

Interoperability Justification

Issuers must fill in the following Information.

Issuer Name:

HIOS ID:

Instructions: Per the Interoperability and Patient Access Final Rule published on May 1, 2020, applicable QHP issuers must comply with all 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 QHP issuers:

- Meeting the requirements above, by having answered “Yes” to all four Interoperability Questions in the Marketplace Plan Management System (MPMS).
- In State-based Exchanges on the Federal Platform.
- Offering only Stand-Alone Dental Plans.
- Only offering plans in the Federally-facilitated Small Business Health Options Program.

QHP issuers that answered “No” to any of the four Interoperability Questions in MPMS must complete the Interoperability Justification form in its entirety as required by 45 CFR 156.221 h(1) and upload it through MPMS. Please refer to the Qualified Health Plan Issuer Instructions, Section 2B: Interoperability, for detailed instructions about how to upload the form.

1. The reasons why the Issuer cannot reasonably satisfy all the 45 CFR 156.221 requirements for the upcoming plan year (the root cause).

2. The impact of non-compliance upon issuer’s enrollees.

3. The current or proposed means of providing the required 45 CFR 156.221 health information to issuer's enrollees.

4. Issuer's solutions and a timeline to achieve compliance with all the 45 CFR 156.221 requirements.