



Medicaid EHR Incentive Program Stage 3 Patient Electronic Access to Health Information



Updated: November 2016

The Medicare and Medicaid EHR Incentive Programs encourage patient involvement in their health care. Online access to health information allows patients to make informed decisions about their care and share their most recent clinical information with other health care providers and personal caregivers.

The goal of this objective is to allow patients easy access to their health information as soon as possible, so that they can make informed decisions regarding their care or share their most recent clinical information with other health care providers and personal caregivers as they see fit. The patient must be able to access this information on demand, such as through a patient portal or personal health record (PHR).

Overview of Patient Electronic Access to Health Information

Eligible Professionals (EP) – Medicaid EHR Incentive Program

EP Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

EP Measures:

EP Measure 1: For more than 80 percent of all unique patients seen by the EP:

1. The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
2. 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 certified EHR technology (CEHRT)

EP Measure 2: The EP 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 during the EHR reporting period.

Exclusions for Measures 1 and 2: A provider may exclude the measure if one of the following applies:
An EP may exclude from the measure if they have no office visits during the EHR reporting period.

Any EP that 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 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Eligible Hospitals/Critical Access Hospitals (CAHs) – Medicaid EHR Incentive Program

Eligible Hospital/CAH Objective: The eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Eligible Hospitals/CAH Measures:

Eligible Hospital/CAH 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):

1. The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and
2. 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

Eligible Hospital/CAH 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 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 for Measures 1 and 2: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communication Commission (FCC) on the first day of the EHR reporting period.

MEASURE 1 - ACCESS

The specifications for measure 1 allow the provision of access to take many forms and do not require a provider to obtain an email address from the patient. Although many CEHRT products may be designed in that fashion, it is not required by the program. If a provider's CEHRT does require a patient email address, but the patient does not have or refuses to provide an email address or elects to "opt out" of participation, that is not prohibited by the EHR Incentive Program requirements nor does it allow the provider to exclude that patient from the denominator. The patient may also access their information through their patient authorized representative.

The measure timeline for making any health information available resets to 36 hours for an eligible hospital or CAH and 48 hours for an EP each time new information is available to which the patient should be provided access. Therefore, although a provider does not need to enroll a unique patient a second time if the patient has a second office visit during the EHR reporting period, the provider must continue to update the information accessible to the patient each time new information is available.

A patient who has multiple encounters during the EHR reporting period, or even in subsequent EHR reporting periods in future years, needs to have access to the information related to their care for each encounter where they are seen by the EP or discharged from the eligible hospital or CAH's inpatient or emergency department.

If the provider fails to provide access to a patient upon an initial visit during the EHR reporting period, but provides access on a subsequent visit, the patient cannot be counted in the numerator because the patient did not have timely online access to health information related to the first visit. Similarly, the patient cannot be included in the numerator if access is provided on the first visit, but the provider fails to update the information within the time period required after the second visit.

The measure does not address the enrollment process or how the initiation process to “turn on” access for a patient within an EHR system should function. The measure addresses the health information itself.

Providers must offer all four functionalities (view, download, transmit, and access through API) to their patients.

NUMERATOR CLARIFICATION

To count in the numerator, this health information needs to be made available to each patient for view, download, and transmit within 48 hours of its availability to the provider for EPs, and within 36 hours after the information is available to the eligible hospital or CAH, for each and every time that information is generated whether the patient has been “enrolled” for three months or for three years.

DENOMINATOR CLARIFICATION

The patient needs to be seen by the EP during the EHR reporting period or be discharged from the hospital inpatient or emergency department during the EHR reporting period in order to be included in the denominator.

MEASURE 2 – PATIENT-SPECIFIC EDUCATION

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.

NUMERATOR CLARIFICATION

The numerator for Measure 2 is the number of patients (or patient-authorized representative) 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.

NOTE: Beginning in 2017, actions included in the numerator 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 through December 31st).

DENOMINATOR CLARIFICATION

The denominator for Measure 2 is the number of unique patients seen by the EP, or discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital/CAH, during the EHR reporting period.

API INFORMATION

An API is 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.”

For the provider to implement an API, they 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.

ONC’s 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications; Final Rule establishes API criteria (80 FR 62675 through 62679) , which allow patients, through an application of their choice (including third-party applications), to pull certain components of their unique health data directly from the provider’s CEHRT.