Medicare Promoting Interoperability Program Stage 3
Eligible Hospitals, Critical Access Hospitals, and Dual-Eligible Hospitals Attesting to CMS
Objectives and Measures for 2018

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Updated: July 2018

Patient Electronic Access to Health Information	
Objective	Provides patients (or patient authorized representative) with timely electronic access to their health information and patient-specific education.
Measure	Eligible hospitals and critical access hospitals (CAHs) must satisfy both measures in order to meet the objective: **Measure 1: Provide Patient Access** – For more than 50 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (A) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (B) The eligible hospitals 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 hospitals or CAHs certified electronic health record technology (CEHRT). **Measure 2: Patient-Specific Education** – 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 10 percent of unique patients seen by the eligible professional (EP) or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the Promoting Interoperability (PI)reporting period.
Exclusion	**Provide Patient Access and Patient-Specific Education** – Any eligible hospital or CAH will be excluded from the measure 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 PI reporting period.

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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.

Attestation Requirements

DENOMINATOR/ NUMERATOR/THRESHOLD/EXCLUSION

PROVIDE PATIENT ACCESS:

- DENOMINATOR: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the PI 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 hospitals or CAHs CEHRT.
- THRESHOLD: The resulting percentage must be more than 50 percent in order for an eligible hospital or CAH to meet this measure.

- EXCLUSION: Any eligible hospital or CAH will be excluded from the measure 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 FCC at the start of the PI reporting period.

PATIENT-SPECIFIC EDUCATION:

- DENOMINATOR: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the PI 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 PI reporting period.
- THRESHOLD: The resulting percentage must be more than 10 percent in order for an eligible hospital or CAH to meet this measure.
- EXCLUSION: Any eligible hospital or CAH will be excluded from the measure 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 FCC at the start of the PI reporting period.

Additional Information

- To implement an API, the eligible hospitals 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, 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 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, 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 PI reporting period, or even in subsequent PI reporting periods in future years, needs to be provided access for each encounter where they are discharged from the eligible hospital or CAHs 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.
- Patient-Specific Education: Beginning in 2017, 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 PI reporting period occurs (between January 1st and December 31st).
- Paper-based actions are no longer allowed or required to be counted for the Patient-Specific Education measure calculations. Eligible hospitals or CAHs 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 in Section 42 of the code of the federal register at
- 495.24 (c)(5)(i) and (ii). For further discussion please see 80 FR 62846.
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.315 (a)(13), (e)(1), (g)(7), (g)(8), and (g)(9).

Certification Standards and Criteria

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

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Certification Criteria	
§ 170.315(a)(13) Patient-specific education resources	(i) Identify patient-specific education resources based on data included in the patient's problem list and medication list in accordance with at least one of the following standards and implementation specifications: (A) The standard and implementation specifications specified in § 170.204(b)(3). (B) The standard and implementation specifications specified in § 170.204(b)(4). (ii) Optional. Request that patient-specific education resources be identified in accordance with the standard in §170.207(g)(2).
§ 170.315(e)(1) (View, Download, and Transmit to 3rd Party)	(e) *Patient engagement—(1) VDT to 3rd party.* (i) Patients (and their authorized representatives) must be able to use internet-based technology to view, download, and transmit their health information to a 3rd party in the manner specified below. Such access must be consistent and in accordance with the standard adopted in §170.204(a)(1) and may alternatively be demonstrated in accordance with the standard specified in §170.204(a)(2). (A) *View*. Patients (and their authorized representatives) must be able to use health information technology (HIT) to view, at a minimum, the following data: (1) The Common Clinical Data Set (which should be in their English (i.e., non-coded) representation if they associate with a vocabulary/code set). (2) *Ambulatory setting only*. Provider's name and office contact information. (3) *Inpatient setting only*. Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization. (4) *Laboratory test report(s).* Laboratory test report(s), including: (i) The information for a test report as specified in 42 CFR 493.1291(c)(1) through (7); (ii) The information related to reference intervals or normal values as specified in 42 CFR 493.1291(d); and (iii) The information for corrected reports as specified in 42 CFR 493.1291(k)(2). (5) Diagnostic image report(s). (B) *Download*.

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	(1) Patients (and their authorized representatives) must be able to use technology to download an ambulatory summary or inpatient summary (as applicable to the HIT setting for which certification is requested) in the following formats: (i) Human readable format; and (ii) The format specified in accordance to the standard specified in §170.205(a)(4) following the Common Clinical Data (CCD) document template. (2) When downloaded according to the standard specified in §170.205(a)(4) following the CCD document template, the ambulatory summary or inpatient summary must include, at a minimum, the following data (which, for the human readable version, should be in their English representation if they associate with a vocabulary/code set): (i) *Ambulatory setting only*. All of the data specified in paragraph (e)(1)(i)(A)(1), (2), (4), and (5). (ii) *Inpatient setting only*. All of the data specified in paragraphs (e)(1)(i)(A)(1), and (2) through (5) of this section. (3) *Inpatient setting only*. Patients (and their authorized representatives) must be able to download transition of care/referral summaries that were created as a result of a transition of care (pursuant to the capability expressed in the certification criterion specified in paragraph (b)(1) of this section). (C) *Transmit to third party*. Patients (and their authorized representatives) must be able to: (1) *Transmit* the ambulatory summary or inpatient summary (as applicable to the HIT setting for which certification is requested) created in paragraph (e)(1)(i)(B)(2) of this section in accordance with both of the following ways: (i) Email transmission to any email address; and (ii) An encrypted method of electronic transmission. (2) *Inpatient setting only*. Transmit transition of care/referral summaries (as a result of a transition of care/referral as referenced by (e)(1)(i)(B)(3)) of this section selected by the patient (or their authorized representative) in both of the ways referenced in (e)(1)(i)(C)(1)(i) and (ii) of this section). (D) *Timeframe selection*. With respect to the data available to view, download, and transmit as referenced in paragraphs (e)(1)(i)(A), (B), and (C) of this section, patients (and their authorized representatives) must be able to: (1) Select data associated with a specific date (to be viewed, downloaded, or transmitted); and

