

# Marketplace Plan Management System

Dannie Greer

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## Interoperability

Applicants must respond to all questions in order to complete an issuer application and participate in the FFE.

Application	Plan Year	Issuer	Product Offering	Market Coverage Type
10333AK-2025-09	2025	10333 - AK - Test Issuer	QHP & SADP	Individual & SHOP

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### Interoperability Introduction

All applicants submitting issuer applications for Qualified Health Plans (QHP) participating in the Federally-Facilitated Exchanges (FFE), including FFEs for states performing plan management, are required to attest to their adherence to requirements finalized in the Interoperability and Patient Access Final Rule published on May 1, 2020. The requirements are detailed in the 45 Code of Federal Regulations (CFR) 156.221.

Additional information on interoperability requirements and enforcement can be found in the [Interoperability Application Materials](#) section of the QHP website.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0938-1187]. This information collection is for the Exchange to collect plan- and issuer-level data from issuers to facilitate the certification and recertification of QHPs, Exchange operations, other Federal operations, QHP oversight, and ongoing market analysis. All of this data is leveraged across multiple business areas in the Exchange to facilitate other operational tasks such as plan comparisons on the insurance portal and various payment activities, such as determination of the second lowest cost silver plan, APTCs, or risk adjustment. The time required to complete this information collection is estimated to take up to 57 hours per issuer per year, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required as the Exchange is responsible for ensuring that QHPs meet the minimum certification standards as described in the Exchange rule under 45 CFR 155 and 156, based on the PPACA, as well as other standards determined by the Exchange. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850 and email Alexandra Gribbin at [Alexandra.Gribbin@cms.hhs.gov](mailto:Alexandra.Gribbin@cms.hhs.gov), Attention: Information Collections Clearance Officer.

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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 the Justification Form at the end of this section

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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 the Justification Form at the end of this section

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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 the Justification Form at the end of this section

You must provide an active URL (that is, a live, functioning link) that directly links to the required information without preconditions or additional steps.

Active URL

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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 the Justification Form at the end of this section

You must provide an active URL (that is, a live, functioning link) that directly links to the required information without preconditions or additional steps.

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Application: 10333AK-2025-09 Plan Year: 2025 Issuer: 10333 - AK - Test Issuer Product Offering: QHP & SADP Market Coverage Type: Individual & SHOP

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### Interoperability Justification Form Required

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 requires the implementation and maintenance of a patient access application programming interface (API) and related documentation by July 1, 2021.

QHP issuers that answered "No" to any of the four Interoperability Questions must complete the Interoperability Justification form in its entirety as required by 45 CFR 156.221 h(1). Please refer to the Qualified Health Plan issuer Instructions, Section 2B: Interoperability, for detailed instructions about how to access, complete and submit the form. The Interoperability Justification Form asks the issuer to answer the following questions:

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.

### Justification Documents

Document Type	File Name	Uploaded By	Action
Interoperability Justification	—	—	Upload

Add Document

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Save and Complete

## 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.