

Promoting Interoperability (Meaningful Use) Stage 3 Related Objective:

- <u>Objective 5:</u> Patient Electronic Access
 - 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 patientauthorized 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 CEHRT

Promoting Interoperability (Advancing Care Information) Related Objective:

- Objective: Patient Electronic Access: Provide Patient Access
 - Measure: 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 CEHRT.

In order for a patient (or the patient's authorized representative) to receive an invitation email to access the portal, the patient's email address must be entered on the patient's account within the Person Profile <u>prior</u> to the visit being created. **Pathway:** Thrive UX > System Menu > Profile Listing > Select Patient > Enter Email.

Thrive UX	Help					Kellee Ellisor, RH 🗕 🗆	×
SYSTEM N	AENU » SYSTEM MENU						
0				Thrive Provider EHR		Signed On Emp. KE Dept: 046	
Account	ts Receivable - Person Profile						
Base Scre	een Create New Visit		Patient Charti	ng Images	Misc Options	Scheduling	•
Name: SMITH I	ELLA KATHERINE Soc	al Security:	1000000521	** Patient **		Person Profile#: 00000793	
Demographics (Contact/Billing Info Clinical Info	-				Date Created: 03/22/2017	
Demographic Inf	formation	-6	Email: es	mith@evident.com	Birth Place:	MOBILE	_
Last Name:	SMITH		Physician		Language:	eng 🔑 en English	
First Name:	ELLA	-	Sec Name:		Expired Date:		
Mid Name:	KATHERNE	-	Maiden Name:		Confidential:	N	
Full Name:	SMITH ELLA KATHERINE		Religion: CA	CATHOLIC	Marital:	s	
Birth Date:	12/02/1949 67 YEARS		Church:	C LITTLE FLOWER CAT	Smokeless Tobacco:		
MedRec#:	12345679125 New		Race: + W	P WHITE	Smoker.	4 Never smoker	
Sex:	F Female		Ethnicity: + N	Not Hispanic or Latino	Smoke StDt.		
Country:	US 🌮 USA		Military:		Smoke EndDt:		
Address1:	6600 WALL STREET		Visit Listing A/R E	lal: 3.00 Bad Bal: .00) Ins Bal: .00	Pat Bal: 3.00	
Address2:	[Visit#	From Date Thru Date	Service	Balance Bad Debt	
City:	MOBILE	<i>"</i>	C00570	03/22/2017	EMPLOYEE	.00.	
State/Zip:	AL 36695		C00572	03/29/2017	CLINIC	3.00 .00	
County:	MOB 🧼 MOBILE						
Phone:	251-639-8200		•		.m.		٠
Cell Phone:			Show History		Information Submissions	Ready	•

The patient may choose to allow an authorized representative access to the specific visit as well. The authorized representative can be linked to the visit when the visit is being created. **Pathway:** Thrive UX > System Menu > Profile Listing > Select Patient > Create New Visit > Select lookup for Patient Portal Authorized Rep

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Thrive UX Help		Kellee Ellisof, RW 🗕 🗆 🗙
SYSTEM MENU	» SYSTEM MENU	
0	Thrive Provider EHR	Signed On Emp: KE Dept 046
Accounts Re	ceivable - Person Profile	
Base Screen	Create New Visit Patient Charting Images Misc Options	Scheduling
Name: SMITH ELLA K	THERIN II Visit Information	? × 00000793
Demographics Con	ad/Bil	03/22/2017
Demographic Information	n Manualiy Assign Visit Number / C Yes (* No	
Last Name:	SMITH	English
First Name:	ELLA	
Mid Name:	KATHE Physician: 9999999 🌽 Neigh Phys	
Full Name:	SMITH Service Code:	
Birth Date:	12/02/ Guarantor:	
MedRec#:	123456 Restrict Paver Disclosure	noker
Sex:	Patient Portal Authorized	
Country:	Rep:	
Address1:	3600 V Comerciane for this visit	3.00
Address2	I Select Code Insurance Name Primary	Bad Debt
City:		.00
State/Zip:		
County:	NUB NICE	
Phone:	(2) 1-0.3	
	OK Cancel	

Search for and select the Authorized Representative's Profile.

