MIPS Dashboard

Last Modified on 11/12/2026 1:15 pm EST

The MIPS Dashboard allows practices to track MIPS Eligible Clinician's Promoting Interoperability scores, browse Improvement Activities and extract MIPS Quality report PM and Clinical data to provide to Mingle Health for Quality Reporting. Practices track clinician performance as individuals or as a group.

2026 MIPS Reporting Year Summary

Performance Year 2026

The 2026 MIPS program remains largely consistent with 2025, with no major changes to scoring methodology or category structure. Practices can continue using the same workflows and reporting approach established in 2025.

Updates for 2026 are limited to **Improvement Activities**, where select measures have been added, modified, or removed. The MIPS Dashboard has been updated to reflect the 2026 activity inventory while preserving prior-year reporting data. Measures removed for 2026 will no longer appear in the Improvement Activities list when viewing the 2026 dashboard.

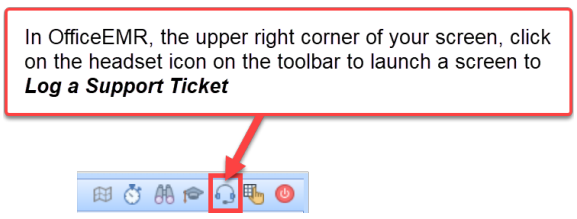
Practices are encouraged to review details for their selected Improvement Activities on the CMS website to ensure compliance with current requirements.

MIPS is a CMS program. For questions related to program requirements, please contact CMS directly unless you are enrolled in our MIPS Assist program.

MIPS Assist Program Subscription

Need assistance with MIPS reporting but prefer personalized support beyond CMS resources? Our MIPS Assist program offers expert guidance to help your practice successfully navigate reporting requirements.

To learn more or get started, simply open a support case by clicking on the headset icon in the upper right corner of your OfficeEMR screen and then log request details about our MIPS Assistance program.



References:

Access CMS website for full MIPS 2026 guide.

2025 MIPS Certification ID

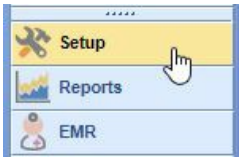
CMS updated the format of certification numbers beginning in 2026. The OfficeEMR 2025 CMS Certification ID is **2025C16KJR0PA58** (the MIPS Dashboard under Reports > MIPS Dashboard was updated to reflect this change).

Check Your MIPS Participation Status

Follow these Steps to Verify Your Eligible Clinician Participation Status:

If your practice is planning on group reporting, be sure to check and take note of clinicians who are only eligible for group reporting (PA, NP, etc). They will often be required to report if you report as a group.

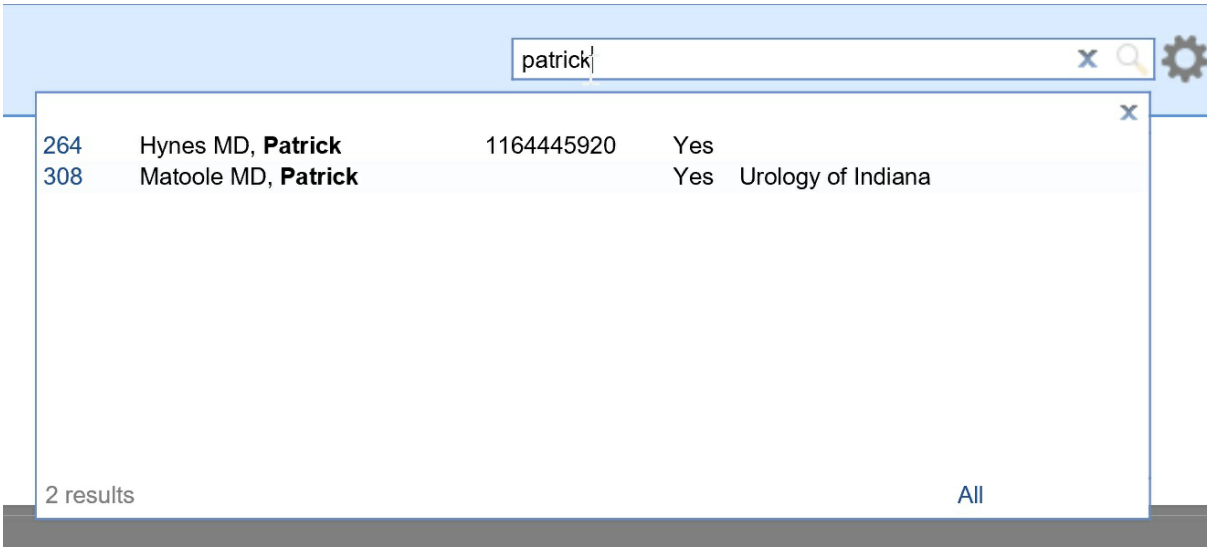
1. Navigate to the **Setup** Portal.



2. Select **Providers** under Basic Setup.



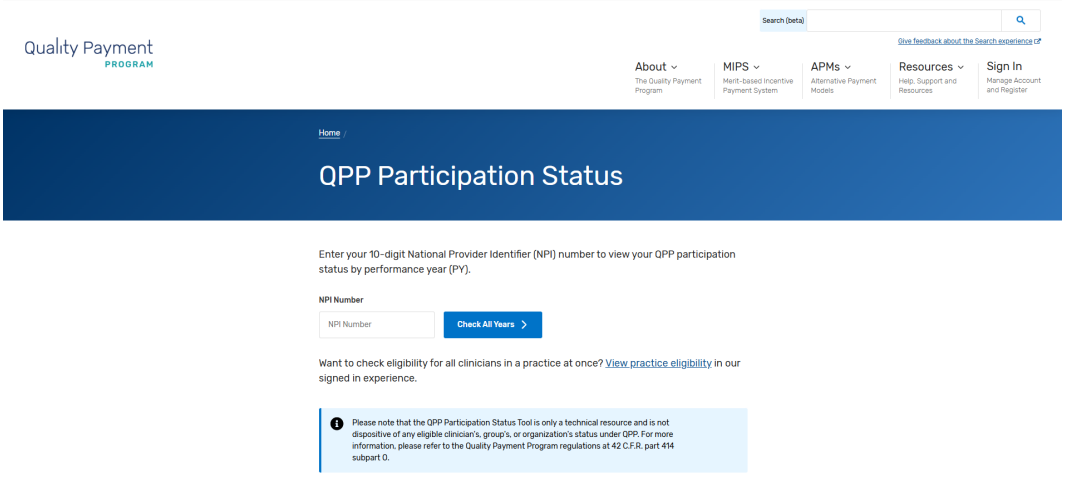
3. Search for each billing NPI at the Practice under the **Provider Search.**



4. Select the **Click here to view MIPS status** link.



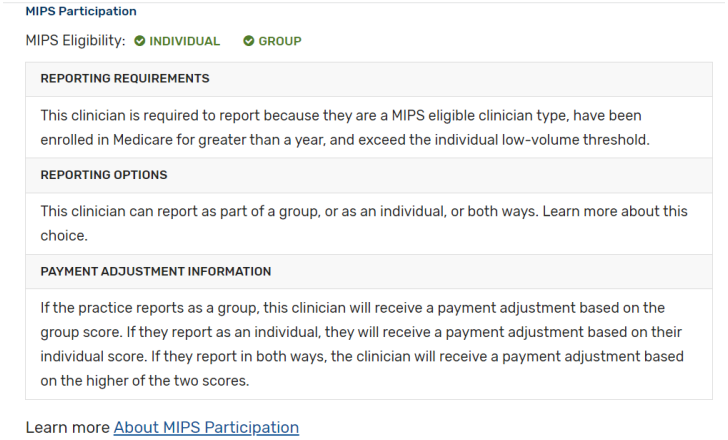
5. This will open the CMS QPP Participation Status for the Selected Clinician. Make sure the appropriate Fiscal Year tab is selected.



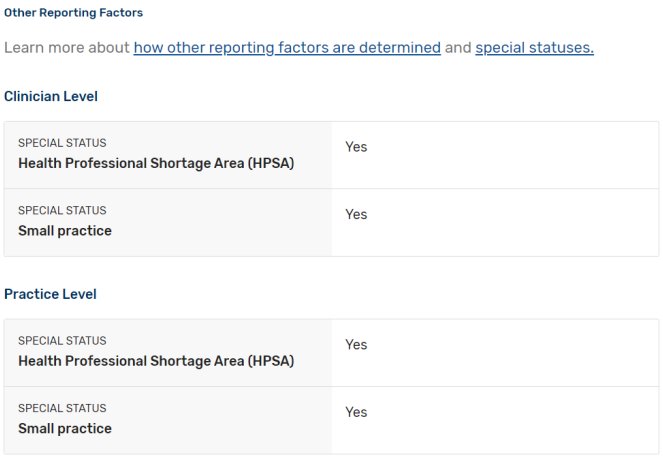
6. Scroll Down until you see the Clinicians name and Practice Name. Click on the Expand button to view the clinician's full eligibility information.



7. Document whether the clinician is eligible as an individual and/or group provider.



8. Scroll down to check for any special statuses. Click here to learn more about special statuses.



9. Go back to step 3 and repeat for all clinicians at the practice.

Check out qpp.cms.gov for more information about how MIPS eligibility is determined.

MIPS Quality Performance Category 2024

For the 2024 MIPS reporting period, the Quality performance category stayed the same as last year at 30% of the Clinician's/Group's final score. This percentage can change due to Exception Applications or Alternative Payment Model (APM) Entity participation. Participants are required to collect quality measure data for the 12-month performance period (January 1-December 31, 2024).

General reporting requirements:

- You'll typically need to submit collected data for at least 6 measures (including 1 outcome measure or high-

priority measure in the absence of an applicable outcome measure), or a complete specialty measure set.
- **New for 2024**: Beginning with the 2024 performance period, you'll need to report performance data for at least 75% of the denominator eligible cases for each quality measure (data completeness), which is an increase from the previous data completeness threshold of 70%.
- You can submit measures from different collection types (except CMS Web Interface measures) to fulfill the requirement to report a minimum of 6 quality measures.

iSalus Healthcare has partnered with with 2 companies for MIPS Quality Reporting in 2024. Those partners are Mingle Health and Dynamic Health IT.

- Mingle Health is an industry-leading Medicare Qualified Clinical Data Registry. They offer robust quality reporting options for our practices and complete MIPS (Promoting Interoperability, Improvement Activity and Quality) reporting to CMS. Click here to get started with Mingle Health.
- iSalus has also integrated with Dynamic Health IT's CQMsolution as our Electronic Clinical Quality Measure (eCQMs) quality reporting tool. We currently support the following eCQMs through our integration with CQMsolution:
    - CMS22v10 / MIPS Quality ID 317 - Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented
    - CMS68v11 / MIPS Quality ID 130 - Documentation of Current Medications in the Medical Record
    - CMS69v10 / MIPS Quality ID 128 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan
    - CMS122v10 / MIPS Quality ID 1 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
    - CMS138v10 / MIPS Quality ID 226 - Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention
    - CMS156v10 / MIPS Quality ID 238 - Use of High-Risk Medications in the Elderly
    - CMS165v10 / MIPS Quality ID 236 - Controlling High Blood Pressure

Most eligible MIPS clinicians will partner with Mingle Health or another registry as registries have access to hundreds of quality measures for practices to report on vs. the 9 available eCQMs currently supported by iSalus. To sign-up for Mingle Health, purchase a MIPS Solutions package for each reporting clinician here. Be sure to utilize the ISALUS24 coupon code to receive our discounted rate of $588/Clinician.

For more information on reporting your 2024 Quality data using our CQMsolution eCQMs, contact our support staff at support@isalushealthcare.com. Learn more about the Quality Performance Category on the qpp.cms.gov website.

How to Enable the FHIR API's for MIPS Reporting

Starting with the MIPS 2023 reporting period, there are a few new company settings and new ONC Cures Edition FHIR API's that must be enabled for your practice to fully participate in the MIPS Promoting Interoperability performance category. Follow these steps to fully enable the MIPS Dashboard for MIPS PI reporting **prior** to starting your reporting period:

Setup the ONC Cures Edition FHIR API's

1. Submit a FHIR API Integration Request

Starting in 2023, in order to meet the Provide Patient Access Promoting Interoperability measure, your practice

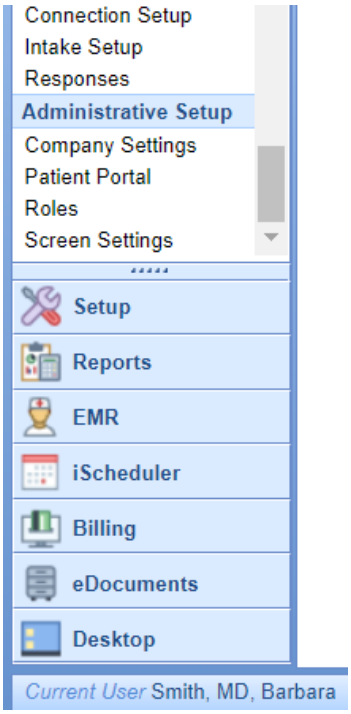
must implement our new ONC Cures Edition FHIR API's. To get started, submit a FHIR API Integration Request. Make sure to select that you select that you are looking to "Setup my Practice's FHIR API's for MIPS" when completing the request form.

