![CORHIO - Colorado Regional Health Information Organization | Colorado Medicaid EHR Incentive Program | Program Update]

March 23, 2020

The Department of Health Care Policy and Financing (the Department) understands incentive program practices are busier than normal at this time due to the pandemic but we wanted you to have this important information to make your attestation successful.

New Documentation Required for Objective 5
The Colorado Medical Assistance Provider Incentive Repository (MAPIR) will be available and accepting Medicaid Eligible Professional attestations for Program Year (PY) 2019 beginning March 23, 2020 and closing June 22, 2020. The Department encourages participants to be prepared to help make attesting to PY 2019 as smooth as possible.

In the [February](#) issue of the Medicaid EHR Incentive Program newsletter the main discussion topic centered around Patient Electronic Access to Health Information (objective 5). Participants were made aware of new documentation requirements for objective 5 for PY 2019. All Standard documentation for objective 5 will be required for upload to support the attestation. The February issue of the newsletter eluded to post payment audit additional documentation requirements. The below information will better prepare participants for post payment audits concerning Patient Electronic Access to Health Information.

Post Audit Procedures for Objective 5
Participants who are selected for post payment audit for Patient Electronic Access to Health Information (objective 5) for PY 2019 will require additional documentation separate from the standard documentation. Objective 5 has two measures, and both will require documentation. Primary for post payment audit purposes participants focus should be on measure 1.

Objective 5
The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

An EP must satisfy both measures for this objective through a combination of meeting the thresholds and exclusions:

Measure 1: For more than 80 percent of all unique patients seen by the EP:

> (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit (VDT) his or her health information; and

> (2) 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)

Why the Need for Additional Documentation?
As a result of the Centers for Medicare and Medicaid Services (CMS) flexibility the Department was made aware of Certified Electronic Health Record Technology (CEHRT) issues for objective 5 such as:

- API access was not enabled in the EPs CEHRT
- Large number of EPs were not able to exceed the 80 percent threshold
- Some 2015 edition CEHRTs were not properly tracking whether API access was enabled
- Some 2015 edition CEHRTs were only tracking the data for VDT

Outlined below are four scenarios for Objective 5, Measure 1 to meet API requirements. Please note each scenario will require different types of documentation. Please follow the link indicated for each scenario for more information and to find what scenario each participant will fall under.

Scenarios 1-4

1. For EPs who enabled Application Programming Interface (API) prior to Meaningful Use (MU) reporting period, and their dashboard shows they exceed the 80 percent threshold standard documentation is required (listed below). See scenario 1 for more information.

2. For EPs who enabled the API during their MU reporting period, and their MU dashboard shows they exceed the 80 percent threshold and the MU dashboard tracked API access, your dashboard reflects both View Download and Transmit (VDT) and API access, and you meet the measure. In this case, submit the standard documentation (listed below). See scenario 2 for more information.
   If your dashboard report did not track API access additional supporting documentation is required see scenario 4.

3. For EPs who enabled API during or after their MU reporting period, but their MU dashboard report shows they DID NOT exceed the 80 percent threshold and 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 View Download Transmit (VDT) nor API. In this case additional supporting documentation is required.
   - Standard documentation
   - VDT and API Audit Log for the gap period only
   - Letter confirming that you added patient visits to the numerator to exceed the 80 percent
   See scenario 3 for more information.

4. For EPs who enabled API during or after their MU Reporting Period, and their MU dashboard report shows that they exceed the 80 percent threshold and the MU dashboard report did not track API access, your dashboard reflects only VDT. In this case additional supporting documentation is required.
   - Letter confirming that you manually calculated the numerator
   - API Audit Log for the entire MU reporting period
   See scenario 4 for more information.

Standard documentation is required for pre-payment-and post-payment audits (listed below). Only participants selected for post-payment audit will be required to submit additional documentation such as an API Audit Log or VDT and API Audit Log. Please read over the Standard Documentation listed and review the API Audit Log or VDT and API Audit Log information if selected for post-payment audit.

Standard Documentation

Standard Documentation (listed below) for Patient Electronic Access to Health Information objective is required for upload into the MAPIR system (also known as the CO Registration and Attestation). Although some participants will be required to submit more documentation to meet requirements for this objective the standard documentation is still required and listed below.

1) An EHR-generated CEHRT MU dashboard report for the selected MU reporting period that shows the EP's name, numerator, denominator and percentage.

2) Confirmation from the CEHRT vendor indicating:
   a. Date API was enabled in the CEHRT and
   b. Whether the CEHRT MU dashboard includes just VDT **or** VDT and API in the numerator of Objective 5, Measure 1.

3) A copy of the instructions given to patients on how to authenticate their access through the API.

4) A copy of the list given to patients of the available applications that leverage the CEHRT's API.

Differences Between the API Audit Log and the VDT and API Audit Log

The API Audit and the VDT and API Audit logs are needed to identify patients that were seen during the MU reporting period for audit purposes. In some cases, the EHR only tracked VDT therefore, API access will need to be tracked and completing the below logs patients can be accounted for during the MU reporting period. In other cases, the EHR only tracked API access once it was enabled and this date could be during or after the MU reporting period leaving a gap period where patient access to VDT and API was not tracked.

By completing the specified logs below based on what above scenario you are in, you will need to upload to support the submitted attestation.

API Audit Log

The reason participants will need to complete an API Audit Log is because the MU dashboard report did not track API access and only reflects VDT. The API Audit Log will need to be completed for the entire MU reporting period and include patient visits that occurred during the MU reporting period. Only include patient visits that were included in the numerator of the MU dashboard report. Please follow this link to find more information on the API Audit Log or to complete the API Audit Log published on the CORHIO website.

VDT and APT Audit Log

The VDT and API Audit Log is for participants that enabled the API during or after the MU reporting period but *did not* exceed the 80 percent threshold for Measure 1. The MU Dashboard report tracked API access once it was enabled and 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. The VDT and API Audit Log will need to be completed to cover the gap period only. Please follow this link to find

more information on VDT and API Audit Log or to complete the VDT and API Audit Log published on the CORHIO website follow the link below.

Test to Determine if the MU Dashboard Report Tracked API
Many participants wonder how to know if their Electronic Health Record (EHR) system tracked API access or VDT only during the MU reporting period. Participants can use a test to determine whether the CEHRT tracked API access if the API was enabled during or after the MU reporting period. Please follow this link to find out how to test your EHR system.

Resources for Program Year 2019
Many resources for participants are available on the CORHIO website to help participants attest for PY 2019. Participants can find required PY 2019 workbooks, API Audit Log and VDT and API Audit Log and Patient Electronic Access (objective 5) FAQs. New, on-demand webinars available for participants to view. The webinars include information on eligibility and reporting periods, updating the CMS registration, enhancements to MAPIR, and suggested documents to support an attestation. Make sure to watch these short, informative webinars to prepare for PY 2019 attestation!

For questions regarding program requirements, eligibility and Meaningful Use, contact:
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Medicaid Program Point of Contact and Partnerships
The Department of Health Care Policy and Financing has partnered with CORHIO to provide program coordination and assist with provider communications and outreach regarding the Medicaid EHR Incentive Program. The Medicaid EHR Incentive Program Coordinator is the central point of contact for EPs, EHs, partners and other interested parties regarding requirements and processes. Inquiries concerning the Medicaid EHR Incentive Program can be sent to MedicaidEHR@corhio.org or by calling (720) 285-3232.