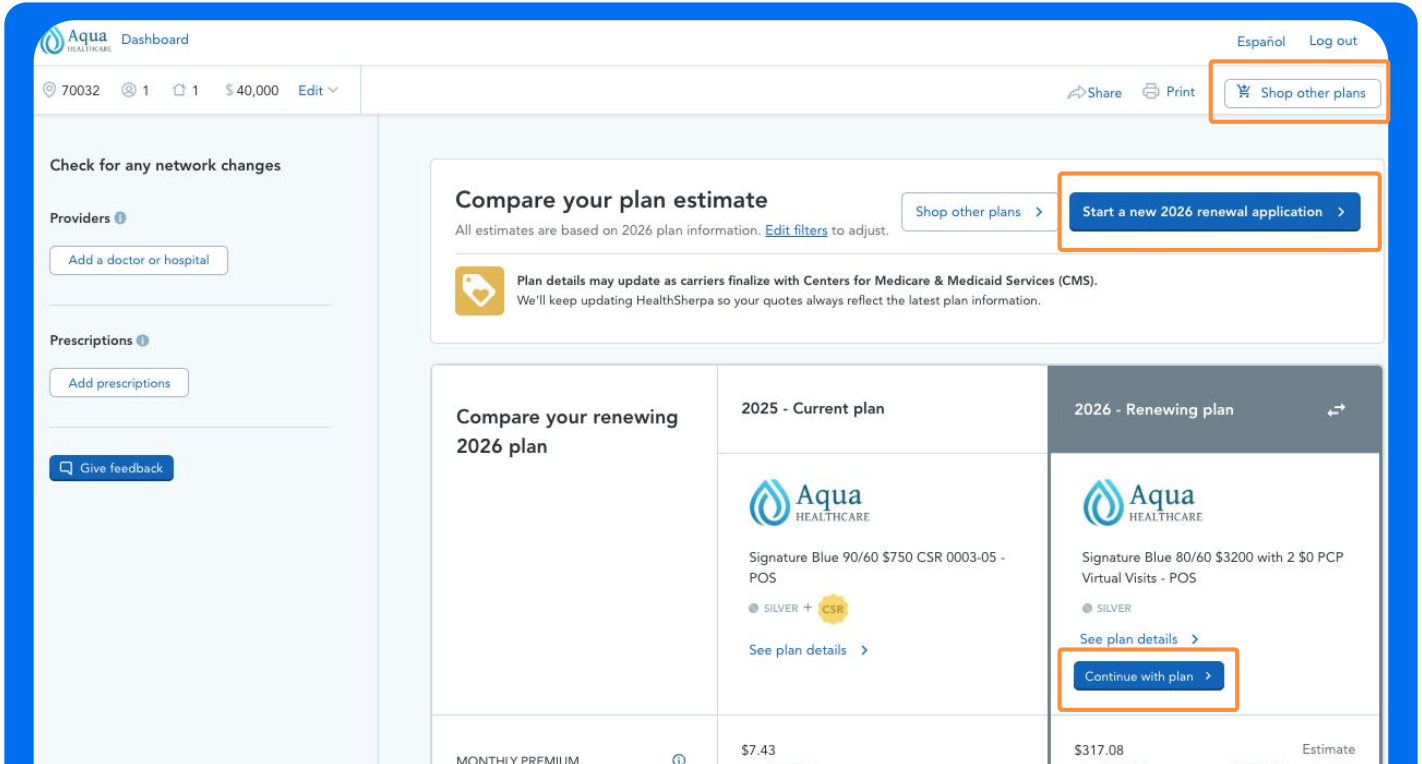
**Easily push information from the intake form to your application during the renewal process.**