> **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 for 2023 reporting, no additional setup is required to support 2024 and beyond MIPS PI reporting.**

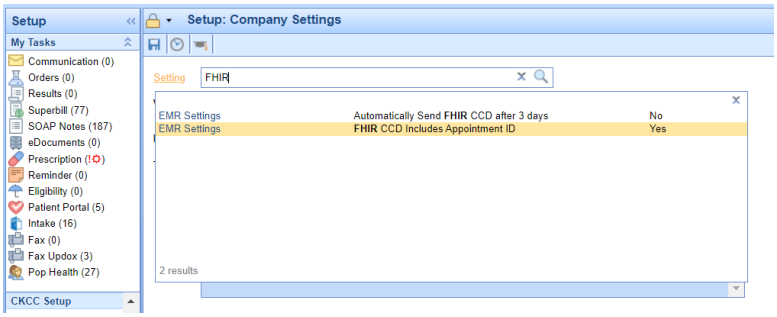
2. Enable the FHIR API Company Settings

Follow these steps to enable the new FHIR API Company Settings to fully enable the Provide Patient Access measure API invitations:

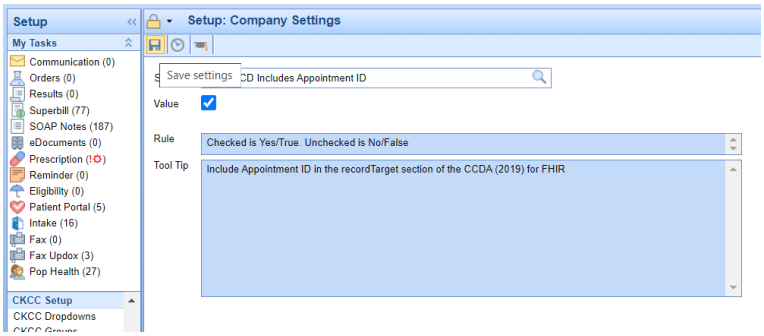
1. Click on the **Setup Portal** > **Company Settings**.



2. Search for "FHIR" and select the "**FHIR CCD Includes Appointment ID**" setting.



3. Select the **Value** checkbox to enabled for this setting and press the **Save** button.

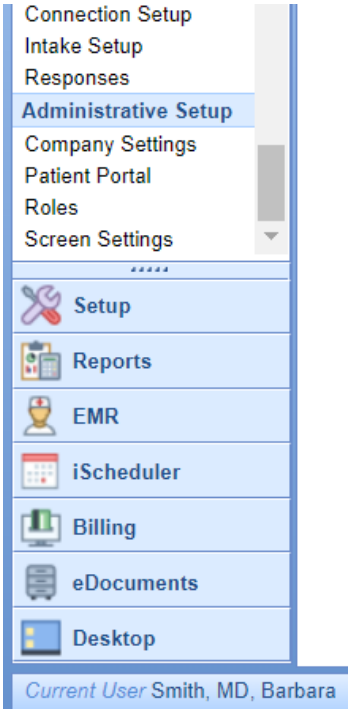


3. Enable the CCDA v 2.1 Setting

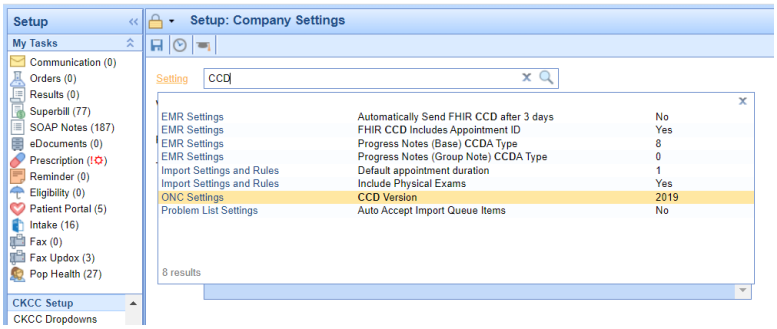
The latest version of the CCDA file v2.1 is required in order to support the 2023 Provide Patient Access Promoting Interoperability measure. CCDAs are sent to the patient's MyMedicalLocker account as well as to the new FHIR API's once a progress note is signed for checked-out appointments. Follow these steps to enable the latest version of the CCDA v 2.1 file:

UPDATE: As of 1/1/2026 there is an updated version to select for FHIR - replace reference to 2019 with 2026 CCDA version.

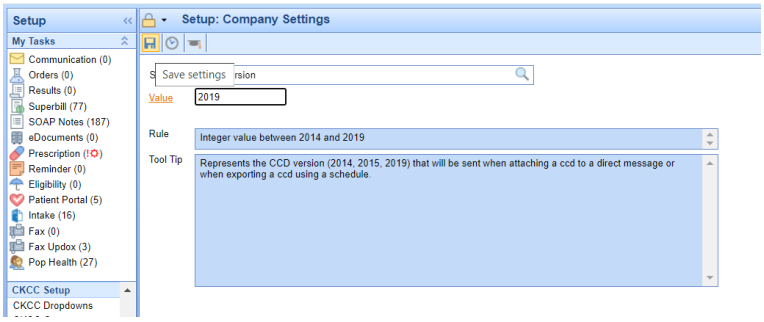
1. Click on the **Setup Portal** > **Company Settings**.



2. Search for "CCD" and select the "**CCD Version**" company setting.



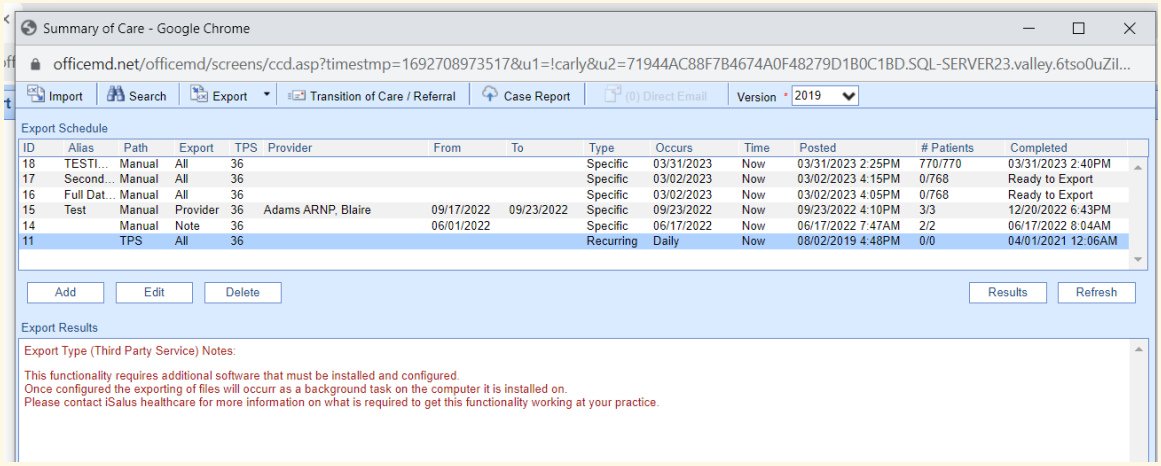
3. Set the **Value** to ~~**2019**~~ **2026** and press the **Save** button.



If your practice is actively generating CCDA files to supply to a third-party vendor, you will want to verify with the vendor that they can accept the CCDA v2.1.

You can check for these scheduled CCDA files by following these steps:

1. Click on **Reports** > **Summary of Care**.
2. Select the **Export menu** > **Schedule**.
3. If you see any active recurring CCDA Exports, you will need to verify the recipient/user of these files can accept the updated file before switching your CCD Version company setting.



Review and send this knowledge article to any vendors that consume your CCDA files to learn more about the CCDA version 2.1 and access a sample file.

Review the Updates to the Provide Patient Access Measure

There are some new requirements for practices to consider in order to meet the Provide Patient Access Promoting Interoperability measure. Review the updated knowledge article on this measure to learn more.

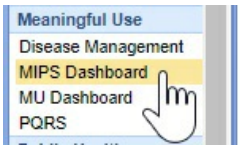
Add a Clinician to the MIPS Dashboard 2024

In order to calculate and extract MIPS Quality and Promoting Interoperability data, practices need to setup each MIPS eligible clinician on the MIPS dashboard following these steps:

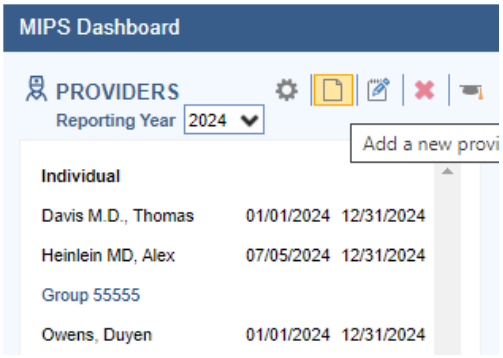
1. Navigate to the **Reports** Portal.



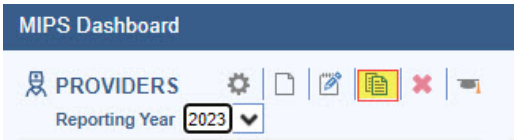
2. Select **MIPS Dashboard** under the Meaningful Use section.



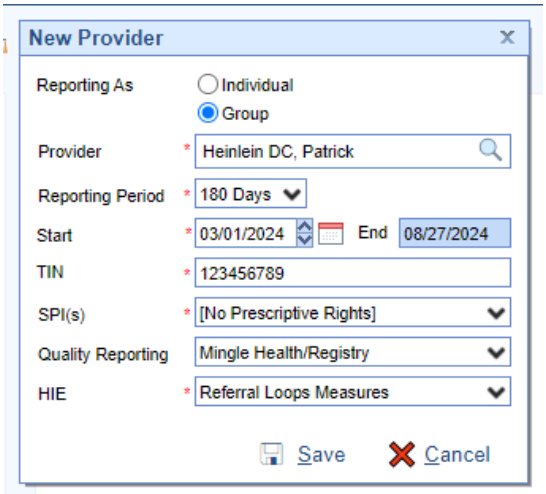
3. Click on the **New** button to add a new provider.



4. Optional: You can quickly copy a Group or Provider for the new reporting year by selecting it from the previous reporting year (2023) and clicking the new **Copy Button** within the toolbar to copy and edit the group or provider into the new reporting year.



4. Set up the provider reporting period using the **Edit Provider** screen.



5. Press the **Save** button.
6. Repeat the process for all MIPS Eligible Clinicians.
7. Also, the practice must ensure to enable the OfficeEMR FHIR API's prior to starting their PI reporting period. See How to Enable the FHIR API's for MIPS Reporting for instructions on enabling this feature.

For the 2024 reporting period, the Promoting Interoperability performance category is a **minimum of 180 continuous days**.

When setting up providers, the **TIN** must be entered without a - in the middle.

SPI is the Surescripts Provider ID which is used for electronic prescribing. Most providers will only have 1 SPI value. If your practice has only 1 TIN and the provider has multiple SPI numbers, select all SPI numbers. If your provider does not have prescriptive rights, select the [No Prescriptive Rights] option.

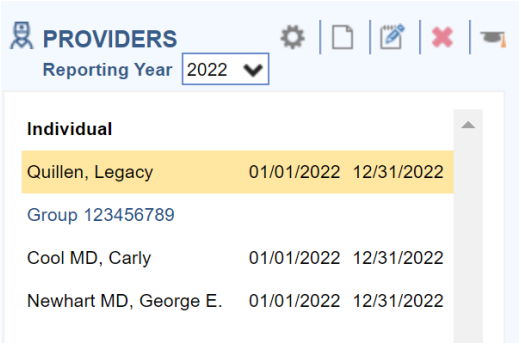
There are two **Quality Reporting** options. Select Mingle Health/Registry if you are working with Mingle Health or another Registry for your quality reporting needs. Select DHIT eCQM if your practice is using CQMsolutions for quality reporting.

HIE Clinicians and groups have three options for Health Information Exchange reporting. Clinicians can attest to the bi-directional HIE exchange or Enabling Exchange Under TEFCA measure or continue to report the individual referral loops measures. Clinicians/Groups should select the "Bi-Directional Exchange Measure" to attest to bi-directional exchange with an HIE to support transitions of care as their HIE measure. Select the "Enabling Exchange under TEFCA Measure" to attest to enabling exchange under TEFCA as their HIE measures. Select the "Referral Loops measures" to track and report the Referral Loops - Send Health Information and Referral Loops - Receive and Incorporate measures as their HIE measures.

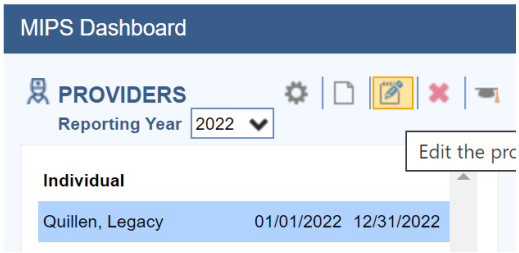
Edit a Clinician on the MIPS Dashboard

Follow these steps to edit a provider or group setup on the MIPS Dashboard:

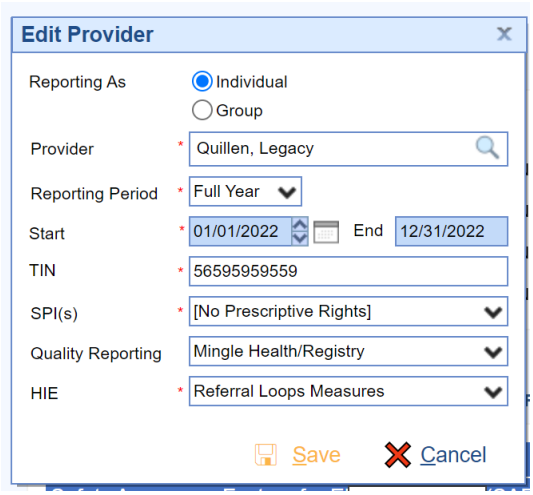
1. Select the **Clinician** in the list of Providers on the left.



2. Click on the **Edit** button.



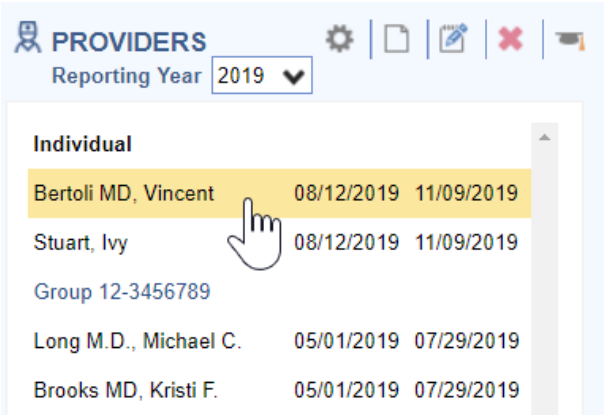
3. Edit the Clinician or Group as necessary and press the **Save** button.



