

Medicaid EHR Incentive Program*

Patient Electronic Access (PEA)

Attestation Guide for Program Year 2020



* A Promoting Interoperability Program

THIS GUIDE IS INTENDED TO:

ASSIST YOU IN MEETING THE REQUIREMENTS OF
OBJECTIVE 5

SAVE TIME BY GETTING IT RIGHT THE FIRST TIME
AND AVOID APPLICATION CYCLING

ENSURE ACCURACY OF YOUR SUPPORTING
DOCUMENTATION

Objective 5: Patient Electronic Access (PEA)

Measure 1:

For more than 80% of patients

The patient is provided timely access to view, download, and transmit their health info; and

The patient's health info is available for the patient to access using any app of their choice configured to meet the technical specs of the Application Programming Interface (API) in the provider's CEHRT

Measure 2:

For more than 35% of patients

EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials

*When patients decline to participate in electronic access to their health information and/or education, the EP can use **Opt Out** to count those patients in order to meet the thresholds for both Measure 1 and Measure 2.*

Application (APP) vs Application Programming Interface (API)



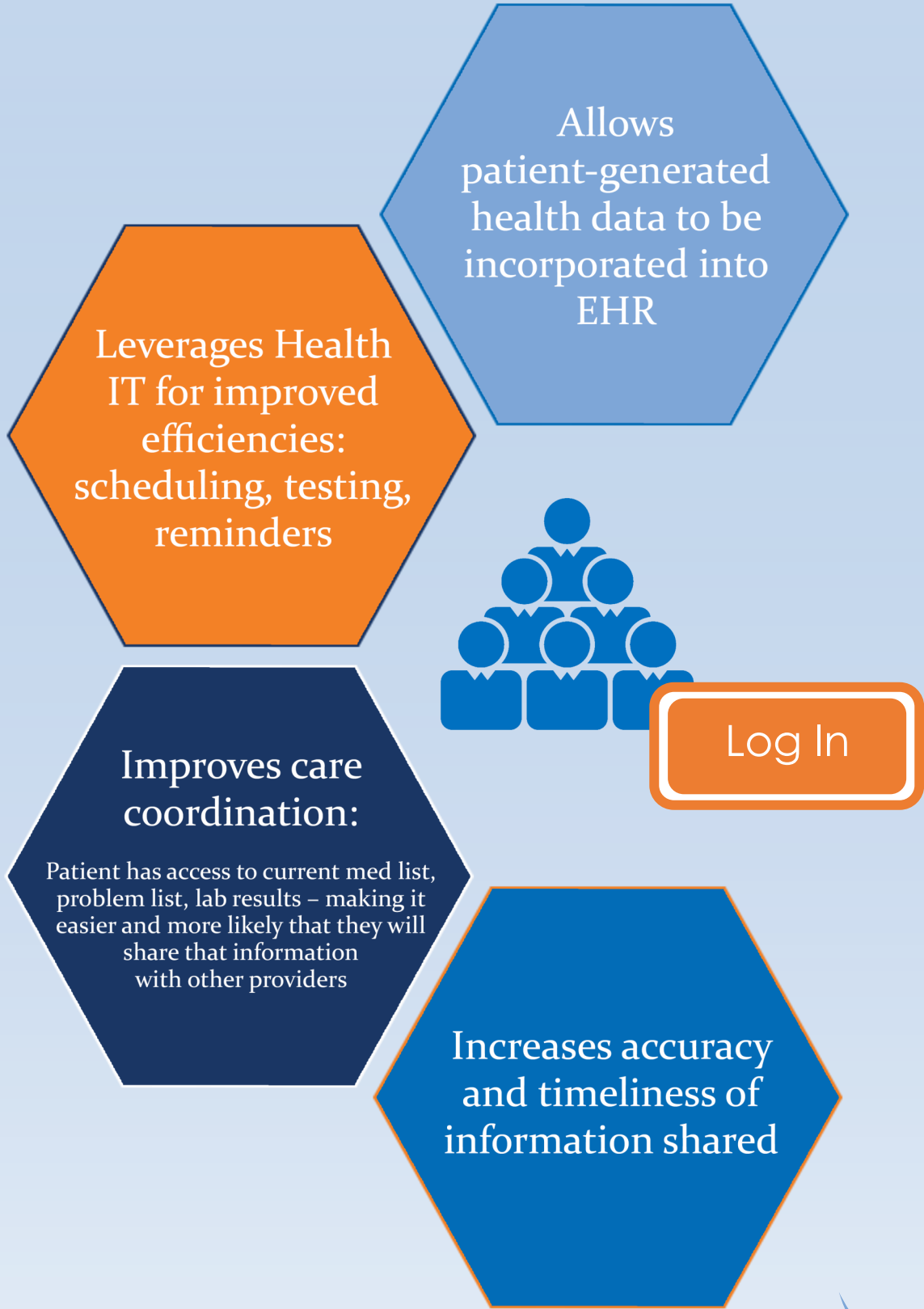
APP

- ◆ Software program designed for individuals to use on a mobile device
- ◆ Usually downloaded by a user to their smartphone or tablet

API

- ◆ Set of routines, protocols, and tools that governs how applications interact with other software programs or applications
- ◆ Patient Portals are often interfaced to the EHR via an API

Patient Electronic Access (PEA) and Electronic Patient Engagement (EPE)



Implementation Strategy

Engaging Patients Through Mobile Apps

Design your PEA and EPE strategy for using Patient Portals and Mobile Apps

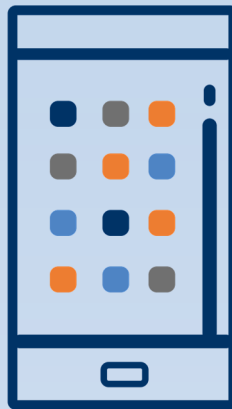
How can the Apps enhance your ability to provide care and engage patients?

Recommend the Mobile Apps to your patients

Physician discussion, pamphlet, website, patient portal, etc.
Don't forget to still give patients the API Technical Specification

Talk to your EHR Vendor

Get their API Technical Specification
Get list of Mobile Apps the vendor knows work well