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# Renewal plan comparison



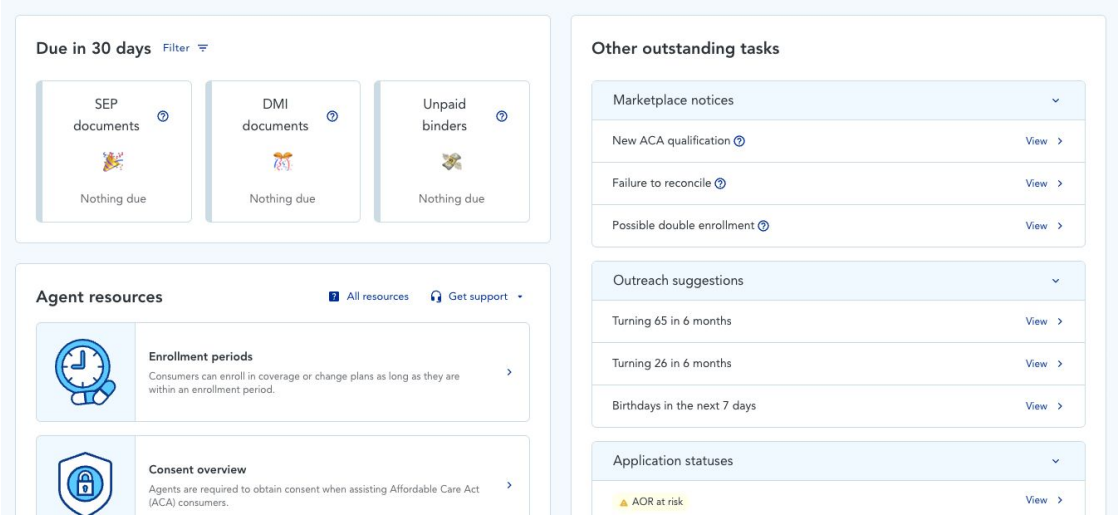
# Enhancements for OE27


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# Home Page

The home page is a great agent resource with reminders of upcoming tasks, deadlines and important updates.

- **See passive renewals during OEP**
- See documents due
- See binder and premium reminders
- View agent resources like FAQS & upcoming trainings



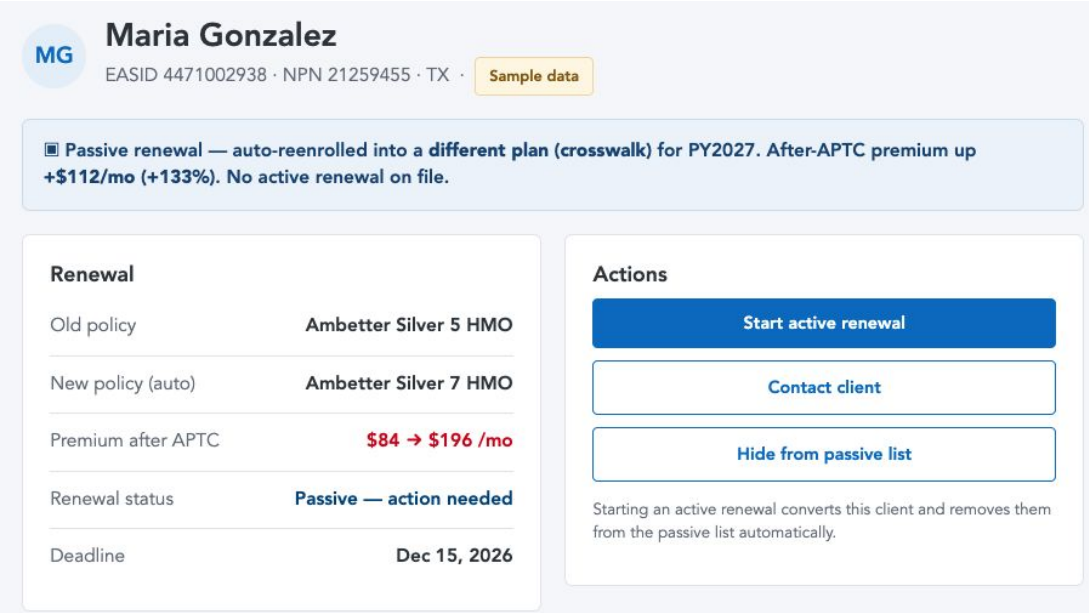


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# Passive Renewals - needs updating

