

MU Objective 5: Patient Electronic Access Meeting the API Requirements for PY2020

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Reminder

MAPIR opens for Program Year 2020 on
October 1, 2020

The deadline to submit PY2020 applications is
February 2, 2021

Note: EPs cannot have a PY2019 application and a PY2020 application open at the same time. Their PY2019 application must be completed (paid) before an EP can launch their PY2020 application.

Announcement

PY2020 resources are **now available** in the [MU Toolkit](#) on our website:

- [2020 Supporting Documentation Guide](#)
 - [2020 API Guide](#)
 - [2020 CMS Specification Sheets](#)

Agenda

- Purpose of this Session
- Objective 5: Patient Electronic Access
 - What is an API?
 - API Requirements
- Three Options to Meet the API Requirements
- Entering Data into MAPIR
- Supporting Documentation Requirements
- Supporting Documentation Examples
- Tips for Implementing a Patient Engagement Strategy
- Q & A

Purpose of This Session

We want to help you:

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

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

- Strategies for meeting Objective 5 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 (VDT)** 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

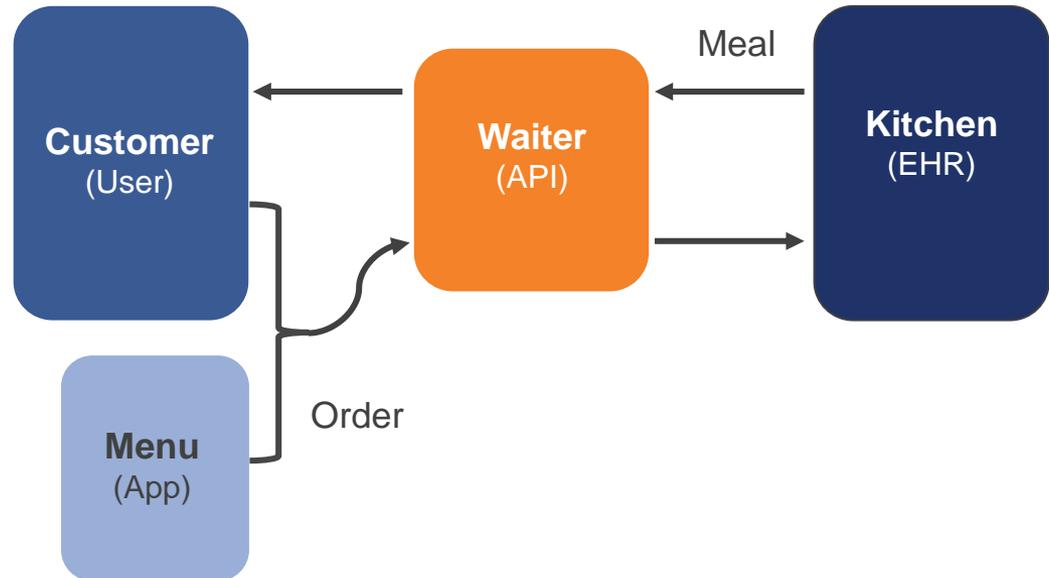
Measure 2* For **more than 35%** of patients, EP must use clinically relevant information from CEHRT to identify **patient-specific educational resources** and provide electronic access to those materials

* 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.

API Requirements

Per CMS requirements, an EP must do the following:

- 1) Before or during the MU Reporting Period, fully enable API functionality that allows patients to use any app of their choice to access their health info
 - EPs may not prohibit patients from using any application, provided the application meets the technical specifications of the API (including security requirements)
- 2) Provide patients seen during the MU Reporting Period with:
 - Detailed instructions on how to authenticate their access through the API, and
 - Supplemental information on available applications that leverage the API
- 3) Provide patients access to their protected health information (PHI) via an API within 48 hours of the PHI becoming available to the EP, each and every time the PHI is generated

Three Options to Meet the API Requirements

Three Options 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**
- (3) API was enabled **during** the MU Reporting Period but the **MU Dashboard did not track API access**
 - Only patients who received **both VDT and API access** can be included in the numerator. For this option, you need to manually calculate your numerator and submit an API Access Audit log of patients who were given both types of access.

NOTE: As always, if you fail to meet the requirements of the MU objectives, you can try using a different MU Reporting Period, but keep in mind that this may change which option you'll need to use for Objective 5 Measure 1, and therefore the supporting documentation required.

When Was Your API Enabled?

First, determine when your API was enabled. If necessary, contact your EHR vendor to obtain this date.

Reporting Period: October 1, 2020 - December 29, 2020

September 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		➔				

October 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					➔	
	➔					

November 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

December 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

➔ **Option 1:**
API enabled **before**
start of reporting period

➔ **Option 2:**
API enabled **during**
reporting period
(EHR tracked API)

➔ **Option 3:**
API enabled **during**
reporting period
(EHR **did not** track API)

Did Your EHR Track API Access?

