



Patient Electronic Access Objective for Meaningful Use

Presented by: Priscilla Clark with Myers and Stauffer LC

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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 2018 and Program Year 2019.
- 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.
- **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).

Changes from Modified Stage 2 (2018) to Stage 3 (2019)

- This measure was formerly objective 8 in Program Year 2018 for modified stage 2. It is now objective 5, measure 1 in Program Year 2019 for stage 3.
- The threshold increased from 50% to 80%.
- Starting in stage 3, patient health information must be accessible via an Application Programming Interface (API).

What is an Application Programming Interface (API)?

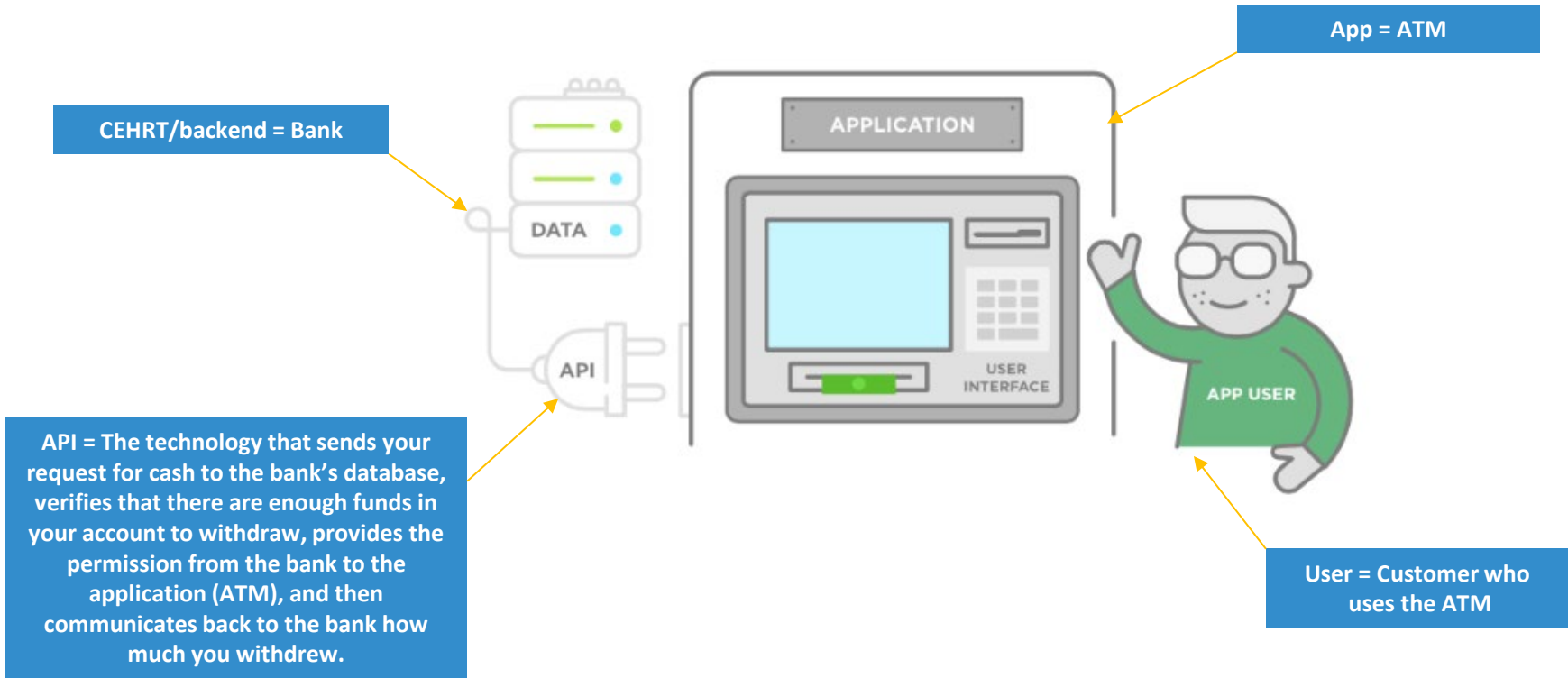
- **API:** A set of programming protocols established for multiple purposes. APIs may be enabled by a provider or provider organization to provide patients with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.”