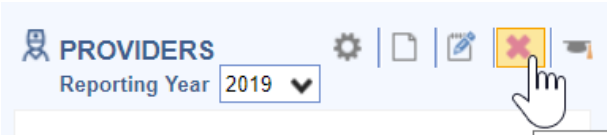
Delete a Clinician from the MIPS Dashboard

Follow these steps to remove a clinician from the MIPS Dashboard:

1. Select the **Clinician** in the list of Providers on the left.



2. Click on the **X** icon to delete the Clinician.



Mingle Health Quality Data Extract File Contents

iSalus Healthcare offers 4 different quality data extract files which are exported and uploaded into the Mingle Health site to calculate practice MIPS Quality reports. They are as follows:

MIPS Quality PM File Contents

All practices must extract and provide this file to Mingle Health for quality measure calculation. It includes:

- Claim information for patients seen for the NPI and TIN during 01/01/Reporting Year – 12/31/Reporting Year

MIPS Quality Interventions File Contents

Practices tracking quality data with clinical data will need to extract this file if their quality measures include the following clinical data:

- Immunizations setup with a CVX Code
- Patient Education Materials selected in the Patient Education chart tab
- Procedure type Orders
- Referral type Orders
- Lab, Radiology and Pathology type Orders
- Template items setup as CCDA Care Plan Goals or Care Plan Instructions

MIPS Quality Medications File Contents

Practices tracking quality data with clinical data will need to extract this file if their quality measures include the following clinical data:

- Medications for patients seen during the reporting period
- Medications Documented Indicator (Medications Marked as Reviewed on the Patient Timeline Summary)

MIPS Quality Observations File Contents

Practices tracking quality data with clinical data will need to extract this file if their quality measures include the following clinical data:

- Vitals including BMI, Diastolic BP, Systolic BP, Height, Weight, Pain Scale, Heart Rate
- Order Results
- Problems where the status is not Removed
- Allergies
- Smoking Status – Pulls a Specific Global Entity from the Patient History template

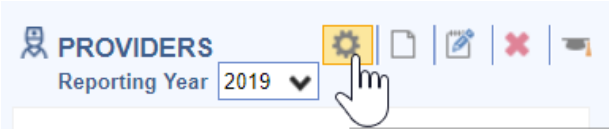
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Setup Mingle Health/Registry Quality Data Extract Settings

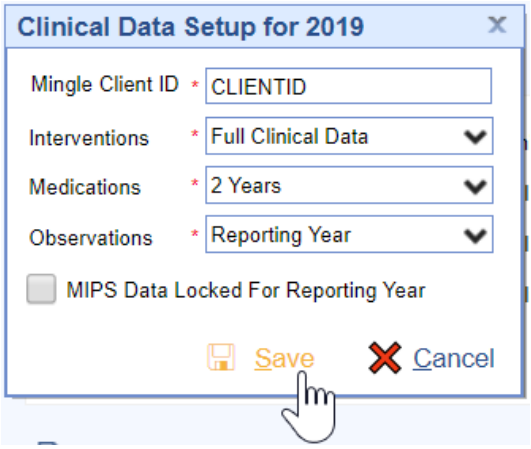
Practices who have engaged with our Clinical Data Registry Mingle Health for their quality reporting will need to properly setup and extract data files from the MIPS Dashboard to upload into the Mingle Health portal. The MIPS Dashboard has 4 file extracts that are used for quality reporting depending upon how a practice is tracking their quality measures. Click here to learn more about the specific contents of the Quality Data Extract files.

Follow these steps to setup the Practice's Mingle Client ID and the time frame in which to pull the MIPS quality data extract files:

1. Click on the **Gear** button.



2. Enter the practice **Mingle Client ID** and setup the appropriate time frame to pull clinical data for the clinical **Interventions**, **Medications** and **Observations**.



3. Press the **Save** button to save the settings.

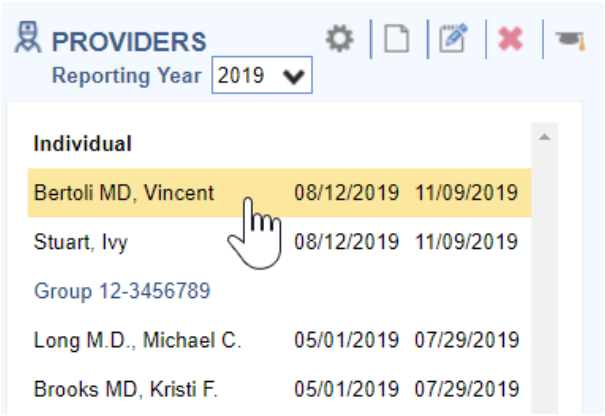
> The dashboard quality data is calculated nightly by iSalus. If your practice needs this data manually refreshed, contact the iSalus Support team.

Extract Mingle Health Quality Data

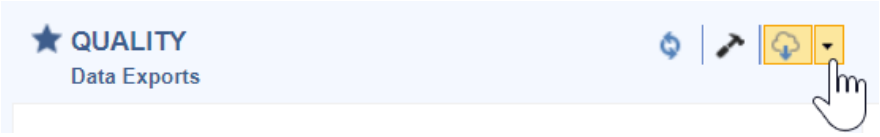
When practices are ready to obtain an updated quality report from Mingle Health, they will need to extract the quality data files to upload in the Mingle Health portal.

Follow these steps to extract the MIPS Quality Data files:

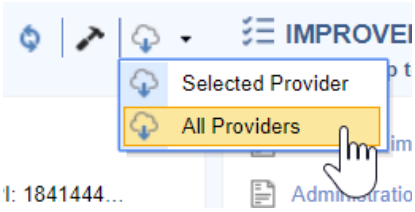
1. Click on the **Individual Clinician** or **Group** to extract files for.



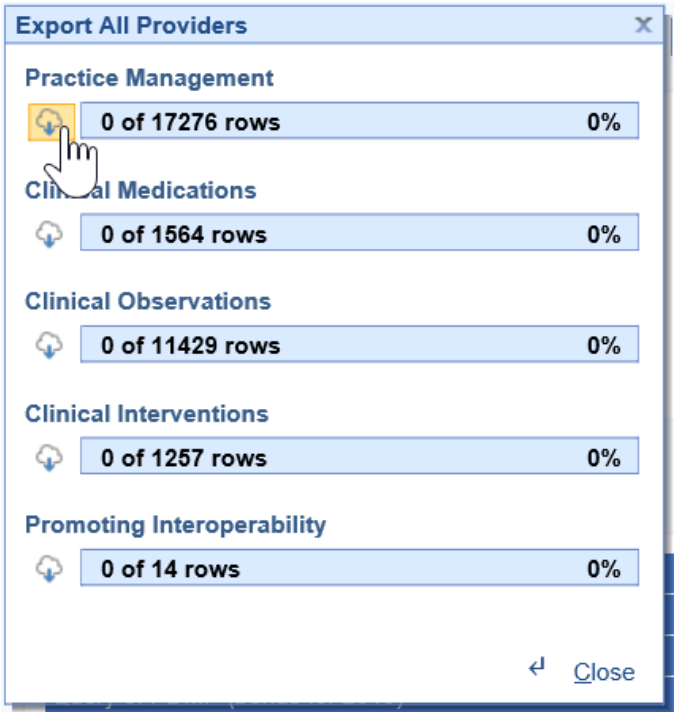
2. Click on the **Quality** download menu.



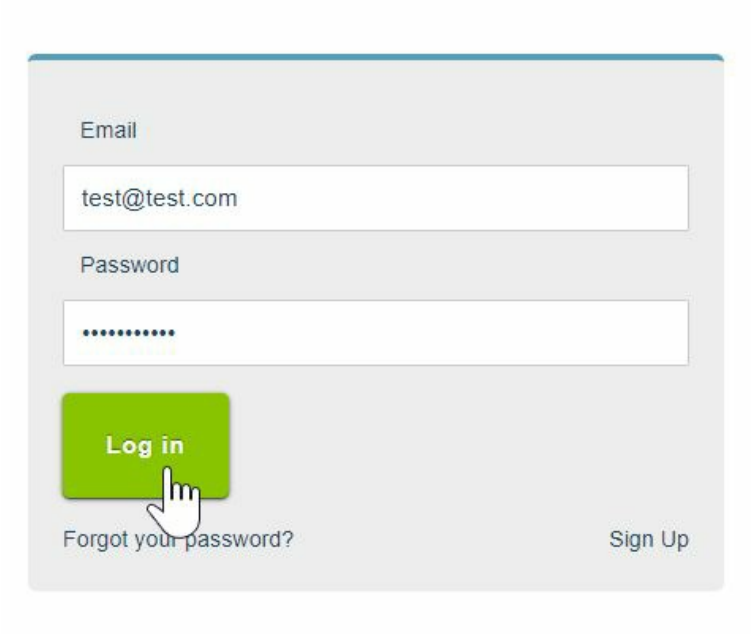
3. Select **All Providers.**



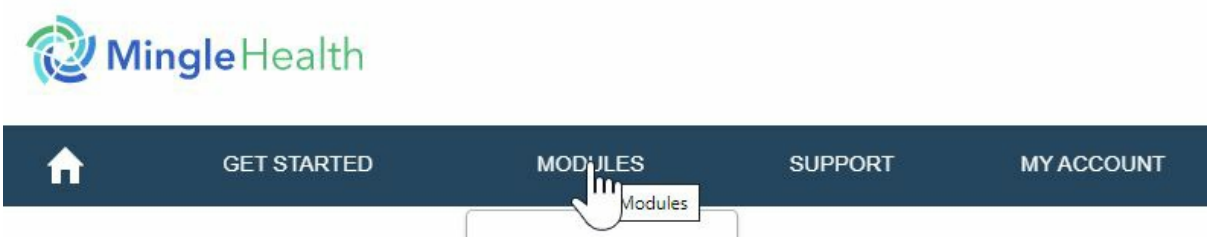
4. Click on the **Download Cloud** button for all of the files necessary to calculate your practice's quality measures.These will download to your C drive – iSalusExport folder on your computer's hard drive.



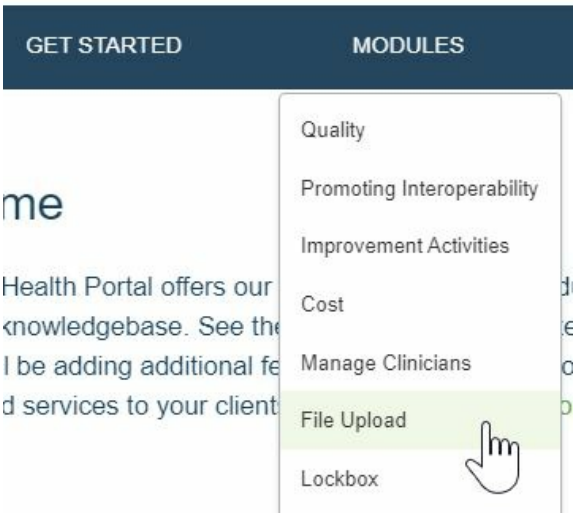
5. Login to the Mingle Health Portal.



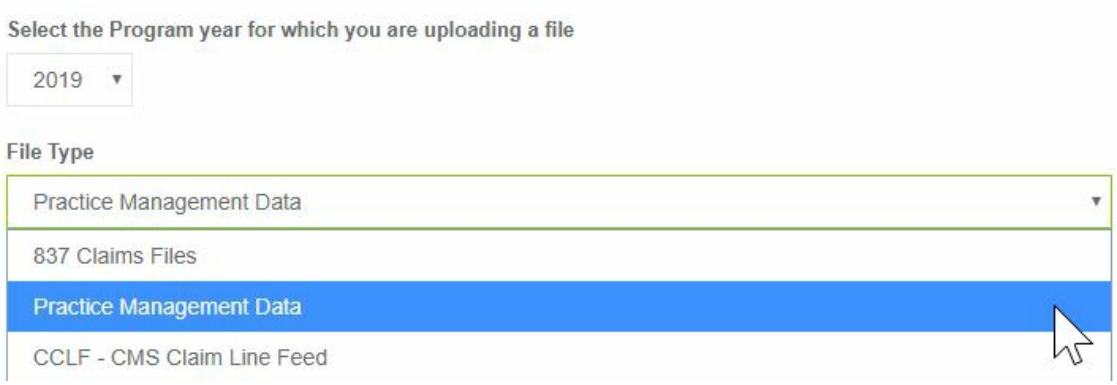
6. Select the **Modules** menu.



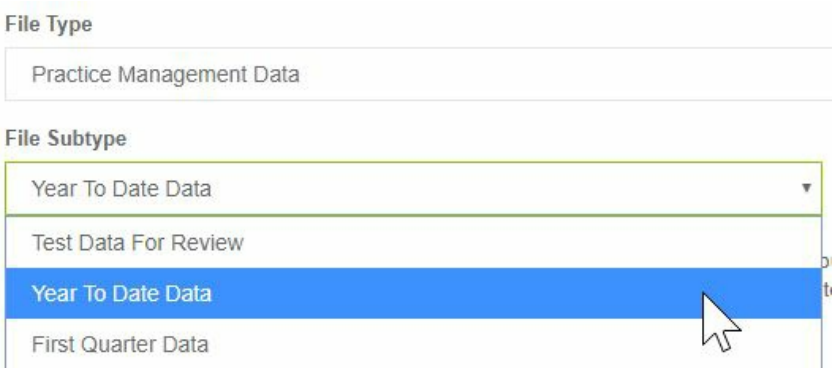
7. Click on the **File Upload** menu option.



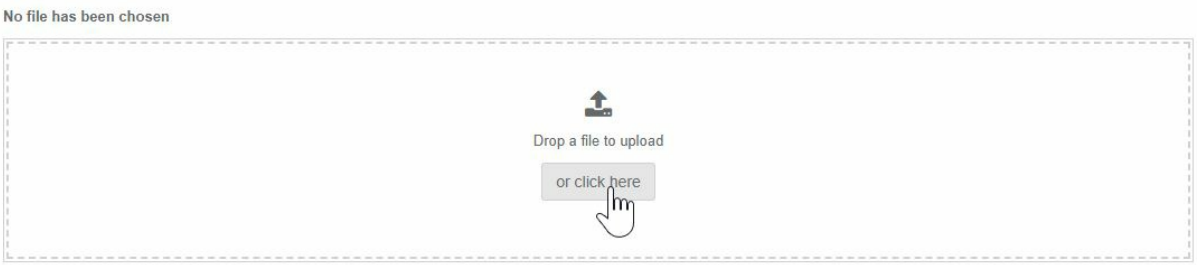
8. Set the **File Type** to Practice Management Data (for the PM file) or Clinical Data Extract (for the Medications, Observations and Interventions files).



