

**Medicaid Promoting Interoperability (PI) Program Frequently Asked Questions:
Program Year 2020 Coordination of Care through Patient Engagement**

#	Question and Answer
1	<p>Q: How does an eligible professional (EP) meet the coordination of care through patient engagement reporting objective?</p> <p>A: An EP must meet the minimum threshold for 2 of the 3 measures or meet 1 of the 2 available exclusions. The exclusion for all three measures are the same. If the EP meets one of the exclusions, the EP can meet the exclusion for all three measures.</p>
2	<p>Q: For objective 6, measure 1, “The patient actively engages with the EHR and either view, download, or transmit to a third party their health information”, what does “<u>view, download, and transmit</u>” entail?</p> <p>A: <u>View</u>: The patient (or authorized representative) is able to access their health information online.</p> <p><u>Download</u>: Information can be moved from online to physical electronic media.</p> <p><u>Transmit</u>: The movement of information by 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.</p>
3	<p>Q: What is an Application Programming Interface (API)?</p> <p>A: A set of programming protocols established for multiple purposes. APIs may be enabled by a provider or provider organization 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.”</p>
4	<p>Q: What is patient generated health data?</p> <p>A: Patient generated health data is data generated by a patient or a patient's authorized representative.</p>
5	<p>Q: What is data from a non-clinical setting?</p> <p>A: Data from a non-clinical setting includes, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, medical device data, home health monitoring data, and fitness monitor data.</p>

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6	<p>Q: What is a secure message?</p> <p>A: A secure message is any electronic communication between a provider and patient that ensures only those parties can access the communication. This electronic message could be email or the electronic messaging function of a personal health record (PHR), an online patient portal, or any other electronic means.</p>
7	<p>Q: What is a unique patient?</p> <p>A: A unique patient is a patient who is seen by an EP either once or more than once during the PI (EHR) reporting period. For purposes of measure, the patient is counted once in the denominator for the measure. All the measures relying on the term “unique patient” relate to what is contained in the patient’s medical record.</p>
8	<p>Q: In order to meet the Care Coordination through Patient Engagement objective, what information must be available to the patient via the CEHRT?</p> <p>A: In order to meet the objective, the following information must be available to the patient via CEHRT:</p> <ul style="list-style-type: none"> • Patient name • Provider’s name and office contact information • Current and past problem list • Procedures • Laboratory test results • Current medication list and medication history • Current medication allergy list and medication allergy history • Vital signs (height, weight, blood pressure, BMI, growth charts) • Smoking status • Demographic information (preferred language, sex, race, ethnicity, date of birth) • Care plan field(s), including goals and instructions • Any known care team members including the primary care provider of record <p>An EP can make available additional information and still align with the objective.</p>

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9	<p>Q: What patient-initiated actions can be included in the numerator for objective 6, measure 1?</p> <p>A: There are four patient-initiated actions that can be included in measure 1:</p> <ul style="list-style-type: none"> • View their information • Download their information • Transmit their information to a third party • Access their information through an API. <p>A patient does not need to complete all four actions. For example, a patient may only view his/her information and will still be included in the numerator. The actions may overlap, but an EP is able to count the patient in the numerator if the patient takes any and all actions.</p>
10	<p>Q: When must the patient access their health information in order to be included in objective 6, measure 1 numerator?</p> <p>A: To be included in the numerator, at least one of the four patient-initiated actions described in FAQ #9 must occur within the calendar year in which the PI (EHR) reporting period occurs.</p> <p>For a patient to be included in the numerator, the patient must also be included in the denominator. The denominator includes all unique patients seen by the EP during the PI (EHR) reporting period. Therefore, a patient had to have been seen by the EP during the PI (EHR) reporting period to be included in the numerator. However, the patient does not have to have accessed his/her health information during the PI (EHR) reporting period to be included in the numerator. Patients seen during the PI (EHR) reporting period can access their health information at any point during the calendar year and still be included in the numerator. Please note each patient should only be counted once even if the patient accessed his/her health information on multiple occasions.</p>
11	<p>Q: What changed between Program Year (PY) 2019 to 2020 for objective 6, measure 1?</p> <p>A: No changes occurred between PY 2019 and 2020.</p>
12	<p>Q: What documentation must be submitted to demonstrate that the EP meets objective 6, measure 1?</p> <p>A: The EP should submit a CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:</p> <ul style="list-style-type: none"> • Provider's Name • Numerator • Denominator • Measure Percentage <p>*In certain situations a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.</p>