If you enabled your API after the start of your MU reporting period, you will need to determine whether your EHR's MU Dashboard tracked API access. To do so, conduct the following test:

Review the MU Dashboard for Objective 5 Measure 1 for **any 90-day period that is entirely prior to the API enable date.**

- If the test results in a **numerator equal to 0**, that means that the **EHR tracked both API and VDT**, and the EP must use **Option 2**.
- If the test results in a **numerator other than 0**, that means that the **EHR tracked only VDT and did not track API**, and the EP must use **Option 3**.

Entering Data into MAPIR

Entering Data Into MAPIR

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

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

$$\frac{\text{MU Dashboard numerator} \\ (+ \text{ Entries in "Opt-Out Audit Log" if applicable})}{\text{MU Dashboard denominator}}$$

Entering Data Into MAPIR

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

- (2) If the API was enabled **during** the MU reporting period, the dashboard shows the EP exceeds 80%, and the **EHR tracked both VDT and API access**, enter:

$$\frac{\text{MU Dashboard numerator} \\ (+ \text{ Entries in "Opt-Out Audit Log" if applicable})}{\text{MU Dashboard denominator}}$$

Entering Data Into MAPIR

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

- (3) If the API was enabled **during** the reporting period, the dashboard shows the EP exceeds 80%, but the EHR **only tracked VDT** and **did not track API**, enter:

$$\frac{\text{Entries in API Access Audit Log}^*}{\text{MU Dashboard denominator}}$$

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

* Do not add the MU Dashboard Numerator as that results in double-counting

Supporting Documentation Requirements

Supporting Documentation Requirements

Supporting Documentation is required to demonstrate MU compliance. For more information, please see the following resources:

- [2020 Supporting Documentation Guide](#)
- [2020 API Guide](#)

Standard Supporting Documentation – Measure 1

The standard supporting documentation for Objective 5 Measure 1 is:

- 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 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

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

The Three Options: Supporting Documentation

Reporting Period: October 1, 2020 - December 29, 2020

September 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		➤				

October 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					➤	

November 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

December 2020						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

➤ API enabled before start of reporting period – submit standard supporting documentation

➤ API enabled during reporting period and EHR tracked API – submit standard supporting documentation

➤ API enabled during reporting period but EHR **did not** track API – EP must submit a **letter** and an **API Access Audit Log** for the **API Access Period** (indicated here in orange)

Supporting Documentation Requirements for Option 1

If the EP enabled API **prior to** their MU Reporting Period, 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

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

Supporting Documentation Requirements for Option 2

If the EP enabled API during their MU Reporting Period and their MU Dashboard tracked API access, 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

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

Supporting Documentation Requirements for Option 3

If the EP enabled API **during** their MU Reporting Period, but the **MU Dashboard did not track API access**, 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
- **Letter confirming that you manually calculated the numerator**
- **“API Access Audit Log” for the API Access Period** – see next slide for details

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

API Access Audit Log (Option 3)

EPs who use **Option 3** need to create an API Access Audit Log to demonstrate that patients were provided with API access during the API Access Period.

- The API Access Audit Log must include unique IDs* of patients seen by the EP between the API enabled date and the end of the MU Reporting Period who were provided with:
 - View, Download, and Transmit access and API access within 48 hours of the PHI becoming available, and
 - Both of the following before or within 48 hours of the PHI becoming available:
 - (a) instructions on how to authenticate their access through an API and
 - (b) information on available applications that leverage the API.
- The log must be provided in Excel format, and must also include:
 - date(s) of service
 - date the API instructions and information on available applications were provided
 - the EP's name

* redact any PHI such as patient names

FAQs about the API Access Audit Log (Option 3)

What should the “Service Date” column include?

Only include patient visits that:

- occurred between the API Enable 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.

How can an EP provide the API instructions and information on available applications to patients?

The API instructions and list of apps can be provided via patient handout, email, or patient portal.

NOTE: EPs must provide the API instructions and list of apps to all Opt-Out patients too. If the API instructions and list of apps are typically provided via a patient portal, you must provide them to Opt-Out patients using another means, because they won't be able to view them in the portal.

When must View, Download, Transmit (VDT) Access and API Access be provided and what must it include?

- VDT and API Access must be provided within 48 hours of the PHI becoming available.
- VDT and API Access must include View, Download, Transmit, and API Access.

FAQs about the API Access Audit Log (Option 3)

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

- The VDT instructions must be provided before or within 48 hours of the PHI becoming available.
- The VDT instructions must include all necessary information needed to View, Download, or Transmit the patient's PHI.
 - The EP must provide VDT instructions 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 the PHI becoming available.
- Include the instructions 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.

Standard Supporting Documentation – Measure 2

The standard supporting documentation for Objective 5 Measure 2 is:

- 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.

Additional Information about Supporting Documentation for Objective 5

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 those patients to the numerator

Supporting Documentation Examples

Supporting Documentation Examples – Documentation of API Enable Date (screenshot)

The screenshot shows a web application interface with a table of data. The table has a teal header and a white body. The header row contains the following columns: Product, Activated, Actions, Last Action, and Last Message. The first row of data shows a product named 'FHIR' with a lead status of '-', an activation date of '06/11/2019 (0)', and a green plus icon in the Actions column. A red circle highlights the 'Activated' column for this row.