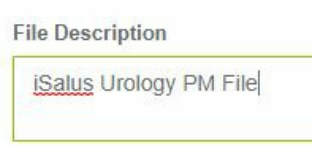
9. Set the **File Subtype** to Year to Date Data.



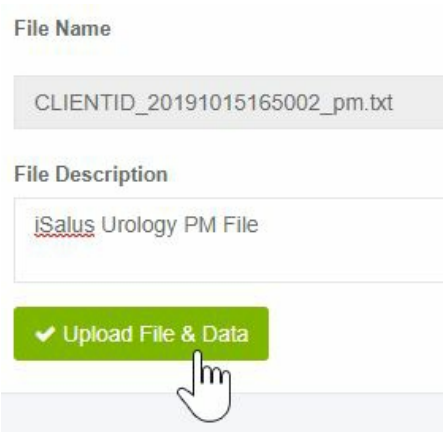
10. Select the **or click here** button to upload your file. It will be in the C:iSalus Export folder.



11. Enter the **File Description** as "Practice Name PM/Medication/Observations/Interventions File".



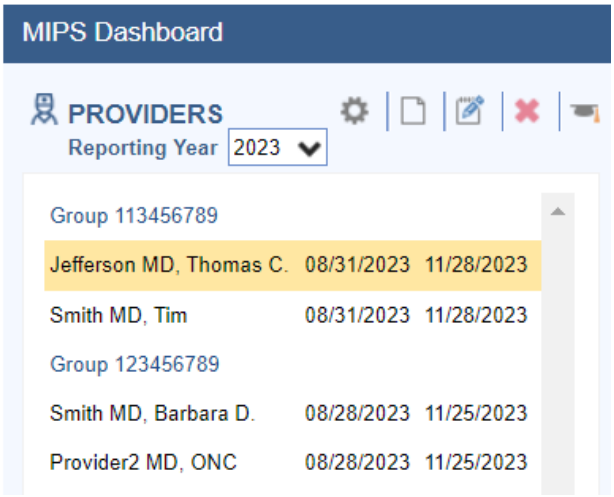
12. Press the **Upload File & Data** button. Repeat until all files have been uploaded to Mingle Health.



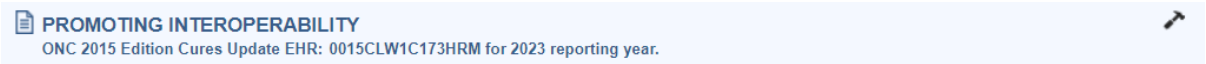
Viewing Clinician Promoting Interoperability Scores

Follow these steps to view a clinician or group's MIPS Promoting Interoperability score:

1. Select either the **Group** or **Individual Clinician** to see the Promoting Interoperability scores for.



2. Click on the **Hammer** button under the Promoting Interoperability section of the Dashboard to calculate/refresh the Promoting Interoperability score for the Group/Individual Clinician.



3. Click on the **Measure** name for more information about the measure.



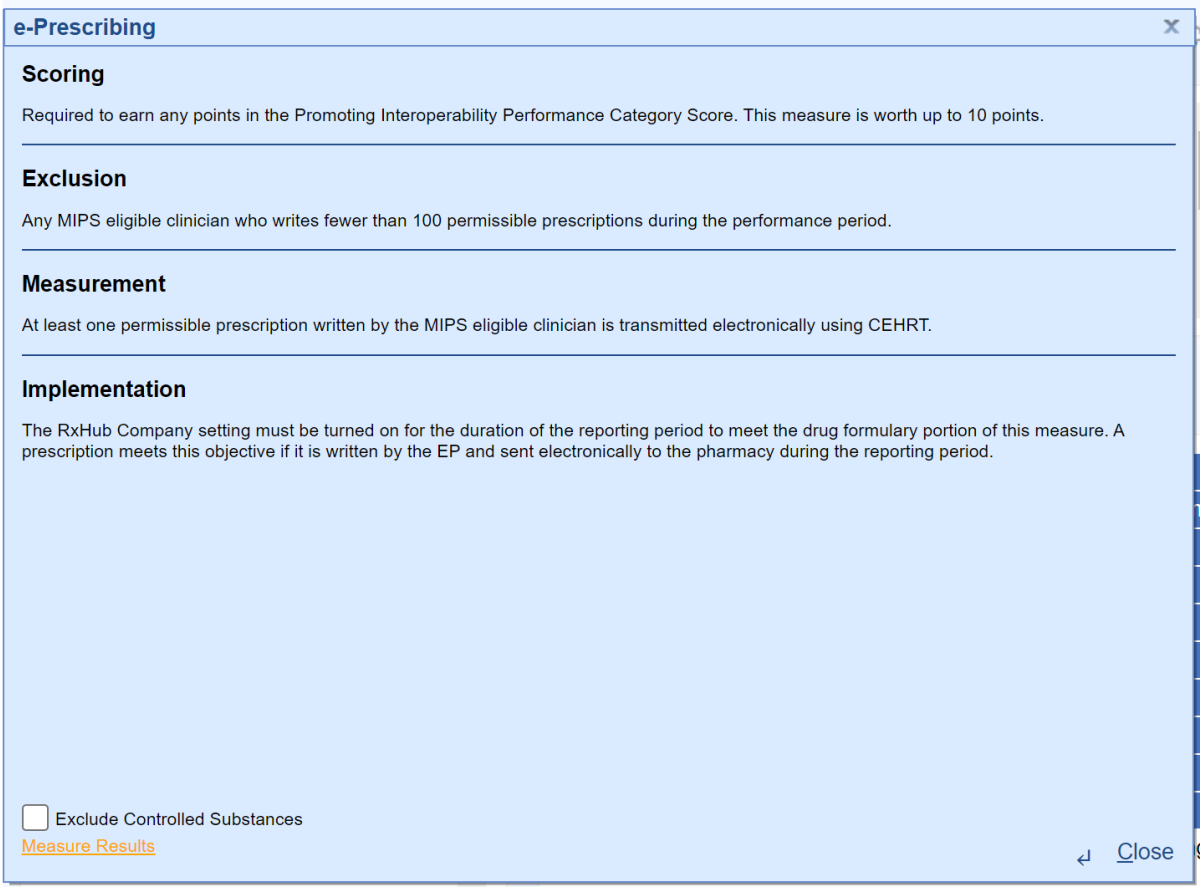
PROMOTING INTEROPERABILITY

ONC 2015 Edition Cures Update EHR: 0015CLW1C173HRM for 2023 reporting year.

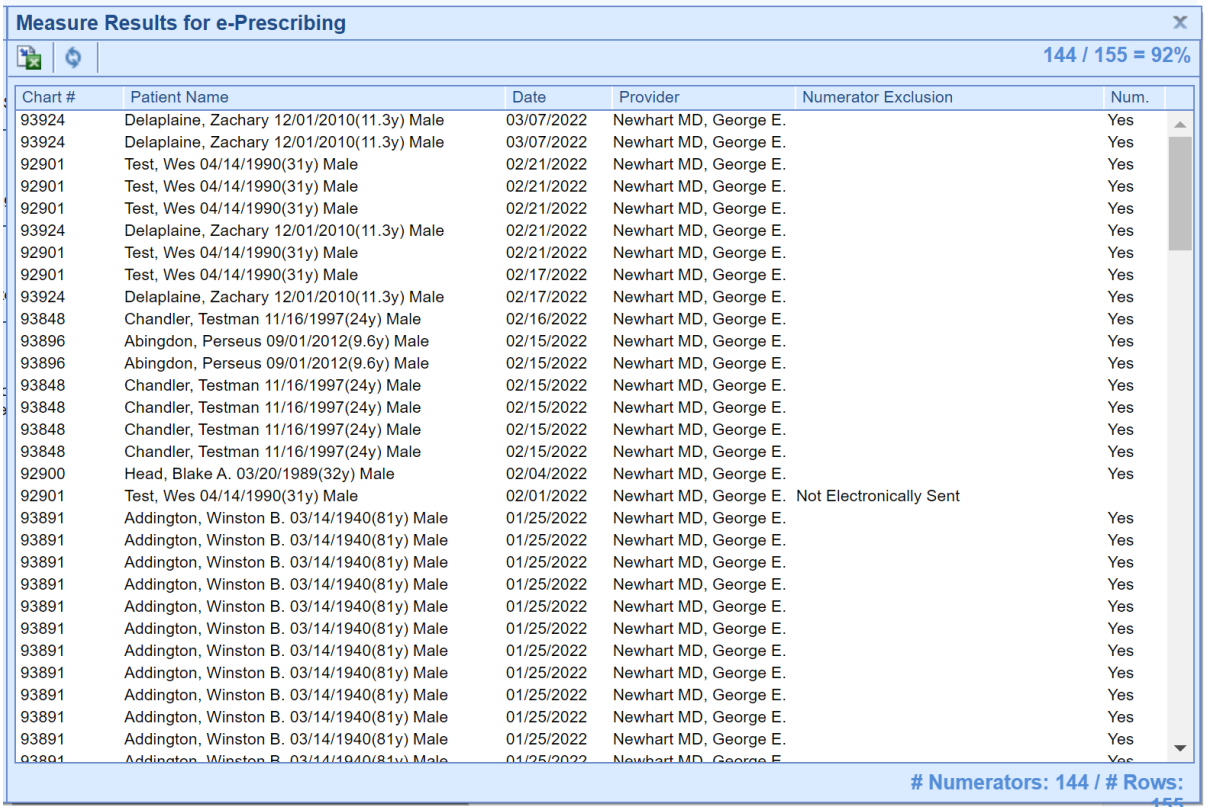
Measure	Performance Rate		Score
Safety Assurance Factors for EHR Resilience (SAFER) Assessment*	Attest: No	0%	
Security Risk Analysis*	Attest: No	0%	
e-Prescribing*	0 / 0	0%	0 / 10
Query of the PDMP*	Attest: No	0%	0 / 10
Provide Patients Electronic Access to their Health information*	2 / 3	66%	17 / 25
Referral Loops - Send Health Info.*	0 / 0	0%	0 / 15
Referral Loops - Receive & Incorporate Health Info.*	0 / 0	0%	0 / 15
Public Health and Clinical Data Exchange*	0 / 2	0%	0 / 25
		Total Score:	17 / 100
		Promoting Interoperability Score:	4 / 25

* Indicates Required Measure to earn any points in the Promoting Interoperability Category

4. Click **Measure Results** link to see patient level Measure Results.



5. View the Patient Measure Results.



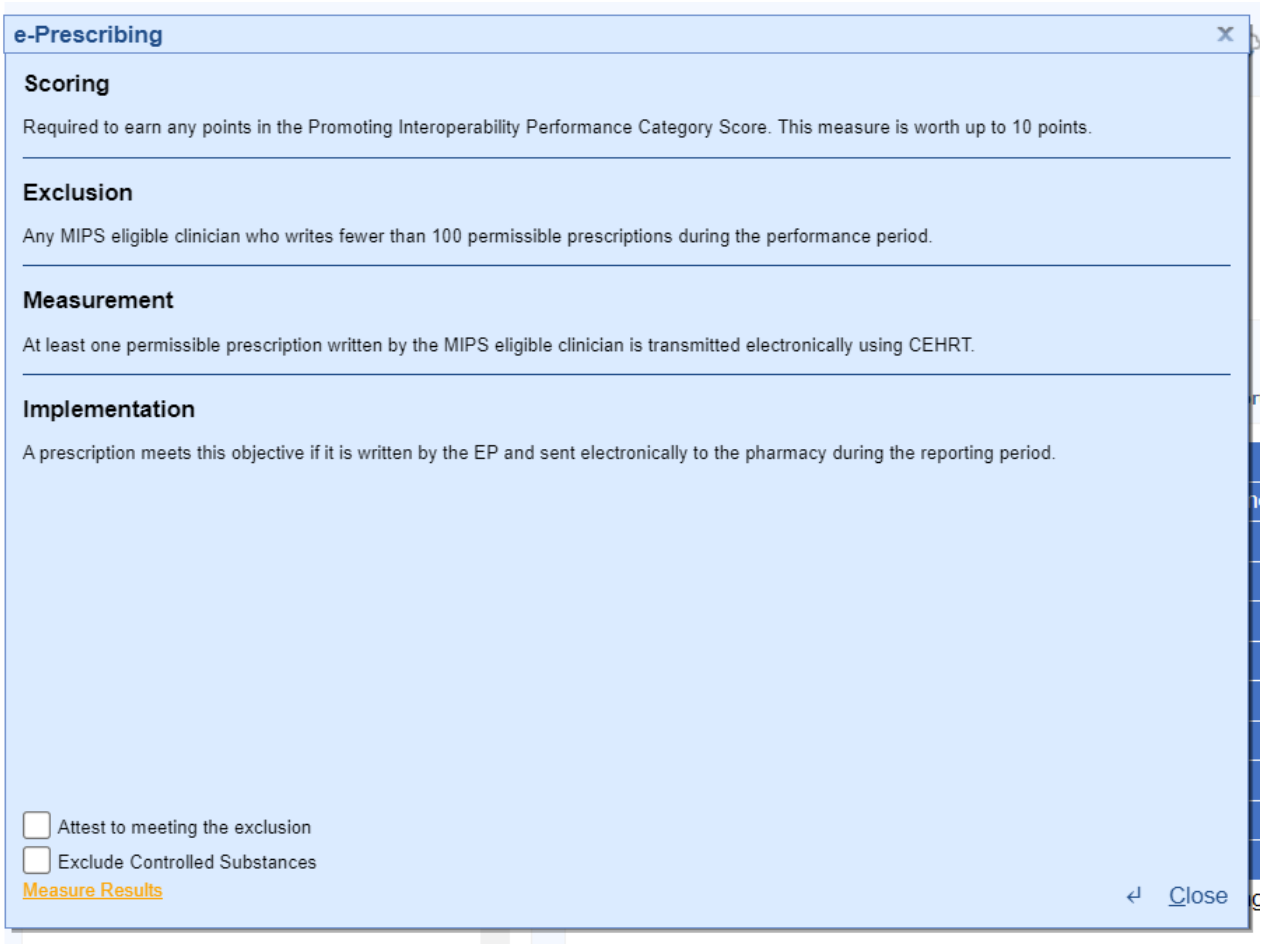
The goal is for the Group/Eligible Clinician's Promoting Interoperability score to be as close to 25 / 25 as possible.