Implement your PEA and EPE strategy

Define and set up the inputs/ outputs of the VDT, Secure Messaging, Patient Data

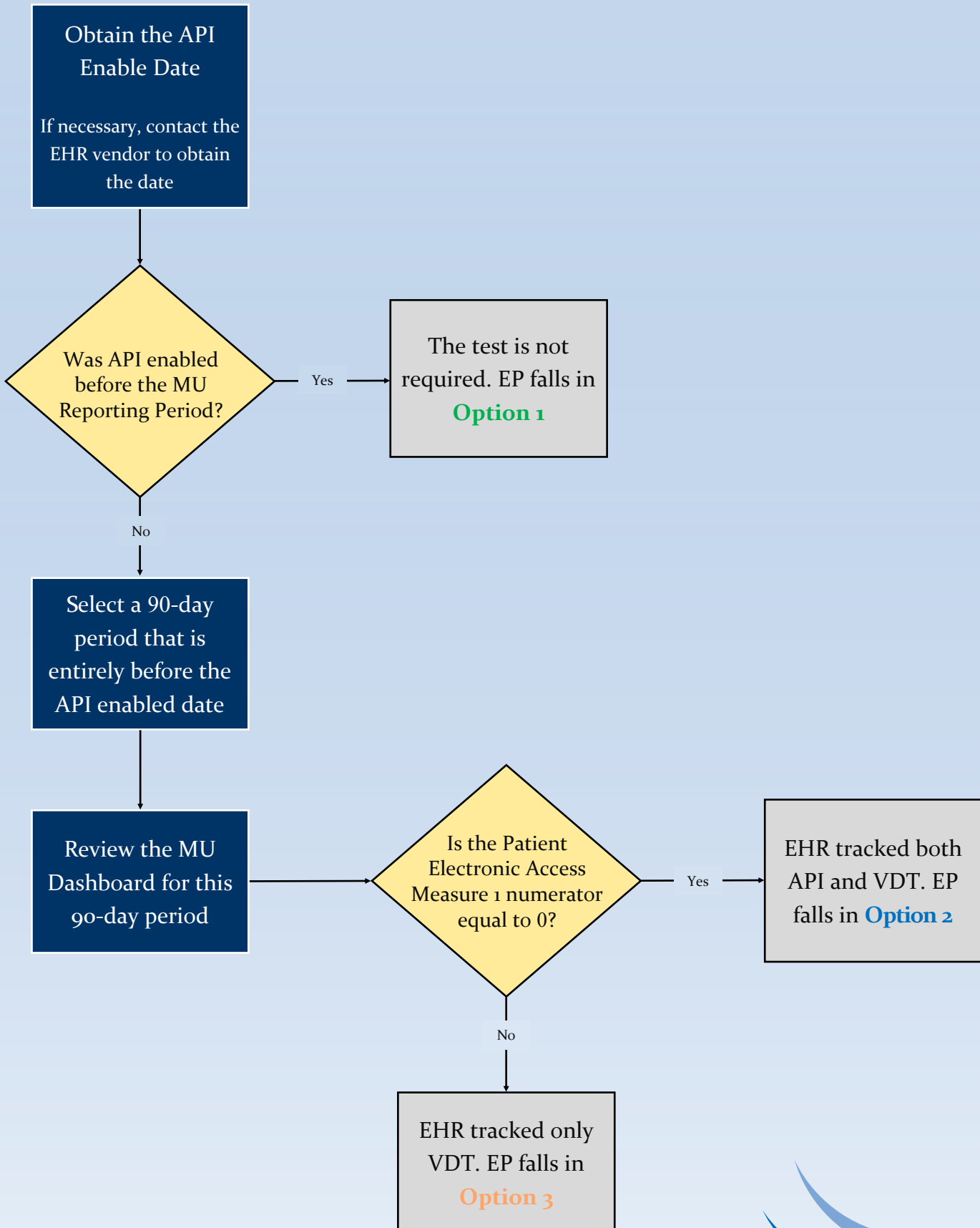
—
Define and set up the workflow process that enables its use

Review and select the Mobile Apps

What are the Apps that would enable your PEA and EPE strategy?
What would your patients likely use?

Determine whether your EHR tracked API access

To determine whether your EHR's MU Dashboard tracked API access, conduct the following test:



How to Meet the API Requirements

Choose the option that fits your Eligible Provider (EP)

If you don't fall into any of these options, you have failed to meet the requirements of Objective 5 Measure 1. We recommend trying a different MU Reporting Period, but keep in mind that this may change which option you fall into and hence the supporting documentation required.

Option 1

API was enabled **before** the start of the MU Reporting Period

Option 2

API was enabled **during** the MU Reporting Period, the MU Dashboard tracked API access, and the EP **exceeds 80%**

Option 3

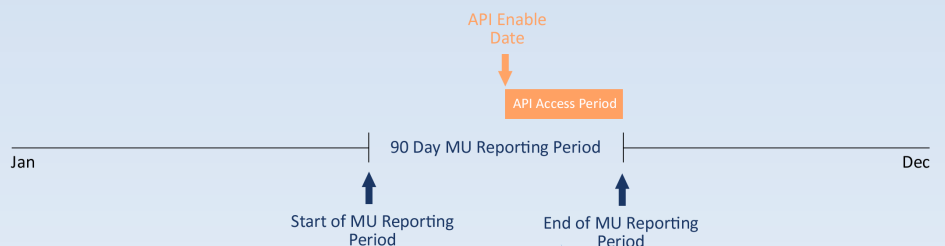
API was enabled **during** the MU Reporting Period, the EP **exceeds 80%**, but the MU Dashboard only tracked VDT and **did not track API**

This option results in an API Access Period. Create an API Access Audit Log to demonstrate patients were provided with API access during this period

