



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

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Learn More about Patient Electronic Access Requirements

If you are an eligible professional participating in the EHR Incentive Programs, you will be required to meet Patient Electronic Access measures. Patients' access to their EHRs can help them make more informed decisions about their health care and improve efficiencies in health care delivery.

In order to meet [2014 Stage 1 requirements](#), you must provide more than 50% of your unique patients with timely access to their health information within four business days of the information being available to you. If you are in [Stage 2](#), you must also demonstrate that more than 5% of your unique patients view online, download, or transmit to a third party their health information.

New CMS Guidance for Calculating Patient Electronic Access Across Multiple Providers

If you are an eligible professional, new CMS guidance may help you meet the Patient Electronic Access objective.

Stage 2 Measure #2: Eligible Professionals in the Same Group Practice

Eligible professionals in group practices are able to [share credit to meet the patient electronic access threshold](#) if they each saw the patient during the same EHR reporting period and they are using the same certified EHR technology. The patient can only be counted in the numerator by all of these eligible professionals if the

patient views, downloads, or transmits their health information online.

Stage 2 Measure #2: Providers with the Same Patient

If multiple eligible providers who see the same patient and contribute information to an online personal health record (PHR) during the same EHR reporting period, all of the eligible providers [can count the patient](#) to meet requirement if the patient accesses *any* of the information in the PHR. In other words, a patient does not need to access the specific information an eligible provider contributed, in order for them to count the patient to meet their threshold.

Stage 1 and Stage 2 Measure #1: Providers with Patients who Opt-Out

A patient can choose not to access their health information, or “opt-out.” Patients cannot be removed from the denominator for opting out of receiving access. If a patient opts out, a provider may count them in the numerator if they have been given all the information necessary to opt back in without requiring any follow up action from the provider, including, but not limited to, a user ID and password, information on the patient website, and how to create an account.

More Information

For more information on the Patient Electronic Access objective, review the [2014 Stage 1](#) and [Stage 2](#) specification sheets and the [Patient Electronic Access tipsheet](#).



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