ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS
OBJECTIVES AND MEASURES FOR THE 2023 EHR REPORTING PERIOD

The following information is for eligible hospitals and critical access hospitals (CAHs) attesting to CMS for their participation in the Medicare Promoting Interoperability Program in calendar year (CY) 2023.

Objective	Provider to Patient Exchange
Measure	**Provide Patients Electronic Access to Their Health Information:** For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23): i. The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and ii. 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 interface (API) in the eligible hospital or CAH's 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.

Reporting Requirements

- DENOMINATOR: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (Place of Service [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 hospitals or CAH's CEHRT.
- The EHR reporting period for participants in the Medicare Promoting Interoperability Program is a minimum of any continuous 90-day period within CY 2023.

Scoring Information

- Total points available for this measure: 25 points.
- 100 total points will be available for the required objectives and measures of the Medicare Promoting Interoperability Program.
- Failure to report at least a "1" for all required measures with a numerator or reporting a "No" for a Yes/No response measure (except for the SAFER Guides measure[1]) will result in a total score of 0 points for the Medicare Promoting Interoperability Program. Such eligible hospitals or CAHs who fail to achieve a minimum total score of 60 points are not considered meaningful users and may be subject to a downward payment adjustment.
- *Rounding*: When calculating the performance rates and measure and objective scores, scores will be rounded to the nearest whole number.
- *Reminder:* In order to earn a score greater than zero, an eligible hospital or CAH must complete the activities required by the Security Risk Analysis and SAFER Guides[1] measures, submit their complete numerator and denominator or Yes/No data for all required measures, submit their level of engagement for the Public Health and Clinical Exchange measures, attest to the Actions to limit or restrict the compatibility or interoperability of CEHRT statement, and the ONC Direct Review attestation, as well as report on the required electronic clinical quality measure data.

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[1] In 2023, eligible hospitals and CAHs will be required to submit one "yes/no" attestation statement for completing an annual self-assessment using all nine SAFER Guides, and a "yes" or "no" attestation response will fulfill the measure.

Additional Information

- For an EHR reporting period in CY 2023, eligible hospitals and CAHs must use technology certified to the 2015 Edition of health IT certification criteria and updated to the 2015 Edition Cures Update to meet the CEHRT definition.
- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21st Century Cures Act final rule (85 FR 25642), we encourage hospitals to visit https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update.
- To check whether a health IT product that has been certified to criteria updated for the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List (CHPL) at https://chpl.healthit.gov/.
- Certified functionality must be used as needed for a measure action to count in the numerator during a performance period. However, in some situations the product may be deployed during the performance period but pending certification. In such cases, the product must be certified by the last day of the performance period.
- For the measure, eligible hospitals and CAHs must offer all four functionalities (view, download, transmit, and access through API) to their patients.
- To implement an API, the eligible hospital or CAH 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 (VDT) 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 of 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 (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 VDT, 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 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.
- Actions included in the numerator must occur within the self-selected EHR reporting period.
- For view, download, and transmit functionality, the required content is:
  - the USCDI (https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi), the required content is:
  - Inpatient setting only. Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization.
  - Laboratory test report(s).
  - Diagnostic image report(s).
- For API functionality the required data set is the USCDI https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi).

Regulatory References

- For further discussion, please see 83 FR 41634 through 41677.
- In order to meet this measure, an eligible hospital or CAH must use technology certified to the criteria at 45 CFR 170.315 (e)(1), (g)(7), (g)(8) or (g)(10), and (g)(9).

Certification Criteria

Below are the corresponding certification criteria for EHR technology that support this measure.

Certification Criteria
§ 170.315 (e)(1) Patient Engagement - View, Download, and Transmit to 3rd Party
§ 170.315 (g)(7) Application Access – Patient Selection
§ 170.315 (g)(9) Application Access – All Data Request
§ 170.315 (g)(10) Application Access – Standardized API for Patient and Population Services