



Patient Electronic Access Objective for Meaningful Use

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Patient Electronic Access Learning Objectives

- Know the Patient Electronic Access requirements for the Medicaid Promoting Interoperability (PI) program.
- Understand the differences in objective 5 Patient Electronic Access between Program Year (PY) 2019 and 2020.
- Learn about the Arizona's Patient Electronic Access documentation requirements.

Objective 5: Patient Electronic Access (PEA)

- **Objective:** The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
- This objective has two measures.
- An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions for each measure.

Definition of Terms

- **Provide Access:** When a patient possesses 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.

Definition of Terms, Continued

- **View:** The patient (or authorized representative) accessing their health information online.
- **Download:** The movement of information from online to physical electronic media.
- **Transmission:** This may be 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.
- **Business Days:** Business days are defined as Monday through Friday excluding federal or state holidays on which the EP or their respective administrative staffs are unavailable.
- **Diagnostic Test Results:** All data needed to diagnose and treat disease. Examples include, but are not limited to, blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, and pulmonary function tests.



Objective 5, Measure 1

Objective 5, Measure 1

- **Measure 1:** For more than 80% of all unique patients seen by the EP:
 - The patient (or the patient-authorized representative) is provided timely access to view online, download and transmit his or her health information; and
 - The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's certified electronic health record technology (CEHRT).

What is an Application Programming Interface (API)?

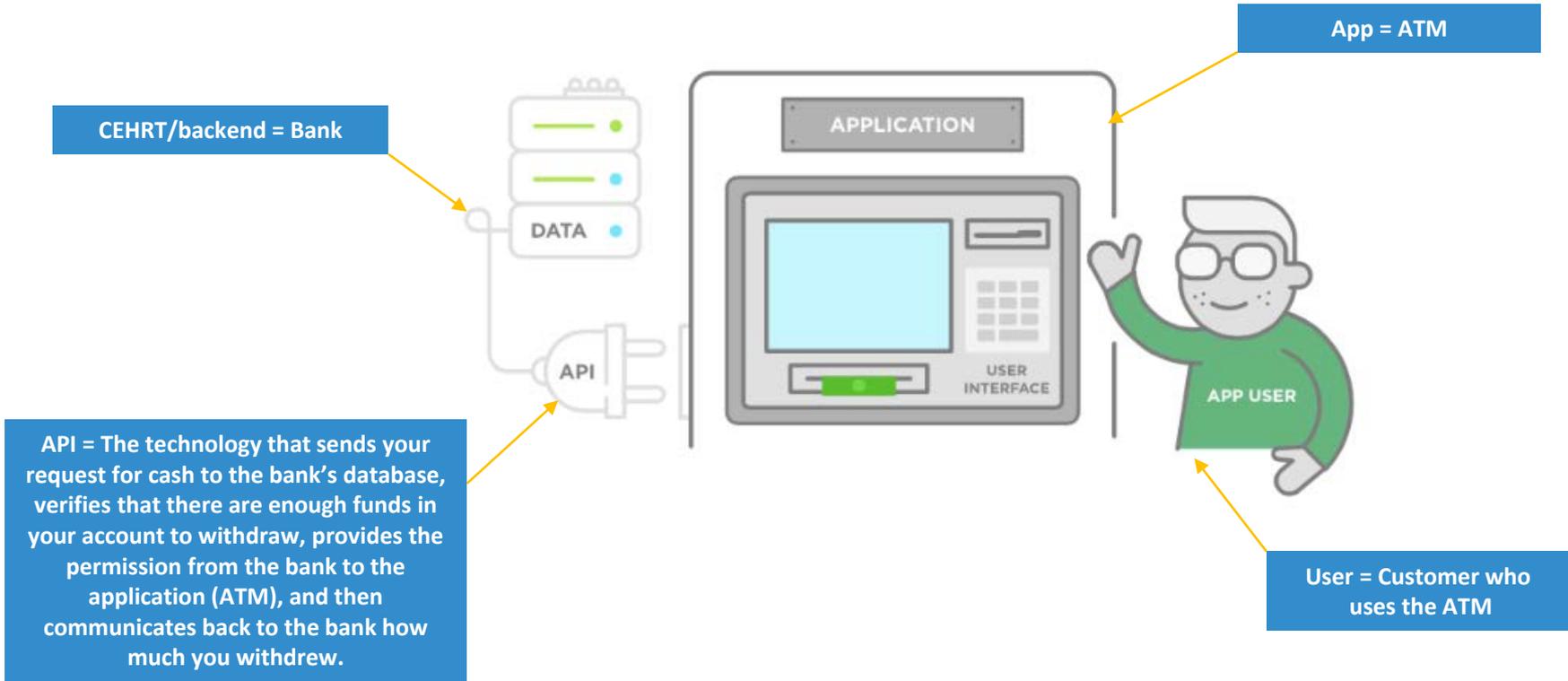
- **API:** A set of programming protocols established for multiple purposes. APIs may be enabled by a provider or provider organization to provide patients with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.”