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



CMS Flexibility on API Requirements

- CMS originally intended to require EPs to:
 - Enable their API **before or during** the EP's PI (EHR) reporting period (during the period was 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.

CMS Flexibility on API Requirements

- However, CMS made an exception:
 - The word “timely” used in objective 5, measure 1 was unclear because it did not specify that the availability of data via VDT as well as an API should be made available within 48 hours.
 - **CMS has clarified the wording for Program Year 2020 and the flexibility for this measure only applies to Program Year 2019.**
- Under the Program Year 2019 CMS Flexibility:
 - **API no longer has to be enabled before or during** the PI (EHR) reporting period.
 - The requirement to make patient health information (PHI) available via API access within 48 hours is waived.
 - EPs now just have to enable API **by December 31, 2019** for PY 2019.
 - Note: EPs still have to make PHI available to patients via VDT within 48 hours, just not via API.

CMS Flexibility on API Requirements

- EPs were required to do all of the following by December 31, 2019:
 - Enable an API that provides patients with API access to their health information.
 - Provide patients seen during the EP's PI (EHR) reporting period with:
 - Instructions on how to authenticate their access through the API, and
 - Information on available applications that leverage the API.
 - Maintain availability of the API. The API cannot be turned on for one day and then disabled.

API CEHRT Issues

- As a result of the CMS flexibility, Arizona has become aware the following CEHRT issues:
 - Many EPs learned that API access was not enabled in their 2015 Edition CEHRT.
 - Many EPs were unable to exceed the 80% threshold for API access.
 - Not all 2015 edition CEHRTs were properly tracking whether API access was enabled. Some CEHRTs were only tracking the data regarding VDT.
 - Example: A CEHRT dashboard might show a percentage over 80%, but the dashboard is only tracking the VDT and does not consider whether an API was enabled.

Documentation Requirements for Measure 1

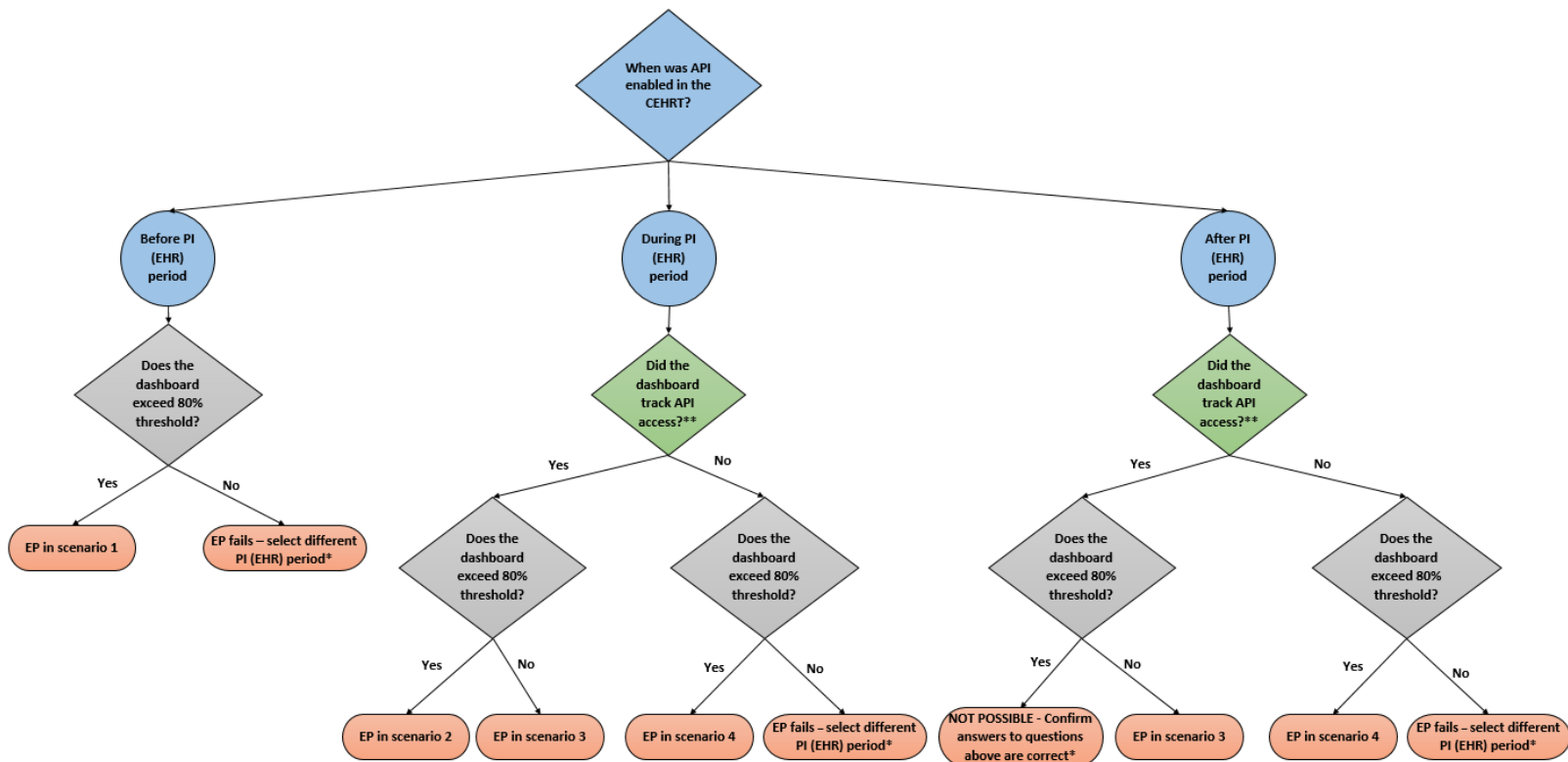
- We strongly recommend every EP reviews his/her CEHRT dashboard **NOW**, so that each EP knows the following:
 - What PI (EHR) reporting period offers the best performance on all MU objectives.
 - What supporting documentation requirements the EP will need to meet upon attestation.
- There are four possible scenarios for EPs reporting on the stage 3 objective 5, measure 1 in Program Year 2019.
- If the EP is unsure which scenario applies to them, reach out to AHCCCS for assistance.
- The following slides contain the documentation requirements for each of the four possible scenarios.

