

Qualified Health Plan Issuer Application Instructions

Plan Year 2023

Extracted section:
Section 4B: Interoperability

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Section 4B: Interoperability

1. Introduction

In the SSM, you will see a new page added for Interoperability. The purpose of this page is for Medical QHP issuers, including those that issue plans in a state performing plan management functions, to provide responses to attestations related to interoperability requirements. If issuers cannot respond affirmatively to each attestation, they must provide a justification. This form will evaluate your compliance with the requirements finalized in the Interoperability and Patient Access Final Rule published on May 1, 2020. By July 1, 2021, you must implement the requirements detailed in 45 *Code of Federal Regulations* (CFR) 156.221, which require the implementation and maintenance of a patient access application programming interface (API) and related documentation. This form is not required for SADPs, Federally-facilitated Small Business Health Options Programs, and State-based Exchanges on the Federal Platform.

The instructions for this section apply to the following issuer type:

- QHP
- See Appendix E for additional information.

2. Data Requirements

To complete this section, you will need the following:

1. Interoperability Attestation and Justification Form.

3. Quick Reference

Key Changes for 2023

- ◆ If you are applying to certify Medical QHPs, you must still submit an Interoperability Attestation and Justification Form as was included in PY2022. This year, the form will be available in the Supplemental Submission Module as a web-based form as opposed to last year when it was a supporting document uploaded to the Program Attestations Section.

Tips for the Interoperability Section

- ◆ Respond to all questions on the web-based form to attest to compliance with each requirement. If you respond “No” to any attestation or do not provide a URL documenting compliance, you must submit a narrative justification at the end of the form.

Additional Resources

- ◆ There are no supporting documents for this section.
- ◆ There are no instructional videos for this section.
- ◆ There are no templates for this section.

4. Detailed Section Instructions

Please complete every attestation in the web-based form. The four attestations will ask if the issuer is compliant with four key requirements of the patient access API. For Attestations 3 and 4, which ask about the issuer’s publishing of required documentation for third-party applications and enrollees, issuers must also provide URLs that demonstrate their compliance with these requirements. Please ensure the URLs you provide are live and active at the time of submission. You may include only one URL if all documentation is posted on one URL, and up to two URLs for each attestation as needed. If the issuer does not respond “Yes” to all four attestations, a justification is required. This justification must include the following:

- The date (a single date specifying month, day, and year) by which all referenced requirements in questions 1–4 will be fully implemented.
- A description of how the non-implemented requirements will impact enrollees until such time as they are fully implemented. Specifically, detail what functionality, data elements, or guidance will not be accessible to enrollees until full implementation is achieved. Also, describe how enrollees currently access all health information maintained by the issuer prior to full implementation.

- Details of root cause for implementation delay and issuer's plan for completing implementation by stated date.
- Specify whether issuer is new to the Exchange for PY2023.

Additional details for each attestation are listed below:

Attestation 1: A secure API and its necessary features are detailed in full in 45 CFR 156.221. You may also read our [Best Practices for Payers and App Developers](#) document online, which includes implementation and testing guidance for payers.

Attestation 2: The information detailed in full in 45 CFR 156.221 includes the following:

- a. Data concerning adjudicated claims, including claims data for payment decisions that may be appealed, were appealed, or are being appealed, and provider remittances and enrollee cost-sharing pertaining to such claims, no later than 1 business day after a claim is processed
- b. Encounter data from capitated providers, no later than 1 business day after data concerning the encounter is received by the QHP issuer
- c. Clinical data, including laboratory results, if the QHP issuer maintains any such data, no later than 1 business day after data is received by the issuer.

Attestation 3: The information to be included on the issuer's website is detailed in full in 45 CFR 156.221 and includes the following:

- a. API syntax, function names, required/optional parameters and their data types, return variables and their types/structures, and exception and exception handling methods and their returns
- b. Software components and configurations an application must use to interact with the API and process its response(s)
- c. Technical requirements for an application to be registered with any authorization server(s) deployed along with the API.

