

# Qualified Health Plan Issuer Application Instructions

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Plan Year 2024

**Extracted section:**  
**Section 2B: Interoperability**

## Section 2B: Interoperability

### 1. Introduction

In the Interoperability section of MPMS, you are required to provide responses to attestations related to interoperability requirements. This is required of Medical QHP issuers, including those that issue plans in a state performing plan management functions, to provide responses to attestations related to interoperability requirements. Attestations are used to evaluate issuer compliance with the requirements finalized in the Interoperability and Patient Access Final Rule published on May 1, 2020. The rule specified that by July 1, 2021, issuers must implement the requirements detailed in *45 Code of Federal Regulations* (CFR) 156.221. These requirements consist of the implementation and maintenance of a patient access application programming interface (API) and related documentation. If issuers cannot respond affirmatively to each attestation, they must provide a justification using the Interoperability Justification Form.

Issuers in State-based Exchanges on the Federal Platform or issuers that only offer SADPs or plans in the Federally-facilitated Small Business Health Options Programs are not required to complete these attestations and will not see the Interoperability section within their QHP Application in MPMS.

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 Justification Form. Only required if you respond “No” to any attestation.

### 3. Quick Reference

#### Key Changes for 2024

- ◆ If you are applying to certify Medical QHPs, you must still respond to the Interoperability Attestations, however justifications will be submitted via the Interoperability Justification Form uploaded in MPMS rather than in a free text box as in PY2023.

#### 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, you must submit the Interoperability Justification Form. Verify that submitted URLs are live and active.
- ◆ Verify that sign-in or registration are not required to access API documentation to ensure submitted URLs meet the public accessibility requirements.

#### Additional Resources

- ◆ There are [supporting documents](#) for this section
- ◆ There are no instructional videos for this section.
- ◆ There are no templates for this section.

### 4. Detailed Section Instructions

Issuers must complete four Interoperability Attestations related to key provisions of the Interoperability and Patient Access Rule (45 CFR 156.221). The issuer must provide a “Yes” or “No” answer for each attestation. Issuers must also provide publicly accessible URL(s) which demonstrate compliance with the requirements specified at 45 CFR 156.221(d) and 45 CFR 156.221(g) for Attestation 3 and 4. Issuers will submit at least one URL for Attestations 3 and 4 and may choose to submit up to two if needed. Issuers should check that URLs are

live and active at the time of submission. URLs should not require any special effort to access, including requirements to sign in or create an account.

Issuers that answer “No” to any of the four attestations must use the Interoperability Justification Form to provide the following details:

- 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.
- The root cause for implementation delay and issuer’s plan for completing implementation by stated date.

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(c). 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(b) 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(d) 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(g) 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 2B-1** through **Figure 2B-5** display the Interoperability Attestations and Justification Form submission.

Figure 2B-1. Interoperability Attestation Question 1

## Interoperability

Application	Plan Year	Issuer	Product Offering	Market Coverage Type
10333AK-2024-01	2024	10333- Aetna Life Alaska	QHP & SADP	Individual & SHOP

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Interoperability  
Introduction

● Question 1

● Question 2

● Question 3

● Question 4

● Justification

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

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

☒ Yes

☐ No, I will submit justifications at the end of this section

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Figure 2B-2. Interoperability Attestation Question 2

## Interoperability

Application	Plan Year	Issuer	Product Offering	Market Coverage Type
10333AK-2024-01	2024	10333- Aetna Life Alaska	QHP & SADP	Individual & SHOP

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Interoperability  
Introduction

✔ Question 1

● Question 2

● Question 3

● Question 4

● Justification

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, I will submit justifications at the end of this section

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Figure 2B-3. Interoperability Attestation Question 3

## Interoperability

<b>Application</b>	<b>Plan Year</b>	<b>Issuer</b>	<b>Product Offering</b>	<b>Market Coverage Type</b>
10333AK-2024-01	2024	10333- Aetna Life Alaska	QHP & SADP	Individual & SHOP

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Introduction

✓ Question 1

✓ Question 2

● **Question 3**

● Question 4

● Justification

3. 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, I will submit justifications at the end of this section

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

URL 1

URL 2

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Figure 2B-4. Interoperability Attestation Question 4

## Interoperability

<b>Application</b>	<b>Plan Year</b>	<b>Issuer</b>	<b>Product Offering</b>	<b>Market Coverage Type</b>
10333AK-2024-01	2024	10333- Aetna Life Alaska	QHP & SADP	Individual & SHOP

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Interoperability  
Introduction

✓ Question 1

✓ Question 2

✓ Question 3

● **Question 4**

● Justification

4. 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, I will submit justifications at the end of this section

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Figure 2B-5. Interoperability Justification Form Submission

Interoperability

Application

28020TX-2024-09

Plan Year

2024

Issuer

28020 - TX - Time Insurance Company, LLC.

Product Offering

QHP & SADP

Market Coverage Type

Individual & SHOP

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Interoperability Introduction

✔

Question 1

✔

Question 2

✔

Question 3

✔

Question 4

✔

Justification

A justification is needed for answering "No" to Questions 1-4. Upload the Interoperability Justification form 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.


Justification Documents

Document Type	File Name	Uploaded By
Interoperability Justification	<a href="#">SupportingDoc.pdf</a>	PMMOD012 test last 03/14/2023 03:29PM

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This concludes the Interoperability section of the QHP Application.



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