

# The API Requirement for Measure 1 of MU Objective 5: Patient Electronic Access

Massachusetts Medicaid EHR Incentive Program  
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# Disclaimer

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# Reminder

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The attestation deadline for  
Program Year 2019 is  
**March 31, 2020**

# Agenda

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- Purpose of this Session
- Objective 5: Patient Electronic Access
  - What is an API?
- New CMS Guidance on Enabling Your API
- The Four Scenarios to Meet the API Requirements
  - Supporting Documentation Required
- Supporting Documentation Examples
- Entering Data into MAPIR
- Q & A

# Purpose of This Session

We want to help you:

- Meet the requirements of Measure 1 of Objective 5
- Save time by getting it right the first time and avoid application cycling
- Ensure accuracy of your supporting documentation

At the end of this session, attendees will take away:

- Strategies for meeting Measure 1 while minimizing potential issues
- **What to do if you enabled your API after the start of the MU Reporting Period**
- An understanding of the supporting documentation required to demonstrate that the API requirements were met
- Examples of supporting documentation

# Objective 5: Patient Electronic Access (PEA)

EP provides patients with timely electronic access to their health information and patient-specific education

Measure 1\*: For **more than 80%** of patients:

- 1) the patient is provided timely access to **view, download, and transmit** their health info; and
- 2) 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

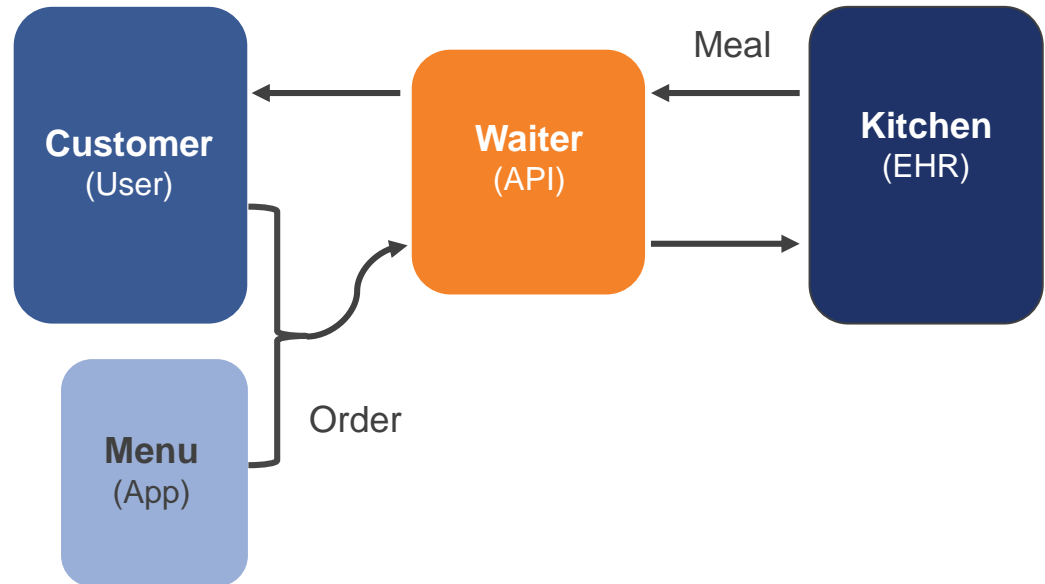
Measure 2\*: For **more than 35%** of patients, EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials

\* 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.

# What is an Application Programming Interface (API)?

## A Restaurant Analogy

- User = Customer
- App = Menu
- API = Waiter
- EHR/backend = Kitchen



[video: what is an API?](#)

# What is the Difference Between an API and an App?

- An application (or app) is a software program designed for individuals to use on a mobile device. Apps are usually downloaded by a user to their smartphone or tablet.



- An API is a set of routines, protocols, and tools that governs how applications interact with other software programs or applications. For example, Patient Portals are often interfaced to the EHR via an API.

Per CMS: An API is set of programming protocols [that]... may be enabled to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current patient portals.