Four Scenarios* to Meet the API Requirements

- (1) API was enabled prior to the start of the PI (EHR) reporting period and the EP exceeds 80%.
- (2) API was enabled during the PI (EHR) reporting period, the CEHRT dashboard tracked API access, and the EP exceeds 80%.
- (3) API was enabled during or after the PI (EHR) reporting period, the CEHRT dashboard has a value less than 80%, and the CEHRT dashboard tracked API access.
- (4) API was enabled during or after the PI (EHR) reporting period and the CEHRT dashboard **incorrectly** shows a percentage above 80% threshold because the CEHRT dashboard is only tracking VDT and did not track API.

*If the EP does not fall into any of these scenarios, the EP has failed to meet the requirements of objective 5, measure 1. We recommend trying a different PI (EHR) reporting period, but keep in mind that this may change which scenario the EP falls into and hence the supporting documentation required.

**The inclusion of patients that opted out of the patient portal may change the scenario the EP is in. Further detail regarding opt-out patients is discussed later in the presentation.



*An EP may still meet the threshold if the EP used the opt-out patient method. Further detail regarding opt-out patients is discussed later in the presentation.

**To determine the answer to this question, conduct the test on the following slide. If the EP is still unsure whether the CEHRT dashboard is tracking API access, confirm with the CEHRT vendor.

Determining Which Scenario the EP Meets

- If API was enabled during or after the PI (EHR) reporting period, the EP needs to determine whether the CEHRT tracked API access.
- To determine whether the CEHRT’s dashboard tracked API access, conduct the following **test**:
 - Step 1) Obtain the API enable date. *If necessary, contact the CEHRT vendor to obtain this date.*
 - Step 2) Review the Patient Electronic Access measure 1 dashboard for any 90-day period that is entirely prior to the API enable date.
- Test results for measure 1:
- If the test results in a numerator **equals 0**, the CEHRT tracked both API and VDT, and the EP falls into either Scenario 2 or Scenario 3 described on the previous slide.
- If the test results in a numerator **other than 0**, the CEHRT tracked only VDT, and the EP falls into Scenario 4.