Option 3

The Start of the API Access Period is equal to the API Enable Date

The End of the API Access Period is equal to the End of the MU Reporting Period



Measure 1 Supporting Documentation Requirements

Option 1

An EHR-generated MU Dashboard or report for the selected MU Reporting Period that shows the EP's name, numerator, denominator, and percentage for this measure

Documentation that shows an API was enabled prior to the MU Reporting Period

Copy of instructions provided to patients on how to authenticate access through an API

Copy of the information given to patients on available applications that leverage the API

*An Opt Out Audit Log is required if the EP used the **Opt Out** method to meet the measure threshold(s) and manually added the **Opt Out** patients to the numerator(s)*

Option 2

An EHR-generated MU Dashboard or report for the selected MU Reporting Period that shows the EP's name, numerator, denominator, and percentage for this measure

Documentation that shows an API was enabled during the MU Reporting Period

Copy of instructions provided to patients on how to authenticate access through an API

Copy of the information given to patients on available applications that leverage the API

*An Opt Out Audit Log is required if the EP used the **Opt Out** method to meet the measure threshold(s) and manually added the **Opt Out** patients to the numerator(s)*

An EHR-generated MU Dashboard or report for the selected MU Reporting Period that shows the EP's name, numerator, denominator, and percentage for this measure

Documentation that shows an API was enabled during the MU Reporting Period

Copy of instructions provided to patients on how to authenticate their access through an API

Copy of the information given to patients on available applications that leverage the API

Letter confirming that you manually calculated the numerator

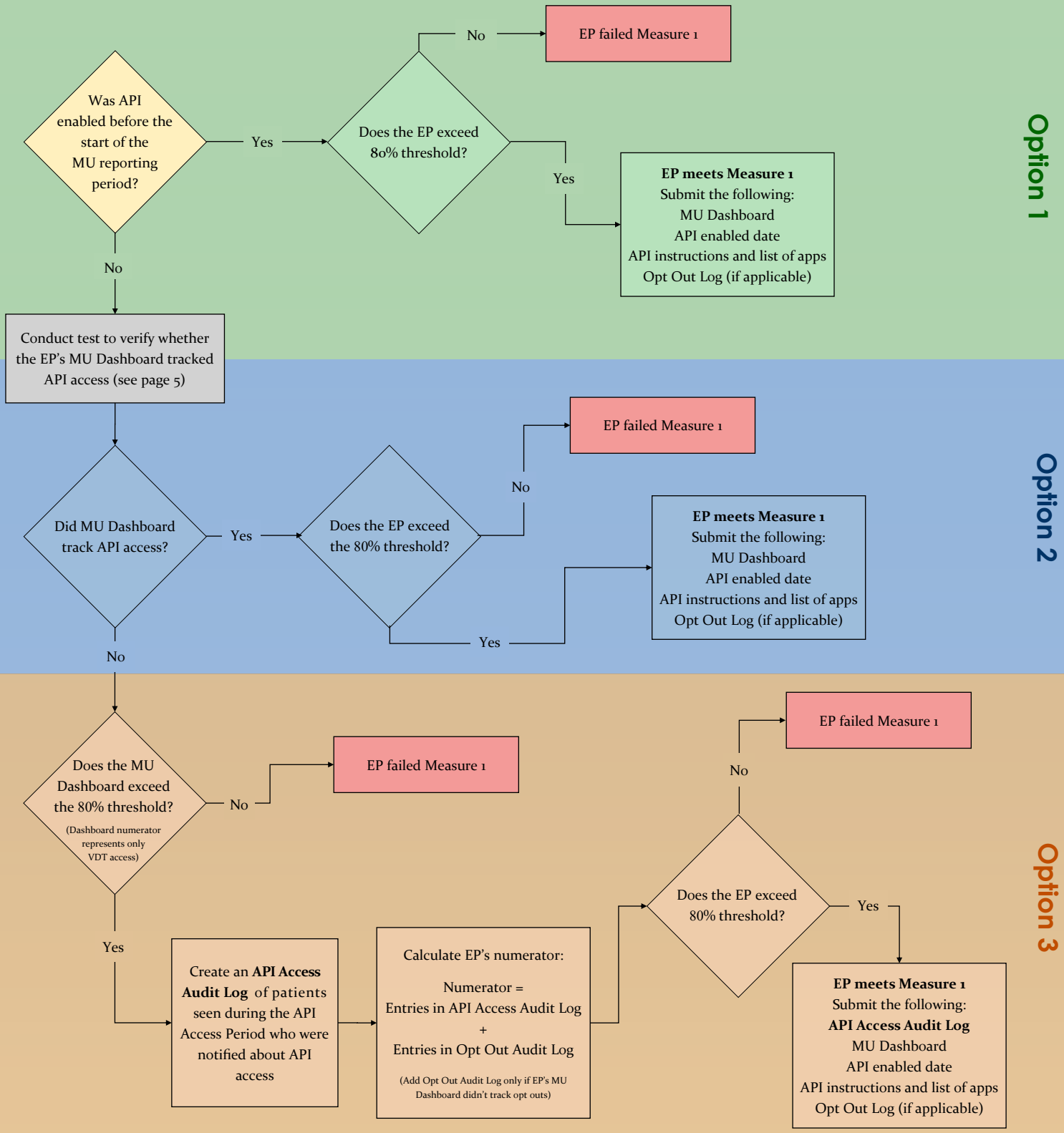
API Access Audit Log for the API Access Period

