February 27, 2020

New Documentation Requirements for Program Year 2019

This spring, Colorado will be opening the MAPIR system (also known as the CO Registration & Attestation system) for the Medicaid EHR Incentive Program Year (PY) 2019. Eligible Professionals can begin attesting for PY 2019 on March 23, 2020 at 8:00 AM through June 22, 2020 at 11:59 PM.

With the new Program Year comes new requirements for documentation. For example, Patient Electronic Access to Health Information (Objective 5) for PY 2019 will require documentation that has not been previously necessary. Although Objective 5 has two measures—both requiring documentations—the below information will focus on measure 1 (listed below).

Because the Centers for Medicare and Medicaid Services (CMS) offers flexibility on this objective, participants will have different ways to meet 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)

**CMS Flexibility**

The word “timely” was described by CMS as applying to the availability of data via an Application Program Interface (API), as well as the VDT within 48 hours of being available to the EP.

EPs will be granted flexibility on meeting the second part of this measure for PY 2019 only if they:

1. Have enabled an API during the calendar year of the reporting period,
2. Make data available via that API for 80 percent of the patients seen during their reporting period,
3. Provide those 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, and
4. Maintain availability of the API, e.g., it can’t be turned on for a limited period of time and then disabled.

Under the CMS flexibility, the API can be enabled before, during or after the Meaningful Use (MU) reporting period. Some participants may feel they don’t meet the threshold requirement of 80 percent for measure 1. Participants who enabled the API during or after the MU reporting period and did not meet the 80 percent threshold and attest to PY 2019 will be subject to audit. Participants will need additional documentation if selected for post payment audit. The documents required will be addressed in a subsequent newsletter.

**Standard Documentation Required for Upload**

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

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

* If the CEHRT vendor cannot provide timely confirmation of how the dashboard calculates the numerator of Objective 5 measure 1, the provider may conduct a "quick test" to determine what the MU dashboard includes in the numerator of this measure. See [tip sheet](#) for details regarding quick test.

The Eligible Professional Attestation Checklist has been updated to reference Patient Electronic Access to Health Information (Objective 5) documentation requirements.

**Resources**

PY 2019 new updated EP Attestation Check List and workbooks are available on the CORHIO website to help participants prepare for attestations and documentation requirements. Keep in mind that past PY workbooks are not applicable to current PYs and resource documents may change at the Department’s request. New webinars will soon be available on the CORHIO website including: How to Register at CMS for the Medicaid EHR Incentive Program, Eligibility and Reporting, New Screens for PY 2019 and Suggested Documents to Support an Attestation.
For questions regarding program requirements, eligibility and Meaningful Use, contact:

Medicaid EHR Incentive Program Coordinator
Kelly Hernandez
(720) 285-3232
MedicaidEHR@corhio.org

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.