

§ 800.115 Level playing field.

An MSP issuer must, with respect to each of its MSP options, meet the following requirements in order to ensure a level playing field, subject to § 800.114:

- (a) *Guaranteed renewal.* Guarantee that an enrollee can renew enrollment in an MSP option in compliance with sections 2703 and 2742 of the PHS Act;
- (b) *Rating.* In proposing premiums for OPM approval, use only the rating factors permitted under section 2701 of the PHS Act and State law;
- (c) *Preexisting conditions.* Not impose any preexisting condition exclusion and comply with section 2704 of the PHS Act;
- (d) *Non-discrimination.* Comply with section 2705 of the PHS Act;
- (e) *Quality improvement and reporting.* Comply with all Federal and State quality improvement and reporting requirements. Quality improvement and reporting means quality improvement as defined in section 1311(h) of the Affordable Care Act and quality improvement plans or strategies required under State law, and quality reporting as defined in section 2717 of the PHS Act and section 1311(g) of the Affordable Care Act. Quality improvement also includes activities such as, but not limited to, implementation of a quality improvement strategy, disclosure of quality measures to enrollees and prospective enrollees, and reporting of pediatric quality measures, which will be similar to standards under section 1311(c)(1)(E), (H), and (I) of the Affordable Care Act;
- (f) *Fraud and abuse.* Comply with all Federal and State fraud and abuse laws;
- (g) *Licensure.* Be licensed in every State in which it offers an MSP option;
- (h) *Solvency and financial requirements.* Comply with the solvency standards set by each State in which it offers an MSP option;
- (i) *Market conduct.* Comply with the market conduct standards of each State in which it offers an MSP option;
- (j) *Prompt payment.* Comply with applicable State law in negotiating the terms of payment in contracts with its providers and in making payments to claimants and providers;
- (k) *Appeals and grievances.* Comply with Federal standards under section 2719 of the PHS Act for appeals and grievances relating to adverse benefit determinations, as described in subpart F of this part;
- (l) *Privacy and confidentiality.* Comply with all Federal and State privacy and security laws and requirements, including any standards required by OPM in guidance or contract, which will be similar to the standards contained in 45 CFR part 164 and applicable State law; and

(m) *Benefit plan material or information.* Comply with Federal and State law, including § 800.113 of this part.