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
### Eligible Professionals (EP)

**EP Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

**EP Measures:**

**EP Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**Exclusion for Measure 1:** Any EP who—
- Neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information."

**EP Measure 2:** For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.

**Exclusions for Measure 2:** Any EP who—
- Neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information."

- 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.

**Alternate Exclusion in 2015 for Measure 2:** Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

## Eligible Hospitals/Critical Access Hospitals (CAHs)

**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:**

**Eligible Hospital/CAH Measure 1:** 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.

**Eligible Hospital/CAH Measure 2**: For an EHR reporting period in 2015 and 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) view, download or transmit to a third party their 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.

**Alternate Exclusion in 2015 for Measure 2:** Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

## 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 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 and 4 business days 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.

 **NUMERATOR CLARIFICATION**

To count in the numerator, this health information needs to be made available to each patient for view, download, and transmit within 4 business days of its availability to the provider 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 – VIEW, DOWNLOAD, TRANSMIT
The calculation may include actions taken before, during, or after the EHR reporting period if the period is less than one full year; however, consistent with FAQ #8231, these actions must be taken no earlier than the start of the same year as the EHR reporting period and no later than the date of attestation.

**NUMERATOR**
Some CEHRT may not calculate the numerator in this fashion and therefore we will allow providers to use an alternate calculation for an EHR reporting period in 2015 and 2016 if that calculation is a part of their CEHRT to allow sufficient time to upgrade the calculation prior to providers attesting to data for an EHR reporting period in 2017.

# 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.