MEDICARE PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE HOSPITALS, CRITICAL ACCESS HOSPITALS, AND DUAL-ELIGIBLE HOSPITALS ATTESTING TO CMS OBJECTIVES AND MEASURES FOR 2019

The following information is for eligible hospitals, critical access hospitals (CAHs), and dual-eligible hospitals attesting to CMS for their participation in the Medicare Promoting Interoperability Program in 2019. Those attesting to their state should refer to the 2019 Promoting Interoperability Medicaid specification sheets.

Objective	Provider to Patient Exchange
Measure	**Provide Patients Electronic Access to Their Health Information**
	Eligible hospitals and CAHs must meet the following measure and could receive up to 40 points for this objective beginning in calendar year (CY) 2019. For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) the patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and the eligible hospital or CAH 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 interfaces (API) in the eligible hospital or CAH's certified electronic health record technology (CEHRT).

Definition of Terms

API: A set of programming protocols established for multiple purposes. APIs may be enabled by an eligible hospital or CAH 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 CEHRT. All of 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 considered 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.

Reporting Requirements

- DENOMINATOR: The number of unique patients discharged from an eligible hospital or CAH 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 eligible hospital or CAH's CEHRT.
- The EHR reporting period in 2019 for new and returning participants attesting to CMS is a minimum of any continuous 90-day period within the calendar year.

Scoring Information

- Total points available: 40 points.
- 100 total points will be available for the Medicare Promoting Interoperability Program.
- In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis measure and submit their complete numerator and denominator or yes/no data for all required measures.

- Rounding: When calculating the performance rates and measure and objective scores, we stated that we would generally round to the nearest whole number. Scores under 50 points would not be considered meaningful users.

Additional Information

- Beginning with program year 2019, eligible hospitals and CAHs must use 2015 Edition CEHRT. The 2015 Edition functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. The eligible hospital or CAH must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed, but pending certification.
- To implement an API, the eligible hospital or CAH 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 the application is configured to meet the technical specifications of the API. Eligible hospitals or CAHs 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. Eligible hospitals or CAHs 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 eligible hospitals or CAHs support patient access to view, download, and transmit capabilities, eligible hospitals or CAHs 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's health information must be made available to the patient within 36 hours of its availability to the eligible hospital or CAH.
- Eligible hospitals or CAHs 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, 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 view, download, or transmit, 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 in a designated record set.

- Eligible hospitals or CAHs 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. Eligible hospitals or CAHs 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 or CAH'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 eligible hospital or CAH 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 eligible hospital or CAH.
- The eligible hospital or CAH must continue to update the information accessible to the patient each time new information is available.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 42 CFR 495.24(e)(7)(i). For further discussion, please see 83 FR 41634 through 41677.
- In order to meet this measure, an eligible hospital or CAH must possess the capabilities and standards of CEHRT at 45 CFR 170.315(e)(1), (g)(7), (g)(8), and (g)(9).

Certification Criteria and Standards

Below is the corresponding certification criteria and standards for EHR technology that supports this measure.

Certification Criteria
Information about certification for 2015 Edition CEHRT can be found at: § 170.315(e)(1) Patient Engagement – 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

Certification Standards

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