

Interoperability Justification

Fill in the following Information.

Issuer Name:

HIOS ID:

Instructions: Qualified health plan (QHP) issuers must use this form to provide information about efforts to comply with the requirements finalized in the Interoperability and Patient Access Final Rule published on May 1, 2020. Regulated issuers were required to comply with key provisions 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 by July 1, 2021.

This form is not required for the following QHP issuers:

- Issuers meeting the requirements above that have provided affirmative attestations in the Marketplace Plan Management System (MPMS).
- Issuers in State-based Exchanges on the Federal Platform.
- Issuers offering only stand-alone dental plans.
- Issuers only offering plans in the Federally-facilitated Small Business Health Options Program.

QHP issuers that answered “No” to any of the four Interoperability Attestations must provide a justification that includes the following elements:

1. The date (a single date specifying month, day, and year) by which all referenced requirements in questions 1–4 will be fully implemented.
2. A description of how the non-implemented requirements will impact enrollees until such a 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.
3. Details of root cause for implementation delay and issuer’s plan for completing implementation by stated date.

Issuers must use this Interoperability Justification Form to provide the required information. The Interoperability Justification Form must be completed in its entirety and uploaded through the MPMS. Please refer to the QHP Issuer Instructions, Section 2B: Interoperability, for detailed instructions about how to upload the form.

Provide the date by which all referenced requirements in questions 1–4 will be implemented:

Describe how the non-implemented requirements will impact enrollees until such a time as they are fully implemented. Specifically, 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.

Provide details of the root cause for implementation delay and the issuer's plan for completing implementation by the stated date.