Attestation 4: The information to be included on the issuer's website for enrollees is detailed in full in 45 CFR 156.221 and includes the following:

- a. General information on steps the individual may consider taking to help protect the privacy and security of enrollee health information, including factors to consider in selecting an application including secondary uses of data, and the importance of understanding the security and privacy practices of any application to which they entrust their health information
- b. An overview of which types of organizations or individuals are and are not likely to be Health Insurance Portability and Accountability Act-covered entities, the oversight responsibilities of the Office for Civil Rights and the Federal Trade Commission, and how to submit a complaint to the U.S. Department of Health and Human Services (HHS) Office for Civil Rights and the Federal Trade Commission. as described in 45 CFR 156.221. You may find the following best practices resource on [Patient Privacy and Security Resources – Supporting Payers Educating their Patients](#) helpful.

Figure 4B-1. Screenshot of SSM Interoperability Page

Interoperability Data URL Data [User Guide \(PDF, 1.04 MB\)](#)

Interoperability Compliance Web Form

Introduction:

Instructions:
This program attestation will evaluate your compliance with the requirements finalized in the Interoperability and Patient Access Final Rule published on May 1, 2020. The requirements are detailed in 45 Code of Federal Regulations (CFR) 156.221, and include the implementation and maintenance of a patient access application programming interface (API) and related documentation.

If you issue plans on the Federally-facilitated Exchanges, including in a state performing plan management functions, submit this form in the Supplemental Submissions Module (SSM) as part of your Qualified Health Plan Application in the Health Insurance Oversight System (HIOS). Please refer to the PY2023 Issuer Instructions for further detail. This form is not required for stand-alone dental plans, Federally-facilitated Small Business Health Options Programs, and State-based Exchanges on the Federal platform.

You must respond to the questions below to attest to your compliance with each requirement. If you respond "no" to any attestation, you must submit a narrative justification at the end of the form.

Please note: CMS has opted to employ enforcement discretion for 45 CFR 156.221(f), known as the payer-to-payer data exchange provision. Enforcement of the payer-to-payer data exchange requirement is delayed and will not be incorporated in QHP certification for PY 2023. Additional information on interoperability requirements and enforcement can be found on the QHP Certification website: <https://www.qhpcertification.cms.gov/interoperability>

Attestation and Documentation of Compliance: Patient Access API

The purpose of the following questions is to assess issuer compliance with the requirements of 45 CFR 156.221 as introduced in the Interoperability and Patient Access Final Rule.

*** Question 1:** Has the issuer fully implemented a secure API that both:

- a. Allows all enrollees to access their claims and encounter information through a third-party application of the enrollee's choice and
- b. Meets the standards of Health Level 7® [HL7] Fast Healthcare Interoperability Resources® [FHIR] Release 4.0.1?

Yes
 No

*** Question 2:** Has the issuer ensured inclusion of all information detailed in 45 CFR 156.221(b) in the content made accessible via the API?

Yes
 No

*** Question 3a:** Has the issuer published on an easily accessible website and/or through publicly accessible hyperlink(s) information to support third party application use of the API, as detailed in 45 CFR 156.221(d)?

Yes
 No

Question 3b: Provide an active URL or URLs demonstrating compliance with Question 3a.

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2.

*** Question 4a:** Has the issuer published educational resources about health information privacy and security, including the information detailed in 45 CFR 156.221(g), on a website easily accessible to enrollees?

Yes
 No

Question 4b: Provide an active URL or URLs demonstrating compliance with Question 4a.

1.
2.

Justification

If the response to any of the preceding questions was "No" or there was no response provided, please provide a narrative justification that contains the following information:

- The date (a single date specifying month, day, and year) by which all referenced requirements in questions 1-4 will be fully implemented.
- A description of how the non-implemented requirements will impact enrollees until such time as they are fully implemented. Specifically, detail what functionality, data elements, or guidance will not be accessible to enrollees until full implementation is achieved. Also, describe how enrollees currently access all health information maintained by the issuer until full implementation is achieved.
- Details of the root cause for implementation delay and the issuer's plan for completing implementation by the stated date.
- Specify whether the issuer is new to the Exchange for PY 2023.

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 A federal government website managed by the U.S. Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244