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March 30, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically via www.regulations.gov

RE: CMS-6098-NC - Request for Information (RFI) Related to Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH)

To Whom It May Concern:

On behalf of the National Association of Benefits and Insurance Professionals (NABIP), formerly the National Association of Health Underwriters (NAHU), we appreciate the opportunity to provide feedback in response to the Centers for Medicare & Medicaid Services' [request for information](#) on potential regulatory and programmatic changes to strengthen program integrity and more effectively combat fraud, waste, and abuse across federal health programs.

NABIP represents licensed health insurance agents, brokers, and benefit professionals who serve millions of consumers across the Medicare program, the Affordable Care Act (ACA) marketplaces, and the employer-sponsored insurance market. As frontline partners, our members have direct visibility into both the operational vulnerabilities that enable fraudulent activity and the effective safeguards that protect consumers and federal resources.

We strongly support CMS's objective of targeting bad actors and systemic sources of fraud. Program integrity efforts must be appropriately targeted. Our recommendations focus on aligning oversight with the true sources of risk while reinforcing the role of licensed agents and brokers as a core consumer protection.

I. Medicare Program Integrity and Fraud Prevention

Refining Regulatory Distinctions Between Licensed Distribution Channels and Fraudulent Marketing Operations

CMS appropriately highlights the role of aggressive marketing tactics, lead-generation pipelines, and call center models in facilitating fraudulent activity. However, it is critical

that regulatory frameworks distinguish between licensed agents and brokers and the field marketing organizations (FMOs) that support them versus third-party marketing organizations (TPMOs) engaged in deceptive practices.

Licensed agents operate within a well-defined compliance structure:

- State-licensed and subject to ongoing regulatory oversight
- Certified annually by the carriers whose products they offer
- Bound by CMS marketing and enrollment requirements
- Required to complete continuing education
- Accountable for ongoing client service and long-term relationships

FMOs further reinforce this compliance infrastructure by providing:

- Agent contracting and credentialing oversight
- Compliance training and regulatory guidance
- Technology platforms that support compliant enrollment and documentation
- Operational support for CMS requirements, including call recording and audit readiness

By contrast, many fraudulent schemes originate from entities operating outside of these regulated structures. These operations frequently rely on:

- High-volume lead-generation campaigns, including television and digital advertising
- Automated dialing systems designed to maximize contact volume
- Offshore or loosely regulated call centers
- The use of unlicensed “fronters” to initiate beneficiary contact and collect personal information prior to transfer

These practices create significant program integrity risks, including unauthorized enrollments, repeated and unwanted beneficiary contact, consumer confusion, and increased exposure to downstream improper billing.

To more effectively target these risks, NABIP recommends that CMS:

- **Strengthen oversight of lead-generation entities and marketing vendors**, including establishing clear accountability across the lead supply chain
- **Refine the definition of TPMOs** to distinguish licensed agents, brokers, and FMOs from entities engaged in deceptive or high-risk marketing practices
- **Ensure that program integrity policies preserve the role of licensed professionals**, whose involvement improves consumer outcomes and reduces fraud risk
- **Increase transparency around enforcement actions** to enhance deterrence and inform stakeholders
- **Expand two-way data sharing between CMS and carriers** to support earlier identification of anomalous enrollment patterns

A more targeted regulatory approach will allow CMS to concentrate enforcement on the entities and practices most responsible for fraud while strengthening, rather than disrupting, compliant distribution channels.

II. ACA Marketplace Program Integrity and Fraud Prevention

Aligning Regulatory Safeguards with Systemic Sources of Fraud

Recent Marketplace fraud patterns demonstrate that large-scale abuses are often driven by centralized, technology-enabled operations rather than traditional broker activity. As such, effective program integrity strategies must prioritize system-level controls and verification mechanisms.

NABIP recommends that CMS:

- **Implement system-based authorization controls** by embedding consumer consent directly within the Marketplace application workflow. This approach would create a centralized, auditable record of authorization tied to each enrollment transaction and reduce reliance on documentation that is difficult to validate at scale and more susceptible to manipulation
- **Standardize platform-level security requirements**, including:
 - Multi-factor authentication (MFA)
 - Enhanced identity verification protocols
 - Real-time monitoring for anomalous enrollment activity

These safeguards should be applied consistently across Exchange-operated platforms and Enhanced Direct Enrollment (EDE) entities.

- **Prioritize enforcement against systemic fraud infrastructure**, including lead-generation firms, offshore call centers, and enrollment platforms capable of facilitating unauthorized enrollments at scale
- **Reinstate targeted eligibility safeguards**, including:
 - Pre-enrollment verification for a meaningful share of Special Enrollment Period (SEP) enrollments
 - Elimination of the Special Enrollment Period (SEP) for individuals below 150 percent of the Federal Poverty Level (FPL), which has been widely associated with misuse and eligibility manipulation
- **Restore financial accountability mechanisms** by reinstating the one-year Failure to File and Reconcile (FTR) lockout period for premium tax credit eligibility, ensuring alignment between subsidy eligibility and verified income
- **Strengthen and appropriately deploy data analytics** to identify patterns indicative of potential misconduct. For example, entities submitting application volumes that exceed reasonable human capacity during an Open Enrollment Period should be flagged for further review

Programmatic Enhancements to Strengthen Program Integrity and Efficiency

In addition to regulatory changes, CMS has an opportunity to modernize program integrity operations through improved use of federal data and system design.

NABIP recommends that CMS:

- **Maximize automated, real-time verification** using trusted federal data sources (e.g., IRS, SSA) to reduce reliance on manual documentation and improve accuracy
- **Incorporate targeted IRS data indicators** into the Federal Data Services Hub (e.g., binary indicators for specific tax forms such as Schedule C or Form 1099-R), enabling more precise income validation without exposing sensitive return data
- **Implement a standardized improper payment measurement framework for state-based exchanges** that enhances oversight while prioritizing aggregated reporting and safeguarding consumer privacy



Conclusion

NABIP appreciates CMS's commitment to strengthening program integrity and addressing fraud across federal health programs. To be effective, these efforts must focus on the structural drivers of fraud, particularly large-scale, technology-enabled schemes, while preserving and leveraging the role of licensed agents and brokers as a critical line of defense for consumers.

We look forward to continued engagement with CMS as it considers regulatory and programmatic changes under the CRUSH initiative and stand ready to serve as a resource in advancing policies that protect both taxpayers and consumers.

Sincerely,

A handwritten signature in black ink, appearing to read "Mandel", is positioned below the word "Sincerely,".

Michael Andel

Senior Vice President of Government Affairs

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