Department of Health and Human Services

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(a) General requirement. A QHP issuer must ensure that the provider network of each of its QHPs, as available to all

(b) Periodic financial disclosures;

(c) Data on enrollment;

(d) Data on disenrollment;

(e) Data on the number of claims that are denied;

(f) Data on rating practices;

(g) Information on cost-sharing and payments with respect to any out-of-network coverage; and

(h) Information on enrollee rights under title I of the Affordable Care Act.

§ 156.225 Marketing and Benefit Design of QHPs.

(a) State law applies. Comply with any applicable State laws and regulations regarding marketing by health insurance issuers; and

(b) Non-discrimination. Not employ marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in QHPs.

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