Product	Activated	Actions	Last Action	Last Message
FHIR Lead Status :-	06/11/2019 (0)			--

Supporting Documentation Examples – Documentation of API Enable Date (vendor letter)

letter date

EHR vendor name/logo

Dear Practice Contact,

EHR Vendor **has enabled API functionality** for EHR name/version based on the requirements associated with §170.315(g)(7), §170.315(g)(8), and §170.315(g)(9). The Developer Portal gives EHR Vendor clients and third-party health IT companies access to our APIs and sandbox environment to develop integrated solutions that will enhance the value and functionality offered by EHR Vendor services. These criteria were initially certified in December 2018 and the applicable APIs were available on or before **January 1, 2019.**

Additionally, EHR Vendor makes patient data automatically integrated in the Patient Portal, which also allows patients to view, download, and transmit their health information as required by §170.315 (e)(1): View, Download, and Transmit to 3rd Party.

Sincerely,

signature, name and
title of authorized official

Supporting Documentation Examples – Sample copy of instructions provided to patients on how to authenticate their access through an API

If you are new to Patient Portal, complete your enrollment by following these steps:

1. Follow the link below to Patient Portal. <https://www.EHR.com/Enroll>
2. Enter your enrollment token, your last name, date of birth, and email address. Select "Sign up for a new account" on the following screen.
3. Create a username and password. Make sure your username and password meet the requirements listed on the screen.
4. Select five security questions from the list and provide your answer for each question. These will be used for password reset security.

If you already have a Patient Portal account, you can enroll in multiple practices by following these steps:

1. Follow the link below to Patient Portal. <https://www.EHR.com/>
2. Log in to the Patient Portal website using your original username and password. Remember that your password is case sensitive.
3. From the Menu on the left, under **My Account**, click the **Manage Practices** link to go to the multiple practice enrollment page.
4. Enter your newly assigned enrollment token, date of birth, and email address.

Your Patient Portal account enables you to access your data through other apps and web sites using the API.

Go here for more information. <http://EHR.com/patientAPI>

API
7/2/17
↓

Supporting Documentation Examples –

Sample copy of instructions provided to patients on how to authenticate their access through an API and where to find a list of apps

Dear Patient,

Below you will find some helpful information regarding applications that have the ability to interface with your electronic patient portal account. This ability is based on an **Application Program Interface (API)** which allows patients to access their health information through a variety of applications that meet the technical specification and security requirements of API. The choice of which applications you utilize is entirely up to you!

How the Fast Healthcare Interoperability Resources (FHIR) API can help you:

FHIR API enables you to access your health information by logging into an authenticated third-party application (either Web-based or a smartphone application) using your [EHR](#) Patient Portal credentials. Once your account is synced, the authenticated third-party application will be able to import your health information and apply it within the application as needed.

[EHR](#) has a team that authenticates and validates each application developer that wants to leverage the [EHR](#) FHIR API. Each third-party application is screened before being approved to interact with the API.

How to get started with an API:

- Download the authenticated third-party application
- Log in using your [EHR](#) Patient Portal credentials
- After your credentials have been verified, the application will sync with your health care information.

A list of available applications can be found on our website at [website](#), under the *Resources* tab.

Supporting Documentation Examples – Sample copy of instructions provided to patients on how to authenticate their access through an API

Accessing Your Health Information Using Phone Apps

Background

If you have an active **Patient Portal** account you can now access your health information using 3rd party applications. **PHI** available to the apps is identical to **PHI** available on your **Patient Portal** account. The full list of compatible apps is available here: <https://www. org/list-of-applications-compatible-with->

Workflow

Once you select and download a compatible app you will be directed to your **Patient Portal** login page where you will login and establish your identity.

You will then be taken to the authorization page, where information about the third-party app and a list of permissions requested by the app is displayed. You can then authorize or deny the app's request to access your **data**.

Here's an example of what the authorization page looks like:

Insert screenshot here

Supporting Documentation Examples – Sample Letter for Option 3

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

Supporting Documentation Examples – Sample API Access Audit Log (Option 3)

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

Additional Information about Supporting Documentation for Objective 5

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

Sample Opt Out letter and
Opt Out log

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

Additional Information about Supporting Documentation for Objective 5 Measure 2

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

Sample Educational Email letter and Educational Email log

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

Tips for Developing a Patient Engagement Strategy

Tips for Developing a Patient Engagement Strategy

- Design your strategy for using Patient Portals and Mobile Apps
 - How can apps enhance your ability to provide care and engage patients?
- Talk to your EHR Vendor to:
 - Get their API Technical Specification
 - Get a list of Mobile Apps the vendor knows work well
- Review and select Mobile Apps:
 - Which apps would enable your strategy?
 - What would your patients be likely to use?
- Implement your strategy
 - Define and set up the technical inputs/outputs of the VDT, Secure Messaging, etc.
 - Define and set up the workflow process that enables its use
- Recommend the Patient Portal and Mobile Apps to your patients
 - Physician discussion, pamphlet, website, etc.
 - Give patients the API instructions so they can use 3rd party apps

Questions

Questions?

Contact Us



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