# CMS Concession on API Requirements

CMS originally intended to require EPs to:

- Enable their API **before or during** their MU Reporting Period  
(during the period was allowed only if the EP could still exceed the 80% threshold)
- Provide patients access to their health info via an API **within 48 hours** of the info being available to the EP, each and every time that information is generated

Under the PY2019 CMS concession:

- API **no longer has to be enabled before or during** the MU Reporting Period
- The requirement to make PHI available via API access **within 48 hours is waived**
  - Note: the 48 hour requirement still applies to VDT

The concession requires EPs to do all of the following by **December 31, 2019**:

- Enable an API that provides patients with API access to their health information
- Provide patients seen during your MU Reporting Period with:
  - Instructions on how to authenticate their access through the API, and
  - Information on available applications that leverage the API

# New CMS Guidance on API Requirements

CMS has made this concession because:

- Many EPs learned that API access was not enabled in their 2015 Edition CEHRT
  - They were unable to exceed the 80% threshold for API access.
- Not all 2015 Edition CEHRTs track whether API access was enabled – some MU Dashboards only capture data for VDT.
  - These dashboards don't demonstrate whether the API access requirement was met, because even when it shows a value over 80%, this value represents only VDT.
- To meet other measures, EPs may have to select a different MU Reporting Period and/or retroactively provide API access to patients seen during that period.

We strongly recommend reviewing your dashboard **NOW**, so that you know:

- What MU Reporting Period offers the best performance on all MU objectives
- What you need to do before **December 31, 2019**  
(including outreach to patients seen during the MU Reporting Period you select)
- What supporting documentation requirements you will need to meet upon attestation

# The Four Scenarios to Meet the API Requirements

- (1) API was enabled **before** the start of the MU Reporting Period
- (2) API was enabled **during** the MU Reporting Period, the **MU Dashboard tracked API access**, and the EP **exceeds 80%**
- (3) API was enabled **during or after** the MU Reporting Period, the **MU Dashboard tracked API access**, but the MU Dashboard has a value **less than or equal to 80%**
  - This scenario results in a “gap” period when neither VDT nor API was tracked, and you must create a “VDT and API Audit Log” to demonstrate that patients seen during the gap period received both types of access.
- (4) API was enabled **during or after** the MU Reporting Period, the EP **exceeds 80%**, but the **MU Dashboard only tracked VDT** and **did not track API**
  - This scenario means that you must create an “API Audit Log” to demonstrate that patients were provided with API access.

If you don't fall into any of these scenarios, you've 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 scenario you fall into and hence the supporting documentation required.

# The Four Scenarios

September 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	➔					

October 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	➔					

November 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

December 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	➔					

➔ API enabled **before** start of reporting period

➔ API enabled **during** reporting period, EP exceeds 80%, and the EHR tracked API

➔ API enabled **during or after** reporting period, EP at less than or equal to 80%, and EHR tracked API

➔ API enabled **during or after** reporting period, EP exceeds 80%, but EHR only tracked VDT and **DID NOT** track API

**Reporting Period: September 23, 2019 - December 21, 2019**

# Original API Access Supporting Documentation Requirements

- 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 or during the MU Reporting Period
  - Must include API enabled date
  - May come in different formats:
    - EHR screenshot with enabled date and provider/location name
    - Vendor letter confirming API was enabled before or during EHR 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

\*\* If the EP used the **Opt Out** method to meet the measure threshold: additional supporting documentation is required if the EP manually added **Opt Out** patients to the numerator.

# Supporting Documentation requirements for EPs who enabled the API **prior to the MU Reporting Period (Scenario 1)**

For EPs who enabled API **prior to** MU Reporting Period, and their dashboard shows they **exceed the 80% threshold**

In this case, submit the following:

- 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 their access through an API
- Copy of the information given to patients on available applications that leverage the API

These requirements have not changed: This is the standard supporting documentation.

\*\* If the EP used the **Opt Out** method to meet the measure threshold(s): additional supporting documentation is required if the EP manually added **Opt Out** patients to the numerator.