[Patient Electronic Access – API Documentation Requirements*](#)

*To access the API Documentation Requirements tip sheet click on the link above, then click the drop down arrow labeled “Educational Resources”. The API Documentation Requirements link is included under the “Tip Sheets” header.

Illustration of Test

- **Step 1) Obtain API enable date:** For our example, the API enable date is **7/2/2019**.
- **Step 2) Select any 90-day test period entirely prior to the API enable date.** For our example, the test period is **4/3/2019 – 7/1/2019**.

Note that this period does not need to be the PI (EHR) period the EP intends on using for meaningful use.

Illustration of test results on following slide.

Note: All 2015 CEHRTs are programmed to capture VDT as part of the certification process. The issue at hand is that API access is not always enabled.

Illustration of Test *Continued*

- **Test Results Explained:** There are 5 patients who were provided timely access to view, download, transmit data in the **4/3/2019 – 7/1/2019** test period.
 - **Measure Numerator:** Number of unique patients who were provided timely access to view, download, transmit data **AND** their data was accessible through API.
 - **Test results of 0** in the numerator mean the CEHRT was programmed to capture the view, download, transmit (VDT) function for these 5 patients AND was programmed to capture API accessibility. Since the API was not enabled until 7/2/2019, after the end of the test period, the CEHRT **accurately** calculated a numerator of 0.
 - **Test results of 5 (greater than 0)** in the numerator mean the CEHRT was programmed to capture the view, download, transmit (VDT) function AND was NOT programmed to capture API accessibility. Since the API was not enabled until 7/2/2019, after the end of the test period, the CEHRT is **inaccurately** reporting a numerator of 5.

Note: All 2015 CEHRTs are programmed to capture VDT as part of the certification process. The issue at hand is that API access is not always enabled.

Standard Documentation Required for ALL Scenarios*

- A CEHRT-generated dashboard** for the selected PI (EHR) reporting period that shows the following:
 - **Provider's Name**
 - **Numerator**
 - **Denominator**
 - **Measure Percentage**
- Documentation supporting API was enabled must show the following:
 - **API enabled date**
 - **Provider/Practice/Location Name**
 - Documentation can be submitted in different formats
 - CEHRT screenshot with enabled date and provider name
 - Vendor letter confirming the date the API was enabled
- 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.

*Additional documentation may be required in addition to what is identified above depending on the scenario the EP is in.

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

Documentation Required (Scenario 1)

Scenario 1: EPs who enabled API prior to the start of the PI (EHR) reporting period and exceed the 80% threshold.

- Standard documentation required (*described on slide 22*).
- No additional documentation needed for this scenario unless the EP is using the opt-out patient method.

Documentation Required (Scenario 2)

Scenario 2: EPs who enabled the API during the PI (EHR) reporting period, the CEHRT dashboard tracked API access, and the EP exceeds the 80% threshold.

- Standard documentation required (*described on slide 22*).
- No additional documentation needed for this scenario unless the EP is using the opt-out patient method.

Documentation Required (Scenario 3)

Scenario 3: EPs who enabled the API during or after* the PI (EHR) reporting period, the CEHRT dashboard has a value less than 80%** , and the CEHRT dashboard tracked API access.

EP CEHRT dashboard may be misleading and EP may actually meet measure.

- This scenario creates a “gap period” between the start of the PI (EHR) reporting period and the API enabled date, where the dashboard did not capture unique patients in the numerator. The inclusion of these missing patients may allow the EP to meet the minimum threshold.
- Submit the following documents:
 - Standard documentation required (*described on slide 22*).
 - Letter confirming that the EP added patient visits to the numerator to exceed the 80%.
 - “VDT and API Audit Log” for the gap period.

*If API was enabled after the PI (EHR) reporting period, the audit log must reflect only patients seen during the reporting period.

** If the EP used the opt-out patient method to meet the measure threshold additional supporting documentation is required.