Measures with a * after them are required to have a score > 0 for the promoting interoperability performance category. These measures include:

- Safety Assurance Factors for EHR Resilience (SAFER) Assessment
- Security Risk Analysis
- e-Prescribing
- Query of PDMP
- Provide Electronic Access
- Referral Loops – Send Health Information AND Referral Loops – Receive & Incorporate Health Information OR HIE Bi-Directional Exchange
- Public Health and Clinical Data Exchange - Electronic Case Reporting and Immunization Reporting

The following measure is available as a bonus measure for Eligible Clinician's to add additional points to their Promoting Interoperability score:

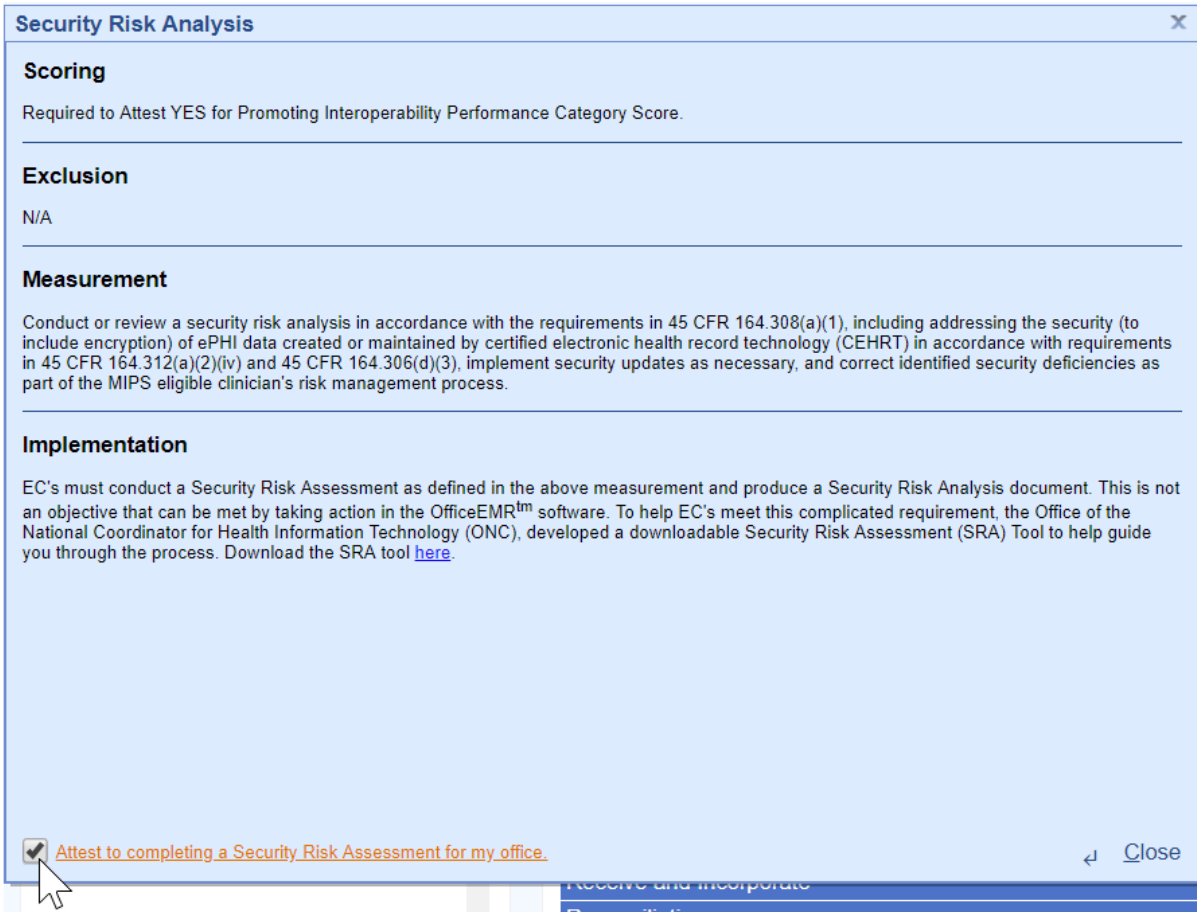
- Public Health and Clinical Data Exchange - Syndromic Surveillance Reporting - 5 Points



Conduct a Security Risk Analysis

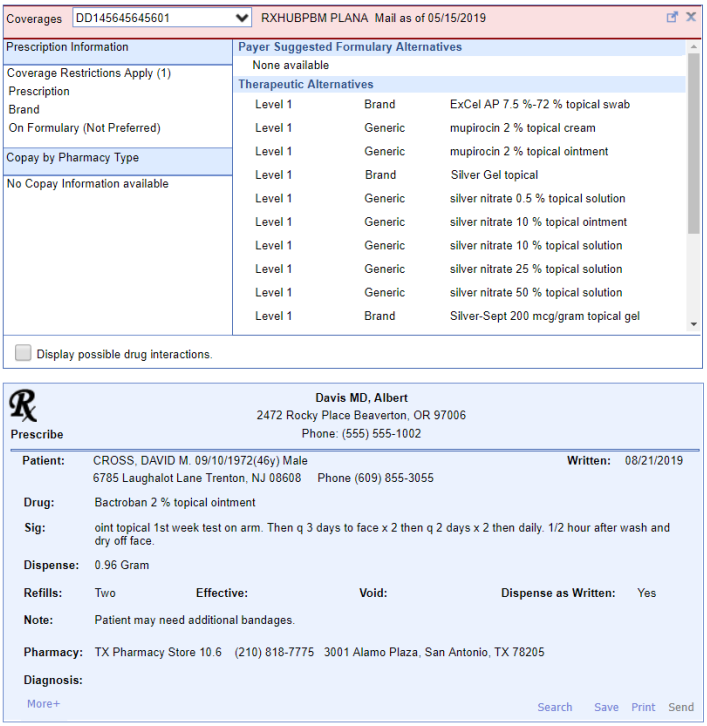
MIPS Eligible Clinicians must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies.

- Analysis must be conducted when 2015 Edition CEHRT is implemented and during the reporting period year 01/01/2023-12/31/2023.
- The Office of the National Coordinator for Health Information Technology (ONC) has developed a downloadable Security Risk Assessment (SRA) tool to help guide practices through the process. Access the SRA tool here.
- Select the **Attest to completing a Security Risk Assessment for my Office** checkbox upon completion for each Clinician.

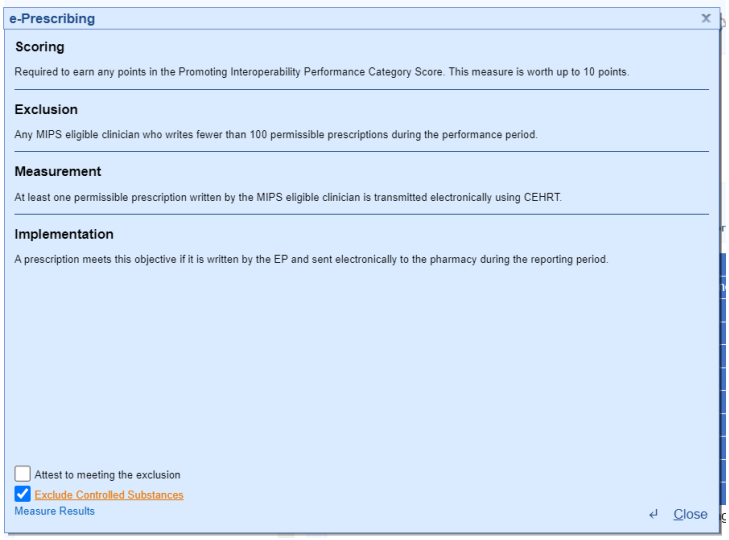


Electronically Prescribe Medications

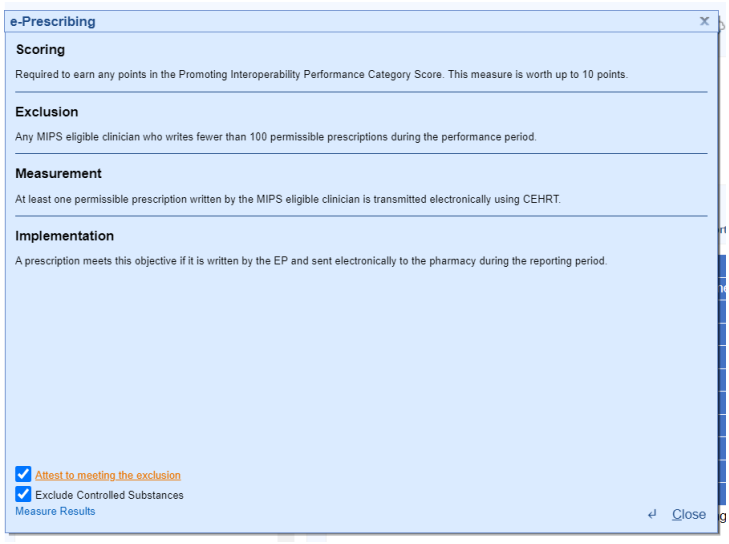
- At least 1 permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.
- This measure is worth up to 10 points towards the clinician’s/group’s Promoting Interoperability score
- All printed/electronic prescriptions are in the denominator for the clinician.
- Electronic prescriptions written by the clinician make up the numerator, and it will include Electronic Prescriptions for Controlled Substances.



- To exclude Controlled Substances from the provider's Numerator and Denominator follow these steps:
  - Open the **Reports** > **MIPS Dashboard.**
  - Select the **Provider** you wish to exclude Controlled Substances for.
  - Click on the **e-Prescribing** Measure name.
  - Select the **Exclude Controlled Substances** Checkbox.



  - Press the **Close** button.
- To Attest to meeting the exclusion for e-Prescribing, follow these steps:
  - Open the **Reports** > **MIPS Dashboard**.
  - Select the **Provider** you wish to attest to meeting the e-Prescribing exclusion for.
  - Click on the **e-Prescribing** Measure name.
  - Select the **Attest to meeting the exclusion** checkbox.



- Press the **Close** button.

Query of Prescription Drug Monitoring Program (PDMP)

- For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.
- Eligible clinicians will Attest Yes or Attest No to meeting this measure.
- This measure is worth up to 5 bonus points towards the clinician's/group's Promoting Interoperability score.

iSalus has integrated with the Appriss Health PDMP Interface; to see if the interface is available in your state and to obtain a user name and password, fill out the following form from Appriss Health here.

Provide Electronic Access

- For at least one unique patient seen by the MIPS-eligible clinician:
  - The patient (or the patient-authorized representative) is provided timely access (within 4 business days of their appointment start time) to view, download, and transmit their health information.
  - The MIPS-eligible clinician ensures the patient's health information is accessible to the patient (or a patient-authorized representative) through any application of their choice, provided it meets the technical specifications of the Application Programming Interface (API) in the MIPS-eligible clinician's Certified Electronic Health Record Technology (CEHRT).
- This measure is worth up to 40 points toward the clinician's/group's Promoting Interoperability score.

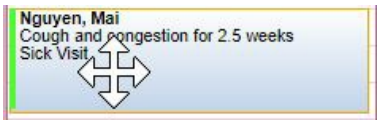
Part 1: Access Provided to MyMedicalLocker Account

There are 3 options for this part of the measure:

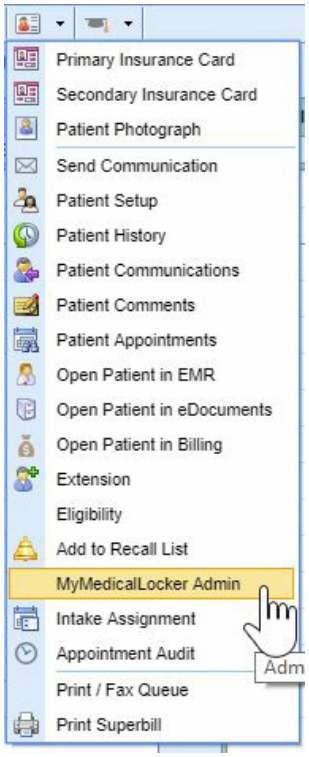
Option 1: Connect Patient with a MyMedicalLocker Account

This is the recommended workflow for both the practice and the patient. Connecting the patient allows access to their medical records and meets the requirements for the practice.

1. From the iScheduler, open the patient or select the **Patient's Appointment** from the schedule.



    1. Click the **Patient Index Card Menu** and select the **MyMedicalLocker Admin** option.



    2. Click the **Connect Patient** button.



    3. Enter the "Requested By" (the patient or an authorized representative), along with either their email address or phone number, and click the "**Email Token**" button. The patient will then receive a token via

email or text.



4. Ask the patient or representative for the token that was emailed or texted to them and enter it on the Connect Patient screen.



5. Click the **Connect Patient** button.

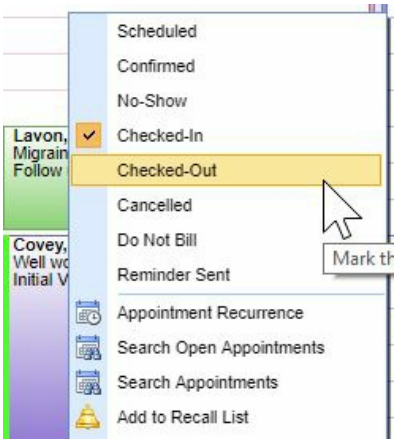


The patient is now set up with a MyMedicalLocker patient portal account connected to your practice. The patient can log in to https://www.mymedicallocker.com using their email/phone number and the token sent to them as their temporary password.

