

Patient Electronic Access Tipsheet

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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.

MEASURE COMPLIANCE

Starting in 2014, CMS requires that providers participating in both Stage 1 and Stage 2 of the EHR Incentive Programs must meet the Patient Electronic Access objective, which gives patients access to their health information in a timely manner. Providers participating in Stage 1 are required to meet one patient electronic access measure, and providers participating in Stage 2 need to meet two measures.

Measure #1 for Stage 1 and Stage 2:

- Eligible Professionals: More than 50 percent of all unique patients seen during the reporting period are provided online access to their health information within 4 business days after the information is available to the eligible professional. [See the specification sheet for exclusion.](#)
- Eligible Hospitals: More than 50 percent of all unique patients discharged from the inpatient or emergency departments during the reporting period have their information available online within 36 hours of discharge. [See the specification sheet for exclusion.](#)

Measure #2 for Stage 2:

- Eligible Professionals: More than 5 percent of all unique patients (or their authorized representatives) seen during the reporting period view online download, or transmit to a third party their health information. [See the specification sheet for the exclusion.](#)
- Eligible Hospitals: More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department view, download or transmit to a third party their information during the EHR reporting period. [See the specification sheet for exclusion.](#)

QUESTIONS AND ANSWERS

Q: How does CMS define “access”?

A: Access is when the patient possesses of all of the necessary information needed to view, download, or transmit their health information.

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.

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 the FAQ.](#)

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. Eligible professionals in group practices are able to share credit to meet the patient electronic access threshold if they each saw the patient during the EHR reporting period and they are using the same certified EHR technology. The patient can only be counted in the numerator by all of these eligible professionals if the patient views, downloads, or transmits their health information online. [See the FAQ.](#)

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 the FAQ.](#)

Q: When calculating Measure #1, how should eligible professionals and eligible hospitals account for patients who do not wish to receive access to their health information?

A: A patient can choose not to access their health information, or “opt-out.” Patients cannot be removed from the denominator for opting out of receiving access. If a patient opts out, a provider may count them in the numerator if they have been given all the information necessary to opt back in without requiring any follow up action from the provider, including, but not limited to, a user ID and password, information on the patient website, and how to create an account.