

MEDICAID PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR 2019 OBJECTIVE 5 of 8

Patient Electronic Access to Health Information	
Objective	The eligible hospital or critical access hospital (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> <p>Measure 1: For more than 80 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23):</p> <p>(i) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and</p> <p>(ii) 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).</p> <p>Measure 2: 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 discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the Promoting Interoperability EHR reporting period.</p>
Exclusions	Measures 1 and 2: Any eligible hospital or CAH may take an exclusion for any or all measures 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 Federal Communications Commission (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

Application Programming Interface (API): 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 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 CEHRT. These capabilities could be part of the CEHRT or outside systems and programs that support the privacy and security of CEHRT.

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

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 hospital's CEHRT.
- **THRESHOLD:** The resulting percentage must be more than 80 percent in order for a hospital to meet this measure.
- **EXCLUSION:** Any eligible hospital or CAH will be excluded from the measure if it is in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability per 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 for a hospital to meet this measure.
- **EXCLUSION:** Any eligible hospital or CAH will be excluded from the measure if it is in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability per the latest information available from the FCC at the start of the EHR reporting period.

Additional Information

- Eligible hospitals must use [2015 Edition CEHRT](#) to meet Stage 3 meaningful use.
- To implement an API, the hospital 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 if the application is configured to meet the technical specifications of the API. Hospitals 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. Hospitals 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 hospitals support patient access to view, download and transmit (VDT) capabilities, hospitals 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.
- Hospitals 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 the Health Insurance Portability and Accountability Act (HIPAA) to provide an individual, upon request, with access to public health information (PHI) in a designated record set.
- Hospitals 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 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 the action must occur within the PI 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. Hospitals 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 at [42 C.F.R. § 495.24 \(d\)\(5\)\(ii\) \(A\) and \(B\)](#). For further discussion please see [80 FR 62846](#).

Certification Standards and Criteria

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

Certification Criteria

Information about certification for 2015 Edition CEHRT can be found at:

[§170.315\(a\)\(13\) Patient-specific education resources](#)
[§170.315\(e\)\(1\) View, download, and transmit to 3rd party](#)
[§170.315\(g\)\(7\) Application access — patient selection](#)
[§170.315\(g\)\(8\) Application access – data category request](#)
[§170.315\(g\)\(9\) Application access – all data request](#)

**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 PI measure.*

Standards Criteria

Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:
<https://www.healthit.gov/topic/certification/2015-standards-hub>