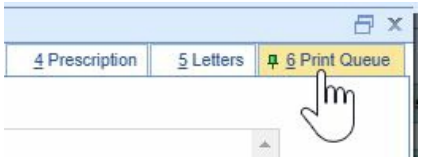
Option 2: Print a Welcome to MyMedicalLocker Letter at Patient Check-out

This must be done within 4 business days from the patient's appointment. This must occur for the first visit in the reporting period and all subsequent visits if the patient is not connected with an account.

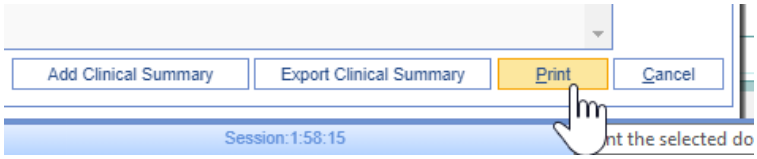
1. From the iScheduler, right-click on the patient's appointment and change the appointment status to "Check-Out.".



1. Click the **Print Queue** tab within the Quick Pay screen. If the patient does not already have a MyMedicalLocker connection, a MyMedicalLocker Welcome Letter will display in the print queue.

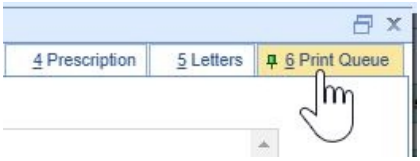


2. Click the **Print** button and provide the MyMedicalLocker Welcome Letter to the patient.

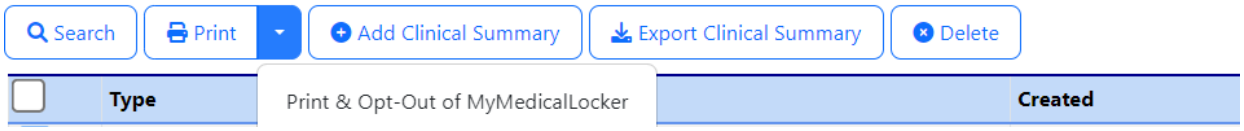


Option 3: Opt-Out of MyMedicalLocker via Printed Letter

MIPS eligible clinicians have the option to opt-out a patient from MyMedicalLocker via a printed letter. This is the recommended workflow for patients who choose not to connect with MML, reducing the need for clinicians to ask the patient about access at subsequent visits. By following this workflow, clinicians can still meet the numerator requirements for the MIPS Provide Patient Access measure. For details on printing a MyMedicalLocker letter, refer to the steps in Option 2.



1. From the Quick Pay screen, click the **Print Queue** tab
2. Click the dropdown menu on the **Print** button, and select "**Print & Opt-Out of MyMedicalLocker**".



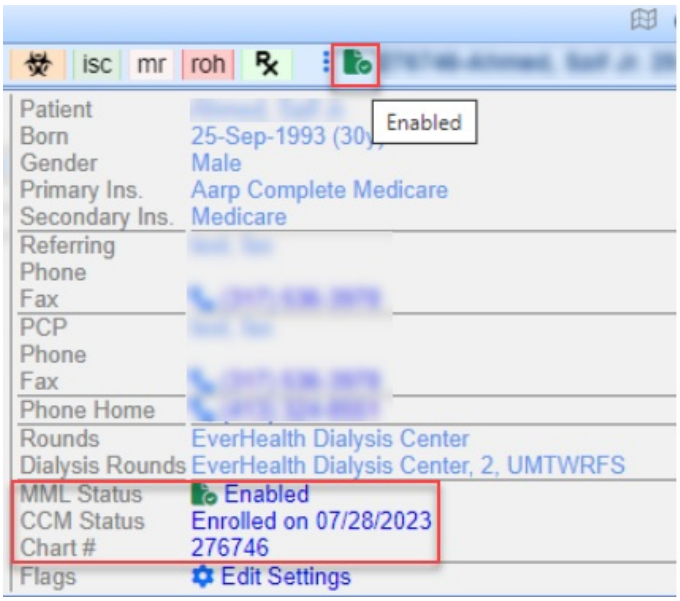
Checking a Patient's MyMedicalLocker Status

Clinicians can easily check a patient's MyMedicalLocker status in the patient header to determine if the patient is Enabled, Not Enabled, or Opted out.

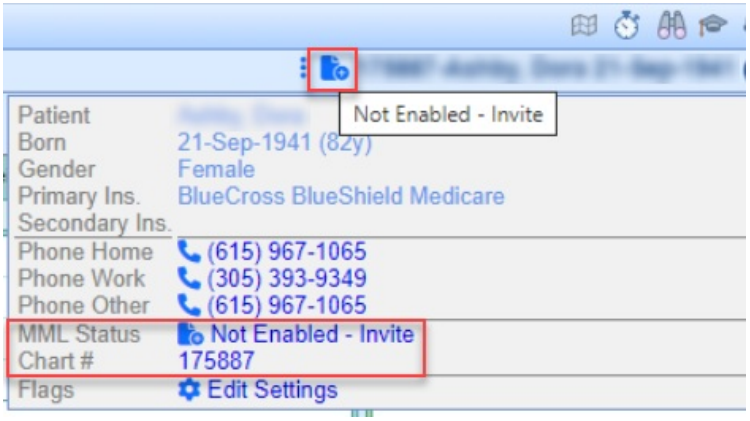
Navigate to the patient's header, where you'll see a MyMedicalLocker icon. When you hover over this icon, you'll see the MML status. This status is a hyperlink; clicking it will open a pop-up box for the MML admin screen.

Here are the MyMedicalLocker icon options:

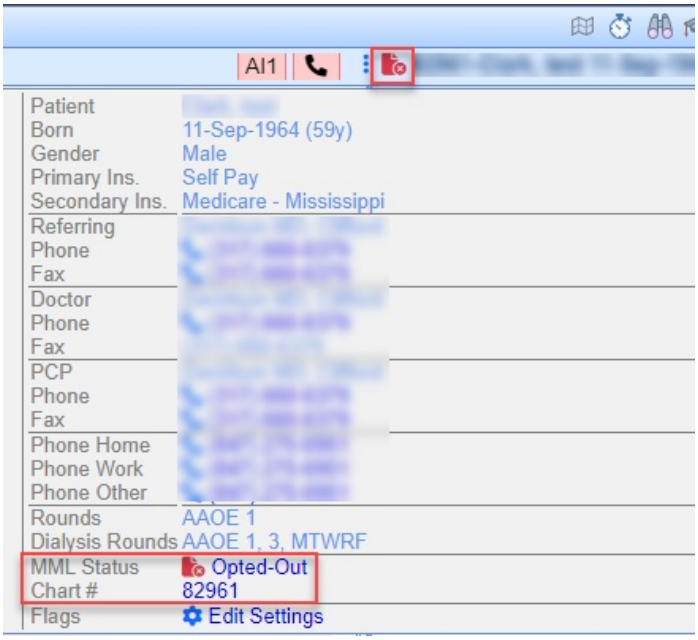
- A green icon with a checkmark displays an MML status of "**Enabled**"



- A blue icon with a + symbol displays an MML status of "**Not Enabled - Invite**"



- A red icon with an X displays an MML status of "**Opted-Out**"



Part 2: Access Provided for FHIR API

Your practice's FHIR APIs must be configured and set up before starting your Promoting Interoperability reporting period to earn the maximum number of points towards the Provide Patient Access measure. To get started, submit an FHIR API Integration Request.

An FHIR API Welcome Email will be sent to a patient with:

- A valid, accessible patient email should be added to the Patient Setup screen (do not add dummy emails to this screen).
- Progress Notes must be signed by a clinician within four business days to ensure the information is available for the patient and that the patient receives a FHIR API welcome email.

"Incident To" Billing Workflows

For any of our MIPS reporting practices that support "Incident To" billing workflows where the patient has a scheduled appointment and a completed note with a mid-level clinician but the claim for the appointment is under an MD clinician, the practice must be sure to set up the mid-level providers on the MIPS dashboard so that OfficeEMR will pull the FHIR measure results via API call for the mid-level provider.

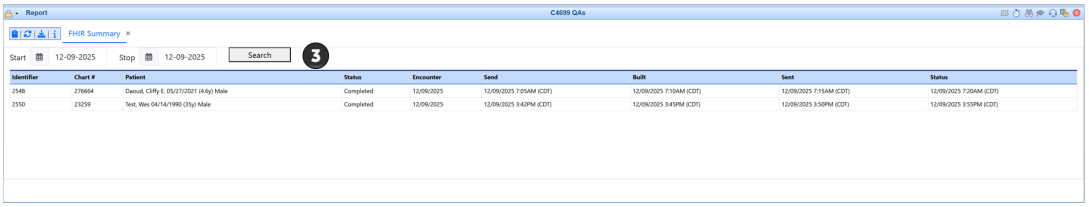
Once FHIR is Enabled Practices Can Track FHIR CCDA Sends via FHIR Summary Report:

The FHIR Summary Report provides send details based on the specified date range including chart details, status, and the encounter date with process dates and times. To view this report:

1. Go to Reports portal
2. Locate and access FHIR Summary in the General Section (or search 'FHIR')

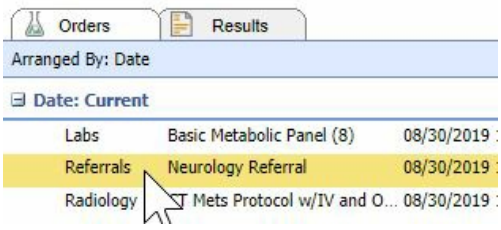
3. The report will auto-load for the current date
   Note: Date range limitations may apply where data volume is high





Referral Loops - Send Health Information

- For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider:
  - Creates a summary of care record using certified electronic health record technology (CEHRT); and
  - Electronically exchanges the summary of care record.
- This measure is worth up to 20 points towards the clinician's/group's Promoting Interoperability score
- The denominator for this measure is made up of Referral Type Orders placed for the eligible clinician during the reporting period.

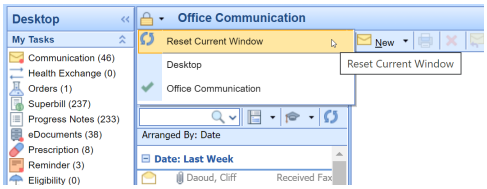


- The numerator is made up of the patient orders from the denominator where a CCDA Referral Note was sent using DIRECT email to the physician receiving the referral.

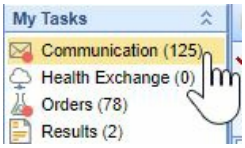
To send a referral note using DIRECT follow these steps:

1. Ensure the user sending the DIRECT message has his/her User Provider Connection setup for the Provider

the Referral Summary is being sent for. This needs set prior to opening the Task Communication screen. Reset the Task Communication screen if necessary.



2. Open Task **Communication**.



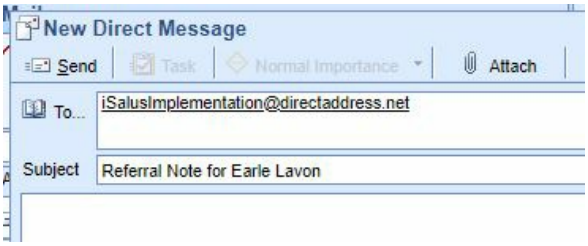
3. Click on the **New** menu.



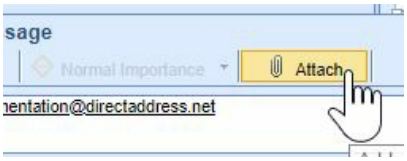
4. Select **DIRECT Message**.



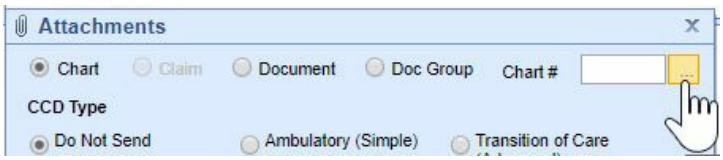
5. Select the user to send the message to, enter a subject and message.



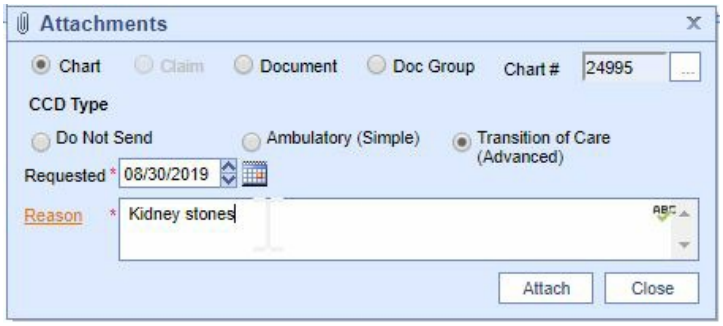
6. Click on the **Attach** button.



7. Search for the patient.



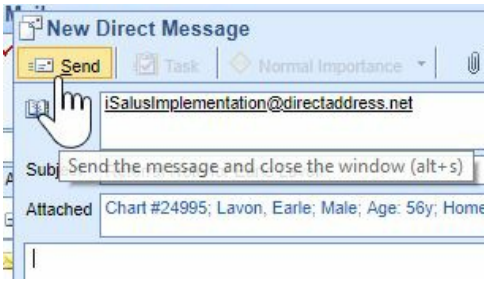
8. Select the **Transition of Care** option. Set the **Requested** date to the Referral Order Date. Enter a **Reason** for the Referral.



9. Press the **Attach** button.



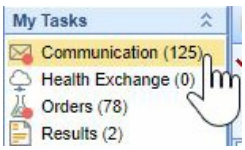
10. Press the **Send** button



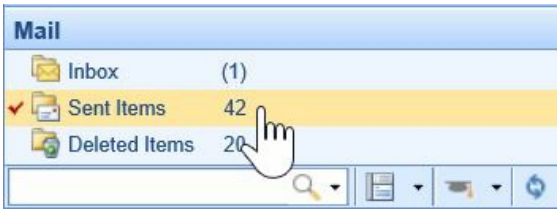
DIRECT emails are managed under the Setup Portal – Contacts. Beginning in 2019, receipt of DIRECT messages by the receiving party must be confirmed in order for the message to count towards the numerator.