SYSTEM MENU > SYSTEM MENU Create Hew Visit Base Screen Create Hew Visit Base Screen Create Hew Visit Base Screen Person Profile Profile Listing	F Th								Kellen -	lisor, RA 🗕 C	x
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Accounts Receivable - Person Profile Accounts Receivable - Person Profile Base Screen Create New Visit Datient Charling Images Misc Options Scheduling Image: Social Security: 10000021 ** Patient ** Person Profile#: 0000733 Profile Listing Search By: Patient Name Enter Patient Name: Go Name Number Dimmons Next Appointment Mage: Dimmons Next Appointment	•				Three	Provider EHR			Signed On Emp: KE	Dept 046	
Base Screen Create <u>Liew Visit Patient Charting Images Misc Options Scheduling Patient Create <u>Liew Visit Social Security: 100000021 "Patient Co Co Search By: Patient Name Inter Patient Name: Co Search By: Patient Name Number Inter Patient Name: Co Search By: Patient Name Number Inter Patient Name: Search By: Patient Name Inter Patient Name: Co Search By: Patient Name Inter Patient Name: Inter Patient Name: Inter Patient Name: Inter Patient Name: Inter Patient Name Inter Patient Name: Inter Patient N</u></u>	1	Accounts Receivable - Per	rson Profile		-						
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Profile Listing Search By: Patient Name Enter Patient Name: Name Number Britwawe Next Appointment K K K K K K K K K K K K K K K K K K	Name	SMITH ELLA KATHERINE	So	cial Security:	1000000521	** Patient **			Person Profile#:	00000793	
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New Demographics Profile#: More	_	New Demographics	s				Profile#:			More	
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TP-EHR V-20	_							TP-EHR V-20			



Verify that this is the correct patient and select **Yes**.

Accounts Receivable	- Person Profile							
Base Screen	Create New Visit		Patient Charting	Images	 Misc Options 	• S	cheduling	-
SMITH ELLA KATHERINE		Social Security:	1000000521	** Patient **		Person Profile	#: 000007	93
	Verify Profile					?	×	? 3
ofile Listing	Domographic Inform	ation						
Search By:	Demographic morni	auon					Go	
Mana	Last Name:	SMITH						
SMITH CALER	First Name:	ELLEN					-	- î
SMITH ELLA KAT	Mid Name:							
SMITH ELLEN	Full Name:	SMITH ELLEN						
SMITH JAMES	Address:							
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SMITH JAMES								
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SMITH JAMES								
SMITH JAMES	Birth Date:	01/09/1980						
SMITH JAMES	SSN							
SMITH JAMES	0.014	-						
SMITH JAMES	Sex:	F						
SMITH JENNIFER	Phone:							
SMITH TODD	Cell Phone:							
SMITHSON BELI	Work Phone:							
SMYTH PAULINA	Email:							-
New Democ							Mor	e
			Is thi	s the correct person?	YES	NO		

Verify the authorized representative's email is entered and then select the back arrow.

Thrive UX									Kellee El	lisor, RN (• ×
SYSTEM M	ENU » SYSTEM MENU				Thri	ve Provider EHR			Signed On Emp. KE	Dept 046	
Account	ts Receivable - Person Profile					Images	.				
ame: SMITH E	ILLEN	Social	Security:	1000000522		** Authorized Rep **			Person Profile#	00000794	
Demographics	Contact/Billing Info Clinical Inf	fo	-						Date Created:	03/29/2017	
Demographic Info	ormation			Email:	ellensmit	h@evident.com		Birth Place:			
Last Name:	SMITH			Physician	Lannan	Ch and		Language:			
First Name:	ELLEN			Sec Name:				Expired Date:			
Mid Name:				Maiden Name:				Confidential:			
Full Name:	SMITH ELLEN			Religion:		- 🔎		Marital:			
Birth Date:	01/09/1980	37 YEARS		Church:		<i>></i>	Smokeless To	bacco:			
MedRec#:	12345679126	New		Race:	• W	Distance white		Smoker:			
Sex:	F Female			Ethnicity:	+ N	Not Hispanic or Latino		Smoke StDt:			
Country:	US 🌮 USA			Military:				Smoke EndDt:			
Address1:											
Address2:											
City:			2								
State/Zip:											
County:											
Phone:											
Cell Phone:										Read	5y 🕨

The authorized representative is now listed.