*An Opt Out Audit Log is required if the EP used the **Opt Out** method to meet the measure threshold(s) and manually added the **Opt Out** patients to the numerator(s)*

Option 3

What supporting documentation do I need to provide?

Follow the Decision Tree



Supporting Documentation Examples

(Option 3)

Sample Letter

Central New England Behavioral Health
 100 NORTH DRIVE
 WESTBOROUGH, MA 01581
 (508) 000-0000

Date _____

To Whom It May Concern:

As evidenced by the MU Dashboard and “API Audit Log” I hereby confirm that:

- 1) The MU Dashboard tracked only VDT access and did not track API access, and
- 2) The patients included in the Objective 5 Measure 1 numerator were seen during the MU Reporting Period, and
- 3) These patients were provided with:
 - a) View, Download, and Transmit access and API access within 48 hours of PHI being available, and
 - b) Instructions on how to authenticate their access through an API, and information on available applications that leverage the API, before or within 48 hours of PHI being available.
- 4) API access to health information remained available, and the API was not disabled, after the API was enabled.

Sincerely,
Name

NAME
 Medical Director

Note: This letter must be signed by an authorized official at the location where the patients were seen (EP, Designee, Clinical or Medical Director).

100 NORTH DRIVE
 WESTBOROUGH, MA 01581
 OFFICE (508) 000-0000
 FAX (508) 000-0000

API Access Audit Log

Patient ID	Patient DOB	Provider	Service Date	VDT Access Provided	Date API Documentation* Provided
111	9/9/2000	Dr. Oz	4/1/2020	Yes	4/1/2020
112	3/21/1996	Dr. Oz	4/2/2020	Yes	4/1/2020
113	5/2/1985	Dr. Oz	4/3/2020	Yes	4/4/2020
114	6/4/1990	Dr. Oz	4/10/2020	Yes	4/12/2020
115	7/2/1995	Dr. Oz	4/10/2020	Yes	4/8/2020
116	10/11/1975	Dr. Oz	4/10/2020	Yes	4/11/2020
117	5/9/1965	Dr. Oz	4/10/2020	Yes	4/10/2020
118	11/20/1973	Dr. Oz	4/10/2020	Yes	4/11/2020
119	8/9/1983	Dr. Oz	4/10/2020	Yes	4/12/2020
120	12/2/1979	Dr. Oz	4/10/2020	Yes	4/9/2020

* API Documentation includes the instructions on how to authenticate API Access and the list of available applications that leverage the API

Conditional Supporting Documentation Requirements

Conditional supporting documentation applies to EPs who:

Manually added patients who opted out of PEA to the Measure 1 and Measure 2 numerators, and/or

—
Added patients who received patient-specific educational resources via email to the Measure 2 numerator