To check receipt of a DIRECT message, follow these steps:

1. Open My Task **Communication**.



2. Click on the **Sent Items** queue.



3. Find your DIRECT message in the Sent Items Queue. Right-click over the message and select **DIRECT Status**.



4. The status must be either 'Accepted' or 'Confirmed' to count towards the numerator of the Referral Loops - Send Health Information MIPS measure.



Referral Loops - Receive & Incorporate Health Information

- For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.
- The denominator for this measure is made up of new patient encounters during the performance period where a CCDA was attached to the patient's record for the encounter.
- The numerator is made up of the patient encounters in the denominator where problem list, medication and allergy reconciliation was performed for the encounter during the reporting period.

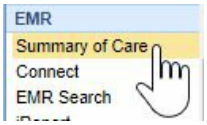
- This measure is worth up to 20 points towards the clinician's/group's Promoting Interoperability score
- Exclusions:
    - Any MIPS eligible clinician who is unable to implement the measure for a MIPS performance period in 2019 would be excluded from having to report this measure. Or
    - Any MIPS eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period.
- If an exclusion is claimed for this measure, the 20 points will be redistributed to the other measure within this objective, the Support Electronic Referral Loops by Sending Health Information measure.

Option 1: Import and Attach CCDA Received from Outside Sources

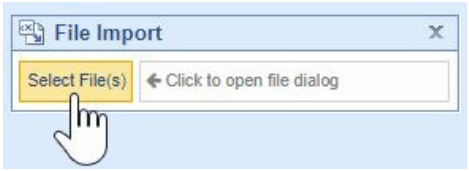
1. Click on the **Reports** portal.



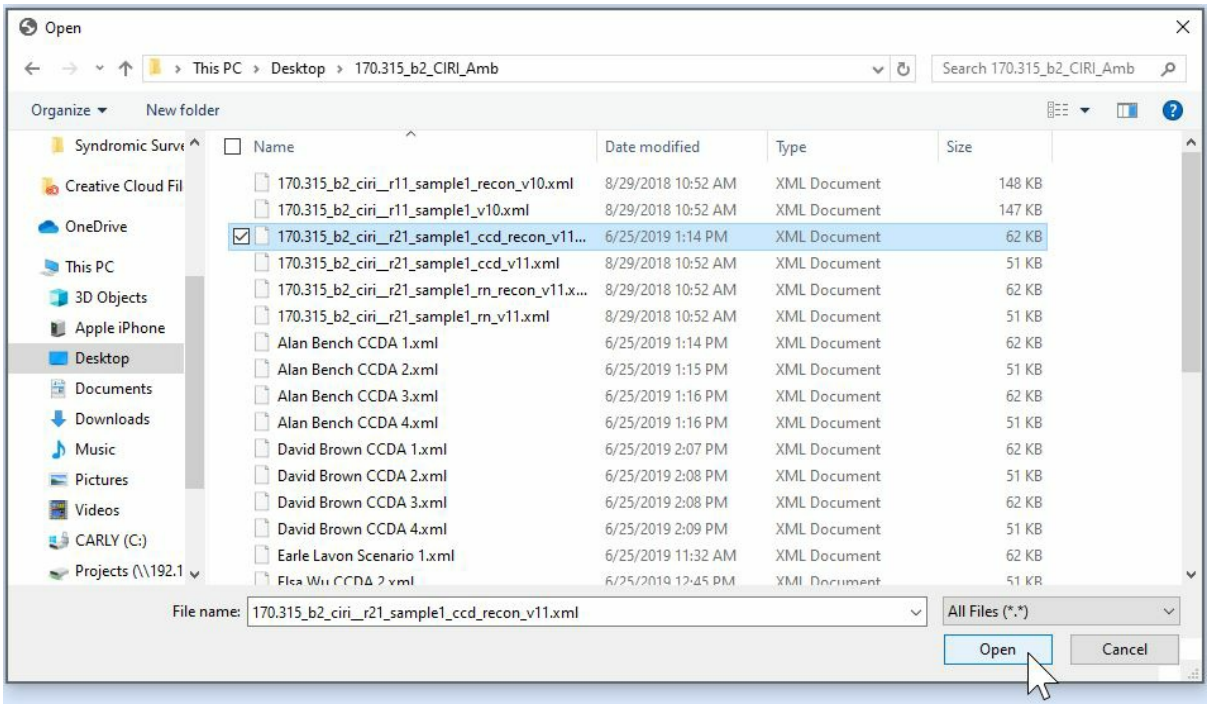
2. Click on the **Summary of Care** option under the EHR section.



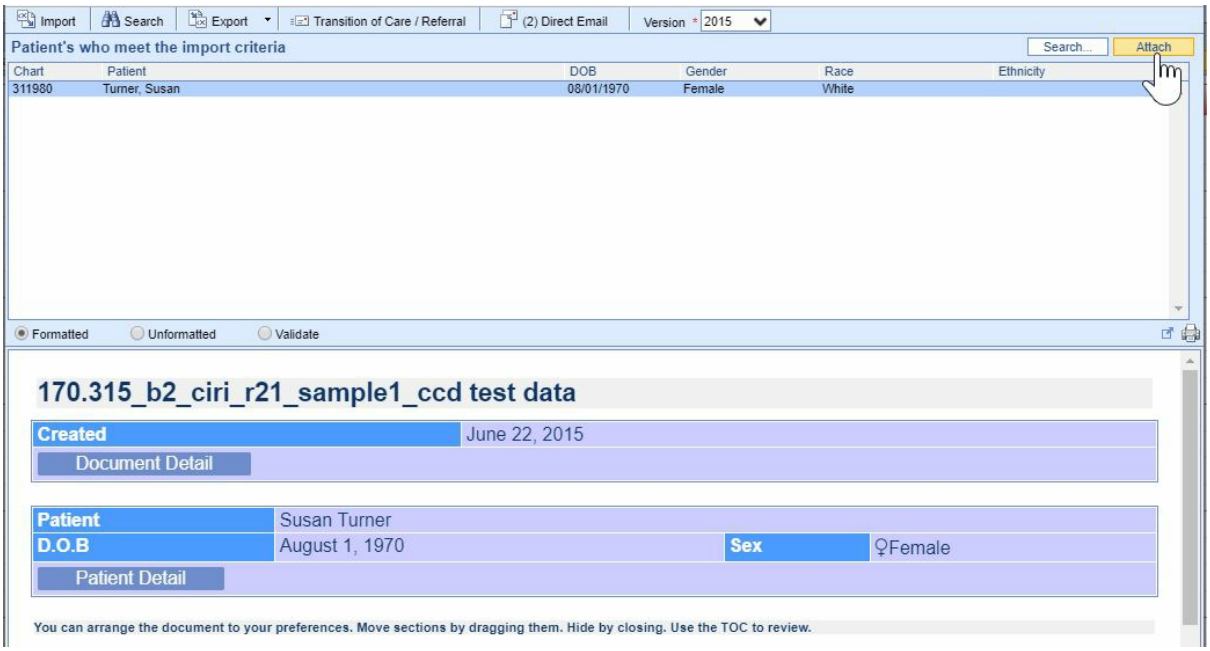
3. Click on the **Import** button.



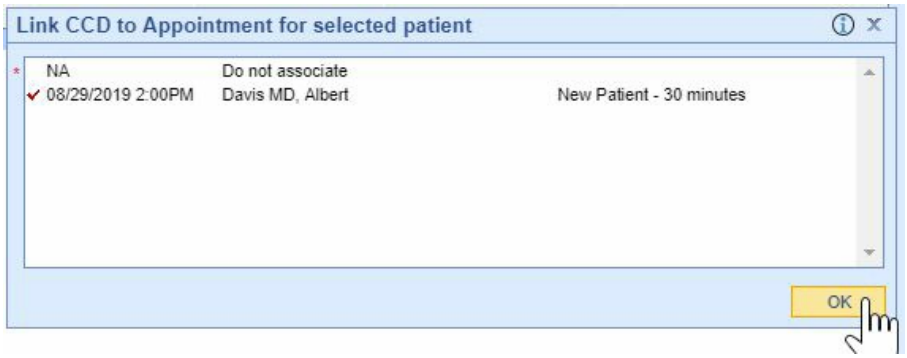
4. Navigate to the location of the Summary of Care XML file on your computer, select it and press the **Open** button.



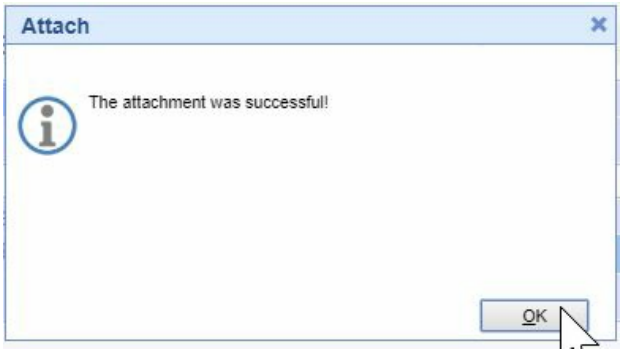
5. The summary of Care displays. The report will display patients whose demographic data match the data within the CCDA. If the correct patient does not display, click on the Search button to either search for or create a new patient. Click on the correct patient's name and then on the **Attach** button to incorporate the summary into the patient's chart.



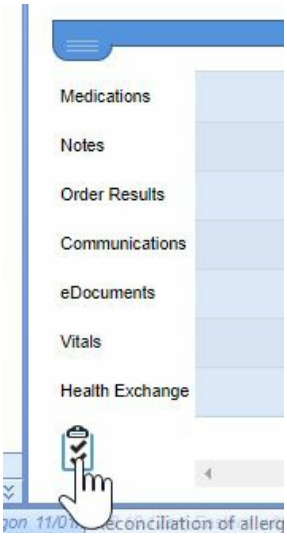
6. Summaries must be associated with the patient's new patient encounter to count towards the measure, select the appropriate patient **Appointment** to link the referral summary to.



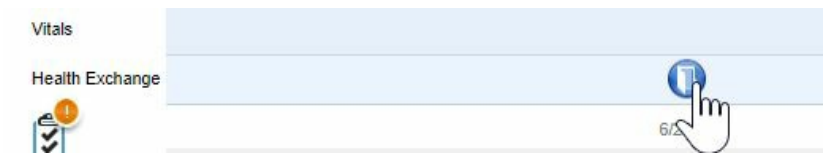
7. If the incorporation is successful, you will receive an alert the attachment was successful.



8. The summary is now ready for clinical reconciliation. Incorporated summaries will display in the EHR on the Timeline Summary Screen under the Health Exchange section.

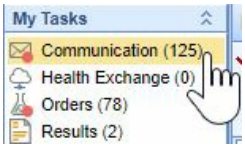


9. Click on the clinical marker to view the summary.

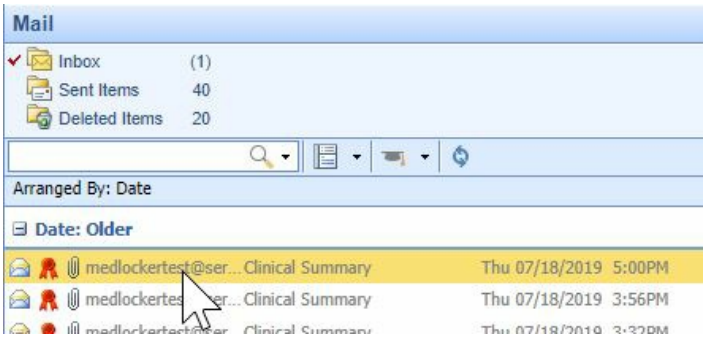


Option 2: Receive and Incorporate CCDA Received via DIRECT Message

1. Open My Task **Communication**



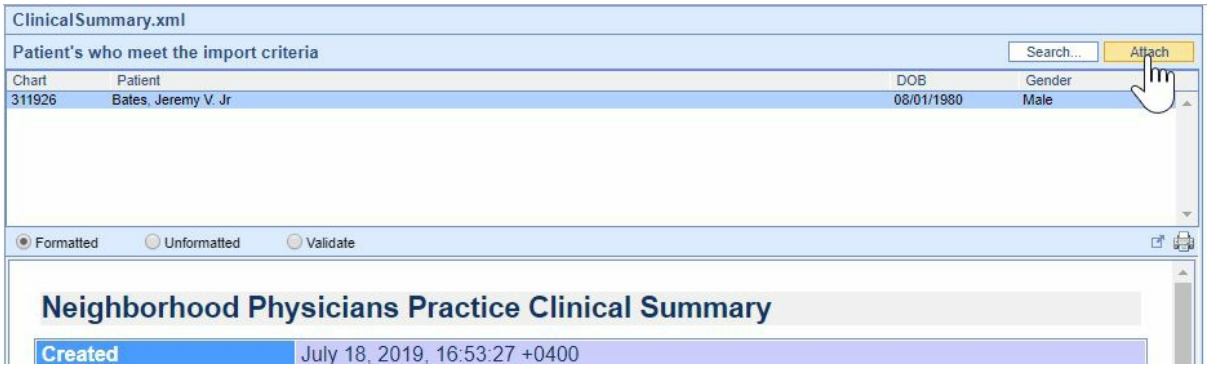
2. Incoming DIRECT messages display in the user's Inbox, click on the **Message** to open it.



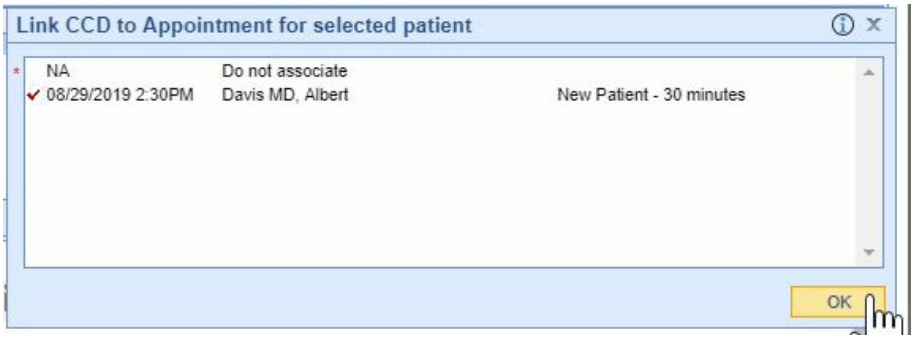
3. CCDA documents will display as an XML attachment. Click on the **.xml Attachment** to view the summary.