VDT and API Audit Log Example

Patient ID	Patient DOB	Provider	Service Date	Date VDT Access Provided	Date API Documentation Provided
111	9/9/2000	Dr. Oz	10/1/2019	10/1/2019	11/3/2019
112	3/21/1996	Dr. Oz	10/2/2019	10/2/2019	11/3/2019
113	5/2/1985	Dr. Oz	10/3/2019	10/3/2019	11/3/2019
114	6/4/1990	Dr. Oz	10/4/2019	10/4/2019	11/3/2019
115	7/2/1995	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
116	10/11/1975	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
117	5/9/1965	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
118	11/20/1973	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
119	8/9/1983	Dr. Oz	10/10/2019	10/10/2019	11/3/2019
120	12/2/1979	Dr. Oz	10/10/2019	10/10/2019	11/3/2019

- 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 email sent to Patient ID 116.

VDT and API Audit Log Explanation

- Determine gap period (dates between the start of the PI (EHR) reporting period and the API access enable date).
 - Include patient visits that occurred during the gap period.
 - Do not include patient visits that occurred after the PI (EHR) reporting period.
 - Do not include patient visits that were included in the numerator of the dashboard for objective 5, measure 1.
- The “Service Date” column should include the date of the patient visit.
- “Date VDT Access Provided” column includes the date the patient was able to VDT PHI which should be within 48 hours of the service date.
- “Date API Documentation Provided” column includes the date instructions to authenticate API and the list of available applications was sent to the patient. This can be provided via mass mailer, emails, patient portal, or other means as long as this was done by December 31, 2019.
- ePIP Attested Numerator = CEHRT Dashboard Numerator + Entries in VDT and API Audit Log + Entries in Opt-Out Patient Audit Log* (if applicable)

*If using the opt-out patient method, track these patients via an Opt-Out Patient Audit Log, DO NOT include them in the VDT and API Audit Log because that results in double-counting. Additional detail regarding opt-out patient method is discussed later in the presentation.

Revised Calculation with VDT and API Audit Log (Scenario 3)

ePIP Attested Numerator = CEHRT Dashboard Numerator + Entries in VDT and API Audit Log +
Entries in Opt-Out Patient Audit Log* (if applicable)

Example:

CEHRT Dashboard Numerator = 25

CEHRT Dashboard Denominator = 200

CEHRT Dashboard Percentage = 12.5% (*less than 80% requirement*)

Entries in VDT and API Audit Log = 150 entries

Entries in Opt-Out Patient Audit Log = 10 entries

ePIP Attested Numerator for Measure 5.1 = 185

ePIP Attested Denominator for Measure 5.1 = 200

Corrected Percentage = 92.5% (*above 80% requirement*)

Documentation Required (Scenario 4)

Scenario 4: API was enabled during or after the PI (EHR) reporting period and the CEHRT dashboard **incorrectly** shows a percentage above 80% threshold because the CEHRT dashboard is only tracking VDT and did not track API.

EP CEHRT dashboard may be misleading and EP will not meet measure without additional support.

- This scenario requires the EP to create an “API Audit Log” to demonstrate that patients in the numerator were provided with API access during the PI (EHR) reporting period.
- Submit the following documents:
 - Standard documentation required (*described on slide 22*).
 - “API Audit Log” for the entire PI (EHR) reporting period.

API Audit Log Example

Patient ID	Patient DOB	Provider	Service Date	VDT Access Provided	Date API Documentation Provided
111	9/9/2000	Dr. Oz	10/1/2019	Yes	11/3/2019
112	3/21/1996	Dr. Oz	10/2/2019	Yes	11/3/2019
113	5/2/1985	Dr. Oz	10/3/2019	Yes	11/3/2019
114	6/4/1990	Dr. Oz	10/4/2019	Yes	11/3/2019
115	7/2/1995	Dr. Oz	10/10/2019	Yes	11/3/2019
116	10/11/1975	Dr. Oz	10/10/2019	Yes	11/3/2019
117	5/9/1965	Dr. Oz	10/10/2019	Yes	11/3/2019
118	11/20/1973	Dr. Oz	10/10/2019	Yes	11/3/2019
119	8/9/1983	Dr. Oz	10/10/2019	Yes	11/3/2019
120	12/2/1979	Dr. Oz	10/10/2019	Yes	11/3/2019

- The API Audit Log must include only patient visits that were included in the CEHRT dashboard numerator where VDT access was provided within 48 hours of the patient visit.
- 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 email sent to Patient ID 116.