For the first time ever, view passive renewal data within the product

- See crosswalk insights
- Easily start your active renewals
- Ensure your entire book get renewed



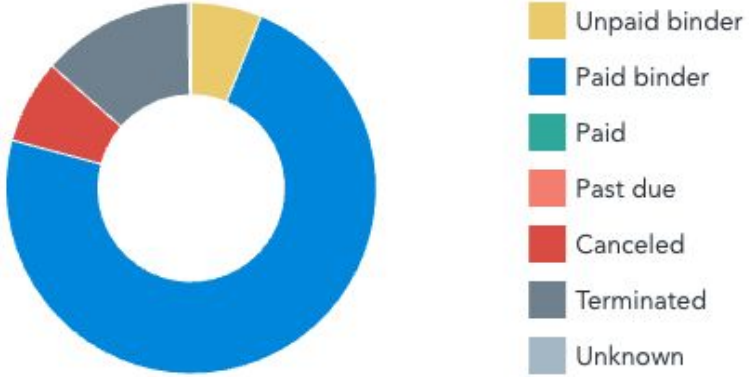


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# Policy Statuses

For HealthSherpa's Premier Partners get daily updates of your member data including:

- Effectuation statuses
- Payment statuses, like unpaid premium or in grace period
- Past due amounts
- Request member ID cards for select carriers
- Policy numbers for reconciliation





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# Training & Support


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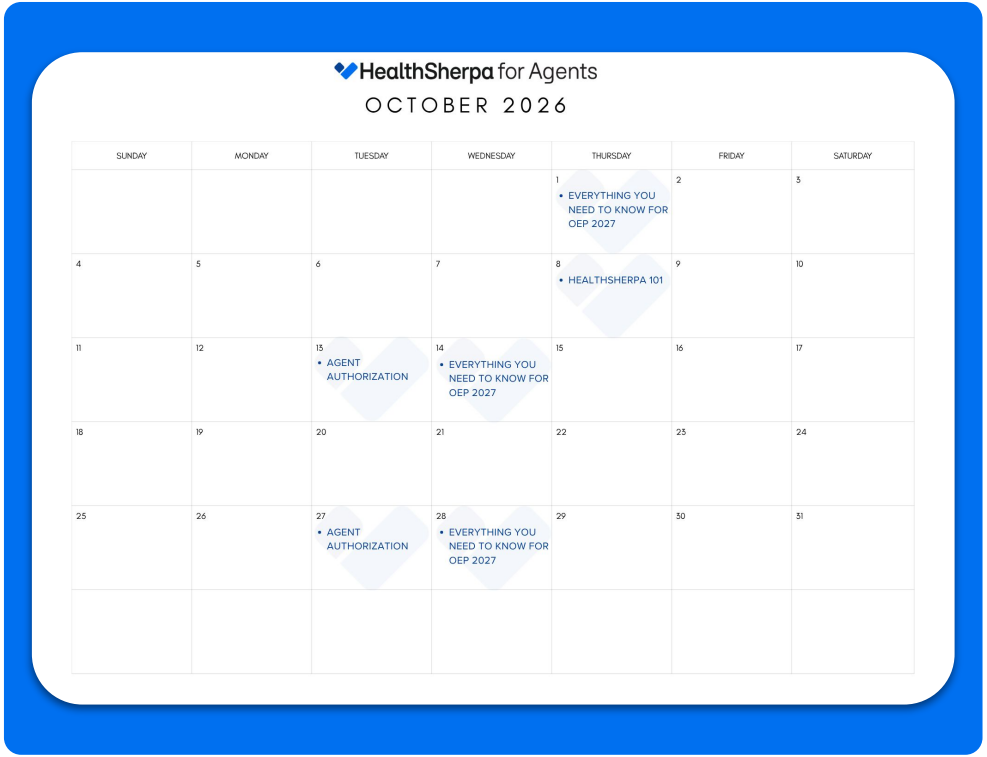
# Additional training sessions