4. The Report will display patient's whose demographic data meet the data within the CCDA. If the correct patient does not display, click on the **Search** button to either search for or create a new patient. Click on the correct patient's name and then on the **Attach** button to incorporate the summary into the patient's chart.



5. Summaries need associated with a patient encounter to count towards the EP's MU measure, select the appropriate patient **Appointment** to link the referral summary to.



6. If the incorporation is successful, you will receive an alert the attachment was successful.



7. Incorporated summaries will display in the EHR on the Timeline Summary Screen under the Health Exchange section.

Public Health and Clinical Data Exchange

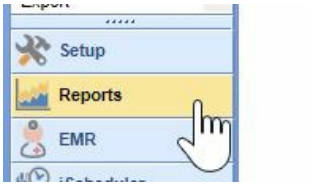
- The Clinician must attest Yes or Claim an Exclusion to 2 of the 5 Public Health and Clinical Data Exchange reporting options to qualify for this measure.
- This measure is worth up to 10 points towards the clinician's/group's Promoting Interoperability score
- The following public health and clinical data exchange options exist:
  - The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). See Immunization Reporting
  - The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care setting. See Syndromic Surveillance Reporting
  - The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.
  - The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.
  - The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.

How to Print MIPS Promoting Interoperability Report

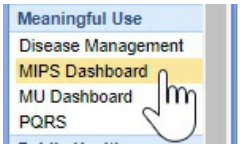
Follow these instructions to print out the practice's promoting interoperability numerators and denominators

used for attestation to the MIPS programs:

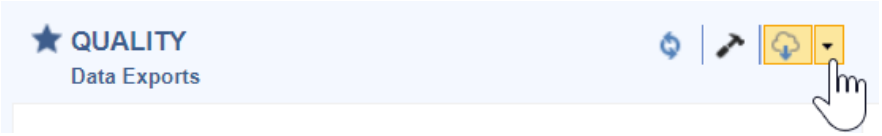
1. Click on the **Reports** portal.



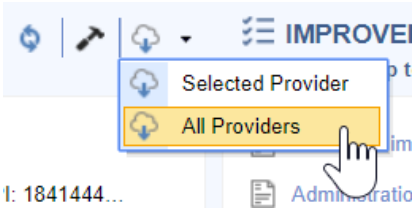
2. Select the **MIPS Dashboard** report.



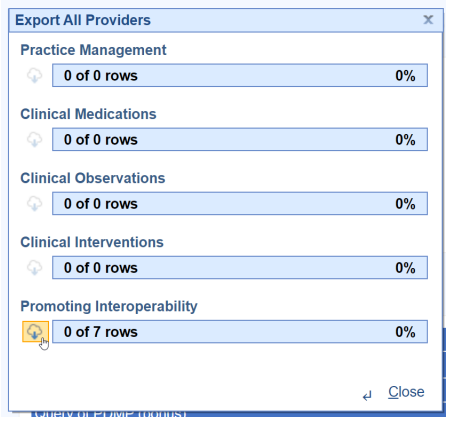
3. Click on the **Quality Report** button.



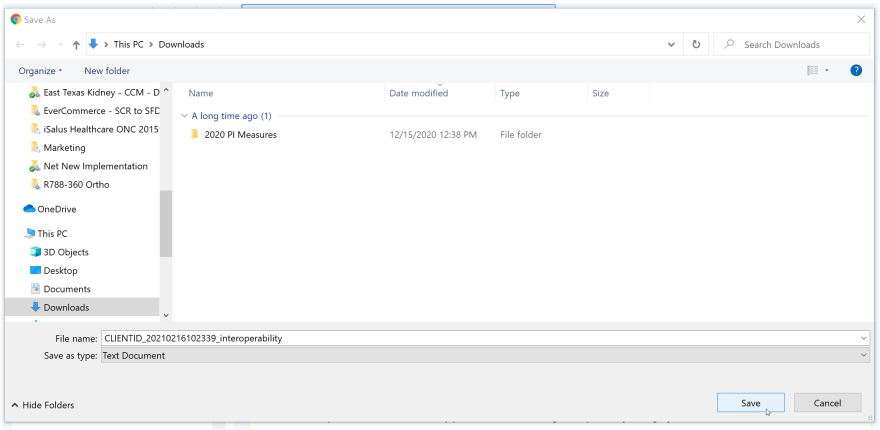
4. Pick the **All Providers** option.



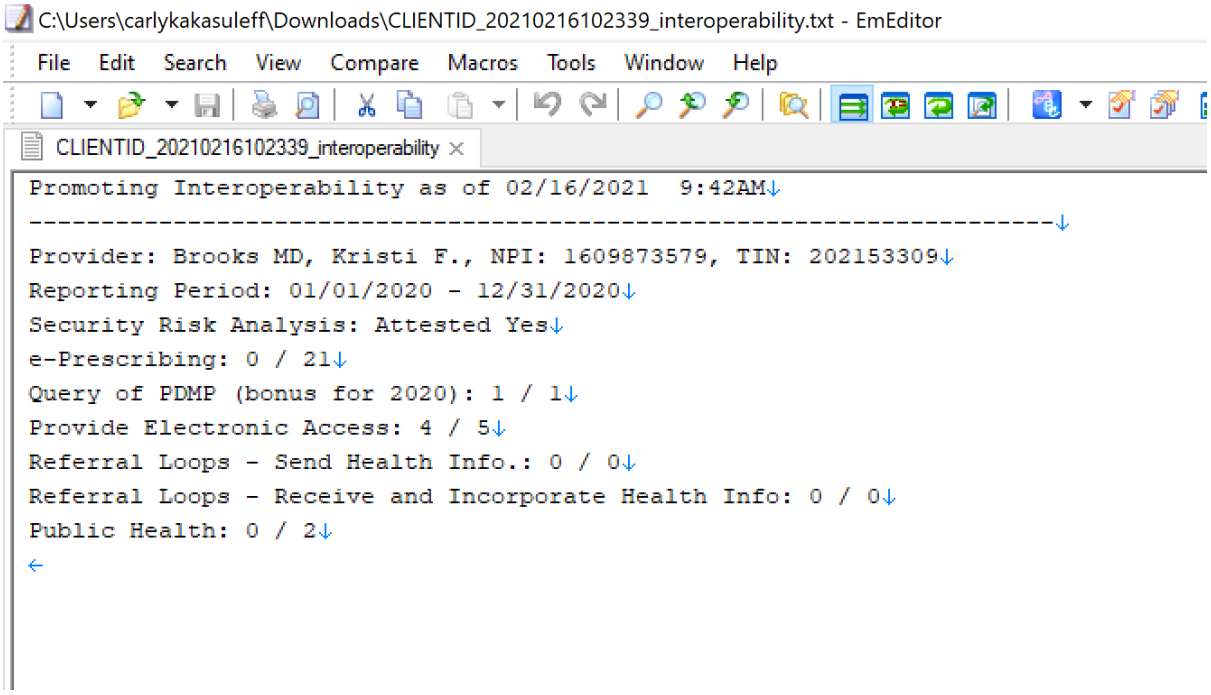
5. Select the **Download** button under the Promoting Interoperability section.



6. Choose the directory/location on your computer and press the **Save** button.



7. The Promoting Interoperability report is now downloaded.



Example Patient FHIR API Welcome Email

Subject: Welcome to the <<Practice Name>> FHIR APIs

Email Body:

Hello,

This email is your invitation to access your personal health data using our practice's FHIR APIs. **Accessing your data this way is optional and no additional steps are necessary on your part.**

Our FHIR API's are a modern way to securely interact with and retrieve your health information from our practice. These API's are one of two options you have to access your health information. For most patients, using MyMedicalLocker.com to access their personal health information is the easiest and best choice. Reach out to your practice if you have not already setup a MyMedicalLocker.com personal health record account.

Your API Account Activation Information:

Steps to Complete

1. **To activate your account**, please access the site by clicking here.
2. Select **Login**
3. An option for **Click Here to Activate** will be shown below the username and password fields
4. Once selected, you will need to provide your **First Name, Last Name, Date of Birth, and Activation Key** (myN/MymSf6fxFLT/a)
5. Create a Username and Password. Keep these credentials as you will need them to access your account.

Once activated, keep these details safe:

- Your API ID: **101358**
- Your Activation Key: **myN/MymSf6fxFLT/a**

Why am I receiving this?

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.

Warm regards,

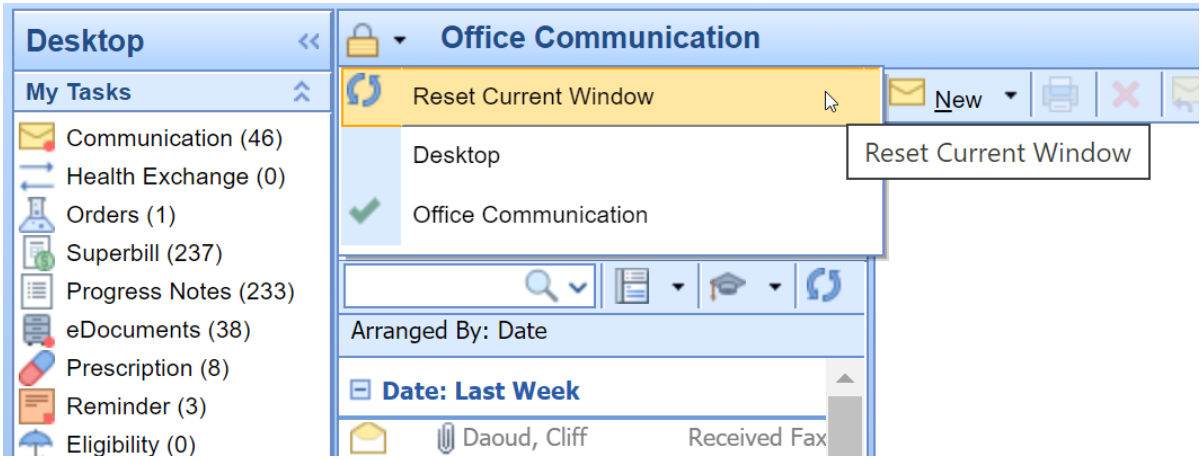
The <<Your Practice Name Here>> Team

MIPS Promoting Interoperability FAQ's

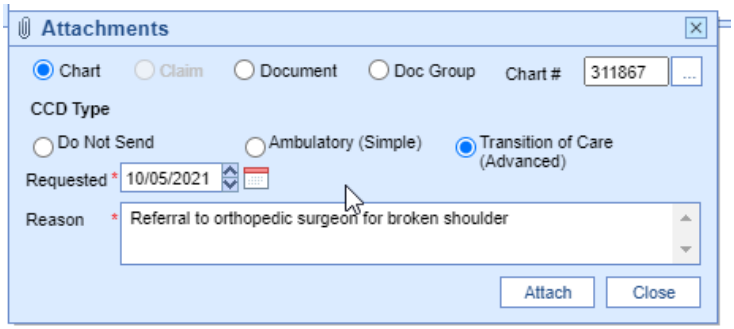
Q: I am sending my referral summaries via DIRECT. Why are they missing from my numerator?

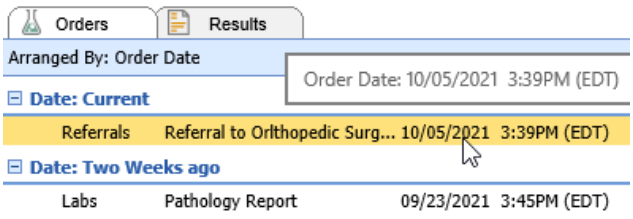
A: In order for your referral summaries to count for the Referral Loops: Send Health Information measure, please ensure you're following these steps and verify the settings/steps below:

1. Ensure the user sending the DIRECT message has his/her User Provider Connection setup for the Provider the Referral Summary is being sent for. This needs set **prior** to opening the Task Communication screen. Reset the Task Communication screen if necessary. If this setting was not setup before sending the referral summary via DIRECT, you must send a new summary of care.



2. Did you set the **Transition of Care** summary **Requested Date** to the **Referral Order Date**? These two dates must match. If the dates did not match, you will need to send a new summary of care via DIRECT.





3. Find your DIRECT message in the Task Communications > Sent Items Queue. Right-click over the message and select **DIRECT Status**. The status must be either 'Accepted' or 'Confirmed' to count towards the numerator of the Referral Loops - Send Health Information MIPS measure.



4. Open the Reports > MIPS Dashboard. Select the provider/group you are looking at. Press the **Hammer** icon under the Promoting Interoperability section to re-calculate the MIPS PI scores.



Q: Why is my Provider/Group's Referral Loops: Receive and Incorporate denominator zero?

A: In order for a new patient visit (a claim with a new patient CPT code present on it during the reporting period) to count towards the Referral Loops: Receive & Incorporate denominator, a CCDA document must be received via DIRECT/imported via the Reports > Summary of Care screen **and** linked to the patient's new patient appointment when linking the CCD to the patient's chart. Click here for the full instructions on receiving and incorporating CCDA documents into patient charts.



Q: My patient is setup with an email, MyMedicalLocker access was provided within 4 business days/the patient has a connected MML account, FHIR is enabled for our practice and my provider signed the patient's note within 4 business days - why is my patient not counting towards my Provide Patient Access numerator?

A: In this event, you will want to check the following two items which may be impacting the patient counting towards the provide patient access measure:

- Was the patient seen for an "Incident to" billing scenario where the patient's appointment was with a mid-level clinician, but his/her claim is under the MD clinician? If so, make sure you have the mid-level clinician setup as a provider on the MIPS dashboard for your group.
- Is the patient's claim tied to the appointment - you can figure this out by right-clicking over the appointment > Select Quick Pay > Click on the Superbill tab? If not, we will not be able to properly calculate whether the appropriate access was provided to the patient. It is important to submit patient's claims that are tied to their appointment by populating them off the Appointment > Quick Pay or via the patient's appointment in the EHR > Superbill tab.