Thrive											
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ime:	SMITH ELLE	N	Visit Information						?	×	00000794
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Jemogra	aphic Informa	ation	Manually Assign v	Isit Number?	to re						
ast Name	e:	SMITH									
irst Name	e:	ELLEN									
lid Name	e:		Physician:	999999	🧼 Neig	h Phys					
ull Name	e:	SMITH	Service Code:		2						
irth Date	E.	01/09/*	Guarantor	_	_		INF				
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Once the patient's visit is discharged, the patient and/or the authorized representative will be sent an introductory email to create a login name and user password for the Patient Portal.

If the patient or authorized representative did not receive an email invite, then a "Portal Reset" can be performed to send a new email. Pathway: Thrive UX > System Menu > Enter Account Number > Census > Select Portal Reset from the Misc. Options dropdown > Select to reset the patient email and/or the authorized rep email > Reset

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Thrive UX Help						Kellee Ellisor, Rii 👝 🖸 🗙
SYSTEM MENU	» SYSTEM MEN					4
9				Thrive Provider EHR		Sir Emn: KE Dent 046
Accounts Rece	eivable - Registration	and ADT				Select Portal Reset
ER Log Name: SMITH EL		atient Data <u>N</u> ote Entry Account:	Images F C00649	orms ADT Functions Room:	Portal Reset	under Misc. Options
Patient Contact G	Guarantor/Ins Stay	Clinical				
Demographic Inform	mation		County:	MOB 🤛 MOBILE	Religion: CA	
Stay Type:	2 O/P	-	Phone:	251-639-8200	Church: LFC	LITTLE FLOWER CAT
Sub Type:	Í.		Cell Phone:		Race: + W	WHITE
Service Code:			Email:	esmith@evident.com	Ethnicity: + N	Dot Hispanic or Latino
Last Name:	SMITH	-	Birth Date:	12/02/1949 67 Yi	Languaga:	en English
First Name:	ELLA	Portal Reset			?	×
Mid Name:	KATHERINE	C Patient Email:	esmit	n@evident.com	Select applicat	ole items to reset
Full Name:	SMITH ELLAKA		Laura a		Select applicat	ble items to reset.
Maiden Name:		C Authorized Rep Email	ellens	mitn@evident.com		
Confidential:	N					
Country:	US 🌽				Reset D Cancel	
Address1:	6600 WALL ST	KEET	Smoker	A Never smoker		
Address2:			Smk StDt	- Hevel Shioker	City.	
City:	MOBILE		Smk EndDt		otate/zip.	1
State/Zip:	AL	36695	Smokeless Tobacco:	·	Prione:	Þ

The invitation email will include a link to register for Thrive Patient Portal access.





Enter the Date of Birth, Email Address and Phone Number. The Profile Number will pull from the link. Next, create a Username and Password. Select the checkbox to verify the information is correct and then select Register.

Please enter the following	g information							
* indicates a required field Profile Number* 00013799	Month Date of Birth* 02	Day /09	Year /1983	Email Address laura.baumeister@trubridge.com	+1	Phone Number 251-639-8200		
Usemame* lauralb								
Password* ••••••• Confirm Password*					Passwords should match the following criteria: * Must be at least 8 characters * Must contain one uppercase letter			
				* Must contain one lowercase letter * Must contain one number * Must contain one special character				
I verify that the inform	ation I have entered above	is corr	ect and my o	wn personal information.*				
			con and my c					

Next, the user will select an avatar and submit.

Portal - Registration	
Please select an avatar Please select an avatar Please select an avatar SUBMIT	



Next, select three security questions and provide the answers. These are needed in case the password is forgotten. Once all questions and answers are entered, select Submit.

Portal - Registration	
Security Questions	
Please select/answer 3 security questions.	
Security Question 1:	
Please select one of the following security questions	×
Answer 1:	
Security Question 2:	
Please select one of the following security questions	×
Answer 2:	
Security Question 3:	
Please select one of the following security questions	
Answer 3:	
SUBMIT	

Portal - Registration		
Success You have successfully registered for the Patile	nt	
Please click here to access the portal.	Select this link to access Portal Main Menu.	



Once the patient or the authorized representative has created a username and password, they will now be able to access their health information on Thrive Patient Portal. To access their health information, the patient will log in and select Medical Record.