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 CEHRT via an API.
- An API “connects” the data from the App and the CEHRT.



API Analogy - ATM



API Requirements

- An EP needs to fully enable the API functionality of the CEHRT so that any application chosen by a patient would allow the patient to gain access to his/her individual health information, provided that the application is configured to meet the technical specifications of the API.
- EPs may not prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API, including the security requirements of the API.
- EPs are expected to provide patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API.
 - CMS does not specify the method EPs must use to provide this information. However, the EP needs to be able to document how the information was communicated to the patients.

API Requirements

- CMS requires EPs to:
 - Enable their API **before or during** the EP's PI (EHR) reporting period (during the period is allowed only if the EPs could still exceed the 80% threshold).
 - Provide patients access to their health information via an API within **48** hours of the information being available to the EP, each and every time that information is generated.

Objective 5, Measure 1

- Similar to how EPs support patient access to view, download, and transmit capabilities, EPs should continue to have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information.
- EPs must offer all four functionalities (view, download, transmit, and access through API) to their patients, and PHI needs to be made available to each patient for view, download, and transmit, including via API, within 48 hours of the information being available to the EP for each and every time that information is generated, regardless of how long the patient has been "enrolled".

Objective 5, Measure 1

- In circumstances where there is no information available to populate one or more fields, either because the EP can be excluded from recording such information or because there is no information to record (for example, no medication allergies or laboratory tests), the EP may have an indication that the information is not available and still meet the objective and its associated measure.
- The patient must be able to access this information on demand, such as through a patient portal, a personal health record (PHR), or by other online electronic means. We note that while a covered entity may be able to fully satisfy a patient's request for information through view, download, and transmit, the measure does not replace the covered entity's responsibilities to meet the broader requirements under Health Insurance Portability and Accountability Act (HIPAA) to provide an individual, upon request, with access to patient health information (PHI) in a designated record set.

Objective 5, Measure 1

- While meaningful use (MU) is limited to the capabilities of CEHRT to provide online access there may be patients who cannot access their EHRs electronically because of a disability. EPs who are covered by civil rights laws must provide individuals with disabilities equal access to information and appropriate auxiliary aids and services as provided in the applicable statutes and regulations.
- 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 are seen by the EP.
- EPs are allowed to include patients in the numerator who opted out of the patient portal. Details regarding opt-out patients are included later in the presentation.

Changes from PY 2019 to 2020

VDT and API	2019	2020
API	API can be enabled <u>before, during or after</u> the PI (EHR) reporting period as long as it was enabled by 12/31/2019.	API must be enabled within 48 hours* of the information being available to the EP for each patient so that timely access to their health information via the API is an option for the patient.

*AHCCCS recommends that the EP enable the API prior to the start of the PI (EHR) reporting period and that the EP ensures the connection remains uninterrupted throughout the PI (EHR) reporting period.

Documentation Requirements for Measure 1

- A CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:
 - **Provider's Name**
 - **Numerator****
 - **Denominator**
 - **Measure Percentage**
- Copy of instructions provided to patients on how to authenticate their access through the API. Examples included on following slides.
- Copy of information given to patients on available applications that leverage the API. Examples included on following slides.

*In certain situations, a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.

**If the EP used opt-out patients to meet the measure threshold, additional supporting documentation is required. Further detail regarding opt-out patients is discussed later in the presentation.

Documentation Examples – Authenticate Access

Hello Document Testbauer,

Thank you for your recent visit with [REDACTED] As a [REDACTED] patient, you now have secure online access to your [REDACTED] electronic health records through MyChart.

[REDACTED] MyChart allows you to send messages to your care team, view your test results, schedule appointments, renew a prescription, pay your bill and more.

You can now register for your MyChart account [REDACTED] [mychart](#).

If you have any questions or need assistance, please call our MyChart help desk at 505-923-5590.

*Practice confirmed that the information above is emailed to every patient immediately after the visit. MyChart is connected to the practice's CEHRT via an API.

