Medicaid Promoting Interoperability (PI) Program

Frequently Asked Questions: Program Year 2020 Patient Electronic Access

#	Question and Answer
1	**Q: How does an eligible professional (EP) meet the patient electronic access (PEA) objective?**
	A: An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions for each of the two measures.
2	**Q: What does <u>view online, download, transmit and access through API</u> entail in meeting objective 5 measure 1?**
	A: <u>**View online**</u> means the patient (or authorized representative) is able to access their health information online.
	<u>**Download**</u> means the information can be moved from online to physical electronic media.
	<u>**Transmit**</u> 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.
	<u>**API**</u> is the technology that works behind the scenes to help software programs communicate with each other**.** For patient care, it allows patients to connect to the provider's CEHRT to gather and share health information.
3	**Q: What does "<u>access</u>" entail in meeting objective 5 measure 1?**
	A: A patient should possess all of the necessary information needed to view, download, or transmit his/her 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.
4	**Q: What does "<u>timely</u>" mean in meeting objective 5 measure 1?**
	A: 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.
5	**Q: What is an Application Programming Interface (API)?**
	A: 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."

[A] **[AHCCCS Patient Electronic Access Presentation](#)**
[B] The question applies to objective 5, measure 1 and 2.

#	Question and Answer
6	**Q: What is the difference between an API and an App?**
	A: 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 certified electronic health record technology (CEHRT) via an API. An API "connects" the data from the App and the CEHRT.
7	**Q: To implement an API, does an EP need to fully enable the API functionality?**
	A: Yes, to implement an API, an EP needs to fully enable the API functionality, such that any application chosen by a patient would enable the patient to gain access to their individual health information, provided that the application is configured to meet the technical specifications of the API.
8	**Q: Is an EP able to prohibit patients from using certain applications?**
	A: No, the EP 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.
9	**Q: Are EPs required to offer all four functionalities (view, download, transmit, and access through API) to their patients?**
	A: Yes, EPs are required to make patient health information (PHI) available to the patient via all four functionalities (1) view, (2) download, (3) transmit, and (4) access through API in order to meet the measure.
10	**Q: Are EPs expected to provide patients with detailed instructions on how to authenticate their access through the API?**
	A: Yes, EPs are expected to provide patients with detailed instructions on how to authenticate their access through the API. The EPs have flexibility to determine how the information is communicated to the patients; however, the EP must be able to provide supporting documentation showing how the information was communicated to the patients.
11	**Q: Are EPs expected to provide patients with supplemental information on available applications that leverage the API?**
	A: Yes, EPs are expected to provide the patient with supplemental information on available applications that leverage the API. The EPs have flexibility to determine how the information is communicated to the patients; however, the EP must be able to provide supporting documentation showing how the information was communicated to the patients.

#	Question and Answer
12	**Q: Must an EP have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information?**
	A: Yes, an EP should have identity verification processes to ensure a patient using an application, which is leveraging the API, is provided access to his/her health information. This is similar to how EPs support patient access to view, download, and transmit capabilities.
13	**Q: Does an EP have to offer view, download, transmit, and access through API to his/her patients within 48 hours of the patient visit?**
	A: Yes, an EP must offer all four functionalities (view, download, transmit and access through API) to his/her 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".
14	**Q: Is the EP allowed to leave one or more fields in the patient file blank if there is not information available?**
	A: No, 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.
15	**Q: If a patient has multiple encounters during the PI (EHR) reporting period, does the EP need to provide access to the patient for each encounter?**
	A: Yes, 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 he/she is seen by the EP.
16	**Q: What changed between Program Year (PY) 2019 and 2020 for objective 5, measure 1?**
	A: In PY 2020, the API must be enabled within 48 hours* of the information being available to the EP for each patient so that timely access to his/her health information via the API is an option for the patient. However, in PY 2019, the API can be enabled during or after the PI (EHR) reporting period.
	*AHCCCS recommends that the EP enables the API prior to the start of the PI (EHR) reporting period and ensures that the connection remains uninterrupted throughout the PI (EHR) reporting period.

[A] **[AHCCCS Patient Electronic Access Presentation](link)**
[B] The question applies to objective 5, measure 1 and 2.

#	Question and Answer
17	**Q: What documentation must be submitted to demonstrate that the EP meets objective 5, measure 1?**

	A: The following documents should be submitted to demonstrate the EP meets objective 5, measure 1:
	
	• The EP should submit a CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:
	    o Provider's Name
	    o Numerator**
	    o Denominator
	    o Measure Percentage
	• Copy of instructions provided to patients on how to authenticate their access through the API.
	• Copy of information given to patients on available applications that leverage the API.
	
	*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 in the presentation[A] and FAQs 23 through 25.

18	**Q: Are paper-based actions allowed to be counted in the numerator for objective 5, measure 2?**
	A: No, 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.
19	**Q: What changed between PY 2019 and 2020 for objective 5, measure 2?**
	A: No changes occurred between PY 2019 and 2020 for objective 5, measure 2.
20	**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?**
	A: 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: • The standard and implementation specifications specified in §170.204(b)(3). • The standard and implementation specifications specified in §170.204(b)(4). 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.

[A] **[AHCCCS Patient Electronic Access Presentation](link)**
[B] The question applies to objective 5, measure 1 and 2.

#	Question and Answer
21	**Q: What documentation must be submitted to demonstrate that the EP meets objective 5, measure 2?**

	A: The following documents should be submitted to demonstrate the EP meets objective 5, measure 1:
	
	• The EP should submit a CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:
	    o Provider's Name
	    o Numerator**
	    o Denominator
	    o 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 in the presentation[A] and FAQs 23 through 25.

22	**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?**

	A: 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.
	
	• Objective 5:
	    o §170.315 (e)(1) View, download, and transmit to 3rd party
	    o §170.315(g)(7) Application Access – Patient Selection
	    o §170.315(g)(8) Application Access – Data Category Request
	    o §170.315(g)(9) Application Access – All Data Request
	    o §170.315(a)(13) Patient-specific education resources

23	**Q: Who is an opt-out patient? [B]**
	A: A patient who elects to "opt-out" of electronically accessing his/her health information.
24	**Q: Is the EP allowed to include patients in the numerator if the patient elects to opt-out of participation of patient electronic access? [B]**
	A: 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 [A] must be submitted to support that the patient chose to opt-out of accessing his/her PHI.

#	Question and Answer
25	**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 view, download, transmit or use an API to access their PHI?**
	A: 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.
	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.
	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 is seen by the EP.
26	**Q: Are the exclusions for objective 5, measure 1 and 2 the same? [B]**
	A: Yes, an EP may take an exclusion for one or both measures if any 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. EPs in AZ are not able to meet this exclusion.
27	**Where do I find the latest information available from the Federal Communications Commission (FCC)?**
	A: If an EP is interested in additional information from the FCC regarding broadband information, the EP can visit the [FCC website](). 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 [Broadband Access Exclusion tip sheet]() from CMS to determine if the EP is in a county that is eligible for the exclusion.
	The state of Arizona does not have any counties listed. Therefore, an EP in Arizona is not able to meet this exclusion.