

**Medicaid Promoting Interoperability (PI) Program**  
**Frequently Asked Questions: Program Year 2019 Patient Electronic Access**

#	Question and Answer
1	<p><b>Q: How does an eligible professional (EP) meet the patient electronic access (PEA) objective?</b></p> <p><b>A:</b> An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions for each of the two measures.</p>
2	<p><b>Q: For objective 5, measure 1, “The patient is provided timely access to view online, download, and transmit his or her health information”, what does “<u>view online, download, and transmit</u>” entail?</b></p> <p><b>A: <u>View online</u></b> means the patient (or authorized representative) is able to access their health information online.</p> <p><b><u>Download</u></b> means the information can be moved from online to physical electronic media.</p> <p><b><u>Transmit</u></b> means the movement of information by any means of electronic transmission according to any transport standard(s) (SMTP, FTP, REST, SOAP, etc.). However, the relocation of physical electronic media (for example, USB, CD) does not qualify as transmission.</p>
3	<p><b>Q: For objective 5, measure 1, “The patient is provided timely access to view online, download, and transmit his or her health information”, what does “<u>provided access</u>” entail?</b></p> <p><b>A:</b> A patient should possess all of the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need in order to view, download, or transmit their information.</p>
4	<p><b>Q: For objective 5, measure 1, “The patient is provided timely access to view online, download, and transmit his or her health information”, what does “<u>timely access</u>” mean?</b></p> <p><b>A:</b> EPs must make a patient’s health data available to the patient via view, download, and transmit within 48 hours of the information being available to the EP.</p>

<sup>A</sup> [Patient Electronic Access - API Documentation Requirements for PY 2019](#)

<sup>B</sup> The question applies to objective 5, measure 1 and 2.

#	Question and Answer
5	<p><b>Q: Are EPs required to offer all four functionalities (view, download, transmit, and access through API) to their patients?</b></p> <p><b>A:</b> Yes, EPs are required to make patient health information (PHI) available to the patient via all four functionalities (view, download, transmit, and access through API) in order to meet the measure. There are two requirements to measure 1. The EP must provide patients the ability to view, download and transmit (VDT) their health information within 48 hours <u>AND</u> API access must be enabled within the calendar year.</p>
6	<p><b>Q: What changed between modified stage 2 (2018) and stage 3 (2019) for objective 5, measure 1?</b></p> <p><b>A:</b> The following changes occurred between modified stage 2 (2018) and stage 3 (2019) for measure 1:</p> <ul style="list-style-type: none"> <li>• The measure was formerly objective 8 in Program Year 2018 for modified stage 2. It is now objective 5, measure 1 in Program Year 2019 for stage 3.</li> <li>• The threshold increased from 50% to 80%.</li> <li>• Starting in stage 3, patient health information must be accessible via an API.</li> </ul>
7	<p><b>Q: What is an Application Programming Interface (API)?</b></p> <p><b>A:</b> A set of programming protocols established for multiple purposes. APIs may be enabled by a provider or provider organization to provide patients with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.”</p>
8	<p><b>Q: What is the difference between an API and an App?</b></p> <p><b>A:</b> 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. Whereas, 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 CEHRT via an API. An API “connects” the data from the App and the CEHRT.</p>
9	<p><b>Q: Why did CMS allow flexibility in Program Year 2019 concerning the API requirement?</b></p> <p><b>A:</b> CMS made an exception because the word “timely” used in objective 5, measure 1 definition was unclear. The definition did not specify that the availability of data via VDT <b>as well as</b> an API should be made available within 48 hours. See question 10 for timing requirements of API in Program Year 2019.</p> <p>CMS has clarified the wording for Program Year 2020 and the flexibility for this measure only applies to Program Year 2019.</p>

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<sup>B</sup> The question applies to objective 5, measure 1 and 2.

