

Marketplace Operations Information Collection (0938-1353)
60-Day Public Comment Response Summary (Ended 9/9/2025)

Comment Type	Comment Summary	Response
Burden	One commenter stated that this CMS collection should not be extended based on improper third-party disclosure requirements and protections against fraud and abuse, explaining that this constitutes tax dollar waste and fraud since June of 2013, and should therefore not be allowed.	In accordance with § 156.1230(a)(1)(ii), issuers must disclose information on available Qualified Health Plans (QHPs) when they use their websites to directly enroll qualified individuals into QHPs in a manner considered to be through the Exchange, a process known as Direct Enrollment (DE). The QHP information required to be posted on the DE websites includes premium and cost sharing information, the summary of benefits and coverage, metal level, results of the enrollee satisfaction survey, quality ratings, medical loss ratio information, transparency in coverage measures, and a provider directory. Requiring the disclosure of this information permits consumers to make meaningful and informed coverage decisions and select a health plan that best meets their unique health care needs. Furthermore, an increasing proportion of enrollment has been through DE channels in recent years, and the disclosure of this information plays a critical role in this process. Additionally, two other collections within this package pertain to providing the Exchanges with the authority to issue enforcement remedies in instances of severe issuer noncompliance – which is critical for protecting against fraud and abuse – and allowing issuers to appeal these enforcement actions. Discontinuing these collections would therefore exacerbate the risk of fraud and abuse by limiting the ability of the agency to constrain adverse issuer behavior.