# If your API was enabled during or after your MU Reporting Period, Determine Whether Your EHR Tracked API Access

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

- Obtain the API enable date.  
If necessary, contact the EHR vendor to obtain this date.
- Review the PEA Measure 1 dashboard for any 90-day period that is entirely prior to the API enable date.

If the test results in a numerator equal to 0, the EHR tracked both API and VDT, and the EP falls into either **Scenario 2** or **Scenario 3**.

If the test results in a numerator **other than 0**, the EHR tracked only VDT, and the EP falls into **Scenario 4**.

# Supporting Documentation requirements for EPs who enabled the API during the MU Reporting Period (Scenario 2)

For EPs who enabled the API during their MU Reporting Period, and their MU Dashboard shows they exceed the 80% threshold:

If the MU Dashboard tracked API access, your dashboard reflects both VDT and API access, and you meet the measure. In this case, submit the following:

- 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

These requirements have not changed: This is the standard supporting documentation.

➔ Note: If your EHR did not track API access, additional Supporting Documentation is required (see Scenario 4).

\*\* If the EP used the **Opt Out** method to meet the measure threshold(s): additional supporting documentation is required if the EP manually added **Opt Out** patients to the numerator.



# Supporting Documentation requirements for EPs who enabled the API during or after the MU Reporting Period (Scenario 3)

For EPs who enabled API during or after\* their MU Reporting Period, but their MU Dashboard shows they **did not** exceed the 80% threshold:

If the MU Dashboard tracked API access, this created a “gap” period between the start of the MU Reporting Period and the API enabled date, where your dashboard tracked neither VDT nor API. In this case, submit the following:

- 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 or after 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 added patient visits to the numerator to exceed the 80%**
- **“VDT and API Audit Log” for the gap period**

\* If API was enabled after the end of the MU Reporting Period, the log must reflect only patients seen during the reporting period

\*\* If the EP used the **Opt Out** method to meet the measure threshold(s):

additional supporting documentation is required if the EP manually added **Opt Out** patients to the numerator

# Supporting Documentation requirements for EPs who enabled API during or after the MU Reporting Period (Scenario 4)

For EPs who enabled API during or after their MU Reporting Period, and their MU Dashboard shows that they exceed the 80% threshold:

