

Interoperability Attestation and Justification Form: Compliance with Health Data and Plan Information Interoperability Requirements

Issuer Name: _____

HIOS ID: _____

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. 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. If you did not offer a plan on the Marketplace in plan year (PY) 2021, you have an extended implementation deadline of January 1, 2022, for each requirement listed below. Please refer to PY2022 Issuer Instructions for further detail.

If you issue plans on the Federally-facilitated Exchange, submit this form as part of your Qualified Health Plan Application in the Health Insurance Oversight System (HIOS). If you issue plans on a State Partnership Exchange, submit your application, including this form, via the System for Electronic Rate and Form Filing. 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 anything other than “July 1, 2021” for each attestation, you must submit a narrative justification at the end of the form.

Attestation 1: The issuer must fully implement 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.

By when does the issuer expect this requirement will be met?

- ☐ **July 1, 2021 (implementation deadline)**
- ☐ November 1, 2021
- ☐ January 1, 2022
- ☐ Other (please specify a date after January 1, 2022): _____

Attestation 2: The issuer must include all information detailed in 45 CFR 156.221 in the content made accessible via the API.

By when does the issuer expect this requirement will be met?

- ☐ **July 1, 2021 (implementation deadline)**
- ☐ November 1, 2021
- ☐ January 1, 2022
- ☐ Other (please specify a date after January 1, 2022): _____

Attestation 3: The issuer must publish 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.

By when does the issuer expect this requirement will be met?

- ☐ **July 1, 2021 (implementation deadline)**
- ☐ November 1, 2021
- ☐ January 1, 2022
- ☐ Other (please specify a date after January 1, 2022): _____

Attestation 4: The issuer must publish educational resources about health information privacy and security, including the information detailed in 45 CFR 156.221, on a website easily accessible to enrollees.

By when does the issuer expect this requirement will be met?

- ☐ **July 1, 2021 (implementation deadline)**
- ☐ November 1, 2021
- ☐ January 1, 2022
- ☐ Other (please specify a date after January 1, 2022): _____

If you responded to **Attestations 1, 2, 3, and 4** with “July 1, 2021”, you have completed the form. If you did not respond to every Attestation with “July 1, 2021” you must complete the justification below.

Narrative Justification: If you did not respond “July 1, 2021” to **every** attestation above, please mark the boxes below for **all** applicable reasons for non-compliance **and** complete the subsequent narrative justification:

- ☐ This submission is for a new QHP issuer and all requirements will be implemented by January 1, 2022 (Note: if you select this reason, you are **not** required to complete additional narrative justification below.)
- ☐ Insufficient internal resources to complete implementation
- ☐ Technical challenges (for example, issues arising in API testing)
- ☐ Challenges in meeting data access timing requirements (for example, making cost-sharing data available within one (1) business day after claim processing)
- ☐ Unable to capture all required information and data types (for example, claims data from a certain historical period or clinical data sourced from a certain internal system)
- ☐ Concerns and challenges with fulfilling adequate security standards (for example, concerns with collection and documentation of enrollee/patient consent)
- ☐ Implementation necessitates provider contracting impacts that have extended timeline
- ☐ Challenges in creating enrollee-friendly documentation
- ☐ Challenges in creating and posting required documentation for third-party application access
- ☐ Other (reason not listed above)

Issuers must also provide an additional explanation below. The explanation should address **all** of the following considerations with maximum detail available at time of completing the form:

1. Additional detail on reasons for non-compliance, both those reasons captured above and reasons not listed,
2. Impact of non-compliance on enrollees,
3. The current/proposed means of providing health information to enrollees, and
4. A proposed interim mitigation strategy to address current implementation challenges.