#	Question and Answer
10	<p><b>Q: Does API access have to be available to the patient within 48 hours of the patient visit?</b></p> <p><b>A:</b> No, for Program Year 2019, an EP does not have to ensure that PHI is available to the patient via API within 48 hours. However, an EP must ensure that PHI was available via API by <u>December 31, 2019</u>. EPs were required to do all of the following by December 31, 2019 to meet the API requirements:</p> <ul style="list-style-type: none"> <li>• Enable an API that provides patients with API access to their health information.</li> <li>• Provide patients seen during the PI (EHR) reporting period with               <ul style="list-style-type: none"> <li>○ Instructions on how to authenticate their access through an API, and</li> <li>○ Information on available applications that leverage the API.</li> </ul> </li> <li>• Maintain availability of the API. The API cannot be turned on for one day and then disabled.</li> </ul>
11	<p><b>Q: What documentation must be submitted to demonstrate that the EP meets objective 5, measure 1?</b></p> <p><b>A:</b> Depending on certain variables, an EP will fall into one of four scenarios for objective 5, measure 1.</p> <ul style="list-style-type: none"> <li>• <b>Scenario 1</b> - API was enabled prior to the start of the PI (EHR) reporting period and the EP exceeds 80%.</li> <li>• <b>Scenario 2</b> - API was enabled during the PI (EHR) reporting period, the CEHRT dashboard tracked API access, and the EP exceeds 80%.</li> <li>• <b>Scenario 3</b> - API was enabled during or after the PI (EHR) reporting period, the CEHRT dashboard has a value less than 80%, and the CEHRT dashboard tracked API access.</li> <li>• <b>Scenario 4</b> - API was enabled during or after the PI (EHR) reporting period and the CEHRT dashboard incorrectly shows a percentage above 80% threshold because CEHRT dashboard is only tracking VDT and did not track API.</li> </ul> <p>To determine which scenario applies to the EP, review the Patient Electronic Access - API Documentation Requirements for PY 2019 tip sheet <sup>A</sup>. Documentation required varies depending on the scenario. Be sure to review the tip sheet for the documentation requirements for the applicable scenario.</p> <p>If the EP does not fall into any of the four scenarios above, cannot use the opt-out patient method to meet the measure, and does not qualify for the exclusions, the EP is most likely unable to meet the requirements of objective 5, measure 1 for Program Year 2019.</p>
12	<p><b>Q: How do I know when/if API was enabled in my CEHRT?</b></p> <p><b>A:</b> If the EP does not know when/if API was enabled in the CEHRT, the EP should reach out to the CEHRT vendor and request the date the API was enabled.</p>

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<sup>B</sup> The question applies to objective 5, measure 1 and 2.

#	Question and Answer
13	<b>Q: How do I know if my CEHRT dashboard tracked API access?</b>
	<p><b>A:</b> The EP should conduct the following test:</p> <p>Step 1) Obtain the API enable date. If necessary, contact the CEHRT vendor to obtain this date.</p> <p>Step 2) Review the Patient Electronic Access measure 1 in the CEHRT dashboard for any 90-day period that is entirely prior to the API enable date:</p> <ul style="list-style-type: none"> <li>• If the test results in a numerator equal to 0, the CEHRT tracked both API and VDT, and the EP falls into either Scenario 2<sup>A</sup> or Scenario 3<sup>A</sup>.</li> </ul> <p>If the test results in a numerator other than 0, the CEHRT tracked only VDT, and the EP falls into Scenario 4<sup>A</sup>.</p>
14	<p><b>Q: What is a gap period?</b></p> <p><b>A:</b> A gap period is a period of time between the start of the PI (EHR) reporting period and the API enable date. If the CEHRT dashboard was tracking API access it will not capture patients in the numerator during the gap period where API had not yet been enabled. Therefore a VDT and API Audit Log may be necessary to add those patients to the numerator if the provider is not meeting the 80% threshold in the CEHRT dashboard.</p>
15	<p><b>Q: Why is an EP only required to create an “API Audit Log” for scenario 4 instead of a “VDT and API Audit Log” like for scenario 3?</b></p> <p><b>A:</b> The CEHRT dashboard tracks VDT in both scenarios. However, in scenario 4, the CEHRT dashboard numerator only supports the number of patients who had VDT access but not API. Therefore, an EP in scenario 4 needs to provide an API audit log identifying every patient in the numerator of the CEHRT dashboard and confirm whether the patient was provided with API documentation during calendar year 2019.</p> <p>In scenario 3, the numerator in the CEHRT dashboard supports the patients who had both VDT and API access between the date API is enabled and the end of the PI (EHR) reporting period. The CEHRT dashboard is most likely not counting the patients between the start of the PI (EHR) reporting period and the date API is enabled. For the EP to meet the threshold, the EP must use the VDT and API Audit Log to track the patients seen between the start of the PI (EHR) reporting period and API access enable date.</p>
16	<p><b>Q: What changed between modified stage 2 (2018) and stage 3 (2019) for objective 5, measure 2?</b></p> <p><b>A:</b> The following changes occurred between modified stage 2 (2018) and stage 3 (2019) for measure 2:</p> <ul style="list-style-type: none"> <li>• This measure was formerly objective 6 in Program Year 2018 for modified stage 2. It is now objective 5, measure 2 in Program Year 2019 for stage 3.</li> <li>• The threshold increased from 10% to 35%.</li> <li>• Paper-based actions are no longer allowed to be counted. EPs may still provide paper-based educational materials, but they may no longer be included in measure calculations.</li> </ul>

