Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures Measure 11 of 13

Stage 1 (2013 Definition)
Last Updated: April 2013

Electronic Copy of Health Information	
Objective	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request.
Measure	More than 50 percent of all patients of the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.
Exclusion	Any eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.

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Definition of Terms

Business Days – Business days are defined as Monday through Friday excluding federal or state holidays on which the eligible hospital or CAH or their respective administrative staffs are unavailable.

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.

Attestation Requirements

NUMERATOR / DENOMINATOR / EXCLUSION

- DENOMINATOR: Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.
- NUMERATOR: Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

- EXCLUSION: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Eligible hospitals or CAHs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.

The resulting percentage (Numerator ÷ Denominator) must be more than 50 percent in order for an eligible hospital or CAH to meet this measure.

Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology.
- When responding to patient requests for information, the eligible hospital or CAH should accommodate patient requests in accordance with the HIPAA Privacy Rule, as specified at 45 CFR 164.524, Access of individuals to protected health information. This objective provides additional criteria for meeting meaningful use concerning the electronic copy or provision of information that the eligible hospital or CAH maintains in or can access from the certified EHR technology and is maintained by or on behalf of the eligible hospital or CAH.
- Information that must be provided electronically is limited to that information that exists electronically in or is accessible from the certified EHR technology and is maintained by or on behalf of the eligible hospital or CAH.
- A provider may withhold information from the electronic copy of a patient's health information in accordance with the HIPAA Privacy Rule, as specified at 45 CFR 164.524.
- An eligible hospital or CAH should provide a patient with all of the health information they have available electronically, subject to withholding as described in the HIPAA Privacy Rule, as specified at in 45 CFR 164.524.
- Form and format should be human readable and comply with the HIPAA Privacy Rule, as specified at 45 CFR 164.524(c). The media could be any electronic form such as patient portal, PHR, CD, USB fob, etc.
- The charging of fees for this information is governed by the HIPAA Privacy Rule at 45 CFR 164.524(c)(4) (which only permits HIPAA covered entities to charge an individual a reasonable, cost-based fee for a copy of the individual's health information). Additional clarification on the fee that a HIPAA-covered entity may impose on an individual for an electronic copy of the individual's health information will be addressed in upcoming rulemaking from the Department of Health & Human Services' Office of Civil Rights.
- If provision of the copy involves the mailing of physical electronic media, then it would need to be mailed by at least the third business day following the request of the patient or their agents.
- Third-Party Requests: Only specific third-party requests for information are included in the denominator. Providing the copy to a family member or patient's authorized representative consistent with federal and state law may substitute for a disclosure of the information to the patient and count in the numerator. A request from the same would count in the denominator. All other third-party requests are not included in the numerator or the denominator.
- An eligible hospital or CAH should provide a patient with all of the health information they have available electronically and at a minimum include the list from the objective.

Related Meaningful Use FAQs

To see the FAQs, click the New ID # hyperlinks below, or visit the CMS FAQ web page at https://questions.cms.gov/ and enter the New ID # into the Search Box, clicking the "FAQ #" option to view the answer to the FAQ. (Or you can enter the OLD # into the Search Box and click the "Text" option.)

- What information must an EP, eligible hospital or CAH provide in order to meet the measure of the meaningful use objective for "provide patients with an electronic copy of their health information"? ***New ID #3305**, Old ID #10663*
- What do the numerators and denominators mean in measures that are required to demonstrate meaningful use? ***New ID #2183**, Old ID #10095*
- Does an eligible hospital have to count patients admitted to both the inpatient and emergency departments in the denominator of meaningful use measures, or can they count only emergency department patients? ***New ID #3067**, Old ID #10468*
- If an eligible hospital or CAH has a rehabilitation unit or a psychiatric unit that is part of the inpatient department and that bills under Place of Service (POS) code 21, but that is excluded from the inpatient prospective payment system (IPPS), should patients from these units be included in the denominator for the measures of meaningful use objectives? ***New ID #3213**, Old ID #10591*
- How should patients in swing beds be counted in the denominators of meaningful use measures for eligible hospitals and CAHs? ***New ID #3259**, Old ID #10640*
- To meet the meaningful use objective "provide patients with an electronic copy of their health information" for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, how should the numerator and denominator be calculated for patients who see multiple eligible professionals (EPs) in the same practice (e.g., in a multi-specialty group practice)? ***New ID #2935,** Old ID #10269*

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	
§170.306(d) Electronic copy of health information	(1) Enable a user to create an electronic copy of a patient's clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, and procedures: (i) In human readable format; and (ii) On electronic media or through some other electronic means in accordance with: (A) The standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2); and (B) For the following data elements the applicable standard must be used: (1) *Problems.* The standard specified in §170.207(a)(1) or, at

	a minimum, the version of the standard specified in §170.207(a)(2); (2) *Procedures.* The standard specified in §170.207(b)(1) or §170.207(b)(2); (3) *Laboratory test results*. At a minimum, the version of the standard specified in §170.207(c); and (4) *Medications.* The standard specified in §170.207(d).
	(2) Enable a user to create an electronic copy of a patient's discharge summary in human readable format and on electronic media or through some other electronic means.
§170.302(n) Automated measure calculation	For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.

Standards Criteria	
Patient summary record	▪ §170.205(a)(1) - HL7 CDA Release 2, CCD. Implementation specifications: HITSP Summary Documents Using HL7 CCD Component HITSP/C32. ▪ §170.205(a)(2) - ASTM E2369 Standard Specification for Continuity of Care Record and Adjunct to ASTM E2369.
Problems	▪ §170.207(a)(1) - The code set specified at 45 CFR 162.1002(a)(1) for the indicated conditions. ▪ §170.207(a)(2) - IHTSDO SNOMED CT® July 2009 version.
Procedures	▪ §170.207(b)(1) - The code set specified at 45 CFR 162.1002(a)(2). ▪ §170.207(b)(2) - The code set specified at 45 CFR 162.1002(a)(5).
Laboratory test results	▪ §170.207(c) - LOINC® version 2.27, when such codes were received within an electronic transaction from a laboratory.
Medication	▪ §170.207(d) - Any source vocabulary that is included in RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine

Related Certification FAQs

Click on the green numbers to view the answer to the FAQ.

- The “electronic copy of health information” certification criteria (45 CFR 170.304(f) and 45 CFR 170.306(d)) each require that Certified EHR Technology “enable a user to create an electronic copy of a patient’s clinical information… in: (1) Human readable format; and (2) On electronic media or through some other electronic means….” Is there more than one way to demonstrate compliance with these certification criteria? ***9-10-019-1***