Medicaid Promoting Interoperability Program Stage 3
Eligible Professionals
Objectives and Measures for 2018

Objective 5 of 8

Updated: July 2018

Patient Electronic Access to Health Information	
Objective	The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
Measure	EPs must satisfy both measures in order to meet this objective: **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 Application Programming Interface (API) in the provider's certified electronic health record technology (CEHRT). **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 Promoting Interoperability (PI) reporting period.
Exclusion	Measure 1 and Measure 2: A provider may exclude the measures if one of the following applies: (i) An EP may exclude from the measure if they have no office visits during the PI reporting period. (ii) 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 Federal Communications Commission (FCC) on the first day of the PI reporting period may exclude the measure.

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Definition of Terms

API – 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."

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.

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.

Business Days – Business days are defined as Monday through Friday excluding federal or state holidays on which the EP or their respective administrative staffs are unavailable.

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

MEASURE 1:

- DENOMINATOR: The number of unique patients seen by the EP 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 provider's CEHRT.
- THRESHOLD: The resulting percentage must be more than 80 percent in order for a provider to meet this measure.
- EXCLUSIONS: A provider may exclude this measure if one of the following applies:
  - An EP may exclude from the measure if they have no office visits during the PI 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 PI reporting period may exclude the measure.

MEASURE 2:

- DENOMINATOR: The number of unique patients seen by the EP 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 35 percent in order for a provider to meet this measure.
- EXCLUSIONS: A provider may exclude this measure if one of the following applies:
  - An EP may exclude from the measure if they have no office visits during the PI 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 PI reporting period may exclude the measure.

Additional Information

- To meet Stage 3 requirements for a PI reporting period in 2018, all providers must use technology certified to the 2015 Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. A provider who has technology certified to the 2014 Edition **may not** attest to Stage 3.
- To implement an API, the 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 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.
- Similar to how providers support patient access to view, download, and transmit capabilities, providers 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.
- In circumstances where there is no information available to populate one or more of the fields previously listed, either because the EP can be excluded from recording such information or because there is no information to record (for example, no medication allergies or laboratory tests), the EP may have an indication that the information is not available and still meet the objective and its associated measure.

- The patient must be able to access this information on demand, such as through a patient portal or personal health record (PHR) 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, and transmit, the measure does not replace the covered entity's responsibilities to meet the broader requirements under Health Insurance Portability and Accountability Act (HIPAA) to provide an individual, upon request, with access to patient health information (PHI) in a designated record set.
- Providers 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. Providers 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.
- For Measure 1, providers must offer all four functionalities (view, download, transmit, and access through API) to their patients. And, PHI needs to be made available to each patient for view, download, and transmit within 48 hours of the information being available 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.
- 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 seen by the EP.
- 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 provider may count that 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 provider.
- For Measure 2, beginning in 2017, actions included in the numerator 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 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.

Regulatory References

- This objective may be found in Section 42 of the code of the federal register at 495.24 (d)(5)(i)(A) and (B). 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) and (g)(8) and (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.

Certification Criteria*	
§ 170.315(a)(13) Patient Specific Education	(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(g)(8) Design Performance	(8) Application Access. Data category request. The following technical outcome and conditions must be met through the demonstration of an application programming interface. (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 Common Clinical Data 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.
§ 170.315(g)(9) Design Performance	(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 Common Clinical Data 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).

	(2) Direct Project, Edge Protocol, and XDR/XDM—(i) Able to send and receive health information in accordance with: (A) The standard specified in §170.202(a)(2), including formatted only as a "wrapped" message; (B) The standard specified in §170.202(b), including support for both limited and full XDS metadata profiles; and (C) 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 170.314 (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.*