<sup>A</sup> [Patient Electronic Access - API Documentation Requirements for PY 2019](#)

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#	Question and Answer
17	<p><b>Q: Is an EP allowed to post materials from other resources to the patient’s portal account in order to include the patient in the numerator for objective 5, measure 2?</b></p> <p><b>A:</b> For a patient to be included in the numerator, the patient-specific education resource information must be based on data included in the patient’s problem list and medication list in accordance with at least one of the following standards and implementation specifications:</p> <ul style="list-style-type: none"> <li>• The standard and implementation specifications specified in §170.204(b)(3).</li> <li>• The standard and implementation specifications specified in §170.204(b)(4).</li> </ul> <p>The CEHRT must be able to <u>electronically identify</u> patient-specific education resources. The EP is not able to count a patient in the numerator if the EP manually finds a patient-specific education resource and puts the material in the patient’s portal account.</p>
18	<p><b>Q: Can the EP count a patient toward the measures of the “Patient Electronic Access” objective if the patient accessed his/her information using a Kiosk at the provider’s office?</b></p> <p><b>A:</b> If the patient accesses the patient information after the visit and the kiosk meets the technical standards listed below, the patient could be counted toward the measures for Patient Electronic Access objective.</p> <ul style="list-style-type: none"> <li>• Objective 5: <ul style="list-style-type: none"> <li>○ <a href="#">§170.315 (e)(1) View, download, and transmit to 3rd party</a></li> <li>○ <a href="#">§170.315(g)(7) Application Access – Patient Selection</a></li> <li>○ <a href="#">§170.315(g)(8) Application Access – Data Category Request</a></li> <li>○ <a href="#">§170.315(g)(9) Application Access – All Data Request</a></li> <li>○ <a href="#">§170.315(a)(13) Patient-specific education resources</a></li> </ul> </li> </ul>
19	<p><b>Q: Who is an opt-out patient? <sup>B</sup></b></p> <p><b>A:</b> A patient who elects to “opt-out” of electronically accessing their health information.</p>
20	<p><b>Q: Is the EP allowed to include patients in the numerator if the patient elects to opt-out of participation of patient electronic access? <sup>B</sup></b></p> <p><b>A:</b> Yes, an EP may count an opt-out patient in the numerator if the patient is provided all of the necessary information to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt back in without further follow up action required by the EP. However, sufficient documentation <sup>A</sup> must be submitted to support that the patient chose to opt-out of accessing their PHI.</p>

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<sup>B</sup> The question applies to objective 5, measure 1 and 2.

#	Question and Answer
21	<p><b>Q: For a patient to be included as an opt-out patient in the EP’s numerator, how many times must the EP reach out to the patient inviting them to VDT or use an API to access their PHI?</b></p>
	<p><b>A:</b> The EP only needs to provide <u>all of the necessary information</u> once during each visit. The necessary information should provide information to the patient to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt back in without further follow up action required by the EP. If the EP does not provide all of the necessary information during the first contact, the EP will need to reach out again to ensure that all necessary information is provided to the opt-out patient.</p> <p>The EP may need to reach out to the patient a second time if the API documentation is provided via a patient portal. The EP must separately provide it to all opt-out patients via another means because patients will not be able to view the documentation in the portal.</p> <p>A patient who has multiple encounters during the PI (EHR) reporting period, or even in subsequent PI (EHR) reporting periods in future years, needs to be provided access for each encounter where they the patient are is seen by the EP.</p>
22	<p><b>Q: Are the exclusions for objective 5, measure 1 and 2 the same? <sup>B</sup></b></p> <p><b>A:</b> Yes, an EP may take an exclusion for one or both measures if any of the following apply:</p> <ul style="list-style-type: none"> <li>• The EP has no office visits during the PI (EHR) reporting period.</li> <li>• The EP conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI (EHR) reporting period.</li> </ul>
23	<p><b>Where do I find the latest information available from the Federal Communications Commission (FCC)?</b></p> <p><b>A:</b> If an EP is interested in additional information from the FCC regarding broadband information, the EP can visit the <a href="#">FCC website</a>. Any documentation that might be used by the EP to support meeting the exclusion must be supported by the format 4/1 Mbps, not 25/3 Mbps. The state recommends that the EP uses the <a href="#">Broadband Access Exclusion tip sheet</a> from CMS to determine if the EP is in a county that is eligible for the exclusion.</p>

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