

as applicable, or an independent evaluator selected by the Secretary or the Secretary of the Treasury, as applicable, to undertake an independent evaluation of any component of a section 1332 waiver.

(2) As part of this required cooperation, a State must submit all requested data and information to the Secretary, the Secretary of the Treasury, as applicable, or the independent evaluator.

§ 155.1324 State reporting requirements.

(a) *Quarterly reports.* A State must submit quarterly reports to the Secretary in accordance with the terms and conditions of the State’s section 1332 waiver. These quarterly reports must include, but are not limited to, reports of any ongoing operational challenges and plans for and results of associated corrective actions.

(b) *Annual reports.* A State must submit an annual report to the Secretary documenting all of the following:

(1) The progress of the section 1332 waiver.

(2) Data on compliance with section 1332(b)(1)(A) through (D) of the Affordable Care Act.

(3) A summary of the annual post-award public forum, held in accordance with § 155.1320(c), including all public comments received at such forum regarding the progress of the section 1332 waiver and action taken in response to such concerns or comments.

(4) Other information consistent with the State’s approved terms and conditions.

(c) *Submitting and publishing annual reports.* A State must submit a draft annual report to the Secretary no later than 90 days after the end of each waiver year, or as specified in the waiver’s terms and conditions.

(1) Within 60 days of receipt of comments from the Secretary, a State must submit to the Secretary the final annual report for the waiver year.

(2) The draft and final annual reports are to be published on a State’s public web site within 30 days of submission to and approval by the Secretary, respectively.

§ 155.1328 Periodic evaluation requirements.

(a) The Secretary and the Secretary of the Treasury, as applicable, shall periodically evaluate the implementation of a program under a section 1332 waiver consistent with guidance published by the Secretary and the Secretary of the Treasury, as applicable, and any terms and conditions governing the section 1332 waiver.

(b) Each periodic evaluation must include a review of the annual report or reports submitted by the State in accordance with § 155.1324 that relate to the period of time covered by the evaluation.

PART 156—HEALTH INSURANCE ISSUER STANDARDS UNDER THE AFFORDABLE CARE ACT, INCLUDING STANDARDS RELATED TO EXCHANGES

Subpart A—General Provisions

- 156.10 Basis and scope.
- 156.20 Definitions.
- 156.50 Financial support.
- 156.80 Single risk pool.

Subpart B—Essential Health Benefits Package

- 156.100 State selection of benchmark.
- 156.105 Determination of EHB for multi-state plans.
- 156.110 EHB-benchmark plan standards.
- 156.115 Provision of EHB.
- 156.122 Prescription drug benefits.
- 156.125 Prohibition on discrimination.
- 156.130 Cost-sharing requirements.
- 156.135 AV calculation for determining level of coverage.
- 156.140 Levels of coverage.
- 156.145 Determination of minimum value.
- 156.150 Application to stand-alone dental plans inside the Exchange.
- 156.155 Enrollment in catastrophic plans.

Subpart C—Qualified Health Plan Minimum Certification Standards

- 156.200 QHP issuer participation standards.
- 156.210 QHP rate and benefit information.
- 156.215 Advance payments of the premium tax credit and cost-sharing reduction standards.
- 156.220 Transparency in coverage.
- 156.225 Marketing and Benefit Design of QHPs.
- 156.230 Network adequacy standards.
- 156.235 Essential community providers.