Measure 1 and 2

An Opt Out Audit Log is required if the EP used the Opt Out method to meet the measure threshold and manually added Opt Out patients to the numerator

Measure 2

An Educational Email Audit Log is required if the EP sent patient specific educational emails to patients and manually added these patients to the numerator

Opt Out: Measure 1 and 2

Opt Out is an alternative strategy EPs can use to attest successfully when patients decline to participate in electronic access to their health information

Opt Out allows you to count those patients toward meeting the thresholds for both Measure 1 and Measure 2 of Objective 5

Add Opt Out patients to your Measure 1 and Measure 2 numerators if patients are provided all necessary info to:

- ◆ Access their health info and educational resources electronically
- ◆ Obtain access through an authorized representative, or
- ◆ Otherwise opt back in without further action required by the EP

EPs must still offer Opt Out patients all four functionalities (view, download, transmit, and access to API) and PHI needs to be made available for VDT and API access

Automatically Tracked Opt Out Patients

If your EHR automatically includes Opt Out patients in the MU Dashboard, simply upload the MU Dashboard to MAPIR

Manually Tracked Opt Out Patients

If your EHR does not track Opt Out patients in the MU Dashboard, submit:

MU Dashboard for Measure 1 and 2

Letter confirming Opt Out patients were provided all necessary information to access their health information

Opt Out Audit Log with the unique IDs of the Opt Out patients that were added to the numerators for Measure 1 and Measure 2*

* Redact any Patient Health Information. Report must be in Excel format

Educational Emails: Measure 2

Sending Educational Emails is an electronic strategy EPs can use to attest successfully when they cannot provide patient-specific educational resources to patients electronically via a patient portal

Educational Emails allows you to count those patients towards meeting the threshold for Measure 2 of Objective 5

Add patients to your Measure 2 numerator if patients were provided patient-specific educational materials via email

Patients cannot be counted twice: only add patients who were not also counted in the numerator as Opt Out patients

Automatically Tracked Educational Emails

If your EHR automatically includes patients who receive educational resources via email in the MU Dashboard, simply upload the MU Dashboard to MAPIR

Manually Tracked Educational Emails

If your EHR does not track emails in the MU Dashboard, submit:

MU Dashboard for Measure 2

Letter confirming patients were emailed patient-specific educational resources

Educational Email Audit Log with the unique IDs of the patients added to the Measure 2 numerator because educational emails were sent*

* Redact any Patient Health Information. Report must be in Excel format

Supporting Documentation Examples

Central Massachusetts Internal Medicine
100 North Drive
Westborough, MA 01581

Date

To Whom It May Concern:

Letter confirming the Opt Out patients were provided all necessary information to access their information, obtain access through a patient-authorized representative, or other wise opt back in without further follow-up action required by the provider.

The letter must include a description of how a patient's Opt Out action was recorded (for example a form, or other method). The letter must be signed by an authorized official at the location where the Opt Outs occurred (EP, Designee, Clinical or Medical Director).

Sincerely,

Name

NAME

Medical Director

Opt Out letter example

Opt Out Audit Log example

Patient ID	Patient DOB	Service Date	Provider	Reason for Opt Out
1111111	1/1/2000	1/1/2020	Clark Kent, MD	Declined patient portal
2222222	1/10/2009	1/10/2020	Clark Kent, MD	No internet access
3333333	1/12/2002	1/12/2020	Clark Kent, MD	Declined patient portal
4444444	1/8/1996	1/14/2020	Clark Kent, MD	Declined patient portal
5555555	3/15/2001	1/14/2020	Clark Kent, MD	Declined patient portal

Educational Email Audit Log example

Patient ID	Patient DOB	Service Date	Provider	Date education was provided
2111111	1/2/2000	1/1/2020	Clark Kent, MD	1/2/2020
3222222	1/12/2009	1/12/2020	Clark Kent, MD	1/15/2020
4333333	1/14/2002	1/12/2020	Clark Kent, MD	1/13/2020
5444444	1/6/1996	1/14/2020	Clark Kent, MD	1/20/2020
6555555	3/20/2001	1/14/2020	Clark Kent, MD	1/25/2020

Central Massachusetts Internal Medicine
100 North Drive
Westborough, MA 01581

Date

To Whom It May Concern:

Letter confirming patients were emailed patient-specific educational resources.

