To All Vermont Medicaid Promoting Interoperability/EHR Incentive Program participants:

CMS issued an important clarification on the Program Year 2019 Meaningful Use Stage 3 Objective for Patient Electronic Access.

Objective 5 Measure 1 Application Programming Interface (API)

It has come to our attention that the language in the Stage 3 regulation and 2019 specification sheet for Objective 5, Measure 1 was unclear. Therefore, CMS has determined that in the interest of fairness, we are allowing flexibility on the requirement to meet this measure for 2019 and clarifying the requirement for 2020 in accordance with our original intention.

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 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).

We understand that it is not clear that we intended the word "timely" applies to the availability of data via an API in (2), as well as the VDT in (1). The intent of this measure is that EPs must make a patient's health data available and must offer all four functionalities (view, download, transmit, and access through API) within 48 hours of the information being available to the EP.

Due to confusion, we will allow states to give EPs flexibility on meeting the second part of this measure for 2019 only. States may allow EPs to meet this measure if they:

(1)   Have enabled an API during the calendar year of the reporting period,
(2)   Make data available via that API for 80% 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, i.e., it can't be turned on for one day and then disabled.

We believe that this flexibility meets the intent of the measure while not penalizing EPs for the turbidity of the current specifications, which will be updated for 2020.

Please review the Meaningful Use Stage 3 Specification Sheet for Objective 5, Patient Electronic Access, and contact the PIP/EHRIP Team with any questions.

Schedule a consultation with the Vermont Medicaid PIP/EHRIP Team to prepare for PY2019 attestation.

Thank you,
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