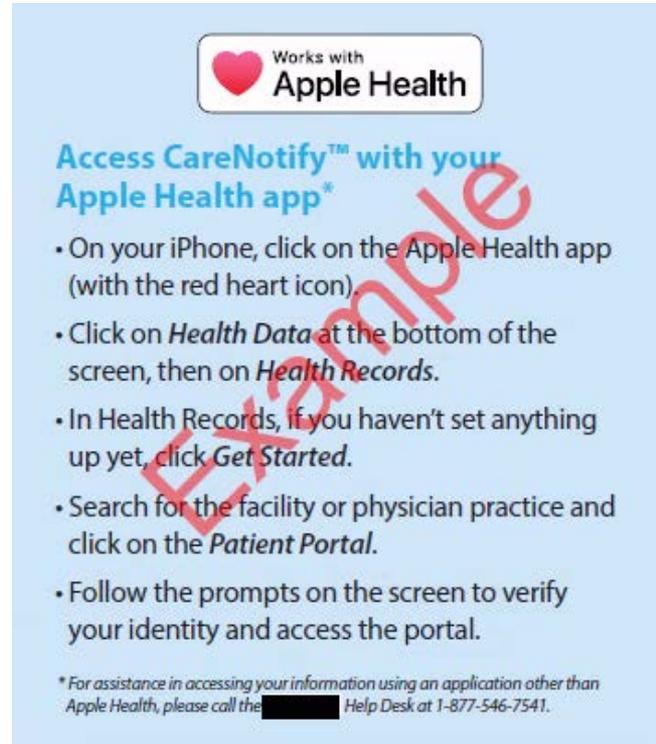
Documentation Examples – Available Applications

DOWNLOAD THE MYCHART MOBILE APP!

After you create your [REDACTED] Account and activate MyChart, you can download the mobile app in order to access MyChart on your smartphone without having to login through your [REDACTED] account each time.

*This is an example of available applications. This is included in the email sent to patients on the previous slide.

Documentation Examples – Available Applications



The screenshot shows an email notification on a light blue background. At the top, there is a white rounded rectangle containing a red heart icon and the text "Works with Apple Health". Below this, the text "Access CareNotify™ with your Apple Health app*" is written in blue. A large, diagonal red watermark reading "Example" is overlaid across the center of the text. Below the title, there is a bulleted list of five steps. At the bottom, there is a small asterisked note providing contact information for assistance.

Works with
Apple Health

Access CareNotify™ with your
Apple Health app*

- On your iPhone, click on the Apple Health app (with the red heart icon).
- Click on *Health Data* at the bottom of the screen, then on *Health Records*.
- In Health Records, if you haven't set anything up yet, click *Get Started*.
- Search for the facility or physician practice and click on the *Patient Portal*.
- Follow the prompts on the screen to verify your identity and access the portal.

*For assistance in accessing your information using an application other than Apple Health, please call the [REDACTED] Help Desk at 1-877-546-7541.

*Apple Health is connected to CareNotify via an API. This information was distributed to patients via email.



Objective 5, Measure 2

Objective 5, Measure 2

- **Measure 2:** The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the PI (EHR) reporting period.

Objective 5, Measure 2

- Paper-based actions are not allowed to be counted. EPs may provide paper-based educational materials, but they may not be included in measure calculations.
- Actions included in the numerator must occur within the calendar year in which the PI (EHR) reporting period occurs.

Changes from PY 2019 to 2020

- No changes occurred between PY 2019 and 2020.

Documentation Requirements for Measure 2

- A CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:
 - Provider's Name
 - Numerator**
 - Denominator
 - Measure Percentage

*In certain situations, a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.

**If the EP used opt-out patients to meet the measure threshold, additional supporting documentation is required. Further detail regarding opt-out patients is discussed later in the presentation.

Objective 5

Opt-Out Patients

Opt-Out Patients

- CMS allows EPs to include a patient in the numerator of objective 5 measure 1 and measure 2 if the patient elects to “opt-out” of electronically accessing their health information.
 - The patient must still be included in the denominator.
 - An EP may count that 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.

Opt-Out Patients Documentation

- Create an Opt-Out Patient Audit Log including the patient name or identifier and date of service.
- Do not include patients in the Opt-Out Patient Audit Log that are already included in the numerator of the CEHRT dashboard.
- For measure 1, the EP must provide API documentation to all patients who opt-out of seeing their PHI.
 - 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.
 - Retain documentation supporting the Opt-Out Patient Audit Log.
 - Documentation must demonstrate the patient willingly chose to opt-out
 - Ex: Signed a document stating the patient opts out
 - Ex: Patient provided all the necessary information but did not login to the patient portal