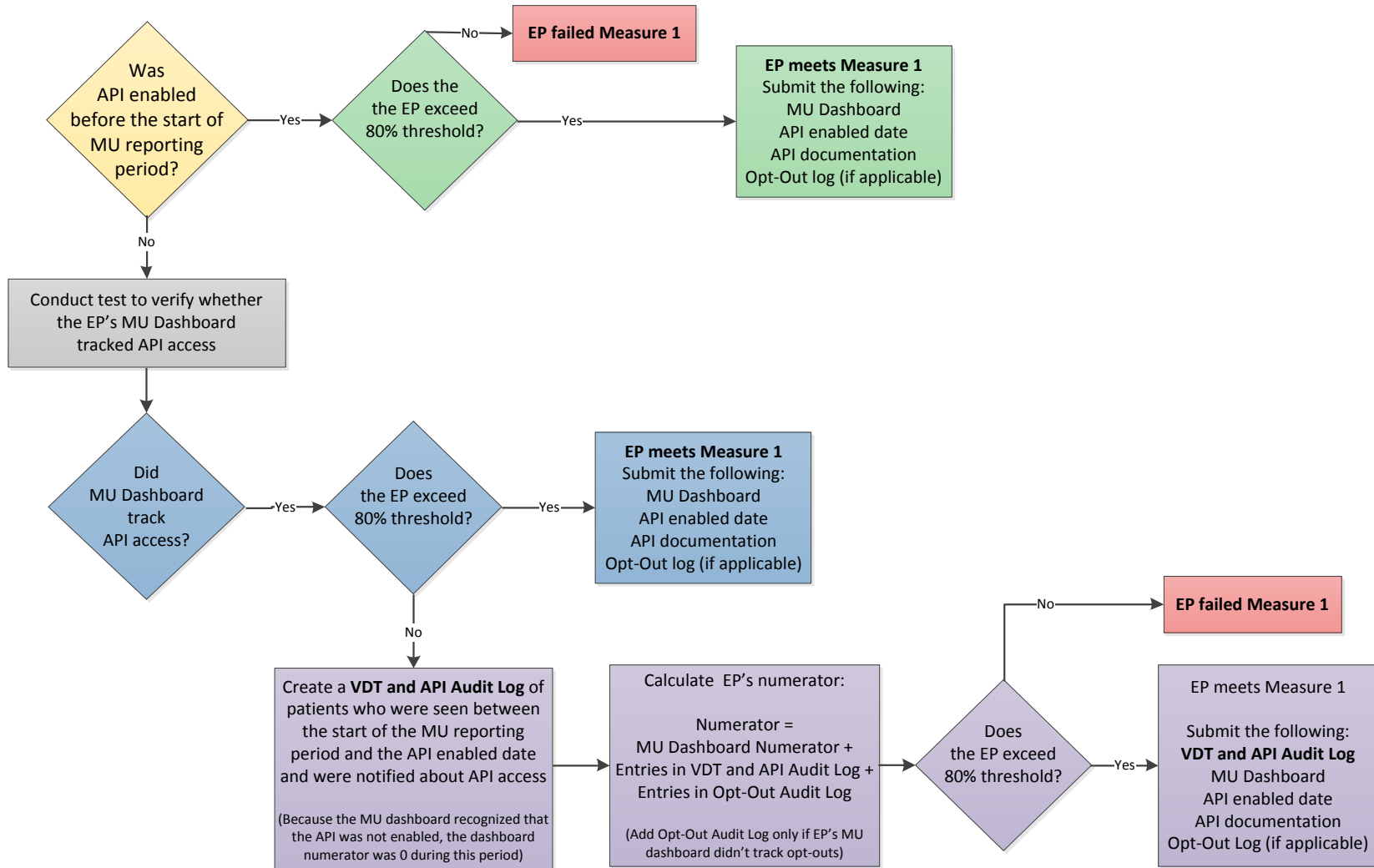
If the MU Dashboard did not track API access, your dashboard reflects only VDT.

In this case, submit the following:

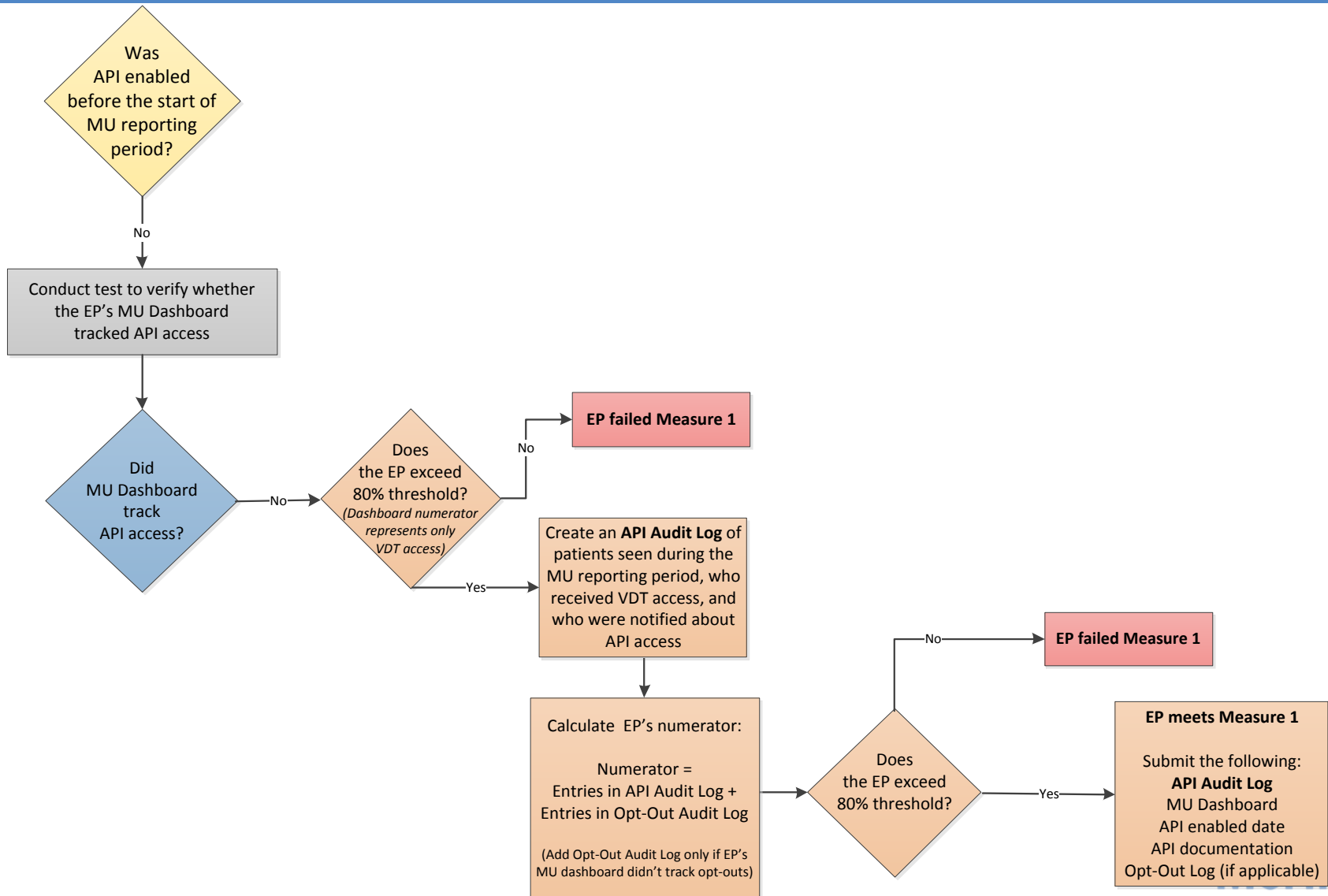
- An EHR-generated MU Dashboard or report for the selected MU Reporting Period that shows the EP's name, numerator, denominator and percentage for this measure. \*\*
- Documentation that shows an API was enabled during or after the MU Reporting Period
- Copy of instructions provided to patients on how 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 Audit Log” for the entire MU Reporting Period**

\*\* If the EP used the **Opt Out** method to meet the measure threshold(s): additional supporting documentation is required if the EP manually added **Opt Out** patients to the numerator

# Flow Chart – What Supporting Documentation Do I Need to Provide?



# Flow Chart – What Supporting Documentation Do I Need to Provide?















# Supporting Documentation Guide and Examples

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Supporting Documentation is required to demonstrate MU compliance. For more information, see our Supporting Documentation Guide.

On the following slides, you will find examples of supporting documentation.

# Supporting Documentation Examples – MU Dashboard that appears to meet Measure 1

## EHR-generated MU Dashboard or report

- Selected MU Reporting Period
- Attesting EP's name
- Recorded numerator, denominator and percentages for this measure

The screenshot displays a dashboard for a specific provider and reporting period. At the top, it identifies the 'LOCATION GROUP' and the 'PROVIDER: Dr. Smith'. Below this, a blue bar indicates the 'ID:' and the 'Period: 08/10/2018 to 11/07/2018'. The main data is presented in a table with the following structure:

Clinical Measure	Numerator / Denominator	PERCENTAGE	Exclusion
Objective 5 Measure 1	2,310 / 2,457	94 %	0

If the API was enabled before the MU Reporting Period, this dashboard would reflect **Scenario 1**.

If the API was enabled during or after the MU Reporting Period, Dr. Smith would need to run a test to determine whether the EHR tracked API Access, and whether **Scenario 2** or **Scenario 4** applies. If **Scenario 4** applies, Dr. Smith would create an **API Audit Log** to calculate his adjusted numerator.

