

Eligible Hospital and Critical Access Hospital Medicaid EHR Incentive Program Stage 3 Objectives and Measures Objective 5 of 8

Updated: August 2017

Patient Electronic Access to Health Information	
Objective	The eligible hospital or CAH provides patients (or patient authorized representative) with timely electronic access to their health information and patient-specific education.
Measures	<p>Eligible Hospitals and CAHs must satisfy both measures in order to meet the objective:</p> <ul style="list-style-type: none"> • <u>Measure 1</u>: For more than 80 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): <ul style="list-style-type: none"> ○ The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and ○ 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 API in the provider’s CEHRT. • <u>Measure 2</u>: The eligible hospital or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
Exclusion	<u>Measures 1 and 2</u> : Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information
- Regulatory References
- Certification and Standards Criteria

Definition of Terms

API or Application Programming Interface – 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.”

Provide Access – When a patient possesses all of the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered

username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need in order to view, download, or transmit their information.

Appropriate Technical Capabilities – A technical capability would be appropriate if it protected the electronic health information created or maintained by the certified EHR technology. All of these capabilities could be part of the certified EHR technology or outside systems and programs that support the privacy and security of certified EHR technology.

View – The patient (or authorized representative) accessing their health information online.

Download – The movement of information from online to physical electronic media.

Transmission – This may be 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 although the movement of the information from online to the physical electronic media will be a download.

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

DENOMINATOR/ NUMERATOR/THRESHOLD/EXCLUSION

MEASURE 1:

- **DENOMINATOR:** The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **NUMERATOR:** The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.
- **THRESHOLD:** The resulting percentage must be more than 80 percent in order for a provider to meet this measure.
- **EXCLUSION:** Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

MEASURE 2:

- **DENOMINATOR:** The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **NUMERATOR:** The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.
- **THRESHOLD:** The resulting percentage must be more than 35 percent in order for a provider to meet this measure.

- **EXCLUSION:** Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

Additional Information

- To meet Stage 3 requirements, all providers must use technology certified to the [2015 Edition](#). A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. A provider who has technology certified to the 2014 Edition **may not** attest to Stage 3.
- To implement an API, the provider would need to fully enable the API functionality such that any application chosen by a patient would enable the patient to gain access to their individual health information provided that the application is configured to meet the technical specifications of the API. Providers may not prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API, including the security requirements of the API. Providers are expected to provide 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.
- Similar to how providers support patient access to VDT capabilities, providers should continue to have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information.
- Any patient health information must be made available to the patient within 36 hours of its availability to the provider for an eligible hospital.
- Providers may withhold from online disclosure any information either prohibited by federal, state, or local laws or if such information provided through online means may result in significant harm.
- The patient must be able to access this information on demand, such as through a patient portal or personal health record (PHR) or by other online electronic means. We note that while a covered entity may be able to fully satisfy a patient's request for information through VDT, the measure does not replace the covered entity's responsibilities to meet the broader requirements under HIPAA to provide an individual, upon request, with access to PHI in a designated record set.
- Providers should also be aware that while meaningful use is limited to the capabilities of CEHRT to provide online access there may be patients who cannot access their EHRs electronically because of a disability. Providers who are covered by civil rights laws must provide individuals with disabilities equal access to information and appropriate auxiliary aids and services as provided in the applicable statutes and regulations.
- A patient who has multiple encounters during the EHR reporting period, or even in subsequent EHR reporting periods in future years, needs to be provided access for each encounter where they are discharged from the eligible hospital's inpatient or emergency department.
- If a patient elects to "opt out" of participation, that patient must still be included in the denominator.
- If a patient elects to "opt out" of participation, the provider may count the patient in the numerator if the patient is provided all of the necessary information to subsequently access their information, obtain access through a patient authorized representative, or otherwise opt-back-in without further follow up action required by the provider.