API Audit Log Explanation

- Include in the API Audit log patient visits that occurred during the PI (EHR) reporting period.
 - Do not include patient visits that occurred after the PI (EHR) reporting period.
 - Only include patient visits that were included in the numerator of the dashboard for objective 5, measure 1.
- The “Service Date” column should include the date of the patient visit.
- In the “VDT Access Provided” column, mark with a “Yes” to confirm that the patient had access to VDT PHI within 48 hours. *(If VDT not met, mark as “No”)*
- “Date API Documentation Provided” column includes the date instructions to authenticate API and the list of available applications was sent to the patient. This can be provided via mass mailer, emails, patient portal, or other means as long as this was done by December 31, 2019.
- ePIP Attested Numerator = Entries in API Audit Log + Entries in Opt-Out Patient Audit Log* (if applicable)

*If using the opt-out patient method, track these patients via an Opt-Out Patient Audit Log, DO NOT include them in the API Audit Log because that results in double-counting. Additional detail regarding opt-out patient method is discussed later in the presentation.

Revised Calculation with API Audit Log (Scenario 4)

ePIP Attested Numerator = Entries in API Audit Log + Entries in Opt-Out Patient Audit Log* (if applicable)

Example:

CEHRT Dashboard Numerator = 175

CEHRT Dashboard Denominator = 200

CEHRT Dashboard Percentage = 87.5% (*above 80% requirement*)

Entries in API Audit Log = 160 entries

Entries in Opt-Out Patient Audit Log = 10 entries

ePIP Attested Numerator for Measure 5.1 = 170*

ePIP Attested Denominator for Measure 5.1 = 200

Corrected Percentage = 85% (*meets 80% requirement*)

* Numerator decreased because the CEHRT dashboard did not account for whether access was available via API.

Example

Reporting Period: September 23, 2019 - December 21, 2019

September 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	➤					

October 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	➤					

November 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

December 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	➤					

- **Scenario 1:** API enabled before start of reporting period
- **Scenario 2:** API enabled during reporting period, and EP exceeds 80% and EHR tracked API
- **Scenario 3:** API enabled during or after reporting period and EP at less than or equal 80% and EHR tracked API
- **Scenario 4:** API enabled during or after reporting period and EP dashboard incorrectly shows at or above 80% threshold and EHR only tracked VDT and **DID NOT** track API

Entering Data Into ePIP

For each scenario, calculate the numerator as follows, and enter into ePIP:

- **Scenario 1:** CEHRT Dashboard numerator + Entries in “Opt-Out Patient Audit Log”*
- **Scenario 2:** CEHRT Dashboard numerator + Entries in “Opt-Out Patient Audit Log”*
- **Scenario 3:** CEHRT Dashboard numerator + Entries in “VDT and API Audit Log” + Entries in “Opt-out Patient Audit Log”*
- **Scenario 4:** Entries in “API Audit Log” + Entries in “Opt-Out Patient Audit Log”*

*Only if applicable, not required.



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.

Changes from Modified Stage 2 (2018) to Stage 3 (2019)

- This measure was formerly objective 6 in Program Year 2018 for modified stage 2. It is now objective 5, measure 2 in Program Year 2019 for stage 3.
- The threshold increased from 10% to 35%.
- Paper-based actions are no longer allowed to be counted. EPs may still provide paper-based educational materials, but they may no longer be included in measure calculations.

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

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

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, the VDT and API Audit Log, or the API Audit Log.
- 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 they opt-out.

Objective 5 Exclusions

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 Program Year 2018 modified stage 2.

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 sufficient documentation
 - Show that the EP conducted 50 percent or more of the patient encounters in the eligible county.
 - The county shows that 50 percent or more of its housing units do not have 4Mbps broadband availability on the first day of the PI (EHR) reporting period.



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 each of the three audit log types.

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](#)*
- [Patient Electronic Access – API Documentation Requirements](#)*

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

Questions?

Thank You.