# Supporting Documentation Examples – Sample Letter for Scenario 4

## Central New England Behavioral Health

100 NORTH DRIVE  
WESTBOROUGH, MA 01581  
508-000-0000

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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 within 48 hours, and
  - b) Instructions on how to authenticate their access through an API, and information on available applications that leverage the API, within the Calendar Year of the MU Reporting Period (i.e. between 1/1/2019 and 12/31/2019) and
- 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

# Supporting Documentation Examples – API Audit Log (Scenario 4)

Patient ID	Patient DOB	Provider	Service Date	VDT Access Provided	Date API Documentation Provided
111	9/9/2000	Dr. Oz	10/1/2019	Yes	11/3/2019
112	3/21/1996	Dr. Oz	10/2/2019	Yes	11/3/2019
113	5/2/1985	Dr. Oz	10/3/2019	Yes	11/3/2019
114	6/4/1990	Dr. Oz	10/4/2019	Yes	11/3/2019
115	7/2/1995	Dr. Oz	10/10/2019	Yes	11/3/2019
116	10/11/1975	Dr. Oz	10/10/2019	Yes	11/3/2019
117	5/9/1965	Dr. Oz	10/10/2019	Yes	11/3/2019
118	11/20/1973	Dr. Oz	10/10/2019	Yes	11/3/2019
119	8/9/1983	Dr. Oz	10/10/2019	Yes	11/3/2019
120	12/2/1979	Dr. Oz	10/10/2019	Yes	11/3/2019

The **API Audit Log** must include **only** patient visits that were included in the MU Dashboard numerator (i.e. all rows must have a “Yes” in the “VDT Access Provided” column).

# Supporting Documentation Examples – FAQs about the API Audit Log (Scenario 4)

## What should the “Service Date” column include?

Only include patient visits that occurred during the MU Reporting Period.

- Only include patient visits that were included in the numerator of MU Dashboard 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 Audit Log. If Opt-Outs were tracked via an Opt-Out Audit Log, don't include them in the API Audit Log because that results in double-counting.

## What does “VDT Access Provided” mean?

VDT Access includes access to view, download and transmit PHI within 48 hours.

## How can an EP provide the “API Documentation” during or after the MU Reporting Period?

The API Documentation must include the instructions to authenticate and the list of available applications.

This documentation can be provided via mass mailer, emails, patient portal, or other means as long as this is done by December 31, 2019.

- EP must provide API Documentation to all Opt-Out patients too, regardless of how Opt Out was tracked.
- If the API Documentation is provided via a patient portal, you must separately provide it to all Opt-Out patients via another means because they won't be able to view the documentation in the portal.

## How do I calculate my MAPIR numerator?

**MAPIR Numerator = Entries in API Audit Log + Entries in Opt-Out Audit Log (if applicable) \*\***

\*\* Don't add the MU Dashboard Numerator as that results in double-counting

# Supporting Documentation Examples – MU Dashboard that does not exceed 80% for Measure 1

## EHR-generated MU dashboard or report

- Selected MU Reporting Period
- Attesting EP's name
- Recorded numerator, denominator and percentages for this measure

				Report End Date : 03/03/2019			
				Report End Date : 05/31/2019			
Measure Id	Measure Name	Den	Num	Exclusion	Exception	Per Rate	Threshold
EP-1	eRx and RX Eligibility	263	0	0		0.00	60.0
CPOE-1	CPOE - Medication Orders	278	278	0		100.00	60.0
CPOE-2	CPOE - Laboratory Orders	761	588	0		77.27	60.0
CPOE-3	CPOE - Diagnostic Imaging	16	16	0		100.00	60.0
PEA-1	PEA - Timely Electronic Access	529	0	0		0.00	80.0
PEA-2	PEA - Patient Specific Education	529	0	0		0.00	35.0

If the API was enabled before the MU Reporting Period, this EP failed Objective 5. The EP could try a different MU Reporting Period.

If the API was enabled during or after the Reporting Period, this dashboard reflects **Scenario 3** and the EP would create a **VDT and API Audit Log** to calculate his or her adjusted numerator.

