MAPIR 6.2 Attestation Instructions

Attestation deadline for Program Year 2019 is March 31, 2020.


Measure 1: For more than 80% of patients:
1. the patient is provided timely access to view, download, and transmit their health information; and
2. the patient’s health information is available for the patient to access using any app of their choice configured to meet the technical specifications of the Application Programming Interface (API) in the provider’s Certified Electronic Health Record Technology (CEHRT).

Note: When patient declines to participate in electronic access to their health information and/or education, and elects to opt out of participation, that patient must still be included in the denominator. If EP elects or needs to count opt out patients in the numerator to meet the threshold for Measure 1 and/or 2, the patient (or their authorized representative) must have been provided with instructions on how to access their information or how to opt back in without further follow-up action required by the EP.

Per CMS: An API is a 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. For example, patient portals are often interfaced to the EHR via an API.

Ways to Meet the API Requirements:
1. API was enabled before the start of the Meaningful Use (MU) reporting period.

Supporting documentation, submit the following:
A. 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.
B. Documentation that shows an API was enabled during the MU reporting period.
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C. Copy of instructions provided to patients on how to authenticate their access through an API.

D. Copy of the information given to patients on available applications that leverage the API.

2. API was enabled during the MU reporting period, the MU dashboard tracked API access, and the EP exceeds 80%.
   - If the MU Dashboard tracked API access, your dashboard reflects both VDT and API access, and you meet the measure.

   **Supporting documentation, submit the following:**
   A. 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.
   B. Documentation that shows an API was enabled during the MU reporting period.
   C. Copy of instructions provided to patients on how to authenticate their access through an API.
   D. Copy of the information given to patients on available applications that leverage the API.

3. API was enabled during or after the MU reporting period, the MU dashboard has a value less than or equal to 80%, and the MU dashboard tracked API access.
   - This scenario results in a gap period when neither View, Download, Transmit (VDT) nor API was tracked, and you must create a VDT and API Audit Log to demonstrate that patients seen during the gap period received both types of access.

   **Supporting documentation, submit the following:**
   A. 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.
   B. Documentation that shows an API was enabled during or after the MU reporting period.
   C. Copy of instructions provided to patients on how to authenticate their access through an API.
   D. Copy of the information given to patients on available applications that leverage the API.
   E. Letter confirming that you added patient visits to the numerator to exceed the 80%.
   F. VDT and API Audit Log for the gap period. [You must submit a single Audit Log that includes both VDT Access and API Documentation (i.e. a single tab in an Excel spreadsheet)].

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Note: If API was enabled after the end of the MU reporting period, the log must reflect only patients seen during the reporting period.

4. API was enabled during or after the MU reporting period, EP exceeds 80%, but the MU dashboard only tracked VDT and did not track API.
   - This scenario means that you must create an API Audit Log to demonstrate that patients were provided with API access.
   - If the MU Dashboard did not track API access, your dashboard reflects only VDT.

Supporting documentation, submit the following:

A. 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.
B. Documentation that shows an API was enabled during or after the MU reporting period.
C. Copy of instructions provided to patients on how to authenticate their access through an API.
D. Copy of the information given to patients on available applications that leverage the API.
E. Letter confirming that you manually calculated the numerator.
F. API Audit Log for the entire MU reporting period. [The API Audit Log must include only patient visits that were included in the MU dashboard numerator (i.e. all rows must have a “Yes” in the VDT Access Provided column)].

Note: If the EP used the Opt Out Method to meet the measure threshold(s), additional supporting documentation is required if the EP manually added opt out patients to the numerator.

Note: If you do not fall into any of these scenarios, you have failed to meet the requirements of Objective 5: Measure 1. It is recommended you try a different MU reporting period keeping in mind this may change which scenario you fall into and the supporting documentation required.
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To determine whether your EHR's MU dashboard tracked API and/or VDT access, conduct the following test:
1. Obtain the API enable date. If necessary, contact the EHR vendor to obtain this date.
2. Review the PEA Measure 1 dashboard for any 90-day period that is entirely prior to the API enable date.
   A. If the test results in a numerator is equal to 0, the EHR tracked both API and VDT.
   B. If the test results in a numerator is other than 0, the EHR tracked only VDT.

API and VDT Audit Log
   A. The Service Date column should only include patient visits that occurred during the MU reporting period and only patient visits that were included in the numerator of MU dashboard Objective 5, Measure 1.
   B. If the dashboard includes opt out patients, include them in the API Audit Log. If opt out patients were tracked via an Opt Out Audit Log, do not include them in the API Audit Log, because that results in double-counting.
   C. VDT Access Provided includes access to view, download and transmit PHI within 48 hours.
   D. The API documentation must include the instructions to authenticate and the list of available applications. This documentation can be provided via mass mailer, emails, patient portal, or other means as long as this was done by December 31, 2019.
      • EP must provide API documentation to all opt out patients, regardless of how opt out was tracked.
      • If the API documentation is provided via a patient portal, you must separately provide it to all opt out patients via another means, because they are not able to view the documentation in the portal.
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Entering Data into MAPIR
Calculate your MAPIR numerator using the appropriate method:

- MAPIR Numerator = Entries in API Audit Log + Entries in Opt Out Audit Log (if applicable)
- MAPIR Numerator = MU Dashboard Numerator + Entries in VDT and API Audit Log + Entries in Opt-Out Audit Log (if applicable)

For each scenario, calculate the numerator as follows, and enter into MAPIR:
1. If your API was enabled before the start of the MU reporting period, enter the MU Dashboard Numerator [+ Entries in Opt Out Audit Log (if applicable)].
2. If your API was enabled during the MU reporting period, and EP exceeds 80%, and the EHR tracked API access, enter the MU Dashboard Numerator [+ Entries in Opt Out Audit Log (if applicable)].
3. If your API was enabled during or after the reporting period, and the dashboard has a value less than or equal to 80%, and the EHR tracked API access, enter the MU Dashboard Numerator + Entries in VDT and API Audit Log [+ Entries in Opt Out Audit Log (if applicable)].
4. If your API was enabled during or after the reporting period, the EP exceeds 80%, but the EHR only tracked VDT and did not track API, enter the Entries in the API Audit Log [+ Entries in Opt Out Audit Log (if applicable)].