🜔 Dashboard		<u>+</u>	\$	0	٥	0	^
	Message Center 0 Unread Communicate with a provider Communicate with a provider Wew or pay your balance Wew or pay your balance Prever, transmit or print medical record Wew, transmit or print medical record Prever,						
							~

Next the patient will select the visit they want to view. If an authorized representative is the authorized representative for multiple patients, the user will first need to select the patient they want to view and then select a visit.

NOTE: If "Exclude from Portal" is checked on the patient account, that visit will not display on the portal.

Medical Record	•	8	0	٠	0
My Accounts					
REED GRACE ELLEN (1)					
Female Sau					
Visit# 30001180 Emergency Room Admitted 05/19/2016 03:31, Discharged 05/19/2016 04:20					
	-				

When a visit is select, the user will be able to view the patient summary for that visit. The user can scroll down to view information in each category.

Medical Red	cord		^		0	٠	0
REED GRACE ELLE	N (30001180)				\$	×	Ŧ
	REED GRACE ELLEN Female, 33 years old at time of visit		^				
	Born Feb 9, 1983 600 WALL ST MOBILE AL 36695 English Not Hispanic or Latino WHITE	∑ jill.johnson@evident.com ℃ (251) 639-8200					
	Admitted 05/19/2016 03:31, Discharged 05/19/2016 04:20 Emergency Room STOMACH PAIN Never chewed tobacco Never smoker	 EVIDENT COMMUNITY HOSPITAL 2758 WALL ST MOBILE AL 36695 (517) 437-4451 					
	Transmit, download or print Summary of Care document						
	Discharge Summary	Care Team (1)	^				
	You were admitted to Evident Community Hospital on 05/19/2016 15:31	Baxter James MD 1234 Medical Drive Mobile AL 36608 (0511 510.0007	Attending Physician				

To view another visit summary, select the back arrow to return to the visit selection screen.

Medical Re	cord	^		•	٠	0
	EN (30001180)			\$	×	Ŧ
	REED GRACE ELLEN Female, 33 years old at time of visit	^				

When done, the user will select the avatar and then select Sign Out.

ikp1619 al Record	*		0	¢	0
Sign Out 35 LEN (30001180)			0	*	Ŧ
REE Femal	D GRACE ELLEN A				

To access the patient portal at a later time, the patient or authorized representative can go to <u>https://thrivepatientportal.com</u>.

If a user forgets his or her password, it can be reset by selecting Forgot Password.

Patient Portal	î de la cara
	Username Password Ecrot password?
-	
	~

The user will be prompted to enter his or her Username and Date of Birth. Once entered, select Submit.

Portal - Forgot I	Password		
Forgot Pass	word		
Please enter the following	ng information		
* indicates a required field			
Username* jkp1619			
Month D	ay Year		
Date of Birth* 02 /	09 /1983		
Date of Birth- 02	19 / 1903		
SUBMIT			

Next, the user will be prompted to answer the security questions that were set up when the user registered their portal account. Once all questions are answered, the user will select Submit.

Portal - Forgot Password	
Forgot Password	
In what city did you meet your spouse/significant other?	
Answer	
What is your oldest sibling's middle name?	
Answer	
What is your spouse's mother's maiden name?	
Answer	
SUBMIT	

Next, the user will create and confirm a new password and select Submit.

Forgot Password	
Please update your password:	
indicates a required field	
assword*	Passwords should match the following criteria:
•••••	* Must be at least 8 characters * Must contain one uppercase letter
Confirm Password*	* Must contain one lowercase letter
	* Must contain one number * Must contain one special character

Attestation Disclaimer:

Promoting Interoperability attestation confirms the use of a certified Electronic Health Record (EHR) to regulatory standards over a specified period of time. Evident and TruBridge Promoting Interoperability certified products, recommended processes and supporting documentation are based on Evident's interpretation of the Promoting Interoperability regulations, technical specifications and vendor specifications provided by CMS, ONC and NIST. Each client is solely responsible for its attestation being a complete and accurate reflection of its EHR use during the attestation period and that any records needed to defend the attestation in an audit are maintained. With the exception of vendor documentation that may be required in support of a client's attestation, Evident and TruBridge bear no responsibility for attestation information submitted by the client.