The letter must be signed by an authorized official at the location from which the educational emails were sent (EP, Designee, Clinical or Medical Director).

Sincerely,

Name

NAME

Medical Director

Educational Email letter example

Entering Data into MAPIR

Manually adding patients to MU Dashboard numerators is not an option you can select in MAPIR. In the cases that you will need to submit manually calculated numerators for Measure 1 and/or 2:

- ◆ Upload the applicable API, Opt Out, and/or Educational Email letters into MAPIR
- ◆ Upload the applicable API, Opt Out and/or Educational Email audit logs into MAPIR
- ◆ Enter the denominators for Measure 1 and 2 from your MU Dashboard into MAPIR
- ◆ Enter the numerators as described below into MAPIR

Measure 1

Option 1

If your API was enabled **before** the start of the MU reporting period, enter:
MU Dashboard numerator of Measure 1
(+ Entries in “Opt Out Audit Log” if applicable)

Option 2

If your API was enabled **during** the MU reporting period, the EHR tracked API access, and the EP **exceeds 80%**, enter:
MU Dashboard numerator of Measure 1
(+ Entries in “Opt Out Audit Log” if applicable)

Option 3

If your API was enabled **during** the reporting period, the EP **exceeds 80%**, but the EHR **only tracked VDT** and **did not track API**, enter:
Entries in “API Access Audit Log” of Measure 1
(+ Entries in “Opt Out Audit Log” if applicable)

Measure 2

Educational Emails

For the Measure 2 Numerator, enter:
MU Dashboard Numerator of Measure 2
+ Entries in “Educational Email Audit Log”
(+ Entries in “Opt Out Audit Log” if applicable)

No Educational Emails

For the Measure 2 Numerator, enter:
MU Dashboard Numerator of Measure 2
(+ Entries in “Opt Out Audit Log” if applicable)

Frequently Asked Questions: API Access Audit Log

(Option 3)

What should the “Service Date” column include?

- ◆ Only include patient visits that :
 - ◆ Occurred between the API Enabled Date and the End of the MU Reporting Period, and
 - ◆ Were also included in the MU Dashboard numerator of Objective 5 Measure 1.

Should I include visits of Objective 5 Measure 1 Opt Out patients?

- ◆ If the dashboard included Opt Outs, include them in the API Access Audit Log. If Opt-Outs were tracked via an Opt Out Audit Log, don't include them in the API Access Audit Log because that results in double-counting.

When must VDT and API Access be provided and what must it include?

- ◆ VDT and API Access must be provided within 48 hours of the PHI being available.
- ◆ VDT and API Access must include View, Download, Transmit, and API Access to the patient's PHI.

When must VDT and instructions be provided and what must it include?

- ◆ The VDT instructions must be provided before or within 48 hours of PHI being available.
- ◆ The VDT instructions must include all necessary information needed to View, Download, or Transmit the patient's PHI.
 - ⇒ The EP must provide VDT documentation to all Opt Out patients too, regardless of how Opt Out was tracked.

When must API instructions and information on available applications be provided and what must be included?

- ◆ The API instructions and information on available applications must be provided before or within 48 hours of PHI being available.
- ◆ Include the instruction on how to authenticate the API and the list of available applications.
 - ⇒ The EP must provide API instructions and a list of apps to all Opt Out patients too, regardless of how Opt Out was tracked. If API instructions and the list of apps are provided via patient portal, the EP must provide them to Opt Out patients another way because they won't be able to view them in the portal.

How do I calculate my MAPIR numerator?

MAPIR Numerator = Entries in API Access Audit Log (+ Entries in “Opt Out Audit Log” if applicable) **
** Don't add the MU Dashboard Numerator as that results in double-counting

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ehealth@masstech.org



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[View the PEA Presentation Here](#)