

Plan Management Supplemental Submission

Plan Year: 2023

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10055 - Test Insurance Company - TX

Interoperability Data

URL Data

[User Guide \[PDF, 1.04 MB\]](#)

Interoperability Compliance Web Form

Introduction:

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. The requirements are detailed in 45 Code of Federal Regulations (CFR) 156.221, and include the implementation and maintenance of a patient access application programming interface (API) and related documentation.

If you issue plans on the Federally-facilitated Exchanges, including in a state performing plan management functions, submit this form in the Supplemental Submissions Module (SSM) as part of your Qualified Health Plan Application in the Health Insurance Oversight System (HIOS). Please refer to the PY2023 Issuer Instructions for further detail. 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 "no" to any attestation, you must submit a narrative justification at the end of the form.

Please note: CMS has opted to employ enforcement discretion for 45 CFR 156.221(f), known as the payer-to-payer data exchange provision. Enforcement of the payer-to-payer data exchange requirement is delayed and will not be incorporated in QHP certification for PY 2023. Additional information on interoperability requirements and enforcement can be found on the QHP Certification website: <https://www.qhpcertification.cms.gov/s/Interoperability>

Attestation and Documentation of Compliance: Patient Access API

The purpose of the following questions is to assess issuer compliance with the requirements of 45 CFR 156.221 as introduced in the Interoperability and Patient Access Final Rule.

* **Question 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 Level 7® [HL7] Fast Healthcare Interoperability Resources® [FHIR] Release 4.0.1?

Yes

No

* **Question 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

* **Question 3a:** 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

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

1.

2.

* **Question 4a:** 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

Question 4b: Provide an active URL or URLs demonstrating compliance with Question 4a.

1.

<https://pm-test1.insuranceoversight.cms.gov/supplementalsubmission-ui/auth/issuerInteroperability>

PRA DISCLOSURE:

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, expiration date is XX/XX/20XX. The time required to complete this information collection is estimated to take up to 24.50 hours per issuer per year, including the time to review instructions, gather the information needed, and complete and review the information collection. 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, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Nicole Levesque at Nicole.Levesque@cms.hhs.gov.

2.

Justification

If the response to any of the preceding questions was "No" or there was no response provided, please provide a narrative justification 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.
- Specify whether the issuer is new to the Exchange for PY 2023.

Input Justification Here

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