# Supporting Documentation Examples – Sample Letter for Scenario 3

## Central New England Behavioral Health

100 NORTH DRIVE  
WESTBOROUGH, MA 01581  
508-000-0000

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Date

To Whom It May Concern:

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

- 1) The MU Dashboard tracked VDT and API access, and
- 2) The patients added to the MU Dashboard measure 1 numerator were seen during the MU Reporting Period prior to the API enable date, and
- 3) These patients were provided with:
  - a) View, Download, and Transmit access within 48 hours, and
  - b) Instructions on how to authenticate their access through an API, and information on available applications that leverage the API, within the Calendar Year of the MU Reporting Period (i.e. between 1/1/2019 and 12/31/2019) and
- 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



# Supporting Documentation Examples – VDT and API Audit Log (Scenario 3)

Patient ID	Patient DOB	Provider	Service Date	Date VDT Access Provided	Date API Documentation Provided
111	9/9/2000	Dr. Oz	10/1/2019	10/1/2019	11/3/2019
112	3/21/1996	Dr. Oz	10/2/2019	10/2/2019	11/3/2019
113	5/2/1985	Dr. Oz	10/3/2019	10/3/2019	11/3/2019
114	6/4/1990	Dr. Oz	10/4/2019	10/4/2019	11/3/2019
115	7/2/1995	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
116	10/11/1975	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
117	5/9/1965	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
118	11/20/1973	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
119	8/9/1983	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
120	12/2/1979	Dr. Oz	10/10/2019	10/10/2019	11/3/2019

You must submit a **single Audit Log** that includes **both VDT Access and API Documentation** (i.e. a single tab in an Excel spreadsheet)

# Supporting Documentation Examples – FAQs about the VDT and API Audit Log (Scenario 3)

## What should the “Service Date” column include?

Only patient visits that occurred between the start of the MU Reporting Period and the API access enable date.

- don't include patient visits that occurred after the MU Reporting Period.
- don't include patient visits that were included in the numerator of MU Dashboard 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 VDT and API Audit Log. If Opt-Outs were tracked via an Opt-Out Audit Log, don't include them in the VDT and API Audit Log because that results in double-counting.

## What does “VDT Access Provided” mean?

VDT Access includes access to view, download and transmit PHI within 48 hours.

## How can an EP provide the “API Documentation” during or after the MU Reporting Period?

The API Documentation must include the instructions to authenticate and the list of available applications.

This documentation can be provided via mass mailer, emails, patient portal, or other means as long as this is done by December 31, 2019.

- ➔ EP must provide API Documentation to all Opt-Out patients too, regardless of how Opt Out was tracked.
  - If the API Documentation is provided via a patient portal, you must separately provide it to all Opt-Out patients via another means because they won't be able to view the documentation in the portal.

## How do I calculate my MAPIR numerator?

**MAPIR Numerator = MU Dashboard Numerator + Entries in VDT and API Audit Log +  
Entries in Opt-Out Audit Log (if applicable)**

# Objective 5 - PEA: Entering Data Into MAPIR

Attestation Tab > Meaningful Use > Objective 5: Patient Electronic Access

For each scenario, calculate the numerator as follows, and enter into MAPIR:

(1) If your API was enabled **before** the start of the MU reporting period, enter:

**MU Dashboard numerator**

(+ Entries in “Opt-Out Audit Log” if applicable)

(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**

(+ Entries in “Opt-Out Audit Log” if applicable)

(3) If your API was enabled **during or after** the reporting period, the **EHR tracked API access**, but the dashboard has a value **less than or equal to 80%**, enter:

**MU Dashboard numerator + Entries in “VDT and API Audit Log”**

(+ Entries in “Opt-out Audit Log” if applicable)

(4) If your API was enabled **during or after** the reporting period, the EP **exceeds 80%**, but the EHR **only tracked VDT** and **did not track API**, enter:

**Entries in “API Audit Log”**

(+ Entries in “Opt-out Audit Log” if applicable)

# Questions

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Questions?

# Contact Us



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If you contact our Technical Assistance team, we recommend that you have your Stage 3 MU Dashboard and API enabled data available