



Eligible Hospitals, CAHs and Dual-Eligible Hospitals Attesting to CMS EHR Incentive Programs in 2017



Updated Patient Electronic Access

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The Medicare and Medicaid Electronic Health Record (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

Eligible Hospitals/Critical Access Hospitals (CAHs) and Dual-Eligible Hospitals Attesting to CMS

Eligible Hospital/CAH Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

Eligible Hospitals/CAH Measures:

Provide Patient Access: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.

View, Download or Transmit (VDT): At least 1 patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH during the EHR reporting period views, downloads or transmits to a third party his or her health information during the EHR reporting period.

Exclusion for Measure 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 FCC on the first day of the EHR reporting period.

Provide Patient Access

The specifications for Provide Patient Access 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 certified EHR technology (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 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 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 discharge during the EHR reporting period, but provides access for a subsequent discharge, the patient cannot be counted in the numerator because the patient did not have timely online access to health information related to the first discharge. Similarly, the patient cannot be included in the numerator if access is provided for the first discharge, but the provider fails to update the information within the time period required after the second discharge.

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.

NUMERATOR CLARIFICATION

To count in the numerator, this health information needs to be made available to each patient to view, download, and transmit 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 discharged from the hospital inpatient or emergency department during the EHR reporting period in order to be included in the denominator.

[View, Download or Transmit \(VDT\)](#)

NUMERATOR CLARIFICATION

The numerator is the number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

DENOMINATOR CLARIFICATION

The denominator is the number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.

Actions included in the numerator must occur within the EHR reporting period if that period is a full calendar year (CY), or if it is less than a full CY, within the CY in which the EHR reporting period occurs.

QUESTIONS AND ANSWERS

Q: What does “necessary information” include?

A: Necessary information could include website address, username and password, and, if needed, instructions on how to create a username and log on to the website.

Q: Where can I find the certification requirements for the patient electronic access measure?

A: The certification criteria for the patient electronic access measure are outlined in the [2014 certification criteria table](#) on the HealthIT.gov website. Information can also be found in the patient electronic access specification sheets for eligible professionals and eligible hospitals/CAHs.

Q: What health information must eligible professionals and eligible hospitals make available to patients?

A: All information available at the time the information is sent to the patient website must be made available to the patient online. However, the provider may withhold any information from online disclosure if he or she believes that providing such information may result in significant harm.

Q: If multiple eligible professionals or eligible hospitals contribute information to a shared portal or to a patient's online personal health record (PHR), how is it counted for meaningful use when the patient accesses the information on the portal or PHR?

A: If multiple eligible professionals or eligible hospitals contribute information to an online portal or PHR during the same EHR reporting period, all of the providers can count the patient to meet the measure if the patient accesses any of the information in the portal or PHR. In other words, a patient does not need to access the specific information an eligible professional or eligible hospital contributed, in order for each of the eligible professionals and hospitals to count the patient to meet their threshold. [See FAQ #12821](#).

Q: Are eligible professionals and eligible hospitals required to provide growth charts to meet the patient electronic access objective?

A: CMS encourages all eligible professionals and eligible hospitals who have the certification capability to generate and make growth charts available to patients. However, because this certification capability is not required, eligible professionals and hospitals do not need to generate and make growth charts available in order to meet the objective.

Q: In calculating the meaningful use objectives requiring patient action, if a patient accesses his/her health information made available by their eligible professional, can the other eligible professionals in the practice get credit for the patient's action in meeting the objectives?

A: Yes. If a patient views, downloads or transmits to a third party the health information that was made available online by their EP, that patient can be counted in the numerator of the 2nd Patient Electronic Access measure for any of the EPs in that group practice who use the same CEHRT and saw that patient during their EHR reporting period. [See FAQ #12825](#).

Q: Can an eligible professional or eligible hospital charge patients a fee to have access to their health information?

A: CMS does not believe it would be appropriate for the eligible professional or hospital to charge the patient a fee to access certified EHR technology. [See FAQ #9112](#).