Register for any of our upcoming training sessions or watch recordings of recent sessions by visiting our Agent Training page:

- Everything you need to know for OEP 2027
- HealthSherpa 101
- Agent authorization

**Watch recent webinars:**

- New to ACA
- Selling ACA plans





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# Resources

What's New Running list of product updates and feature releases

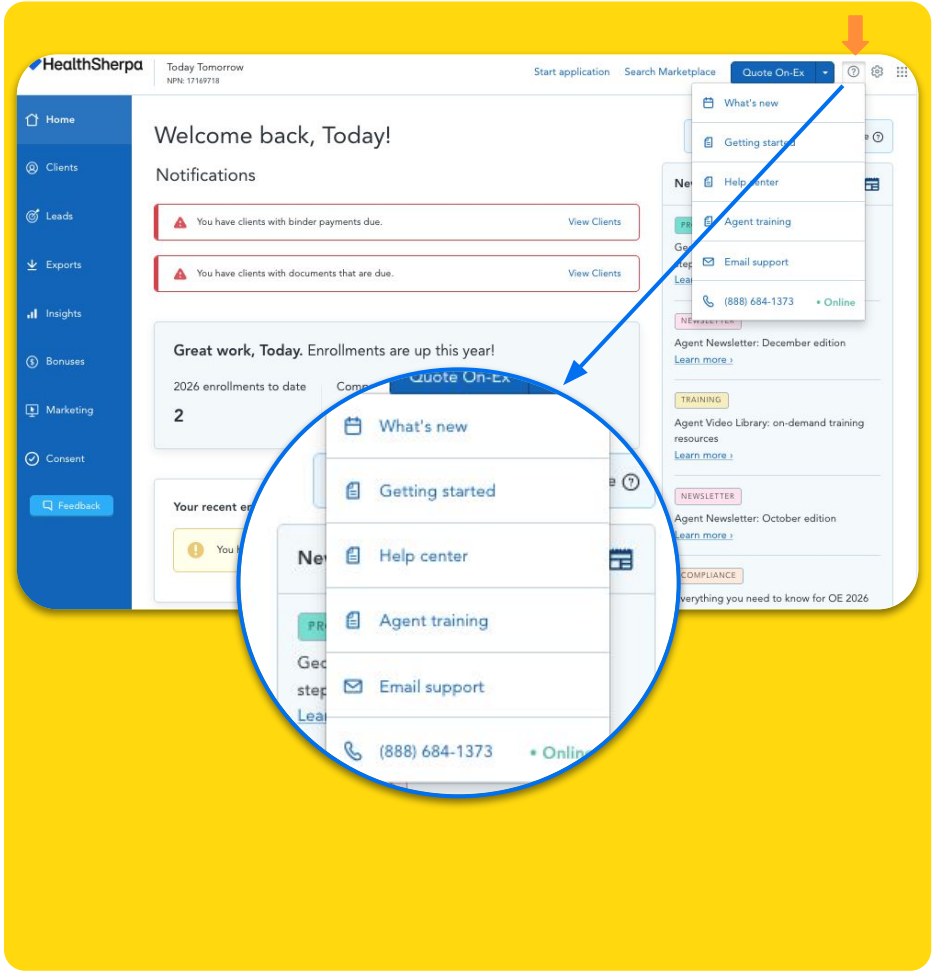
Getting started New user guide

Help center Collection of articles about using your account.

Agent training join upcoming training sessions

Contact the HealthSherpa Agent Support Team

Keep an eye on your email inbox we share monthly newsletters and important announcements





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# HealthSherpa Agent Support

HealthSherpa Agent Support provides top-tier support for your feature questions, technical issues, and any other questions about our platform.

**Standard hours:**

- Phone: 6am- 4pm PST M-F
- Email & Chat: 6am- 2:30pm PST M-F



**Call 1 (888) 684-1373**



**Email Support@ HealthSherpa.com**



**Chat directly from your HealthSherpa account**


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# Thank you!


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