	(2) Select data within an identified date range (to be viewed, downloaded, or transmitted). (ii) *Activity history log*. (A) When any of the capabilities included in paragraphs (e)(1)(i)(A) through (C) of this section are used, the following information must be recorded and made accessible to the patient (or his/her authorized representative): (1) The action(s) (i.e., view, download, transmission) that occurred; (2) The date and time each action occurred in accordance with the standard specified in §170.210(g); (3) The user who took the action; and (4) Where applicable, the addressee to whom an ambulatory summary or inpatient summary was transmitted. (B) Technology presented for certification may demonstrate compliance with paragraph (e)(1)(ii)(A) of this section if it is also certified to the certification criterion specified in §170.315(d)(2) and the information required to be recorded in paragraph (e)(1)(ii)(A) of this section is accessible by the patient (or his/her authorized representative).
§ 170.315 (g)(7) (g)(8) and (g)(9) Application Access	(7) *Application access*—patient selection. The following technical outcome and conditions must be met through the demonstration of an API. (i) *Functional requirement*. The technology must be able to receive a request with sufficient information to uniquely identify a patient and return an ID or other token that can be used by an application to subsequently execute requests for that patient's data. (ii) *Documentation*: (A) The API must include accompanying documentation that contains, at a minimum: (1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns. (2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s). (3) *Terms of use*. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements. (B) The documentation used to meet paragraph (g)(7)(ii)(A) of this section must be available via a publicly accessible hyperlink.

	(8) *Application Access*. Data category request. The following technical outcome and conditions must be met through the demonstration of an API. (i) Functional requirements. (A) Respond to requests for patient data (based on an ID or other token) for each of the individual data categories specified in the CCD Set and return the full set of data for that data category (according to the specified standards, where applicable) in a computable format. (B) Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range. (ii) Documentation: (A) The API must include accompanying documentation that contains, at a minimum: (1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions, and exception handling methods and their returns. (2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s). (3) Terms of use. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements. (B) The documentation used to meet paragraph (g)(8)(ii)(A) of this section must be available via a publicly accessible hyperlink. (9) *All* data request. The following technical outcome and conditions must be met through the demonstration of an API. (i) Functional requirements. (A) Respond to requests for patient data (based on an ID or other token) for all of the data categories specified in the CCD Set at one time and return such data (according to the specified standards, where applicable) in a summary record formatted according to the standard specified in §170.205(a)(4) following the CCD document template. (B) Respond to requests for patient data associated with a specific date, as well as requests for patient data within a specified date range. (ii) Documentation: (A) The API must include accompanying documentation that contains, at a minimum:

	(1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions, and exception handling methods and their returns. (2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s). (3) Terms of use. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements. (B) The documentation used to meet paragraph (g)(9)(ii)(A) of this section must be available via a publicly accessible hyperlink. (h) Transport methods and other protocols—(1) Direct Project— (i) Applicability Statement for Secure Health Transport. Able to send and receive health information in accordance with the standard specified in §170.202(a)(2), including formatted only as a "wrapped" message. (ii) Delivery Notification in Direct. Able to send and receive health information in accordance with the standard specified in §170.202(e)(1). Direct Project, Edge Protocol, and XDR/XDM— (i) Able to send and receive health information in accordance with: The standard specified in §170.202(a)(2), including formatted only as a "wrapped" message; The standard specified in §170.202(b), including support for both limited and full XDS metadata profiles; and Both edge protocol methods specified by the standard in §170.202(d). (ii) Delivery Notification in Direct. Able to send and receive health information in accordance with the standard specified in §170.202(e)(1).

**Note: 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	
§ 170.204(a)	Web Content Accessibility Guidelines (WCAG) 2.0, Level A Conformance (incorporated by reference in § 170.299).
§ 170.210(f)	Any encryption and hashing algorithm identified by the National Institute of Standards and Technology as an approved security function in Annex A of the FIPS Publication 140-2 (incorporated by reference in § 170.299).

§ 170.205(a)(3)	HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, (incorporated by reference in §170.299). The use of the "unstructured document" document-level template is prohibited.
§ 170.202(a)	ONC Applicability Statement for Secure Health Transport, Version 1.0 (incorporated by reference in §170.299).
§ 170.210(g)	The date and time recorded utilize a system clock that has been synchronized following (RFC 1305) Network Time Protocol, (incorporated by reference in §170.299) or (RFC 5905) Network Time Protocol Version 4, (incorporated by reference in §170.299).

**Note: Additional standards criteria may apply. Review the ONC 2015 Edition Final Rule for more information.*