Opt-Out Patient Audit Log Example

Patient ID	Patient DOB	Provider	Service Date	Health Information Made Available Timely	Patient Opted-Out of Participation
111	9/9/2020	Dr. Oz	10/1/2019	Yes	Yes
112	3/21/1996	Dr. Oz	10/2/2019	Yes	Yes
113	5/2/1985	Dr. Oz	10/3/2019	Yes	Yes
114	6/4/1990	Dr. Oz	10/4/2019	Yes	Yes
115	7/2/1995	Dr. Oz	10/5/2019	Yes	Yes
116	10/11/1975	Dr. Oz	10/6/2019	Yes	Yes
117	5/9/1965	Dr. Oz	10/7/2019	Yes	Yes
118	11/20/1973	Dr. Oz	10/8/2019	Yes	Yes
119	8/9/1983	Dr. Oz	10/9/2019	Yes	Yes
120	12/2/1979	Dr. Oz	10/10/2019	Yes	Yes

- The Opt-Out Patient Audit Log must include only patients that had a visit during the PI (EHR) reporting period.
- Additional documentation to validate the accuracy of the audit log may be requested if selected for post-payment audit. For example, a copy of the document the patient signs stating he/she opts-out.

Entering Data Into ePIP

When including opt-out patients, calculate the numerator as follows, and enter into ePIP:

- CEHRT Dashboard numerator + Entries in “Opt-Out Patient Audit Log”*

*Only if applicable, not required. To prevent double counting, EPs should ensure patients included in the opt-out audit log are not also included in the CEHRT dashboard numerator.

Objective 5 Exclusions

Exclusions

- **Exclusion:**
 - EP is not required to submit data or meet the measure.
 - EP must submit documentation of how he/she met the exclusion(s).

- **Exclusion for Objective 5 Patient Electronic Access:**
 - No office visits criteria
 - Broadband criteria

Objective 5: Patient Electronic Access (PEA) - Exclusions

- **Measures 1 and 2:** An EP may take an exclusion for either measure, or both, if either of the following apply:
 - The EP has no office visits during the PI (EHR) reporting period.
 - 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.
- Exclusions for this objective are the same as the exclusions in PY 2019.

Broadband Access Exclusion

- For program years 2015-2017 CMS identified the counties in the U.S. who conducted 50 percent or more patient encounters in a county where 50 percent or more of its housing units do not have 4Mbps broadband availability and therefore meet the broadband exclusion.
 - The state of Arizona does not have any counties listed;
 - Therefore, an EP in AZ is not able to meet this exclusion.
- CMS has not published an updated list of the counties; however, the majority of counties in the U.S. has increased their broadband availability and still do not meet the requirements for the exclusion. It is unlikely the broadband availability would have decreased since the CMS tip sheet was published.

CMS Broadband Access Exclusion

Exclusion Documentation Required

- The EP has no office visits during the PI (EHR) reporting period.
 - Must submit documentation supporting that all patients seen by the EP are conducted outside the office.
- Broadband access exclusion
 - Arizona EPs are unable to meet this exclusion per CMS.
 - [CMS Broadband Access Exclusion](#)



Audit Findings

What Happens During an Audit?

- All providers that receive a Medicaid PI incentive payment could potentially be selected by AHCCCS for post-payment audit.
- If selected, AHCCCS post-payment analysts will conduct a thorough review of the documentation attached to the EP's attestation in ePIP to determine if it meets the program requirements*.
- AHCCCS may have follow-up questions or make additional documentation requests.

*Additional documentation may be requested to validate the accuracy of the opt-out patient log.

Common Audit Findings

- The CEHRT dashboard does not show the PI (EHR) reporting period or EP name.
- Failure to maintain documentation and practice no longer has access to the CEHRT.
- Supporting documentation does not have the appropriate dates.
- Including data for the entire practice in the reported CEHRT report rather than data for the individual EP.
- Not uploading the CEHRT dashboard during attestation.

Resources

- [CMS Objective 5 Tip Sheet](#)
- [CMS Broadband Access Exclusion](#)
- [Federal Final Rule - Modified Stage 2 and Stage 3](#)
- [AHCCCS Patient Electronic Access Frequently Asked Questions](#)*
- [Additional Webinar: Objective 5, Patient Electronic Access Open Forum](#)**

*To access the AHCCCS Patient Electronic Access Frequently Asked Questions, click on the links above, then click the drop down arrow labeled “Educational Resources”. The FAQ link is included under the “Tip Sheets” header.

**Register to receive additional information regarding the webinar and come with any questions you have.

Contact Information

Agency	Help With	Email	Phone
AHCCCS	PI Program	EHRIncentivePayments@azahcccs.gov	(602) 417-4333
Health Current	Educational Assistance & Support	ehr@healthcurrent.org	(602) 688-7210

Questions?

Thank You.