MIPS Provide Patients Electronic Access to Their Health Information

Last modified on 02/06/2025 3:45 pm EST

You can enter the data generated from inviting patients to OnPatient DrChrono to your Healthmonix MIPSpro account. In order to meet the Provide Patient Access Promoting Interoperability measure, your practice **must** implement our new ONC Cures Edition FHIR.
The FHIR API's must be configured and setup prior to starting your Promoting Interoperability reporting period to earn the maximum number of points towards the Provide Patient Access measure. If your practice already configured the FHIR API's reporting, no additional setup is required to support MIPS PI reporting.

See our article Set Up ConnectEHR for FHIR for more.

Please read and complete the steps in the link below and complete this form in its entirety. Not completing this entire process may impact your MIPS reporting.

Setup my Practice's FHIR API's for MIPS Promoting Interoperability reporting

What is FHIR?

The Fast Healthcare Interoperability Resources (FHIR) is a standard for exchanging healthcare information electronically. It is designed to facilitate the exchange of electronic health records (EHRs) and other healthcare data between different systems. The Interoperability and Patient Access final rule requires the use of FHIR by a variety of CMS-regulated payers, including Medicare Advantage organizations, state Medicaid programs, and qualified health plans in the Federally Facilitated Marketplace by 2021. Specifically, the rule requires FHIR APIs for Patient Access, Provider Directory and Payer-to-Payer exchange. The primary goal of the rule is to put patients first by giving them access to their health information when they need it most and in a way they can best use it. Patients and their healthcare providers will have the opportunity to be more informed, which can lead to better care and improved patient outcomes, while at the same time reducing burden.

FHIR® - Fast Healthcare Interoperability Resources

See our articles for more FHIR API FAQ and What to Expect with FHIR APIs

Description

For at least one unique patient seen by the MIPS-eligible clinician: (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 MIPS-eligible clinician 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 MIPS eligible clinician's certified electronic health record technology (CEHRT).

Requirements

1. A valid email address for each patient needs to be entered into the patient's chart. Additionally, the patient needs to be invited to OnPatient.

There are several ways to invite patients to OnPatient. For information on how to send OnPatient invitations see the articles below:

- How do I send or resend individual OnPatient invites?
- Bulk Inviting All Patients to OnPatient
- Automatically Sending OnPatient Invitations through Reminders and Appointment Confirmation
- OnPatient Settings: Automatically Inviting New Patients to OnPatient after their First Appointment
- Inviting a Patient to OnPatient on the iPad App

2. It is a requirement of this measure that the clinical note for the encounter must be signed and locked**within 4 business days** in order to be accessible to the patient. Once the note, is signed and locked in it will be made available to the patient through OnPatient and the practice's FHIR APIs. The patient will receive a welcome email to access their information via FHIR APIs.
As a best practice, it is advisable to sign and lock your notes as soon as possible after the encounter.

For more information on signing and locking your notes see our articles below:

- How do I lock a clinical note?
- Signing and Locking a Clinical Note on the iPad
- Signing and Locking a Clinical Note on the iPhone

If your notes are not signed and locked, you will see the error message below when trying to calculate the measure. In order to avoid and/or fix this error message, please sign and lock the note(s) for the appointment(s) in the reporting period.

Additionally, the appointment status for the encounters during the measurement period needs to be marked with one of the following statuses at the time of calculation:

- Arrived
- Checked In
- Checked In Online

- In Room
- In Session
- Complete

Please note that appointments marked with custom appointment statuses will not count toward the measure.

Definitions

API or Application Programming Interface – A set of programming protocols established for multiple purposes. APIs may be enabled by a healthcare provider or provider organization to provide patients 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.

Timely Access – We define "timely" as within 4 business days of the information being available to the MIPS-eligible clinician.

Unique Patient – If a patient is seen by a MIPS-eligible clinician more than once during the performance period, then, for purposes of measurement, that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the clinician at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same clinician multiple times in the same performance 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 MIPS eligible clinician's CEHRT.

Patients must be invited to OnPatient and their health information for the visit must be made available to them through OnPatient and the FHIR APIs within 4 business days.

Denominator

The number of unique patients seen by the MIPS-eligible clinician during the performance period.

Note: If you do not have your FHIR APIs enabled you will receive an error message when trying to calculate your scores. Please fill out this form and enable the APIs to calculate.

In your Healthmonix MIPSpro account, you can enter the number for the numerator and denominator and **Save**.