#	Question and Answer
13	<p>Q: What unique patients are included in the numerator for objective 6, measure 2?</p> <p>A: The numerator includes unique patients who had provider-initiated communications (when a provider sends a message to a patient or the patient's authorized representatives), and provider-to-provider communications if the patient is included.</p> <p>An EP can only count a patient who received messages in the numerator when the EP participates in the communication (e.g., any patient-initiated communication only if the EP responds to the patient).</p>
14	<p>Q: When must the communication with the unique patient occur for the patient to be included in objective 6, measure 2 numerator?</p> <p>A: To be included in the numerator, the communication with the patient must occur within the calendar year in which the PI (EHR) reporting period occurs.</p> <p>For a patient to be included in the numerator, the patient must also be included in the denominator. The denominator includes all unique patients seen by the EP during the PI (EHR) reporting period. Therefore, a patient had to have been seen by the EP during the PI (EHR) reporting period to be included in the numerator. However, a secure message does not have to be sent to the patient during the PI (EHR) reporting period to be included in the numerator. Secure messages sent at any point during the calendar year to patients seen during the PI (EHR) reporting period can be included in the numerator. Please note each patient should only be counted once even if multiple messages were sent.</p>
15	<p>Q: What changed between Program Year (PY) 2019 to 2020 for objective 6, measure 2?</p> <p>A: No changes occurred between PY 2019 and 2020.</p>
16	<p>Q: What documentation must be submitted to demonstrate that the EP meets objective 6, measure 2?</p> <p>A: The EP should submit a CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:</p> <ul style="list-style-type: none"> • Provider's Name • Numerator • Denominator • Measure Percentage <p>*In certain situations a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.</p>

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17	Q: Would patient-generated data for objective 6, measure 3 include patient information provided by the patient during the visit?
	<p>A: The data cannot be information the patient provided to the EP during the office visit.</p> <p>However, if a patient separately provided clinical information including family health history through other means (not during office visit), that information will count towards the numerator.</p>
18	Q: Would data related to billing, payment, or other insurance data be included as patient-generated data?
	<p>A: No, the data related to billing, payment, or other insurance information cannot be included as patient-generated data.</p>
19	Q: What sources are available to provide patient-generated data from a non-clinical setting?
	<p>A: Sources of data vary and may include mobile applications for tracking health and nutrition, home health devices with tracking capabilities such as scales and blood pressure monitors, wearable devices such as activity trackers or heart monitors, patient-reported outcome data, and other methods of input for patient and non-clinical setting generated health data.</p> <p>Telehealth platform, personal health records, social determinants of health screening modules, long term care/post-acute care coordination platforms might also be considered.</p>
20	Q: Is data downloaded from a patient’s glucometer device considered patient-generated health data?
	<p>A: Yes, the data downloaded from a patient’s glucometer device would be considered patient-generated health data and would count towards the numerator if the data is generated outside the office visit.</p>
21	Q: How is the EP required to incorporate the patient-generated data into the CEHRT?
	<p>A: Measure 3 does not specify the manner in which EPs are required to incorporate the data.</p> <p>EPs may work with their CEHRT developers to establish the methods and processes that work best for their practice and needs.</p>

#	Question and Answer
22	<p>Q: What is considered a non-clinical setting?</p> <p>A: A non-clinical setting is defined as a setting with any provider who is not an EP as defined for the Medicaid PI (EHR) Incentive Program and where the care provider does not have shared access to the EP.</p> <p>Providers in non-clinical settings may include, but are not limited to, nutritionists, physical therapists, occupational therapists, psychologists, and home health care providers.</p> <p>Other key providers in the care team such as behavioral health care providers, may also be included, and CMS encourages EPs to consider ways in which this measure can incorporate this essential information from the broader care team.</p>
23	<p>Q: What is the definition for an EP in the Medicaid PI (EHR) Incentive Program?</p> <p>A: An EP in the Medicaid PI (EHR) Incentive Program must be one of the following five types of Medicaid professionals: physicians, dentists, certified nurse-midwives, nurse practitioners, and physician assistants practicing in a Federally Qualified Health Center (FQHC) or a Rural health Center (RHC) led by a physician assistant.</p>
24	<p>Q: What changed between Program Year (PY) 2019 to 2020 for objective 6, measure 3?</p> <p>A: No changes occurred between PY 2019 and 2020.</p>
25	<p>Q: What documentation must be submitted to demonstrate that the EP meets objective 6, measure 3?</p> <p>A: The EP should submit a CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:</p> <ul style="list-style-type: none"> • Provider’s Name • Numerator • Denominator • Measure Percentage <p>Upload an explanation of what patient generated health data is being utilized and how the CEHRT is capturing that data. Additional documentation may be requested after review of the provider’s methodology.</p> <p>*In certain situations a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.</p>

#	Question and Answer
26	<p>Q: Are the exclusions for objective 6, measure 1, 2, and 3 the same?</p> <p>A: Yes, an EP may take an exclusion for one or both measures if any of the following apply:</p> <ul style="list-style-type: none"> • 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 4 Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the PI (EHR) reporting period. EPs in AZ are not able to meet this exclusion.
27	<p>Q: Where do I find the latest information available from the Federal Communications Commission (FCC)?</p> <p>A: If an EP is interested in additional information from the FCC regarding broadband information, the EP can visit the FCC website. Any documentation that might be used by the EP to support meeting the exclusion must be supported by the format 4/1 Mbps, not 25/3 Mbps. The state recommends that the EP uses the Broadband Access Exclusion tip sheet from CMS to determine if the EP is in a county that is eligible for the exclusion.</p> <ul style="list-style-type: none"> • The state of Arizona does not have any counties listed. Therefore, an EP in Arizona is not able to meet this exclusion.