- The provider must continue to update the information accessible to the patient each time new information is available.
- For the numerator for Measure 2, beginning in 2017, the action must occur within the EHR reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the EHR reporting period occurs (between January 1st and December 31st).
- Paper-based actions are no longer allowed or required to be counted for measure 2 calculations. Providers may still provide paper based educational materials for their patients, we are just no longer allowing them to be included in measure calculations.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (d)(5)(ii) (A) and (B). For further discussion please see [80 FR 62846](#).
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.315 (a)(13) and (g)(8) and (9).

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*	
§170.315(a)(13) Patient-specific education resources.	<p>(i) Identify patient-specific education resources based on data included in the patient's problem list and medication list in accordance with at least one of the following standards and implementation specifications:</p> <p>(A) The standard and implementation specifications specified in §170.204(b)(3). (B) The standard and implementation specifications specified in §170.204(b)(4).</p> <p>(ii) Optional. Request that patient-specific education resources be identified in accordance with the standard in §170.207(g)(2).</p>
§170.315(g)(8) Design Performance	<p>(8) Application Access. Data category request. The following technical outcome and conditions must be met through the demonstration of an application programming interface.</p> <p>(i) Functional requirements. (A) Respond to requests for patient data (based on an ID or other token) for each of the individual data categories specified in the Common Clinical Data Set and return the full set of data for that data category (according to the specified standards, where applicable) in a computable format. (B) Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range.</p> <p>(ii) Documentation—(A) The API must include accompanying documentation that contains, at a minimum:</p>

**§170.315(g)(9)
Design
Performance**

(1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns.

(2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s).

(3) Terms of use. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements.

(B) The documentation used to meet paragraph (g)(8)(ii)(A) of this section must be available via a publicly accessible hyperlink.

(9) All data request. The following technical outcome and conditions must be met through the demonstration of an application programming interface.

(i) Functional requirements. (A) Respond to requests for patient data (based on an ID or other token) for all of the data categories specified in the Common Clinical Data Set at one time and return such data (according to the specified standards, where applicable) in a summary record formatted according to the standard specified in §170.205(a)(4) following the CCD document template.

(B) Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range.

(ii) Documentation—(A) The API must include accompanying documentation that contains, at a minimum:

(1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns.

(2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s).

(3) Terms of use. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements.

(B) The documentation used to meet paragraph (g)(9)(ii)(A) of this section must be available via a publicly accessible hyperlink.

(h) Transport methods and other protocols—(1) Direct Project—(i) Applicability Statement for Secure Health Transport. Able to send and receive health information in accordance with the standard specified in §170.202(a)(2), including formatted only as a “wrapped” message.

- (ii) Delivery Notification in Direct. Able to send and receive health information in accordance with the standard specified in §170.202(e)(1).
- (2) Direct Project, Edge Protocol, and XDR/XDM—(i) Able to send and receive health information in accordance with:
 - (A) The standard specified in §170.202(a)(2), including formatted only as a “wrapped” message;
 - (B) The standard specified in §170.202(b), including support for both limited and full XDS metadata profiles; and
 - (C) Both edge protocol methods specified by the standard in §170.202(d).
- (ii) Delivery Notification in Direct. Able to send and receive health information in accordance with the standard specified in §170.202(e)(1).

**Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.315(g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Standards Criteria*	
§ 170.204(α)	Web Content Accessibility Guidelines (WCAG) 2.0, Level A Conformance (incorporated by reference in § 170.299).
§ 170.210(f)	Any encryption and hashing algorithm identified by the National Institute of Standards and Technology (NIST) as an approved security function in Annex A of the FIPS Publication 140-2 (incorporated by reference in § 170.299).
§ 170.205(α)(3)	HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, (incorporated by reference in §170.299). The use of the “unstructured document” document-level template is prohibited
§ 170.202(α)	ONC Applicability Statement for Secure Health Transport, Version 1.0 (incorporated by reference in §170.299).
§ 170.210(g)	The date and time recorded utilize a system clock that has been synchronized following (RFC 1305) Network Time Protocol, (incorporated by reference in §170.299) or (RFC 5905) Network Time Protocol Version 4, (incorporated by reference in §170.299).

Additional standards criteria may apply. Review the [ONC 2015 Edition Final Rule](#) for more information.